

Period poverty, Menstruation policy and Denmark

A critical look at what the ‘problem’ with ‘menstruation’ is represented to be in the Danish *parliamentary resolution on free access to menstrual products*, and why the Danish welfare state does not fight period poverty.

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Abstract

Poverty affects nearly 1 in 2 people worldwide, a form of poverty is period poverty. Period poverty is the inadequate access to menstrual hygiene tools and education, washing facilities, waste management, sanitary products and more. In 2021, a Danish MP introduced the Danish *parliamentary resolution on free access to menstrual products* which is a policy to combat the economic burden some face by having to purchase menstrual products. This policy proposal could be seen as a welfare policy proposal which should be welcomed in a welfare state like Denmark, but the policy proposal was rejected.

This paper aims to look at what the ‘problem’ with ‘menstruation’ is represented to be in the Danish *parliamentary resolution on free access to menstrual products*, and why the Danish welfare state would not be fighting period poverty. For this, the origin of the inclusion of menstruation as a concept in conventions, conferences and directives was traced on an international and an EU level, as well as the attitude towards menstruation in the case country Denmark.

The theoretical background includes an explanation on gender and welfare state regimes as Denmark is a welfare state and a gender regime. The other theoretical approach, Multiple Stream Framework, was chosen as it lends an explanation for policy change or the lack thereof which is the case in this thesis. Conducting the analysis, the “What’s the Problem Represented to be?” was chosen to be combined with the Multiple Stream Framework. The analysis found one of the main problem representations of menstruation to be an economic challenge with the proposed solution being a similar legislation to Scotland’s *Period Products (Free Provision) (Scotland) Act 2019*.

The problem is however differently presented in the parliamentary debate where the main problem represents as one of stigmatization. It was also found that this representation of menstruation not taking all the other aspects of period poverty into account. The problem representations comes from menstruation having been a taboo topic on all levels, international, EU and national level. Additionally, according to some Danish MPs period poverty does not exist in Denmark and menstruation is an individual problem that the government should not interfere with.

At the end of the thesis, I can conclude that menstruation is mainly seen as an economic challenge in the Danish policy proposal and that this representation and the way the policy proposal is modeled after the Scottish legislation does not work for Denmark as they are, amongst other things, from different types of welfare states.

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1. Introduction

“Period Poverty is defined as the inadequate access to menstrual hygiene tools and education. This includes access to washing facilities, waste management, [sanitary products] and more. Students, people experiencing homelessness, and people with disabilities are at a higher risk of dealing with period poverty. This issue affects people all over the globe” (Alvarez, 2023, n.p.).

Poverty by itself is an issue that in 2019 affected nearly half of the world’s population, according to the World Bank a whole 47 percent (World Bank, 2022, p. xiii). *Period poverty* is directly related to poverty levels and affects around 1.8 billion people around the world every month (UNICEF, n.d.), and around 800 million a day (UNFPA, n.d., Michel et al., 2022). And the significant problem is that “[m]illions of these girls, women, transgender men and non-binary persons are unable to manage their menstrual cycle in a dignified, healthy way” (UNICEF, n.d., n.p.). Period poverty is a relatively new concept in the scholarly literature as there was very little public awareness around the economic consequences of menstruation even 10 years ago, with the term period poverty only gaining traction in the public consciousness since 2014 (UNFPA, 2022, a).

But menstruation and period poverty carry not just economic consequences but also consequences for health, mental health, social and human rights, stigma, shame, and discrimination (UNFPA, 2022, a; UNFPA, n.d.; Michel et al., 2022). Menstruating people, all around the world, are often excluded from basic everyday activities like eating, working, or socializing and “[t]he cultural shame attached to menstruation and a shortage of resources stop women from going to school and working every day” (Rodriguez, 2022, n.p.). Period poverty, where people cannot afford sanitary products, adds to them not going to school or work increasing inequalities (Rodriguez, 2022; Michel et al., 2022). Thus, it would seem crucial to eliminate inequalities, shame, and misinformation to improve menstrual health and reduce period poverty and “to [empower] young people to advocate for themselves in all areas of sexual and reproductive health and rights (SRHR)” (UNFPA, 2022, n.p., a).

In order to combat period poverty, policymakers have started “addressing these issues in ministries, parliaments and courtrooms” (UNFPA, 2022, n.p., a), with one solution being making products free of charge (in certain institutions) or reducing taxes on feminine hygiene products. The first country to have legislation making period products free for all that need it is Scotland

through their *Period Products (Free Provision) (Scotland) Act 2019* which was passed in November 2020 (Diamond, 2022). The bill distributes free period products through public institutions and educational entities and seek to ensure no one misses school or work due to their lack of affordable period products (Diamond, 2022). Places where the government also provides free period products are New Zealand, parts of Australia, 5 of 50 states in the US, parts of France, Kenya, South Africa, Botswana, the capital city of Korea, Uganda, Zambia and 4 provinces of Canada (Rodriguez, 2021). These countries provide already quite a few approaches but not nearly enough to tackle or eliminate the problem.

As mentioned above, another way of reducing period poverty is by reducing or eliminating taxes through so called the *pink tax* and the *tampon tax* (Fontinelle, 2023). The pink tax “refers to the extra amount that is placed on “feminine” everyday products” (Alvarez, 2023, n.p.), which are products marketed to women, often in pink hence the name, and products that men don’t need to purchase (Alvarez, 2023; Feingold, 2022; Fontinelle, 2023). Due to the nature of the products being ‘feminine’ they are considered luxury items and therefore more expensive (Alvarez, 2023; Feingold, 2022; Fontinelle, 2023). The tampon tax on the other hand is the “actual sales tax [...] [imposed] on feminine hygiene products, a cost that’s largely borne by menstruating girls and women” (Fontinelle, 2023, n.p.). Countries that have reduced or eliminated taxation of menstrual products are Australia, Canada, Germany, India, Ireland, Kenya, Rwanda, among others (UNFPA, 2022, a; Feingold, 2022).

Another way that menstruation has made it onto the political stage is through the idea of paid menstrual leave (UNFPA, 2022, a; Bello & Llach, 2023). The paid part is the important factor here as of course unpaid period leave is the norm and is comparable to sick leave (Bello & Llach, 2023). This is “for those experiencing painful or disabling periods” (UNFPA, 2022, n.p., a) as concentration and productivity levels, when in pain, are less, the argument is that it might just be better for women to stay home (Bello & Llach, 2023). Countries where the paid period leave is already a reality are Spain, Japan, Taiwan, Indonesia, South Korea, and Zambia (Bello & Llach, 2023).

Furthermore, a reason why menstruation should be on the political agendas, which is also related to period poverty, is the environmental impact of one-time use period products as their reusable counterparts need to be cleaned properly. This is not a given with limited access to toilets and hand washing facilities which is sometimes the case when living in poverty and can lead to

serious consequences like toxic shock syndrome, which if not treated properly can lead death (Alvarez, 2023; Rodriguez, 2022).

Menstruation or periods are, as mentioned above, part of sexual and reproductive health and rights (henceforth: SRHR) which encompasses several topics from contraceptives to abortion to sexual education and much more (UNFPA, 2022, a; UNFPA, 2022, b). These issues have also become more discussed in the media and played a bigger part in the political sphere through legislation on for example bodily autonomy and abortion in the U.S. and Poland (United Nation, 2022; Tayler, 2022). The public debate around contraceptives has also put the male birth control pill on the agenda again recently which always seem to meet a dead end, when it gets to the clinical trials due to undesirable side effects which “lead to symptoms that are extremely common among women taking female versions” (Gorvett, 2023, n.p.).

SRHR is also present in the continuous discussion on sexual education, here specifically the age at what to start sex-ed, topics introduced, and if LGBT topics should be included or to what extent, this is a sensitive topic country (UNFPA, 2021). A good sexual education “enables young people to protect and advocate for their health, well-being and dignity by providing them with a necessary toolkit of knowledge, attitudes and skills” (UNFPA, 2021, n.p.) this will also include knowledge about periods and menstruation. So, menstruation and SRHR are closely related, but menstruation is a relatively new addition to the discussion of reproductive issues, which needs to be expanded on and worked with to end menstruation related poverty.

As mentioned above, there are quite a few countries already working to combat period poverty and with that improve sexual reproductive health (henceforth: SRH). One country that, due to its welfare system, would be thought to also adopt a policy to combat period poverty is Denmark. All the above-mentioned initiatives seem like they would be a given in a country with such a strong and well-established welfare state and gender regime as Denmark. However, when the Danish *parliamentary resolution on free access to menstrual products [translated]* (Appendix 1, p. 5) was introduced that had the aim of combatting the economic aspect of period poverty and thereby improve SRHR in Denmark, the bill was rejected (Folketing, n.d., f; Appendix 1, p. 33).

This is rather puzzling, as one would think that Denmark with its welfare system would welcome and support the idea, also because Denmark cherishes gender equality as a national democratic asset and something to pursue. Additionally, equality is culturally “a deeply ingrained

value in Denmark” (Denmark.dk, n.d., n.p.). The above-mentioned reflections and developments led to the following problem formulation:

What’s the ‘problem’ with ‘menstruation’ represented to be in the Danish parliamentary resolution on free access to menstrual products and why is Denmark not fighting period poverty?

In this project I will first discuss sexual and reproductive health and rights and how menstruation fits into that on the international level, at the European level and lastly the national Danish level and give a background on Denmark as a country and its political system. Then I will introduce the theory of social constructivism as well as gender and welfare state regimes as well as multiple stream framework. Then an introduction to the *What’s the problem represented to be* (WPR) method will follow and an attempt to combine multiple stream framework with the WPR method.

After that the data will be introduced and how to conduct the analysis. Then the analysis will follow in accordance with the combined multiple stream framework and WPR method and a discussion on the idea of the welfare state and period poverty and international influence and pressure on national topics, which will in turn answer the problem formulation. This will be summed up as well as recommendation for future research will be given in a conclusion.

This thesis aims to contribute to the existing literature on reproductive related issues, and more specifically on the topic related to the politics on menstruation by taking a country-related approach. Indirectly the thesis also refers to the European FIERCE project (FIERCE, n.d.) whose aim is among others to revitalize the “alliances between the feminist movement, civil society and political decision makers” (FIERCE, n.d., n.p.). For this the project is developing an “in-depth understanding of feminist and anti-feminist/anti-gender movements, activities and discourses, and their impact on the institutional arena and on policy outcomes on five key areas focusing on the period 2010-2021” (FIERCE, n.d., n.p.). The policy areas being labor market, health and reproductive rights, LGBTQ+ rights, migration, and gender-based violence (FIERCE, n.d.).

As the project also looks at health and reproductive rights as one of the policy areas in the different countries investigated, this thesis wants to contribute by to policy analysis approaches through combining the *What’s the problem represented to be* method and Multiple Stream framework, as well as the literature on menstruation policy from a gender and welfare state regime perspective. As the field of reproductive rights is large the area of menstruation was chosen for further in-depth investigation.

2. Literature review/Background

In this section I will give a background on SRHR and how menstruation, and possibly period poverty, have been defined on the international, the EU, and the Danish national level. This will provide important context for the rest of the paper, particularly the analysis. In the international section, the most important treaties, conventions, and conferences that have to do with SRHR will be discussed and where menstruation and period poverty makes its appearances. Then in the EU section a background on the EUs policies to the international treaties, convention, and conferences will be introduced and their interpretation of how menstruation and period poverty fits into their agenda. And lastly, the Danish level will go into Denmark as a country, its political system, Denmark and SRHR and its stance on menstruation and period poverty related issues.

2.1 Sexual and Reproductive Health and Rights Internationally

In order to understand what sexual and reproductive health and rights [SRHR] are, what they encompass and where menstruation fits into them, one must first examine their definition and what that definition encompasses. For the first significant mention of reproductive issues in an international convention, in the context of health and rights, we must go back to 1979 to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The convention is legally binding and out of “the 194 UN member nations, 187 countries have ratified CEDAW” (Verveer & de Silva de Alwis, 2021, n.p.). However, the only place where the word ‘reproduction’ is mentioned is in the context of employment in article 11 where it states that:

“States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular: [...] (f) The right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction.”
(CEDAW, 1979, p. 4)

There is an indirect link between reproduction and other articles in the convention can be understood to include reproductive issues (OHCHR, n.d.). Such places can be seen in article 5, 10 (h) and 16 (e) which are related to family planning, maturity and education which are reproductive health related as will become clearer with the definitions and context in the following paragraphs (OHCHR, n.d.). But there is no mention of menstruation or period poverty anywhere in this document. Then in 1994 we can assess the origin of the first fully encompassing definition for reproductive health by an international entity, namely the UN. There the concept of SRHR, was

first addressed on an international stage at the International Conference on Population and Development (ICPD) in Cairo. The conference was “the largest intergovernmental conference on population and development ever held” (United Nations, n.d., n.p., a).

