

NO TIME TO BLEED

MENSTRUAL EXPERIENCES UNDER THE KAFALA SYSTEM



MWA

A PARTICIPATORY RESEARCH REPORT BY
JEYETNA, MWA AND MIGRANT COMMUNITY LEADERS

MAY 2025

جاييتنا
JEYETNA

MWA is a non-governmental organisation dedicated to sustainable reform of Lebanon's immigration and Labour system, focusing on abolishing the Kafala system through research, advocacy, and community organising. Recognising the system's exploitative roots in race, gender, class, and inequality, we adopt an intersectional feminist approach to support Migrant Domestic Workers (MDWs). We empower MDWs with the tools to advocate for their rights and connect them with allies worldwide to strengthen coordination and solidarity.

Jeyetna is an intersectional feminist collective fighting for menstrual justice in Lebanon. Founded in 2021 - six months after the Beirut blast and amidst the country's compounding economic, political, and health crises - the volunteer-run organisation addresses period poverty through a holistic approach. Combining product distribution with education and advocacy, Jeyetna works to dismantle menstrual stigma and transform menstruation from a silenced private struggle into a collective conversation for systemic change. Born from Jeyetna the Documentary, the collective builds on the film's mission to break taboos around menstruation, grounding its work in the belief that menstrual justice requires both material support and societal transformation.

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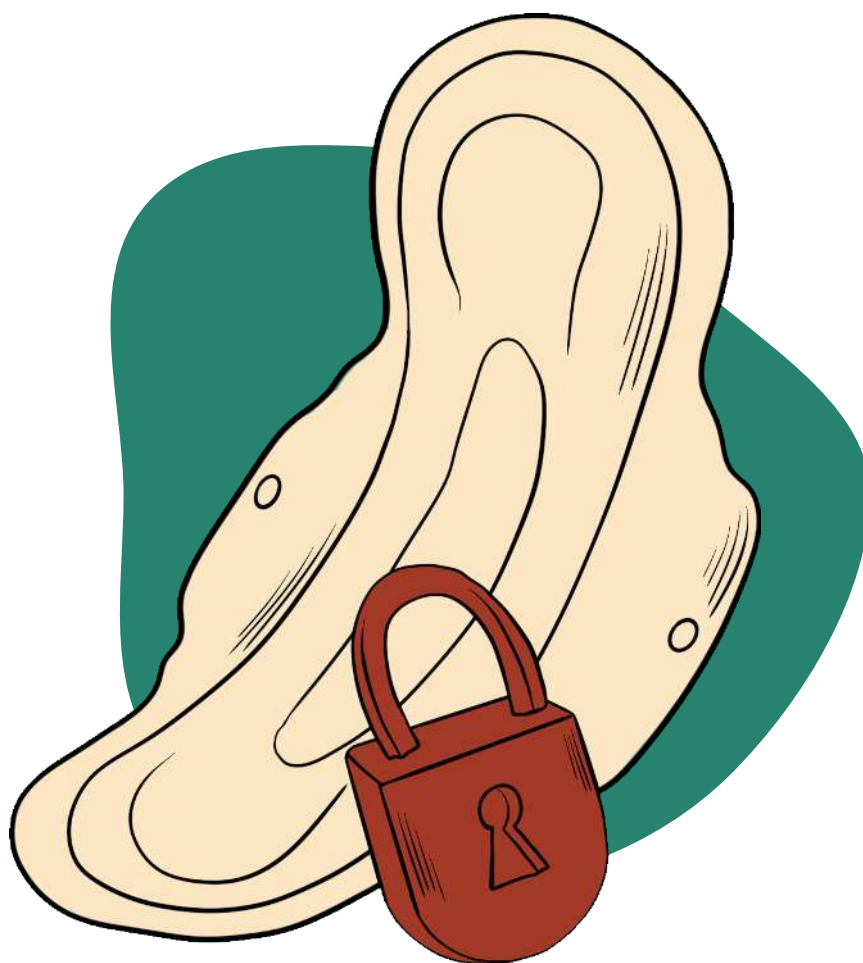
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Both organisations acknowledge the sacrifices made by migrant domestic workers trapped under the Kafala system to participate in this research by sharing their stories and detailed testimonies with period poverty and the abuse they're systematically subjected to.

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Abstract