The ICPD was attended by “179 governments participating and some 11,000 registered participants from governments, UN specialized agencies and organizations, intergovernmental organizations, non-governmental organizations and the media” (United Nations, n.d., n.p., a). The ICPD “placed emphasis on the indissoluble relationship between population and development and focused on meeting the needs of individuals within the framework of universally recognized human rights standards instead of merely meeting demographic goals” (United Nations, n.d., n.p., a). For the conference a program of action was written and adopted by 179 governments (UNFPA, 2014, p. x), and reproductive health was defined to be:

“Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.” (UNFPA, 2014, p. 59)

This definition implies that reproductive health needs reproductive healthcare which is “defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems” (UNFPA, 2014, p. 59). This means that visits to the *gynecologist*, information on *family planning* and the provision of *contraceptives* if wanted or needed as well as the inclusion of *sexual health* is encompassed in the definition. But again, there is no explicit mention of menstruation, even though menstruation would fall under physical mental and social well-being as a healthy body menstruates. Mentioning affordable contraceptive methods means cost is taken into consideration but not in relation to menstruation. The UNFPA, the United Nations sexual and reproductive health agency, also has a

definition on sexual health, which is very similar to the definition on reproductive health above. It states that:

“Good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce and the freedom to decide if, when, and how often to do so. To maintain one’s sexual and reproductive health, people need access to accurate information and the safe, effective, affordable and acceptable contraception method of their choice. They must be informed and empowered to protect themselves from sexually transmitted infections. And when they decide to have children, women must have access to skilled health care providers and services that can help them have a fit pregnancy, safe birth and healthy baby. Every individual has the right to make their own choices about their sexual and reproductive health.” (UNFPA, 2022, n.p., b)

This definition also shows that the concept of sexual health and reproductive health are nearly the same so one cannot talk of one without the other. It goes more in-depth with the details of ‘maintaining’ sexual and reproductive health [SRH], it adds the notion of *access to information*, also implying *access to sex education* and *family planning* including *contraception* as well as *protections from STDs* and *maternity care*. The part on *maternity care* states ‘to have a fit pregnancy’, which could imply being healthy through fitness and activities during pregnancy or the pregnancy should fit to individual specific circumstances, like *in vitro fertilization (IVF)* or *surrogacy* if there is a risk factor or it is a same sex couple. It also specifies ‘every individual’ thereby implicitly including men, women, non-binary, and transgender people. This definition still does not mention menstruation or period poverty explicitly but like in the previous definition menstruation is implied.

These definitions seem to be the basis for other international and intergovernmental organizations’ definitions for reproductive health. A modified or condensed version of these definitions are used as the official working definition by entities like the World Health Organization (WHO, n.d., b) as well as internationally recognized journals like the Reproductive health journal by Biomed-central (Reproductive Health Journal, 2023). All these international laws are pointing to rights and as mentioned above, there is also the definition for reproductive rights which in the ICPD program of action, and it states that:

“[R]eproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights

rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents.” (UNFPA, 2014, p. 60)

This definition of reproductive rights is thereby stating that SRH are to be recognized as rights. This connection between sexual and reproductive health and rights shows that the concepts have evolved to be seen as one concept but have always been closely related that one cannot talk about one without considering the other. The definition draws a connection between human rights documents and reproductive rights. It uses the word ‘couples and individuals’ that again implicitly includes both men and women, as well as non-binary, and transgender people. It also states *freedom of choice* to decide when, if and how many children to have as well as *access to information* regarding family planning and sex education, and *access to good reproductive and sexual health*. The last sentence indicates the aspect of reproductive rights that has to do with active harm to the person, like *female genital mutilation* and *forced circumcision* or discrimination due to reproductive processes, such as not letting women work or visit religious sides on their *menstruation*.

Additional documents that might be referred to are the universal declaration of human rights and the sustainable development goals as both are directly and indirectly mentioning SRH and thereby also reproductive rights. This is also emphasized by the human rights watch definition of the concept as it states: “[r]eproductive rights include prenatal services, safe childbirth, and access to contraception. They also include access to legal and safe abortion. Abortion bans violate the rights to be free from violence, to privacy, to family, to health, and even the right to life” (HRW, n.d., n.p.). According to this definition, by limiting or taking away reproductive rights one violates a lot of the fundamental human rights.

To concretely sum up the most core concepts of SRH from the definitions above, it can be interpreted that SRHR should provide sex education, adolescence health and menstruation education, help with contraception and family planning, maternity care, IVF, surrogacy, abortion, sexual transmitted diseases, gynecologist visits and testing for early cancer recognition and menstrual cycle related diseases as well as prevention of harm through female genital mutilation and forced circumcision, but period poverty is not found.

After this examination of what SRHR encompasses we must return to the practical implementation of them as the ICPD in 1994 was not the only international commitment made to further SRHR. If we continue chronologically from 1994, the next big SRHR related conference happened only a year later in 1995. This was namely the Fourth World Conference on Women in Beijing, China which dealt with 12 critical areas one of which being women and health (United Nations, n.d., n.p., f). The Beijing Declaration and Platform for Action adopted by the conference (United Nations, n.d., n.p., f). In the declaration the words sexual and reproductive health are mentioned 14 times and reproductive health by itself is mentioned 12 times which goes to show how important the issue became just a year after the ICPD conference (United Nations, 1995). The conference's outcome was:

“The fundamental transformation that took place in Beijing was the recognition of the need to shift the focus from women to the concept of gender, recognizing that the entire structure of society, and all relations between men and women within it, had to be re-evaluated. Only by such a fundamental restructuring of society and its institutions could women be fully empowered to take their rightful place as equal partners with men in all aspects of life. This change represented a strong reaffirmation that women's rights were human rights and that gender equality was an issue of universal concern, benefiting all.” (United Nations, n.d., n.p., f)

In terms of mentioning the word menstruation, it cannot be found in the Beijing Declaration directly, but it is again implied whenever reproductive health is mentioned similarly to the previous given examples (United Nations, 1995). Poverty is mentioned 63 times in the declaration but non directly in relation to menstruation or even reproductive health (United Nations, 1995). Moving on, an international initiative that should be mentioned in the context of SRHR is also the Millennium Development Goals (MDGs) which were signed as a declaration in 2000 and comprised of “8 goals that UN Member States have agreed to try to achieve by the year 2015” (WHO, 2018). Their aim was “to combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women” (WHO, 2018, n.p.). This emphasis on poverty is though not really directed at poverty related to menstruation.

The MDGs goal 5, improve maternal health, is related to the human right of women's rights to life and health which meant some were also related to SRH (Fukuda-Parr, 2016, p. 210). This particular goal has a target that states: “Target 5B: achieve, by 2015, universal access to reproductive health” (WHO, 2018, n.p.; Fukuda-Parr, 2016, p. 210) which explicitly mentions

reproductive health. Goal 5 is not the only goal that can be seen as being related as many of the other goals are related to health. Another goal is related to education and one to sanitation, both indirectly relating to SRHR, but not explicitly to menstruation (Fukuda-Parr, 2016, p. 210).

The MDGs were followed by the Sustainable Development Goals (SDGs) which were “adopted by all United Nations Member States in 2015, [and] provides a shared blueprint for peace and prosperity for people and the planet, now and into the future” (United Nations, n.d., n.p., c). The SDGs are 17 goals “with 169 targets that all 191 UN Member States have agreed to try to achieve by the year 2030” (WHO, n.d, n.p., a; Fukuda-Parr, 2016, p. 211). Within the SDGs SRHR are implicitly included as these goals and SRHR are made by the same international entity and derive from the same agenda to furthering human rights. This is also the timeframe where the concept of period poverty is becoming more accepted in society, but the SDGs do not mention menstruation, nor period poverty explicitly anywhere (UNFPA, 2022, a).

That being said, in two of the goals SRH and SRHR are explicitly mentioned. The first time is in “Goal 3: Ensure healthy lives and promote well-being for all at all ages” (Fukuda-Parr, 2016, p. 211). And there in target 3.7 it states “[b]y 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes” (United Nations, n.d., n.p., d) this is being measured through the indicator 3.7.1 of the “[p]roportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods” (United Nations, n.d., n.p., d). This goal implicitly includes menstruation even though it still lacks the focus of period poverty.

The other goal where SRHR is mentioned is “Goal 5: Achieve gender equality and empower all women and girls” (Fukuda-Parr, 2016, p. 211). This goal is especially interesting because its target of 5.6 mentions the ICPDs program of action from 1994 and the Beijing from 1995 that this paper referred to earlier in this section. Target 5.6’s objective is to “[e]nsure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences” (United Nations, n.d., n.p., e).

The first goal “Goal 1: End poverty in all its forms everywhere” (Fukuda-Parr, 2016, p. 211) is fully dedicated to poverty and does not directly mention period poverty but as the word ‘all

its forms' is used and poverty affects nearly 1 in 2 people on earth, so by reducing poverty one reduces period poverty (World Bank, 2022, p. xiii). The United Nation (n.d., g) themselves write that even though there is “no specific goal or indicator on MH (Menstrual Health), menstruation is directly linked to a number of SDGS including but not limited to Goal 3; Goal 4; Goal 5; Goal 6; Goal 8; and Goal 12”¹ (United Nation, n.p., g), but again period poverty is again not addressed.

The last big conference to be mentioned is the Nairobi Summit (ICPD25) marked the 25th year review of the ICPD from 1994 and was “held in Nairobi, Kenya, to celebrate the 25th anniversary of the Cairo conference at the same time the international community was working towards meeting the UN's Sustainable Development Goals by 2030” (United Nations, n.d., n.p., b), so the conference was held in 2019. One of the commitments made by the Deputy Secretary-General of the UN at the summit was:

“To uphold the human rights of all people, including their right to sexual and reproductive health, and to accelerate all efforts in support of gender equality and the empowerment of women and girls, with a particular emphasis on the most vulnerable and disadvantaged among us, to ensure that no one is left behind” (United Nations, n.d., n.p., b).

Another commitment was “to eliminate the unmet need for family planning that constrains the rights and wellbeing of millions of women and young people and limits their potential” (United Nations, n.d., n.p., b). Both these commitments show that SRHR and all it entails has become quite ingrained in human rights and gender equality. In the *Accelerating the Promise - Report on the Nairobi Summit on ICPD25* sexual and reproductive health is mentioned 84 times which is another sign for how much attention this concept has gotten and to how important it has become, but it also took until 2019 to get to the point where menstruation is even mentioned in any convention, conference or incitive (Butler et al., 2019, p. 1).

But at last, menstruation, period, menstrual hygiene, and menstrual health are all words mentioned in this report, which as mentioned is a first. This shows that the taboo around the topic is slowly being lifted and menstruation is problematized as its own concept which will hopefully

¹ Goal 3: Ensure healthy lives and promote well-being for all at all ages; Goal 4: ensure inclusive and equitable quality education and promote lifelong learning for all at all ages; Goal 5: Achieve gender equality and empower all women and girls; Goal 6: ensure availability and sustainable management of water and sanitation for all; Goal 8: promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all; Goal 12: ensure sustainable production and consumption patterns (Fukuda-Parr, 2016, p. 211).

progress to include period poverty sometime in the future as this concept is still not mentioned in the report, not even implicitly the few times poverty by itself is mentioned.

This international background on SRHR and where menstruation makes its appearances shows that menstruation has not been considered exclusively or explicitly until very recently. This could be due to most of the above discussed conventions, conferences and definitions needing to be approved by all the countries of the UN and they need to agree with the things published by them which might make it difficult to add such a stigmatized and taboo afflicted topic like menstruation. But the tide seems to slowly be turning and menstruation seems to become a more excepted topic on the international stage.

2.2 Sexual and Reproductive Health and Rights in the EU

To understand what sexual and reproductive health and rights [SRHR] are on the EU level and how menstruation fits into the picture a look needs to be taken at definitions, resolutions, and directives about or including SRHR, menstruation and period poverty in EU entities and their documents and websites. This also important as these definitions, resolutions, and directives apply to Denmark, the case country for this thesis, as they are a member of the EU. In this section the ones deemed most important will be discussed. This will help understand how menstruation is dealt with and included on the EU level which will further the analysis and discussion further on in this thesis.

Due to the adaptation of the conferences and initiatives mentioned above are the countries, that make up the European Union (EU), obligated to implement the goals set forth by said conferences and initiatives. The European Parliament also adds to this by writing in their multimedia centre that “[t]he right to health, including sexual and reproductive health, is protected internationally. Access to sexual and reproductive healthcare goods and services is a fundamental component of sexual and reproductive rights” (European Parliament, 2022, n.p.). This shows that what applies internationally also applies in the EU. This statement is even followed by an explanation of where in international and EU law SRH is protected, namely:

“Under international human rights law and standards, European Union Member States should ensure access to safe and quality sexual and reproductive healthcare. A range of United Nations (UN) treaties ban discrimination in general terms, effectively outlawing discrimination in sexual and reproductive health and rights. These rights include the right to health and the right to family planning, equal access to service, freedom from violence

and the right to life. Specific international treaty protections exist to combat discrimination on the grounds of sex, race, disability but not sexual orientation or gender identity. At European level, the Council of Europe protects sexual and reproductive health and rights through the European Convention on Human Rights and through the Convention on preventing and combating violence against women and domestic violence (the Istanbul Convention).” (European Parliament, 2022, n.p.)

This illustrates that most of the definitions, conventions and conferences discussed in the international section above also apply for the EU. It can also here be reiterated that menstruation only very recently started being explicitly mentioned, which might decrease the chances of it being mentioned explicitly by the EU. In a WHO EUROPE report from 2017 SRH has been defined very comprehensively and reiterates many of the concepts in SRHR identified and discussed in the international section above. The report states that:

“SRH [sexual and reproductive health] implies a wide range of health issues, including family planning; maternal and newborn health care; prevention, diagnosis and treatment of sexually transmitted infections (STIs), including HIV; adolescent SRH; cervical cancer screening; infertility prevention and management. These services aim at preventing poor SRH, such as complications of pregnancy and childbirth, unintended pregnancies, unsafe abortions, complications caused by STIs, sexual violence and women dying from avoidable cancer” (WHO EUROPE, 2017, p. 1).

This definition does not explicitly state menstruation, but it can indirectly be included in health issues. The European Institute for Gender Equality (EIGE, 2016) also works with a modified or condensed version of the definitions of SRHR identified in the international background section above. An organization that exclusively seems to work with SRHR in the EU is the *European Society of Contraception and Reproductive Health* (ESC).

In 2010 the ESC identified that there are “unacceptable discrepancies in the sexual and reproductive health (SRH) status of the population in western, central, and eastern Europe partly due to a lack in availability and accessibility of contraceptive methods and sexual and reproductive health services” (ESC, 2010, n.p.). The most vulnerable group with the “most unmet SRH needs are the young, particularly teenagers, immigrants and the poor” (ESC, 2010, n.p.). So here, indirectly, it could be interpreted that period poverty is implied in these concepts, this is though not explicitly mentioned so this is only speculation.

In the EU, the *European Parliament resolution on sexual and reproductive health and rights* from 2002 can be seen as the first resolution to work with SRHR specifically and solely (Resolution A5-0223/2002). The resolution starts with a listing of all the convention, conferences, and declaration that it is based on, here notably the UNs Declaration of Human Rights, CEDAW, ICPD, Fourth World Conference on Women and Beijing Platform for Action are all named which reaffirms the connection between the international and the EU level (Resolution A5-0223/2002).

Generally, this resolution includes the areas of contraceptives, abortion, and adolescent sexual and reproductive health / sexuality education (Resolution A5-0223/2002). Menstruation is not mentioned in the resolution, but poverty is mentioned once in the context of contraceptives as “people living in poverty [should] have better access to reproductive and sexual health services” (Resolution A5-0223/2002, n.p.). This can indirectly be seen to also include menstruation but as one needs to read this with that interpretation in mind is this not something the member states of the EU need to actively include.

This was followed up in 2013 with another *European Parliament Resolution on Sexual and Reproductive Health and Rights* (Resolution A7-0426/2013). Which also starts with a list of which this document this resolution is using as a starting point includes the aforementioned resolution and all the conventions, conferences and declarations. But in this case also the millennium development goals from the documents discussed in the international section above (Resolution A7-0426/2013). There are of course also other documents that are listed but they do not mention menstruation and period poverty. Menstruation and period poverty are though still not mentioned in this resolution, but poverty makes an appearance 6 times, most notably through the statement that “SRHRs are key factors for gender equality, poverty elimination, economic growth and development” (Resolution A7-0426/2013, n.p.).

In 2016, the Directorate General for Internal Policies through the Policy Department C: Citizens' Rights and Constitutional Affairs - Women's Rights & Gender Equality conducted a study by request of the FEMM Committee on Sexual and Reproductive Health and Rights (McCracken et al., 2016). The study looks at a few countries as case studies, one of them Denmark which is also the focus of this thesis, and mainly investigates “how this impacts on reproductive health and well-being” (McCracken et al., 2016, p. 11). In the study it was “found that sex and relationship education is inconsistent across Member States” (McCracken et al., 2016, p. 1, 18). Menstruation

is not mentioned in the study and poverty was mentioned two times both in context of adolescent pregnancies leading to poverty (McCracken et al., 2016, p. 18, 20).

In 2019, it is also interesting to note that there was a FEMM press release for *ICPD25: the promotion of sexual and reproductive health and rights is crucial to achieving the Sustainable Development Goals* which states that “sexual and reproductive health rights will be essential to achieving the SDGs by 2030” (European Parliament, 2019, n.p.). This is said to be achieved by taking the implementation of the Nairobi commitments, which not directly mention but the *Report on the Nairobi Summit on ICPD25* mentions menstruation, so it is a concept that is being paid attention to (Butler et al., 2019).

A grey area, that must be mentioned is Scotland, as they were in the process of leaving the EU through them being part of the UK and therewith Brexit. At the time, still a member, Scotland passed the first legislation in the world on making period products available free of charge through the government institutions and education provides in 2020 (Diamond, 2022). With the original proposal already being made in 2019 by Monica Lennon and the bill passing on November 24, 2020 (Diamond, 2022).

Then in 2021, another EU resolution was introduced, called the *European Parliament Resolution on the situation of sexual and reproductive health and rights in the EU, in the frame of women's health* (Resolution A9-0169/2021). More precisely, the resolution was adopted on June 24, 2021. The Nairobi summit and the Sustainable Development Goals are also mentioned in the list of documents that this resolution relates to, as well as all the aforementioned documents from the other resolutions. In this resolution menstruation is mentioned seven times, menstrual hygiene five times, menstrual pain is mentioned once, and menstrual products has its own subsection and is mentioned three times (Resolution A9-0169/2021, n.p.).

The Danish Press release for this resolution explicitly mentions menstrual products being a basic necessity and the resolution requests the member states to eliminate the tampon tax as well as encourage more education on menstruation in schools (Europeans Parliament, 2021). It also calls “on EU countries to combat menstrual poverty by making free menstrual products available to everyone who needs them” (Europeans Parliament, 2021, n.p.). As EU resolutions are binding for the member states these incentives must be implemented by each member state, meaning also in Denmark.

2.3 Sexual and Reproductive Health and Rights in Denmark

Denmark is a kingdom in the northern part of Europe and consists of the Faroe Islands, Greenland and of course Denmark itself. It is “one of the oldest states in Europe” dating back to the end of the 10th century (The Royal Danish Ministry of Foreign Affairs [MFA], 1996, p. 9). Denmark is part of the European Union (MFA, 1996, p. 9), but not part of the Eurozone (Britannica, 2023). The national language is “Danish, and most of the population has been baptized into the established Protestant church. Denmark is therefore nationally and culturally very homogeneous” (MFA, 1996, p. 10). The population of Denmark is estimated to be 5,986,000 in 2023, although it should be noted that these numbers “nearly always exclude the Faroe Islands and Greenland” (Britannica, 2023).

In Denmark “[t]he system of production is capitalist (economic liberalism) with private ownership of businesses and production. The state and other public authorities, however, exercise a considerable regulatory control and provide comprehensive services for the citizens” (MFA, 1996, p. 9). Denmark has been a constitutional monarchy since 1849, meaning its “form of government is a parliamentary democracy with a royal head of state” (MFA, 1996, p. 9). (MFA, 1996, p. 15) Here it is important to note that “the monarch presides over negotiations concerning the formation of new governments, stands formally at the head of the government and represents Denmark abroad” (MFA, 1996, p. 15-16) and that the current monarch is Queen Margrethe II, who took “to the throne on the 14th January 1972” (MFA, 1996, p. 16; Britannica, 2023).

The biggest and “most important political organs are the Folketing [the Danish parliament] and the Government” (MFA, 1996, p. 41). The Folketing “consists of 179 members, two of whom are elected in Greenland and two in the Faroe Islands. The remaining 175 members are elected in Denmark” (MFA, 1996, p. 41). The government “is appointed by the queen and consists of the Prime Minister and the other ministers each with their own department. [...] The choice of Prime Minister and other ministers is determined by the distribution of seats in the Folketing.” (MFA, 1996, p. 42). Folketing and the government work together when it comes to legislation and “when a bill has been passed by Folketing it must be given the Royal assent by the Queen and approved by the government” (MFA, 1996, p. 42).

The government in Denmark “has the authority to act on behalf of the country in international legal matters, including the authority to enter into internationally binding agreements by treaty” (MFA, 1996, p. 50). This is done by incorporating provisions of the treaty into Danish

law and “[b]efore incorporating the provisions of the treaty cannot be applied directly by Danish authorities, and consequentially a conflict can emerge between Denmark’s obligations in international law and under Danish legislation” (MFA, 1996, p. 50).

The Danish Folketing has of course taken SRHR into consideration as they must abide by European law and international agreed to conventions. The Danish government did establish a political network that focuses only on SRHR. The network is called “The Danish Parliament's Cross-Political Network for Sexual and Reproductive Health and Rights” [*translation*] (Folketinget, n.d., n.p., a), which is shortened to SRSR-netværk [SRHR-network] and was established in 2006 with the goal to advance SRHR nationally and international (Folketinget, n.d., b). The networks’ purpose is to get to be a cross political forum where questions and ideas can be discussed across political parties (Folketinget, n.d., b).

The SRHR-network is not a committee and does therefore not have the authority to ask questions to a minister, but everyone is allowed to be part of the network as long as they are a member of parliament (Folketinget, n.d., b). The network describes themselves as a “platform for collaboration with civil society, business and others who have an interest in it” [*translation*] (Folketinget, n.d., n.p., b). They also organize conferences and in doing so collaborate with entities like the Danish royal family who have spoken at multiple of their conferences (Kongehuset, 2016). The network closely collaborates with the organization Sex og Samfund [sex and society] as they were the former secretariat of the network (Folketinget, n.d., b). Generally, Denmark has a more “liberal approach to sexual and reproductive health and rights” (McCracken et al., 2016, p. 25).

Denmark has also been a member of the EU since 1973 and “the rules in the EU have become part of Danish law. The EU legal acts, which are called regulations [...], are directly applicable to Danish citizens when they have been published in Danish in the official Journal of the European Union” (MFA, 1996, p. 50-51). In the international realm, Denmark is also part of the Nordic Council (p. 72), NATO (p. 73) and “the UN has always enjoyed strong support from Denmark, both economically and politically” (MFA, 1996, p. 73) which only incentivizes certain ratifications of treaties, but these entities cannot force any adoption of treaties.

Denmark subscribes to the “[t]he Scandinavian welfare model [which] is often used as a general term for the way in which Denmark, Sweden and Norway have chosen to organize and finance their social security system, health service and education” (MFA, 1996, p. 139). The value

ascribed to “the Scandinavian welfare model is that benefits should be given to all citizens who fulfil the conditions, without regard to employment or family situation” (MFA, 1996, p. 139). This means “the system covers everyone” (MFA, 1996, p. 139) and is thereby universal, as well as individual as this ensures independence which was a big deal in giving women independence and autonomy (MFA, 1996, p. 139).

It is here important to note that a “characteristic of the Scandinavian welfare model is the fact that rather than cash benefits, citizens are entitled to a wide range of service benefits provided by the authorities; these are often either free or subsidized. Both the health service and education are free” (MFA, 1996, p. 140). The health services or health care services carried out through the Danish health service (MFA, 1996, p. 160). These services have mainly been allocated to “the local authorities and consist of the prevention, detection and treatment of illness together with the care of the sick. To these can be added research and the training of personnel in the health service” (MFA, 1996, p. 160). Healthcare being free allows for universally better health and more equal access. The Danish health authorities write about sexual health that:

“Sexual health is fundamental to the overall health and well-being of individuals and couples and requires a positive and respectful approach to sexuality and sexual relationships, and the opportunity to have pleasurable and safe sexual experiences, free from coercion, discrimination and violence. Sexual health-related issues are wide-ranging. They cover so much more diseases and sexual dysfunction and encompass sexual orientation and gender identity, sexual expression, relationships, and pleasure. The Danish Health Authority focuses on sexual well-being in all phases of life and not only on the reduction of diseases and unwanted pregnancies. Efforts aimed at promoting sexual health and well-being are – in addition to imparting knowledge and guidance – about increasing the population’s self-esteem, awareness and personal strength to withstand pressure to engage in unwanted sexual relationships.” (Danish Health Authority, 2021, n.p.)

This definition is similar to the international definitions mentioned above but indicates education to be a bigger focus. There is no explicit mentioning of menstruation, but well-being indirectly includes menstruation once again. There is not a specific definition for reproductive health as it seems to be included in sexual health by the Danish health authorities and it might not be seen as necessary as the EU has a working definition. A healthcare service, also implied and related to SRH, that is freely available in Denmark, is abortion which was “legalized in 1973” (McCracken et al., 2016, p. 25). Recently, in 2023, abortion was celebrated to have been legal and

freely available for 50 years (Holck and Oxlund, 2023) and additionally, in 2023, are there talks about lowering the age where an individual can decide for themselves to abort or keep a fetus from 18 to 15 (Ritzau, 2023).

Another part of the Scandinavian welfare system is free education. In Denmark “there is compulsory education: the obligation to ensure teaching your child, but not compulsory school attendance” (MFA, 1996, p. 168). This must be seen in relation to the current law for primary education from 1993 which asks for schools to “familiarize pupils with Danish culture and contribute to their understanding of other cultures and of mankind’s interaction with nature” (MFA, 1996, p. 170).

The Danish education system in relation to reproductive and sexual health education shows that Denmark “has been a pioneer of Sexual Education since the 1930s and has been providing sexuality education since the 1900s” (McCracken et al., 2016, p. 25). It has been “a compulsory part of the Danish school curriculum” (McCracken et al., 2016, p. 25) since 1970 and since 1991 has sexuality education been integrated into human health (McCracken et al., 2016, p. 25). The biggest obstacle for sexual reproductive education in Denmark “is that whilst it is compulsory to provide health and sexuality education, it is not defined as a specific subject and neither are there a specific number of hours that must be dedicated to it” (McCracken et al., 2016, p. 26).

The organization Sex & Samfund, former part of Folketing’s SRHR network, run an annual program for schools called ‘Uge 6’ which translates to ‘Week six’ which is basically a week which is dedicated to leaning about SRH, the Danish numerical 6 is pronounced in the same manner as the word sex (McCracken et al., 2016, p. 27). In recent years there has been a growing focus on “the risk posed to young people by digital and online media, pornography and forums” (McCracken et al., 2016, p. 27).

In Denmark the subject of menstruation is presented as a taboo topic that is stigmatized but there are efforts to still discuss it and figure out how to destigmatize it. This can be seen through articles like “Female conscripts: Menstruation is taboo in the Armed Forces” [*translated*] in the impartial news platform Altinget Forsvar (Krog, 2020); “A special panty has changed our relationship with menstruation” [*translated*] in Denmark’s oldest and largest media outlet DR (Bugge, 2022); “No more talking: Club Wolf offers free pads and tampons” [*translated*] in Allborg.nu, one of the local newspapers in the 4th biggest city in Denmark (Stenbro, 2021). These

are just a few of the article headlines over the last few years that can be found in Danish news media that problematize menstruation in one way or another.

Culturally is it not just news media that is discussing menstruation, but it was also the topic of one of the performances at the ZULU Comedy Galla where Annika Aakjær sang a song about menstruation which earned her a standing ovation (Lauritsen, 2022). The performance was broadcasted on live TV and deals with the artist feelings on the second day of her period, where for most women, the bleeding is more heavily (Lauritsen, 2022). There was of course a lot of laughter involved from the audience and it was performed at a comedy gala but that this performance exists in that area shows that menstruation is definitely not as taboo as in other places as a public discourse exists and is thriving. But if one takes a close look at the video of the performance one can also see that some attendances were visible uncomfortable listening to a song about menstruation.

Menstruation has also been made a topic in Danish non-fiction literature both positive and negative through books like “Bled through” [*translated*] (Christensen and Laub, 2016); “With the heart and pussy in laser” [*translated*] (Berthelsen, 2019); and “Women with penises and pregnant men” [*translated*] (Larsen, 2020). These books existing shows that Denmark is having a conversation in the public sphere about the topic, it is not a hidden topic but of course not everyone agrees with the way this topic is problematized. Stigma and taboo around menstruation is also being addressed in the Danish *parliamentary resolution on free access to menstrual products* [*translated*] (Appendix 1, p. 5) from March 2, 2021. This policy proposal suggested making period products free in the public sphere. This policy proposal was made in reaction to the Scottish *Period Products (Free Provision) (Scotland) Act 2019* (Folketing, n.d., h).

After discussing the proposal in the Danish parliaments equality committee where it became clear that even though culturally menstruation is not as taboo as it is in other countries there still needs to be a lot of work done until the public acceptance of the topic has reached the political sphere. This is due to the argument brought forth during the discussion but also because basically all the politicians agreed that there should be more education done on menstruation in schools to destigmatize the topic even more (Appendix 1, p. 10-25). This policy proposal ended up being rejected on June 4, 2021 (Appendix 1, p. 33). The reasons for this and more about the policy proposal will be discussed in the Data section and the analysis of this thesis as this policy proposal is part of the data for the analysis.

3. Theory

In this section I will first introduce welfare state theory which will be explained due to Denmark being a welfare state and the concept needing understanding for the discussion and to answer parts of the problem formulation future in this thesis. Then I will move on to introduce multiple stream framework will be introduced which will be combined with the method in the next chapter as this will make up the methodological approach for the policy analysis, which will answer the problem formulation: *What's the 'problem' with 'menstruation' represented to be in the Danish parliamentary resolution on free access to menstrual products and why is Denmark not fighting period poverty?*

3.1 Gender and welfare state regime

It has now been mentioned a few times that Denmark is a gender and welfare state regime and what that means and entails will be discussed in this section. According to Andersen (2012) the welfare state is modifying “the impact of the market, by providing some sort of minimum guarantee (mitigating poverty); covering a range of social risks (security), and providing certain services (health care, child and elder care, etc.) – at the best standards available” (p. 4). Gender regimes on the other hand “characterize the totality of gender structures, gender relations and gendered institutions. There have been many different attempts to construct such concepts for use in research at different scales of analysis, from country to specific institution” (Walby and Dahlerup, 2015, n.p.).

There are three different types of welfare state regimes, the liberal, social democratic and conservative regimes (Andersen, 2012, p. 6). The liberal welfare regime is also called the residual model. It is based on low taxes which provides protection against poverty, with the rights based on need and a safety net for the poor (Andersen, 2012, p. 7). A country with such a regime could for example be the UK. A conservative welfare regime is also called a corporatist welfare model. There is mandatory social insurance, high taxes and redistributes from everybody to everybody but rights are based on contributions and benefits according to contributions (Andersen, 2012, p. 7) like in Germany. Lastly, the social democratic welfare model is a universal welfare model. Here people pay high taxes but have a people's insurance and the system redistributes from everybody to everybody regardless of gender which gives rights based on citizenship and equality as citizens (Andersen, 2012, p. 7). This is the system that Denmark and the Scandinavian countries are based on.

A “characteristic of the Scandinavian welfare model is the fact that rather than cash benefits, citizens are entitled to a wide range of service benefits provided by the authorities [regardless of gender]; these are often either free or subsidized. Both the health service and education are free” (MFA, 1996, p. 140), which is also mentioned in the background section discussing Denmark above.

3.2 Multiple Stream Framework

Multiple Stream Framework (MSF), also sometimes known as Multiple Stream Approach (MSA), was first established by political science professor John Kingdon “in the 1980s as an attempt to answer the question, ‘what makes an idea’s time come?’” (Schito, 2022, n.p.). It was majorly updated in 2010 adding to “its versatility and theoretical richness” (Hoefer, 2022, p. 1). MSF was originally made to analyze the agenda-setting stage in the policy process but has since been applied to other stages as well like the decision making and implementation stage (Herweg et al., 2018, p. 18). It disregards the idea of a straightforward decision-making process where “[t]he key objective for policy actors is to raise attention to some issues at the expense of others” (Schito, 2022, n.p.). The MSF “is applied to understand public policy at the system level” (Jones et al., 2016, p. 14) and the “core of the approach is Cohen, March, and Olsen's (1972) garbage can model of organizational choice” (Jones et al., 2016, p. 15).

There are some key assumptions within MSF that need to be mentioned. The first “assumption made in the MSF is that *ambiguity* in problem definition prevents rationality from being useful. Different actors define the same situation differently, so goal maximization is impossible” (Hoefer, 2022, p. 2). An example for ambiguity in line with Hoefer (2022) could be abortion as one could see the issue through a healthcare, morality, or a poverty lens (p. 2). This also showcases the “multitude of solutions to a given problem exists” (Herweg et al., 2018, p. 18). Ambiguity showcases that problems are much more complex, and they can be categorized in many ways as a problem can be examined from many different angles.

Another assumption “is that time and other resources are limited” (Hoefer, 2022, p. 2). This is on one hand because in politics and for policy makers there is only so much time to spend on certain capacity on a topic or problem while the topic or problem is still relevant and the world being “full of almost unlimited problems that might be addressed” (Hoefer, 2022, p. 2). On the other hand, “*time constraints* arise because attending to or processing events and circumstances in political systems can occur in parallel, whereas individuals’ ability to give attention to or to process

information is serial” (Herweg et al., 2018, p. 19; emphasis added). Time is a complex thing in policy making because the problem needing a solution needs to be current and there is only so much time that can be spend on one topic.

On top of ambiguity and time constrains is decision-maker’s “shifting preferences for [policies]” (Hoefler, 2022, p. 2) or *problematic policy preferences* (Herweg et al., 2018, p. 19), which is another basic assumption. This can be due to the current state of information of the time a policy is proposed or due to the popularity within a certain group or the public (Hoefler, 2022, p. 2; Herweg et al., 2018, p. 19). Herweg et al. (2018) points out that actors ascribe to the overarching categories, like the above-mentioned healthcare, morality, and poverty as well as the information that is available and has been considered, this makes their policy preferences fluid and not fixed (p. 19).

Furthermore, the MSF assumes that there will be *unclear technology*. This is a term that is used as “decision-makers often have little or no information on whether a proposed solution actually will help.” (Hoefler, 2022, p. 2). This can happen as they only have the rudimentary available knowledge of a vast majority of topics, and they might be quite far removed from the level that the policy addresses (Herweg et al., 2018, p. 19). Another assumption is regarding *participation of decision makers*, as the MSF assumes participation to be fluid. Different people and institutions can introduce new ideas or barriers which can lead to a change of opinion until the last minute before voting (Hoefler, 2022, p. 2). Differently put does “[f]luid participation [mean] that the composition of [decision-making] bodies is subject to constant change—either because it varies with the concrete decision to be made or because turnover is high” (Herweg et al., 2018, p. 20).

The last assumption is that “the MSF assumes that *independent processes or streams* flow through the political system” (Herweg et al., 2018, p. 20; emphasis added). This is based on the idea that “political problems, policy solutions, and politics [...] develop mostly independently of each other” (Herweg et al., 2018, p. 20). Each of these three areas would be considered their own stream them being also called problem stream, policy stream and political stream, which will be discussed individually further below. If “an issue is to gain agenda prominence, and is ultimately to be decided on, these independent streams need to come together at some point” (Herweg et al., 2018, p. 20).

The coming together of the streams can be accelerated or triggered through a “policy window” also sometimes called “window of opportunity” which would give the opportunity for a policy to gain standing (Herweg et al., 2018, p. 20). But furthermore “because there is no natural or inevitable connection between a problem and a solution, according to MSF thinking, the two often have to be coupled together by a policy entrepreneur and presented to receptive policymakers” (Herweg et al., 2018, p. 20). The window of opportunity and policy entrepreneur are also going to be discussed more in-depth below.

A very comprehensive way to visualize how these five structural elements work together can be the figure below. Here Jones et al. (2016) demonstrates the different ways to ‘achieve’ a policy window in order to show how have achieved policies or policy change.

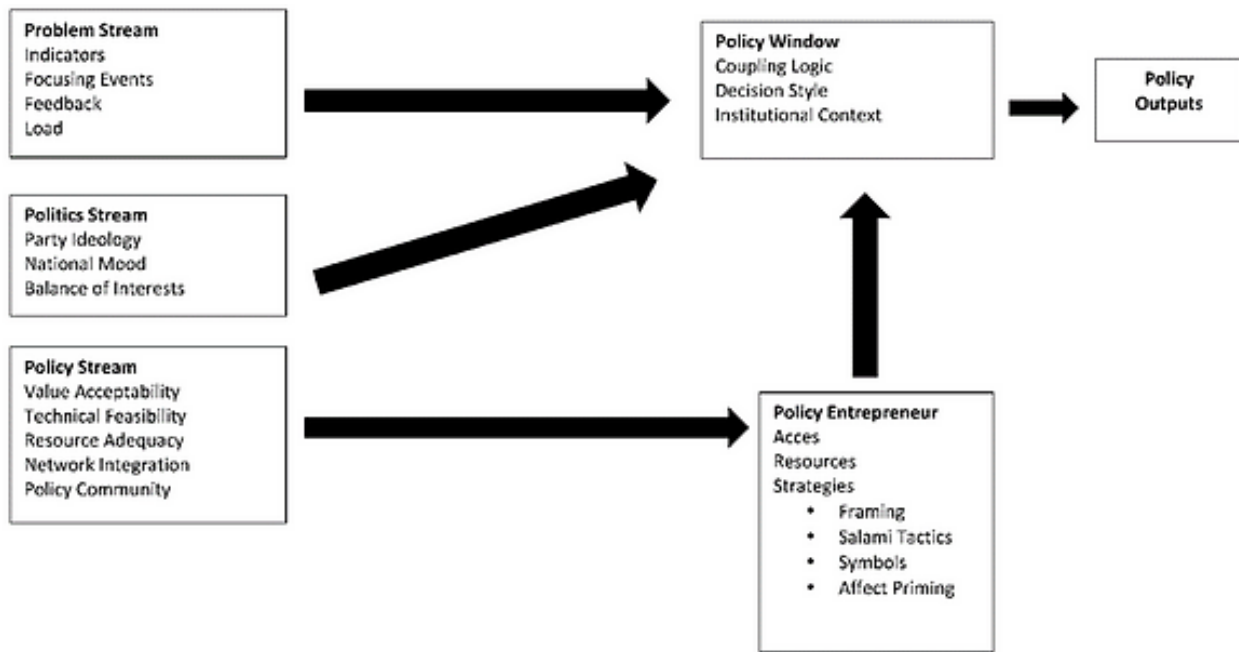


Figure 1: Jones et al., 2016, p. 15

As one can see are the problem stream and the political stream influencing the policy window directly while the policy stream influences the policy entrepreneur first which in turn leads to a policy window. The individual components of each of these structural elements will be pointed out in the individual sections.

3.2.1 Problem stream

The problem stream is an explanation for “public policies [occurring] when political entities want solutions to issues they perceive as problematic” (Jones et al., 2016, p. 15) or

differently said the stream is about an issue becoming a problem and that triggering a policy as a response. Problems in this context “are not objective facts, but rather social constructs that become relevant because someone framed them in a way that captured the attention of decision-makers” (Schito, 2022). Here it also needs to be added that problems are interpretive due to people’s culture, ideals and realities or circumstances (Herweg et al., 2018, p. 21).

An interesting observation, that will become relevant later, made by Herweg et al. (2018) is that one “might come to see a condition that we previously perceived as acceptable as a problem once we learn that other countries are doing better in this regard. Or we start seeing a condition in a different context that turns the condition into a problem” (p. 21). This is however not the only way for a problem to become policy, normally within a problem stream “indicators, focusing events, and feedback bring specific conditions to policymakers’ attention” (Herweg et al., 2018, p. 21). Indicators are “in principle relevant for policymakers or the public, for instance, unemployment figures, budget balances, and crime statistics” (Herweg et al., 2018, p. 21). An indicator can also be a more severe event like a crisis or similar event which creates significant problems (Guidara, 2021, p. 36).

A focusing event is considered a sudden event that “[becomes] attached to particular problems, providing powerful impetus for action or change” (Jones et al., 2016, p. 15). They are rare, like for example a disaster or at least have the potential to be harmful, and they give no warning, like indicators where something will indicate that something will become a problem, but are known to policymakers simultaneously with the public (Herweg et al., 2018, p. 21). These events being known to the public and policymakers simultaneously might make the resulting policies or policy changes more accepted even when they are more radical, for example in the events of a terrorist attacks or public health crisis.

Feedback is policy made based on the idea that something needs to change in the existing programs. This could for example be the cost of a program or an unwanted side effect that needs to be fixed (Herweg et al., 2018, p. 22; Guidara, 2021, p. 36). Even these three ways of identifying a problem are used the policy makers still have a certain amount of agency which might make them not want to pay too much attention to a certain problem. The opposite can also be the case as “political relevance is strongly related to the electoral relevance of a condition: if a problem jeopardizes a policymaker’s reelection, it will probably be defined as a relevant problem the policymaker needs to attend to” (Herweg et al., 2018, p. 22).

Agency is often attributed to a problem broker also called a problem entrepreneur who frames a contradiction as a problem to get a policymaker to act on that perceived problem (Herweg et al., 2018, p. 22; Hoefler, 2022, p. 3). Problem brokers can be policy entrepreneurs but not necessarily, as a policy entrepreneur is focused on suggesting solutions to a problem which is not always the goal for a problem broker (Herweg et al., 2018, p. 22). This stream can nearly always be seen as ready for coupling as the “policy entrepreneurs are always able to frame a condition as a problem that can be coupled with their favored policy proposal.” (Herweg et al., 2018, p. 22).

3.2.2 Policy stream

The focus of the policy stream is that policy ideas, also called the primeval soup, are “a finite but complex collection of ideas and possibilities” (Jones et al., 2016, p. 15) with some policy ideas surviving and some being filtered out. Solutions could evolve autonomously of problems within the primeval soup “in preparation for future problems” (Schito, 2022, n.p.). According to Herweg et al. (2018), the survival of a policy idea is related to various criteria them being technical feasibility, value acceptability, public acquiescence, and financial viability, policy community and network integration (p. 24; Jones et al., 2016, p. 16; Guidara, 2021, p. 37).

Some of these concepts are self-explanatory. Firstly, have financial viability meaning it must fit in the budget; Secondly public acquiescence which means it must be accepted by the public; and lastly value acceptability where the policy cannot work too far out of the norms and values of the society (Herweg et al., 2018, pp. 23-24; Hoefler, 2022, p. 3). Technical feasibility also needs to be taken literally as it means there needs to be “the technical ability to actually create and/or implement the proposal is at least a possibility” (Jones et al., 2016, p. 16).

Policies or policy alternatives are most often generated through policy communities, which is another of the criterion of Herweg et al. (2018), which often consist of “civil servants, interest-groups, academics, researchers and consultants (the so-called hidden participants)” (Herweg et al., 2018, p. 22). They are often policy experts who promote and review policy ideas and individually and together work out “alternatives to the policy problems of a specific policy field” (Herweg et al., 2018, pp. 22 - 23).

Policy ideas are filtered through a process called softening up where “members of the policy community discuss, modify, and recombine these ideas” (Herweg et al., 2018, p. 23) and only some viable policy ideas remain. This process involves a lot of arguing and debate and it “is heavily influenced by the structure of the [individual] policy community” (Herweg et al., 2018, p.

23). Where policymakers look for alternatives or solution depending on the how integrated or how the individual members are liked to each other in the policy community (Herweg et al., 2018, p. 23). This is the last criterion network integration.

The development or gestation period of ideas in policy communities can vary from rapid to gradual and the content from completely new to small additions to old or existing policies, depending how these are paired all there are four categories that emerge. The categories are: “quantum (rapid propulsion of new ideas); emergent (gradual gestation of new ideas); convergent (rapid gestation of old ideas); and gradualist (slow gestation of marginal extensions of existing policies)” (Herweg et al., 2018, p. 23).

According to Herweg et al. (2018) are small policy communities more integrated and larger policy community, due to them being more competitive, less integrated (p. 23). In big policy communities one will find “quantum to gradualist evolution of ideas” (Herweg et al., 2018, p. 23) means new ideas are generated fast but old or existing policies are often overlooked. Whereas smaller policy communities often “follow an emergent to convergent pattern” (Herweg et al., 2018, p. 23) which means new ideas are slow to develop while old ideas are being added to faster. This stream can be seen “as ready for coupling when at least one viable policy alternative exists that meets the criteria of survival” (Herweg et al., 2018, p. 23).

3.2.3 Political stream

The political stream looks at the structural factor that might influence the policy makers and their policies (Schito, 2022, n.p.). Differently said, the “political stream refers to the institutional and cultural context of the agenda or output of concern” (Jones at al., 2016, p. 16). Hoefler (2022) describes the political stream to combine “the national mood, the elected officials active in the decision-making, and the interest groups active on all sides” (Hoefler, 2022, p. 3). In the policy stream above, arguing and debating is part of the stream, “bargaining and powering dominate” (Herweg et al., 2018, p. 23) is a big part of the political stream this is because “majorities for proposals are sought here” (Herweg et al., 2018, p. 23).

There are three subcomponents in this stream (Jones at al., 2016, p. 16; Herweg et al., 2018, p. 23). Jones et al. (2016) calls these three subcomponents national mood, party ideology and balance of interests whereas Herweg et al. (2018) calls them national mood, governments and legislatures and interest group campaigns. They essentially mean the same thing with the national mood but differ with the other two. The first subcomponent, national mood is about the “general

orientation [or mood] of the public toward issues, values, or solutions relevant to the policy problem” (Jones at al., 2016, p. 16). This includes mood swings which can led to policy makers feeling the need to act on that new mood (Herweg et al., 2018, p. 23).

The next subcomponent, party ideology is self-explanatory as it refers to the party’s political orientation within relevant institutions which guides the party’s behavior in said institutions (Jones at al., 2016, p. 16). Herweg et al. (2018) on the other hand calls this subcomponent governments and legislatures which includes changes in composition, meaning the individual party members interpretation of the ideology is taken into account and due to turnover rates, this makes for a different agenda each turnover (p. 25). The last subcomponent, balance of interests indicates to the “collective position of relevant interests, including arrayed advocacy groups and other actors interested in a particular problem” (Jones at al., 2016, p. 16). Herweg et al. (2018) calls this subcomponent interest group campaigns which is essentially the same content wise, but the title is a bit more precise (p. 25).

When this stream is ready for coupling is not as easy to identify as in the two previous streams (Herweg et al., 2018, p. 25). With the political stream not all three subcomponents need to be ‘pointing’ in the same direction. The minimum, for the political stream to be ready for coupling, is a “key policymaker, such as the relevant minister or an influential member of legislature, to actively support the idea in question and be willing to stitch together a majority for it” (Herweg et al., 2018, p. 26) this actor could be called a political entrepreneur. Herweg et al. (2018) also argues that the “government and legislatures are the most relevant actors in the political stream - because ultimately these are the actors who have to adopt a policy change” (p. 25). This subcomponent might influence the other two but does not necessarily have to for the stream to be ripe.

3.2.4 Policy window

A policy window, also called a window of opportunity, is based on the idea that just because a stream is ready for coupling does not mean that change will automatically occur but that the time for them to achieve change can only happen in at specific points in time (Herweg et al., 2018, p. 26). Jones at al. (2016) writes that “at times [...] [the streams] are “coupled” during fleeting opportune times called policy windows” (p. 16) which increases the “possibility of developing or changing a policy” (Guidara, 2021, p. 35).

The policy window can be distinguished into two different kinds, one being an agenda window which gives the “[opportunity] to get an issue on the agenda” (Herweg et al., 2018, p. 26) and a decision window which serves as the “[opportunity] to get policies adopted” (Herweg et al., 2018, p. 26). Agenda windows can ‘open’ or presented as an agenda window in the political and problem stream (Herweg et al., 2018, p. 26). An agenda windows in the political stream “[open] if the partisan composition of government changes or new members enter legislature” (Herweg et al., 2018, p. 26).

An agenda window in the problem stream on the other hand opens “when indicators deteriorate dramatically - for example, unemployment or the budget deficit skyrockets in a very brief period” (Herweg et al., 2018, p. 26) or through a focusing event like a disaster or crisis. Decision windows are due to their goal to adopt policy found in the policy stream where policy ideas are generated and derive from existing policies (Herweg et al., 2018, p. 31).

3.2.5 Policy Entrepreneur

The streams coupling often happens because of a focusing event and the tireless work of a policy entrepreneurs. Policy entrepreneurs are described by Herweg et al. (2018) to advocates “willing to invest their resources - time, energy, reputation, money - to promote a position in return for anticipated future gain in the form of material, purposive, or solidary benefits” (p. 28; Schito, 2022, n.p.). So, a policy entrepreneur presents as an agent to “couple the streams and shape policy outputs” (Jones at al. 2016, p. 16).

Policy entrepreneurs as indicated above not the only entrepreneurs in MSF, but they are most often the entrepreneurs to utilize the policy window as problem brokers “only argues that something must be done about a specific condition” (Herweg et al., 2018, p. 22). And political entrepreneurs are not necessarily “involved in the development of the policy proposal at an early stage” (Herweg et al., 2018, p. 26) but are convinced by a policy entrepreneur to be involved due to their relation or position of leadership (Herweg et al., 2018, p. 26).

4. Methodology

In this section I will introduce social constructivism which is the ontological bases for this thesis. Then I will introduce the method, ‘What’s the problem represented to be?’ by Carol Bacchi, that is used for this thesis. Then I will combine this method with the multiple stream framework from the section above to operationalize together for the analysis. Next the data for the analysis, will be

introduced as well as consideration on the limitations that this paper has, which will be followed by an explanation of how the analysis will be conducted. This will be followed by the analysis which will answer the first part of the problem formulation: *What's the 'problem' with 'menstruation' represented to be in the Danish parliamentary resolution on free access to menstrual products and why is Denmark not fighting period poverty*, the latter half will be answered in the discussion section.

4.1 Social constructivism

In social constructivism “social forces such as ideas, knowledge, norms, and rules” (Barnett, 2017, p. 145) are constructed and this has an influence on states identities and interests (Barnett, 2017, p. 145). It furthermore recognizes “the importance of international norms and to conceptualize international politics not as a system but as a society” (Barnett, 2017, p. 145). This logic can also be found discourse which “works above the level of grammar and semantics to capture what happens when language forms are played out in different social, political and cultural arenas” (Simpson et al., 2019, p. 5).

Discourse can be investigated in many ways, but framing provides a “relatively flexible label for a variety of approaches to studying social constructions of reality” (Shaw, 2013, n.p.). This is also reflected in social constructivism’s ontological assumption that there are a multitude of realities which needs the epistemological approach of interpreting to discover the underlying meaning (Pretorius, 2018). This thesis is working with the interpretive epistemology as policy studies like the WPR method discussed below “[encompass] analysis of the process of policymaking, [...] as well as analysis of the contents and outcomes of policy” (Pillow, 2023, n.p.) meaning it works with the assumption that the knowledge presented in a given policy needs interpretation to discover the underlying meaning (Lamont, 2015, p. 19).

4.2 Method – What’s the problem represented to be?

As this thesis is based on investigating a policy the approach for the method needs to reflect this. Additionally, is this thesis not just interested in the policy itself but the way it is framed and therefore a framing approach for policies was chosen. Here it made the most sense to go with an “approach to policy analysis [which] challenges the conventional view that public policies are responses or reactions to problems that sit outside the policy process, waiting to be discovered and solved” (Bacchi, n.d., n.p.). This approach being the ‘What’s the problem represented to be?’ (WPR) approach by Carol Bacchi.

The WPR approach “can be applied in a wide array of fields beyond policy analysis, including health sciences, geography, law and accounting/finance” (Bacchi, n.d., n.p.). But within the field of policy studies “[t]here is an underlying assumption that policy is a good thing, that it fixes things up” (Bacchi, 2009, p. ix). This conveys the idea that a policy is a tool to ‘fix’ something but in order for there to be something to ‘fix’ there needs to be a problem of some sort (Bacchi, 2009, p. ix). This idea of an underlying problem is the bases for Bacchi’s analysis approach.

As the “WPR approach argues that policies contain implicit representations of the “problems” they purport to address” (Bacchi, n.d., n.p.) is the goal identify these problem representations and examine them further with a critical lens (Bacchi, n.d.). Bacchi’s (2009) six WPR questions are as follows:

1. What’s the ‘problem’ (e.g. of ‘problem gamblers’, ‘drug use/abuse’, domestic violence, global warming, health inequalities, terrorism, etc.) represented to be in a specific policy?
2. What presuppositions or assumptions underlie this representation of the ‘problem’?
3. How has this representation of the ‘problem’ come about?
4. What is left unproblematic in this problem representation? Where are the silences? Can the ‘problem’ be thought about differently?
5. What effects are produced by this representation of the ‘problem’?
6. How/where has this representation of the ‘problem’ been produced, disseminated and defended? How could it be questioned, disrupted and replaced? (p. 2)

The questions each examine a different part of a policy from the problem representation and what that means, to the history of the problem, to the silences and possible consequences and how these problems gained attraction. All aspects need to be considered in order to fully understand what the problem is represented to be in a policy. Policy studies has a “tendency to describe policy makers as ‘problem solvers’, as if ‘problems’ sit outside the policy process, waiting to be addressed and ‘fixed’” (Bacchi, 2009, p. 3). But problems are the core of why policy is needed in the first place.

The goal of the first question in the WPR is overall “to identify implied problem representations in specific policies or policy proposals” (Bacchi, 2009, p. 4). The question is asking what the ‘problem’ is represented to be and this question is asked to indicate the “kind of change implied in a particular policy proposal” (Bacchi, 2009, p. xi). Meaning to state the problem the policy is addressing how far the policy goes to solve the problem, what the alleged cause is, which

part of the government is responsible and how the government should address the problem (Cairney, 2019). It is recommended “‘working backwards’ from concrete proposals to reveal what is represented to be the ‘problem’ within those proposals” (Bacchi, 2009, p. 3).

The second question asks about presuppositions and assumptions in regard to the problem identified in the first question. This question has to do with underlying values and norms and their implications for the problem (Cairney, 2019). The goal is “to identify and analyze the conceptual logic that underpin specific problem representations. The term conceptual logic refers to the meanings that must be in place for a particular problem representation to cohere or to make sense” (Bacchi, 2009, p. 5). Meanings in this context implying the cultural circumstances of the society the policy and underlying problem was introduced in. Something that needs to be considered when answering the second question is that language create meaning which is underlying certain cultural implications (Bacchi, 2009, p. 7). In order to analyze these created meanings “it is useful to engage a form of discourse analysis, identifying and interrogating the binary, key concepts and categories operating within a policy” (Bacchi, 2009, p. 7).

Binaries in a policy could for example be nature/culture, public/private, national/international, mind/body, male/female, economic/social (Bacchi, 2009, p. 7). Identifying binaries helps understand certain implied social structures and privileges. Key concepts are concepts like ‘health’ or ‘welfare’ which can be interpreted differently depending on who you ask but are grounded in history and culture (Bacchi, 2009, p. 8). Here it is interesting, in an analysis, to see what meanings a concept in a certain policy and what these concepts mean in that context (Bacchi, 2009, p. 8). Categories on the other hand are concepts that assign the problem to a certain group or area such as age, disease, gender, sexuality, zoning and so on (Bacchi, 2009, p. 9).

After that, the third question asks ‘how’ the problem came about, implying some sort of history with a problem or problem area. Bacchi (2009) writes about two interrelated objectives within this question (p. 10). One is “to reflect on the specific developments and decisions (the non-discursive practices) that contribute to the formation of identified problem representations” (Bacchi, 2009, p. 10). While the other is “to recognize that competing problem representations exist both over time and across space, and hence that things could have developed quite differently” (Bacchi, 2009, p. 10). This means that this question is concerned with tracing the history of the problem in the political and societal sense and how we possibly got to this outcome in the first place (Bacchi, 2009, p. 10; Cairney, 2019). The goal is “to highlight the conditions that

allow a particular problem representation to take shape and to assume dominance” (Bacchi, 2009, p. 11).

The fourth question asks about silences and things left out or unproblematic, here the goal is “reflection and consideration issues and perspectives silenced in identified problem representations” (Bacchi, 2009, p. 13). A way to analyze this is to consider where the limit is with that way the problem is represented and to see what left out (Bacchi, 2009, p. 12). When doing that, it “draws attention to tensions and contradictions in problem representations, again the highlighting limitations or inadequacies in the way the ‘problem’ is being represented” (Bacchi, 2009, p. 13).

Bacchi (2009) point out that for the question it is possible to consider the findings of question two in regard to binaries as these often led to simplifications or misrepresentations of certain issues (p. 13). The findings from question three can also be helpful as the question draws connections to competing problem representations which might imply a similar problem representation to not merit a direct spelling out of the actual problem. Also, the cultural or societal aspect in the representation of a problem might point to some taboos that cannot or are not mentioned (Cairney, 2019).

Furthermore, question five asks about the effects that the problem representation produces with the goal to critically assess them (Bacchi, 2009, p. 15). This question is essentially looking at who benefits from the present problem definition and who might be helped by defining the problem differently (Cairney, 2019). The analysis approach here “starts from the presumption that some problem representations create [long-term] difficulties (forms of harm) for members of some social groups more than four members of other groups” (Bacchi, 2009, p. 15). Effects are here to be understood literally as well as figuratively. There are different types of effects that can explain the effects a policy has according to Bacchi (2009). In the case of this thesis this question is not being pursued further as the effects are mostly related to the implementation of policies and there is not that much of a focus on actors therefore it does not serve to answer the research question.

The last WPR question, question six, is about a problems origin, purpose and effect (Cairney, 2019). The goal is to highlight how “some problem representations become dominant, and to the possibility of challenging problem representations that are judged to be harmful” (Bacchi, 2009, p. 19). In the analysis this question investigates practices and processes that grant a problem representation to become dominate here the role of the media to reach an audience and

achieve legitimacy also needs to be considered (Bacchi, 2009, p. 19). But one must keep in mind “that discourses are plural, complex, and, at times, inconsistent” (Bacchi, 2009, p. 19). This question will also not be taken into account for the analysis as the institutions’ legitimacy and discourses beyond the chosen policy are not relevant for answering the problem formulation.

As mentioned above this is a policy analysis approach and when selecting texts “for examination is fairly open-ended” (Bacchi, 2009, p. 20) and it does make more sense to choose one specific piece of legislation as this approach is a qualitative approach and it would give a greater focus to the specific policy chosen. This approach was also chosen for this project, as there is only one policy proposal on the topic of free period products in Denmark, which will also be the focus of the analysis. One must also keep in mind that “there is seldom a single voice lying behind [a policy]” (Bacchi, 2009, p. 20) which makes an issue much more complex, so in an analysis one should always endeavor to acknowledge contesting positions (Bacchi, 2009, p. 20).

4.2.1 Combining WPR and MSF

The primary analysis approach for this paper is the WPR approach by Carol Bacchi as described above. This will be combined with parts of Multiple Stream Framework elaborated upon in the theory section. As mentioned in the method section above will only the first four questions be considered for the analysis meaning the last two question of the approach will also not be taken into account when combining WPR and MSF.

In combining the two approaches the basic question asked was, which questions can be answered with what element of MSF. For this it first needs to be reiterated that MSF has been applied to the agenda setting, decision making and implementation stage of the policy cycle (Herweg et al., 2018, p. 18). To visualize which four chosen WPR question can be answered with what concept of the multiple stream framework the table below was made:

Table 1: Combining the WPR approach and the MSF.

Carol Bacchi’s WPR approach	Multiple Stream Framework answers
1. What’s the ‘problem’ represented to be in a specific policy?	Ambiguity Problem stream + problem brokers Policy entrepreneur
2. What presuppositions or assumptions underlie this representation of the ‘problem’?	Problem stream Time constraints
3. How has this representation of the ‘problem’ come about?	Problem stream Political stream

	Policy stream Policy window
4. What is left unproblematic in this problem representation? Where are the silences? Can the ‘problem’ be thought about differently?	Unclear technology Shifting preferences Fluid participation

As shown in the table above can the first question in the WPR approach can be examined and possibly answered with the concept of ambiguity through the multiple ways a problem is presented. Additionally, one can look for indicators, focusing events and possibly feedback as well as possible problem brokers, from the problem stream in this first question as they might indicate how the problem is problematized. In this first WPR question it is also interesting to ask who if there is a policy entrepreneur that can be identified.

The second question can also be answered with elements from the problem stream as this question requires an investigation of key concepts which can be related to the indicators that can be identified in a policy which often hold presuppositions or assumptions about a concept. Another interesting concept to consider for the second question is the time constraints of the MSF as they could give a possible answer for why an actor might have proposed a specific policy when they did.

The third question involves investigating how a problem representation come about which can be seen as comparable to a policy window which basically means that a policy idea has made it to a policy proposal. For a policy window to open all three streams, problem stream, political stream and policy stream have to be present and ripe. The problem stream in combination with this question needs to have a problem problematized by a problem broker and/or policy entrepreneurs often by taking indicators, focusing events and feedback into account. This might also be found on multiple levels including the international level as the question asks how it came about that this problem was problematized.

This question and the political stream combined calls for looking at “the national mood, the elected officials active in the decision-making, and the interest groups active on all sides” (Hofer, 2022, p. 3). The three elements can answer how the problem came about as they indirectly look at institutional and cultural context which shape how a problem is view and thereby also implicitly how it came about. This stream is ripe when a key policymaker, also called political entrepreneur, supports the idea for a policy.

The policy stream in combination the third question might be the hardest to combine, as the constellations of policy communities it is not always and who wrote a policy proposal behind the scenes which is large part of the policy stream. But other elements can be looked at like technical feasibility, value acceptability, public acquiescence, and financial viability, policy community and network integration which will also help answer the question asked.

The fourth and last question involves silences which can be related to the amount of information that is presented to policy makers, which in the MSF is related to unclear technology. Also, the MSF works with shifting preferences which can give possible answers for certain actors changing their minds which could be due to unclear technology. Another aspect of the MSF to consider for this question is fluid participation due to the constant change in policies with proposing amendments to a policy proposal and policy makers seeming very involved in a policy process but not voting in favor of the policy in the end. Therefore, as has been shown in this section, combining these two approaches can help with understanding the policy process more thoroughly, which is why this was chosen as the framework to answer the problem formulation.

4.3 Data

This thesis is interested in policies regarding menstruation which is also shown in the research question: *What's the 'problem' with 'menstruation' represented to be in the Danish parliamentary resolution on free access to menstrual products and why is Denmark not fighting period poverty?* The policy mentioned in the research question specific attempts to ensure free menstrual products and indicated by the research question, was Denmark chosen as a case as the policy proposal to make period products free of charge which was discussed by the Danish Parliaments equality committee and subsequently rejected by the same entity.

This rejected policy is therefore the main data chosen, which is also why the WPR method was selected as it is a policy analysis method. This method was combined with the MSF from the theory section as it will expectantly help explain why the proposal was rejected. One could note that this policy proposal was introduced during the covid-19 crisis but there is nothing in the data that alludes to this being a factor in the decision making this will not be taken into further consideration.

The policy proposal in question is the Danish *parliamentary resolution on free access to menstrual products [translated]* (Appendix 1, p. 5) from March 2, 2021. The policy proposal was made by MPs Sikandar Siddique, Uffe Elbæk and Susanne Zimmer, who do not have larger party

associations to a party represented in the Danish parliament (Folketing, n.d., c). The data was found on Folketinget's website which is where the government publish all publicly available data on policies and their processes.

On Folketinget's website the proposal, background material which includes two previous questions asked regarding studies of affordability of period products, the minutes from the discussion in the Folketing, proposal remarks and final remarks to the proposal from all parties and lastly the parliamentary voting can be found. All the documents regarding the Danish *parliamentary resolution on free access to menstrual products* from Folketing's website are chronological compiled in appendix 1. The data in appendix 1 is in Danish but will be translated or paraphrased by the author.

In the background material section for the Danish *parliamentary resolution on free access to menstrual products* two previously ask questions to the minister for equality can be found. The first question was asked on December 2, 2020, by Sikandar Siddique and concerns a survey conducted in the UK on how many girls and women could afford tampons and pads, which corresponded to 10 percent and what that number would be in Denmark (Appendix 1, p. 1; Folketing, n.d., h). The question was answered on the December 14, 2020, by the minister for equality, that the survey in the UK was quite small in the first place and that such a survey has not been conducted in Denmark (Appendix 1, p. 2; Folketing, n.d., h). This question was immediately followed up, by Sikandar Siddique asking the minister for equality if such a survey or study was planned (Appendix 1, p. 3; Folketing, n.d., h). To this was the answered by the minister with a no, as there are more pressing matters in the area of equality (Appendix 1, p. 4; Folketing, n.d., h).

Other background material that was provided for the MPs for more context is the website from the Scottish *Period Products (Free Provision) (Scotland) Act 2019* (Folketing, n.d., h). Also, two articles were added for context, one from BBC called "Period poverty: Scotland first in world to make period products free" by Claire Diamond and the second from the Guardian called "Scotland becomes first nation to provide free period products for all" by Libby Brooks (Folketing, n.d., h). All these background materials are added as the Scottish *Period Products (Free Provision) (Scotland) Act 2019* is directly mentioned in the policy proposal and seems to have influenced the writing of the proposal by being modeled after the Scottish legislation.

The policy proposal is also the primary data and as mentioned above, suggests making period products free in all public institutions (Appendix 1, pages 5-7; Folketing, n.d., c). The policy

proposal was discussed in a session of the Danish parliaments equality committee from May 20, 2021 (Appendix 1, pp. 8-25; Folketing, n.d., d). The MPs present in the debate were the equality spokes persons from each party. In the appendix only the whole debate is added but on Folketinget's website can the debate only be found in a document together with all the other parliamentary debates for that day (Appendix 1, pp. 8-25; Folketing, n.d., d). In order not to confuse the reader, the parts of the document not pertaining to the discussion on the policy proposal for free menstrual products were removed and only the relevant parts can be found in appendix 1 (Appendix 1, pp. 8-25). Furthermore, are there in progress proposal remarks that are added on the website as an appendix (Appendix 1, pp. 26-27; Folketing, n.d., g). As well as final remarks to the proposal from all parties involved in the equality committee (Appendix 1, pp. 28-29; Folketing, n.d., e).

Finally, there is the parliamentary voting on the policy proposal where the proposal for a parliamentary resolution was rejected (Appendix 1, pp. 30-33; Folketing, n.d., f). Like in the discussion session, which originally is compiled with all the discussions from that day in one document, is the same the case with the voting for the day of June 4, 2021 (Appendix 1, pp. 30-33; Folketing, n.d., f). There are multiple votes that are done in one parliamentary session but only the vote on the Danish *parliamentary resolution on free access to menstrual products* is relevant in this thesis therefore the irrelevant pages were deleted as much as could as there are multiple votes on one page (Appendix 1, pp. 33).

As shown in the background section, Denmark has a welfare system that includes healthcare so this policy proposal making period products more accessible should fit right into the Danish welfare system. That seems not to be the case for Danish politicians. This issue was brought up in a time when more and more countries and entities are adding menstruation and period related issues such as period poverty to the political agenda, such as Scotland with its *Period Products (Free Provision) (Scotland) Act 2019* and period leave in Spain. Also as discussed in the background section are more and more international entities like the UN discussing improving menstruation at conventions and conferences. This makes the background section additional data which will give context and become relevant when taking the method into account.

4.4 Limitations

The case is interesting because Denmark as a gender and welfare state regime rejected the proposal to have freely accessible menstrual products which could reduce potentially existing period

poverty and can be interpreted as an equality and welfare policy. It is here important to note that a “characteristic of the Scandinavian welfare model is the fact that rather than cash benefits, citizens are entitled to a wide range of service benefits provided by the authorities; these are often either free or subsidized. Both the health service and education are free” (MFA, 1996, p. 140). Therefore, free period products could be seen as health care and even as economic service benefits to reduce potentially existing period poverty.

Additionally, in terms of gender equality, Denmark “scores well on the World Economic Forum's gender equality index. Women in Denmark generally work outside the home and pursue careers while raising a family, assisted by the country's generous parental leave and tax-subsidized daycare” (Denmark.dk, n.d., n.p.). But it seems this generosity does not extend to providing period products for people that cannot influence if they bleed every month or not.

There is a limitation to be named that involves the question of necessity over fight against period poverty in Denmark as there are no definitive numbers on period poverty in Denmark in the first place. This limitation can only be rectified by identifying if there is period poverty in Denmark and how most effectively alleviate it. This thesis is considering this primarily from a social constructivist perspective and discourse angle, but it could differently also have been considered from other perspectives, e.g. a purely economic perspective since there are monetary considerations and the finance act 2022 is mentioned.

4.5 Conducting the analysis

In this section the previous combined WPR and MSF approach will be combined with the data from above to explain how the analysis will be conducted. In order to make the WPR questions more specific they will be tailored to help answer the problem formulation, the questions were modified to include ‘menstruation’ in them, due to that being the overarching theme that is being addressed and the policy proposal for the Danish *parliamentary resolution on free access to menstrual products* as that is the data that provides the base for the investigation.

The WPR method consists of these six questions, but this thesis will only use the questions the first four questions as they are the most relevant. If this thesis were to use the rest of the WPR questions for the analysis it would have to look for information such as consequences, and effects of the policies and the institution of Folketing itself, which are not relevant for answering the problem formulation.

Table 2: Modified WPR approach for the analysis

Carol Bacchi's WPR approach	Modified WPR approach
1. What's the 'problem' represented to be in a specific policy?	What's the 'problem' with 'menstruation' represented to be in the Danish <i>parliamentary resolution on free access to menstrual products</i> ?
2. What presuppositions or assumptions underlie this representation of the 'problem'?	What presuppositions or assumptions underlie this representation of 'menstruation' in the Danish <i>parliamentary resolution on free access to menstrual products</i> ?
3. How has this representation of the 'problem' come about?	How has this representation of the 'problem' of 'menstruation' in the Danish <i>parliamentary resolution on free access to menstrual products</i> come about?
4. What is left unproblematic in this problem representation? Where are the silences? Can the 'problem' be thought about differently?	What is left unproblematic in this representation of 'menstruation' in the Danish <i>parliamentary resolution on free access to menstrual products</i> ?

These questions will lend themselves as the sub-headlines in the analysis under which each question will be answered while considering how the WPR question can be answered with aspects of the MSF to explain why there is no policy change to include free period products as a welfare policy into the Danish legislation. In this specific context with the data chosen is there more of a focus on the agenda setting and decision-making stage of the policy cycle which the MSF has been applied to (Herweg et al., 2018, p. 18).

The first modified question of the WPR approach needs to utilize the policy proposal as well as the two questions asked to the minister for equality to answer the question of what the problem is presented to be. The equality committee's discussion will also be used to answer the first question as there seems to be a difference in the way the problem is presented in the debate and in the written proposal. The second modified question, concerning presuppositions or assumptions, needs the proposal, the two questions asked to the minister for equality as well as the parliament discussion on the policy proposal to answer the question. Even though there are individual politicians named in the parliamentary discussion where there are overarching themes the individual politicians and their parties will not be talked about individually but together.

The third modified question can be answered by looking at the policy proposal, two questions, parliamentary discussion, proposal remarks and final remarks to the proposal from all parties well as the background section. The fourth and last modified question, regarding silences and what is left unproblematic, can be answered by looking at the all the data regarding the policy

proposal, that were identified in the data section above, as well as the background section and the definition for period poverty from the introduction.

By answering these specific four question in the analysis the problem, the underlying implication of that problem, the problems origin and the issues not included in this problem will become clear. This will also explain why this policy proposal was rejected, and thus answer the problem formulation.

5. Analysis

The analysis will be conducted in the order in which the WPR questions were presented, with the exceptions of the question excluded, each sub-headline represents the question that will be answered, this will be done in accordance with the multiple streams framework's concepts and data described above.

5.1 What's the 'problem' with 'menstruation' represented to be in the Danish *parliamentary resolution on free access to menstrual products?*

The problem with menstruation is first and foremost represented to be an economic issue with the source of the problem lying in the expense of period products. This representation of the problem is underlined with the use of the words 'extra expense', 'economic challenge' and 'financial barriers' (Appendix 1, p. 6). The economic angle is underlined through the mention of the Finance Act 2022 (Appendix 1, p. 6). The issue seems to recognize the problem from a welfare policy angle through the economic aspect. Making period products 'accessible' free of charge through 'public institutions' adds to the thought of a welfare policy (Appendix 1, p. 6).

Representing menstruation as an economic challenge indirectly points to period poverty without mentioning the concept explicitly. The policy could have presented the problem to be health related which is as shown in the background one of the aspects of menstruation, but this policy's aim is to address the economic and underlying poverty facets of the problem. The represented problem is however more ambiguous than the financial or economic aspect as the policy proposal also presents the problem with menstruation to be one of morality and a threat to equality.

The morality aspect is represented through the idea that menstruation is natural which is underlined through the wording 'natural part of life' (Appendix 1, p. 6). This natural part of life is however still seen as a problem as it is a 'taboo topic' even though menstruation is 'not something

you have chosen or have control over' (Appendix 1, p. 6). The underlying idea seems to be that menstruation needs to be destigmatized by calling it natural. The way this part of the proposal is framed indirectly effects the way this proposal is read, as one becomes part of the problem if one does not help the people that did not chose or have control over their situation.

Equality is mentioned in the economic context as equality is threatened if menstruators have the extra expense which can be an economic challenge for some (Appendix 1, p. 6). Here it is interesting to mention that the policy specifically states 'all menstruating' which would mean everyone with a uterus. Having the *Scottish Period Products (Free Provision) (Scotland) Act 2019* framed as a victory for equality and the policy proposal states that Denmark should follow their example (Appendix 1, p. 6).

The mentioning of Scotland is also where the problem stream can help explain why this issue was problematized in the first place as the stream suggests that one "might come to see a condition that we previously perceived as acceptable as a problem once we learn that other countries are doing better in this regard" (Herweg et al., 2018, p. 21). Here Scotland's *Period Products (Free Provision) (Scotland) Act 2019* could be seen as a focusing event also because the Danish policy proposal came so shortly after the Scottish bill had passed. To add to this, the 'economic challenge' could be seen as an indicator for why this problem was problematized, but there are no numbers or statistics to back up this indicator as the minister for equality Peter Hummelgaard does not see such an investigation as a priority (Appendix 1, p. 4).

There seems to be a bit of a duality between the policy proposal as it was written and the parliamentary equality committees discussion problematization as the policy proposal seems to make the economic challenge and providing free menstrual products for everyone the problem. Whereas in the parliamentary discussion the problem is more represented to be the availability of menstruation products as a necessity in public entities like toilet paper and soap on toilets (Appendix 1, p. 11, 12, 15, 18, 19, 21).

To this point Sikandar Siddique adds the idea that periods are not always predictable and in the case of spontaneously starting once menstruation there should be accessible and available menstrual products provided by the state in public institutions (Appendix 1, p. 21). This point of access and availability is pointed out as the problem that they are trying to combat which differs a bit from the written policy proposal. Additionally, Sikandar Siddique is talking about reassurance about the normality of menstruation and feeling secure in his speech in front of the equality

committee which can also be seen as an implicit problem representation with menstruation (Appendix 1, pp. 21-22).

Lastly it is interesting to mention that Sikandar Siddique can be seen as problem entrepreneurs as well as a policy entrepreneur as he is not just framing this issue as a problem and pushing it but also proposes solutions, while Uffe Elbæk and Susanne Zimmer might be seen as policy entrepreneurs as well. Sikandar Siddique can also be identified as a problem entrepreneur as he was the one to ask the Equality Committee of the Folketing if there were statistics to illustrate the number of girls and women who were not able to afford period products in Denmark and by doing that identifying that this had not been problematized in a Danish context.

5.2 What presuppositions or assumptions underlie this representation of ‘menstruation’ in the Danish *parliamentary resolution on free access to menstrual products*?

The dominant presupposition in this policy proposal seems to be that period products are an economic challenge for some and making them free is the ultimate solution to combatting this issue, which is implicitly period poverty (Appendix 1, p. 5-6). But as the definitions for ‘period poverty’ from the introduction shows, the economic aspect of the issue is only a fraction of the whole picture (Alvarez, 2023). The proposal seems to be aware of the stigma and taboo around the topic, but it does not consider education, washing facilities, waste management, and more that is needed to combat the problem to the extent that the definition for period poverty suggests (Alvarez, 2023, n.p.). This could be due to Denmark being a wealthy western country where this kind of poverty is seen as eliminated and therefore does not need to be considered anymore (Denmark.dk, n.d.). The same argument can be used when considering why they did not take waste management into account.

The underlying implication about the social and cultural norms are also interesting to consider when answering this question, as it suggests a deep taboo of the topic. This becomes clear when reading the parliamentary equality committee discussion from May 20, 2021, where this issue was discussed (Appendix 1, pp. 10-25). An underlying assumption that should be pointed out to begin with in this debate is that unlike in Scotland, according to Astrid Carøe (SF), period poverty is not a thing in Denmark but also there should not be any children living in poverty and there should not be any women that cannot afford period products (Appendix 1, p. 14-15). These paraphrased statements carry the underlying assumption that Denmark is doing better in terms of

welfare benefits than Scotland and therefore period poverty is not as prevalent or seen to the extent that is in Scotland.

A different presupposition stems from a general confusion as the ministers debating seem to assume that menstrual products need to always be freely available for all in the public space, as the policy proposal can be read that way (Appendix 1, p. 10, 11, 12, 16, 18, 20, 21, 23, 24). But Sikandar Siddique, who proposed the policy, seems to interpret the proposal as giving access to menstrual products for people because they are in need of them, be that an emergency because they bleed through or because they cannot afford them (Appendix 1, p. 13, 18, 21, 22). This creates a debate where there are many misunderstandings because nobody has an agreed basic understanding of what they are debating.

There is also an underlying presupposition in the title of the policy proposal itself as the proposal has the words 'free access' which is this author's translation of the title, with the original Danish title uses the word 'gratis' which in a literal sense can be more translated like 'for free' (Appendix 1, p. 5). This idea of period products being available free of charge was taken up by the politicians in the parliamentary debate and it is pointed out to that of course period products would still need to be financed by the state meaning through taxes (Appendix 1, p.18). This is a valid point but it in turn should be pointed out that sharing the cost of menstrual products between all the people paying taxes could be considered more equal as the responsibility does not solely falls on menstruating people.

The tone of this debate is quite negative even to the extent of mocking the proposal and comparing it to things that do not have anything to do with the context. Some more prominent examples are that men need more calories than women so men should then get compensation for needing more food (Appendix 1, p. 13, 18, 22), men need to shave so should they not get money for products as well (Appendix 1, p. 13, 14, 22), contraceptive pill make one not have their period so then one also does not need menstrual products (Appendix 1, p. 14), and most notable if menstrual products are made available then the state should also provide underwear for the eventuality that someone defecates in their pants (Appendix 1, p. 18-19). All these examples show how little these politicians seem to want to debate and understand this issue with the underlying assumption that this is just not important to them.

This is probably also rooted in politics as the proposal was made by a person without larger party affiliations, together with other people who don't have larger party affiliations. And as is

typical for political debates there are some parties that will immediately be against proposals from certain other parties and other parties often support each other due to a similar ideology. In this case this can be observed as Sikandar Siddique calls out another party that normally works together with some of the smaller parties (Appendix 1, p. 15).

The biggest underlying presupposition is that there is still a lot of stigmatization and taboo around menstruation. And here most of the MPs seem to agree that the menstruation should be destigmatized, the other politicians are of the opinion that this topic is not stigmatized or a taboo in the first place (Appendix 1, pp. 10-25). A policy alternative that is given here is that there should be more focus on educating young people about menstruation, allocating more teaching hours for the topic and start destigmatizing the topic that way (Appendix 1, pp. 11-16, 23). Additionally, there is the idea that sustainable menstrual products could be handed out with the existing programs of handing out condoms during that teaching time (Appendix 1, p. 16).

Menstrual leave is also shortly named, as the idea was brought up by Sikandar Siddique at a different point in time, in the context of the stigma and taboo around menstruation but menstrual leave is here framed as contributing to the stigma of periods and not alleviate it (Appendix 1, p. 12). The suggestion there seemed to have been that staying home during very a painful menstruation would not count as sick leave as to not add an unfair disadvantage for people who menstruate when it comes to being unwell due to outside influences (Appendix 1, p. 12).

Another underlying assumption lies in the way the welfare state is not seen to include menstruation, but the welfare state is about taking care of the most vulnerable (Appendix 1, p. 17). This is an interesting duality that assumes that menstruation does not make one vulnerable enough for the state to take care of one. This is also supported by the opening statement of the equality minister in the debate who states handing out free products is not the way the Danish welfare system works (Appendix 1, p. 10). A different point to be made is that through mentioning the Scotland's *Period Products (Free Provision) (Scotland) Act 2019* there seems to be an assumption of a larger international/ European discourse and problematization of menstruation by even making and proposing policy related to the topic.

There is an interesting note to be made about the timeline of this proposal as it was proposed in rapid succession of the Scotland's *Period Products (Free Provision) (Scotland) Act 2019* which was adopted on November 24, 2020. Then on December 2, 2020, Sikandar Siddique asked the first question regarding period access and on December 14, 2020, the second, which asks

if surveys were planned to assess if there are Danes that could not afford period products (Appendix 1, pp. 1-4). And subsequently on March 2, 2021, the Danish *parliamentary resolution on free access to menstrual products* proposal was made (Appendix 1, pp. 5-7). This could be attributed to time constraints as policy makers can only give so much time to a specific topic and the thought that a topic needs to be current in order for it to be relevant.

5.3 How has this representation of the ‘problem’ of ‘menstruation’ in the Danish *parliamentary resolution on free access to menstrual products* come about?

As shown in the background section, menstruation has not been mentioned explicitly for very long in the political sphere and so on the international political level this issue seems to have been stumped until more and more international entities talked about SRHR and then introduced menstruation after SRHR because more widely acceptable. There seems to be due to a trickle-down effect from international level to the European level as the Nairobi summit only three years before this resolution also mentioned menstruation for the first time (Butler et al., 2019, p. 1).

As Denmark is, as mentioned a country within the Europe and part of the EU there is a likelihood that politicians will hear about what other countries pass, especially when it involves such a controversial topic such as menstruation. Spain’s menstrual leave and Scotland’s *Period Products (Free Provision) (Scotland) Act 2019* and EU discussion on the tampon tax can all be seen as possible focusing events that did not get picked up by Danish politicians except for Scotland which, as discussed in the analysis of question one above, is highly likely to have influenced Sikandar Siddique to introduce this policy proposal in Denmark.

The Nairobi summit report using the word menstruation for the first time in the international realm could also possibly be seen as a focusing event (Butler et al., 2019, p. 1). An indicator on the international or EU level could be the concept of menstruation can be measured through for example period poverty. Both focusing events together with the indicator of period poverty and all the increasing international attention that menstruation has been getting might have been how the political entrepreneur Sikandar Siddique identified and deemed the problem to be ready for policy but that alone did not produce a policy window (Herweg et al., 2018, p. 23).

Sikandar Siddique can be identified as the political entrepreneur as he “actively support the idea in question and be willing [tried] to stitch together a majority for it” (Herweg et al., 2018, p. 26). He can also be seen as the policy entrepreneur as he trying to propose solutions to the way menstruation could be problematized further in Denmark. Through the policy stream are there also

a few factors that need to happen for a policy window to open and here the policy is showing financial viability as it tries to allocate money for this issue through the finance act 2022 (Appendix 1, p. 6). In the parliamentary discussion it is though stated that this is not precise enough and the monetary aspect would need more thought (Appendix 1, pp. 12, 16-18).

In terms of value acceptability and public acquiescence can the policy proposal be seen as a welfare policy which could be seen as benefiting the Danish population so in that sense it could be seen as conforming to Danish values. But in the parliamentary discussion the participants focus a lot on the taboo and stigma around menstruation that can still be found so in a way is this issue not as accepted as the policy proposal makes it out to be (Appendix 1, pp. 10-24). There are a few discrepancies when it comes to technical feasibility as the policy proposal only states that it should be like the Scotland's *Period Products (Free Provision) (Scotland) Act 2019* but does not state where the actual period products will come from (Appendix 1, p. 7).

By these main aspects of the policy stream coming up with so many inconsistencies and discrepancies between the policy proposal and the parliamentary discussion is it no wonder the policy window could not be utilized, and the policy was rejected. There could be said to have been a policy window that opened by the problem being identified and problematized, the political sphere having a focus on menstruation and policy being written by modeling it after the Scottish *Period Products (Free Provision) (Scotland) Act 2019*, but the policy could not be applied in the real world with the political circumstances of 2021 Denmark. So, the problem came about through a trickling-down effect from the international attention, and international discourse, and the Scottish legislation to the Danish policymakers and the Danish public discourse.

5.4 What is left unproblematic in this representation of 'menstruation' in the Danish *parliamentary resolution on free access to menstrual products*?

The biggest silence in all of this is that menstruation is not just an economic issue for people but that there is a healthcare aspect to it. As discussed in the background section is menstruation often included in SRHR and there in the concept of well-being, but this is not really being reflected in the policy proposal nor in the parliamentary equality committee debate (see background section 2.1). Approaching this issue from the angle of healthcare could have opened the door to argue that period products are a healthcare service which has equal standing to STD checkups or cervical cancer test both done through the universal healthcare system (MFA, 1996, p. 160). Even though

this would also not be the perfect argument nor solution, a healthcare angle could have brought a different perspective to the table.

When looking at the definition for period poverty it becomes blatantly obvious the policy proposal only takes the monetary aspect of this issue into account while leaving out the aspect of accessibility, facilities, and waste management (Alvarez, 2023). So, by not including these other aspects of period poverty they can be seen as being left out or unproblematic. A similar point was made in the answer to the second question which assumptions about menstruation the policy has. Period poverty as a concept does not seem to be accepted to apply to Denmark in the first place and is through that left unproblematic (Appendix 1, p. 14).

A reason for not including all the aspects related to period poverty might be due to unclear technology. This could be as the Danish *parliamentary resolution on free access to menstrual products* was quite heavily inspired by the Scottish *Period Products (Free Provision) (Scotland) Act 2019* which also does not take all the aspects of period poverty into account. This relates to unclear technology in the sense that maybe neither of the country's policymakers had all the information or just did not think them necessary to be included as not all the aspects of period poverty can be fixed through legislation as easily made as lowering taxes. In Denmark the minister for equality turned down the possibility for surveying if period poverty is an issue in the country and thereby making the policy proposal less easy to legitimize as it cannot be backed up by definitive studies and numbers (Appendix 1, p. 4).

Also discussed in question two is the time constraints which might have contributed to the unclear technology as the Danish policy proposal was made so soon after the Scotland act passed there was not much time to investigate many further approaches or cater it to the Danish needs. There was also not enough time that had passed to see the consequences of the implementation positive or negative which might have shown some things to do differently from Scotland or could have been a possibility for shifting preferences where more Danish politicians could have been convinced to vote differently. The debate was held in the equality committee of the Danish parliament which has turnover like any other committee and therefore fluid participation.

6. Discussion

In this section I will first discuss the findings from the analysis and thereby answer the first half of the research question. The findings will then be discussed through a lens of gender and welfare

regimes as well as menstrual equity versus equality which will answer the latter half of the problem formulation. The research question: *What's the 'problem' with 'menstruation' represented to be in the Danish parliamentary resolution on free access to menstrual products and why is Denmark not fighting period poverty?*

As was discussed or explained in the first analysis question 5.1 is the problem with menstruation in the Danish *parliamentary resolution on free access to menstrual products* represented to be through a bit of a duality. This duality depends on if one is looking at the written proposal as it was presented to parliamentary equality committee or if one looks at the debate that was held discussing this policy proposal in the parliamentary equality committee. The written proposal represents the problem with menstruation in the policy to be one of accessibility and equality but mainly as an economic challenge for some people which can be eliminated by providing access to menstrual products in public institutions.

The debate on the proposal on the other hand represents the problem with menstruation in the policy to be one of stigma and taboo as well as the availability of menstruation products as a necessity in public spaces. That there is a duality in the written versus the spoken shows that not a lot of time seemed to have gone into the making of this proposal, which is the problem with suggesting a policy proposal modeled after a different countries legislation especially when those two countries are both welfare regimes but not of the same kind. Denmark having a universal welfare model with high taxes and everybody receiving benefits while Scotland, through the UK follows a residual model which is based on low taxes and benefits for the poor or ones that need it (Andersen, 2012, p. 7).

Universal welfare models give benefits by everyone to everyone, meaning that all the people get the same welfare benefits menstruating or not. What is not taken into account here is that this extra cost can be a liability for some which creates period poverty as no menstrual products also mean less participation by menstruator in work or school for that time of the month. This in turn creates an inequality which is what the Danish policy proposal should have been addressing but failed to get across. This could be approached differently by saying in this case equality is not the goal, but social equity is, as there is an inherently different between menstruators and non-menstruators that requires individual needs, in this case menstrual products (McSherry, n.d.).

This idea of social equity can also be applied to the concept of menstrual leave, which is also mentioned in the parliamentary equality committee debate (Appendix 1, p. 20). The idea

behind this version of menstrual leave was that staying home during very a painful menstruation would not count as sick leave as to not add an unfair disadvantage for people who menstruate (Appendix 1, p. 12). In the 1980 “liberal feminists advocated for equality of opportunity to allow women greater opportunity to participate in the [labor] market” (Ng and McGowan, 2022, p. 3).

There is a possible correlation between women not asking for menstrual leave during the 1980s as women had just starting to gain greater participation in the labor market and were fighting for equality which makes everyone equal. The difference between equity and equality is that “while equality can be converted into a mathematical measure in which equal parts are identical in size or number, equity is a more flexible measure allowing for equivalency while not demanding sameness” (McSherry, n.d., n.p.). But maybe instead they should have fought for equity.

Also, interesting to note is that some politicians in the equality committees’ debate on the policy proposal were insinuating that wanting to discuss menstruation was wasting the time of the government that could do something more important or beneficial with that time. And thereby insinuating that menstruation is not a problem in the first place and acknowledge that for them it is not an important enough issue to be discussed in the first place. Menstruation is described to be an individual problem and period poverty is mentioned as a concept that does not exist in Denmark. To this point that there is no period of poverty in Denmark are there no statistics nor surveys as the minister for equality does not see it necessary to investigate.

The reason why this policy proposal was rejected was because of monetary reasons/budget reasons. But also, because menstruation is framed as an individual responsibility by and not the states most politicians (Appendix 1, pp. 10-25). Additionally, is the policy proposal argued to be written too vague and to not have included all the aspects that were intended to be included, such as menstrual products being made available in the public toilets like toilet paper and soap (Appendix 1, p. 11, 12, 15, 18, 19, 21).

The policy proposal being introduced as an economic policy narrows down the problem that this policy is trying to tackle to only the economic factors. But the policy could also have been seen as a health policy especially because the minister for equality Peter Hummelgaard stated “menstruation is a completely natural part of life and the prerequisite for creating life” [translated] (Appendix 1, p. 10). A health angle could have given the policymakers more room to argue why menstruation should be included as a health policy due to the Danish welfare system providing universal healthcare.

Another thing is that, even though Denmark has reached all the indicators in goal 5 of the SDGs meaning that according to the indicators set forth by the UN gender equality has been achieved in Denmark (Statistic Denmark, 2021, pp. 39-44). But there being no statistics on menstrual poverty in Denmark also means it cannot be numerically captured if there is period poverty. This could be seen as a avoiding the issue from the Danish Parliaments side to not have to take the issue up in parliament further. But due to the EU resolution having been passed on June 24, 2021, and the equality committee of the Danish parliament having had rejected the proposal to make period products available free of charge on June 4, 2021, is there a chance it will have to be taken up again anyway. There is also international and EU pressure that might force Denmark to act on this issue if it in the future becomes even more prominent and more countries pass legislation in favor of eliminating period poverty.

7. Conclusion

To recap this thesis set out to investigate the problem formulation: *What's the 'problem' with 'menstruation' represented to be in the Danish parliamentary resolution on free access to menstrual products and why is Denmark not fighting period poverty?* It can be concluded that the problem with menstruation in the policy proposal is mainly an economic issue, with the addition of a morality aspect due to there still being stigma around menstruation in Denmark. There is though also the parliamentary equality committee debate where the problem is represented as one accessibility and stigma.

The Danish *parliamentary resolution on free access to menstrual products* proposal can be concluded to not have been passed due it being introduced so soon after the Scottish *Period Products (Free Provision) (Scotland) Act 2019* was passed and there being no time to see the implications and ramifications of the legislation. Additionally, to this was there not enough time between the passing of the Scottish bill and the Danish proposal to actually write a proposal that would cater to the Danish needs of menstruating people and the best solution for them, but it seems to just have been a copy of the Scottish bill.

Copying what the Scottish *Period Products (Free Provision) (Scotland) Act 2019* entails also does not work because it was written for a residual welfare model which, as discussed above, Denmark with its universal welfare model is not. So, it seems to try to compare apples with bananas, both are fruit, but they are still not the same. Then there were differences in the way the

Danish policy proposal was written and the way it was discussed. There being a difference also shows that the written did not reflect what the Danes could actually benefit from in a policy for menstruation.

So, to conclude why Denmark is not fighting period poverty because there is an underlying impression that menstruation is not the government's problem in the first place and the concept of period poverty as a concept is mentioned in the parliamentary equality committee debate to not exist in Denmark. And if something does not exist it does not exist one does not need to fight it or do anything about it. This is possibly also why Denmark does not want to conduct surveys on how many people live in poverty related to menstruation, as suggested by the question for the minister from December 14, 2020, as numbers that do not exist do not require action (Appendix 1, pp. 3-4).

The *European Parliament Resolution on the situation of sexual and reproductive health and rights in the EU, in the frame of women's health* mentions menstrual products and menstrual education as being a basic necessity. As well as requesting the elimination of the tampon tax and tackle period/menstrual poverty in the individual member states (Resolution A9-0169/2021). This EU resolution was passed and published after the Danish policy proposal was rejected which technically means that Denmark still needs to implement available menstrual products and problematizing period poverty in Denmark as they are a member of the European Union.

Lastly, further research should be conducted to see if, what and how Denmark is implementing the *European Parliament Resolution on the situation of sexual and reproductive health and rights in the EU, in the frame of women's health* and how that will influence Denmark in relation to menstruation. Also, the Scottish *Period Products (Free Provision) (Scotland) Act 2019* has been mentioned multiple times throughout this thesis and it could be interesting to see how successful the implementation of this legislation has been. It could also be interesting to see the combined WPR and MSF approach applied to other legislation.

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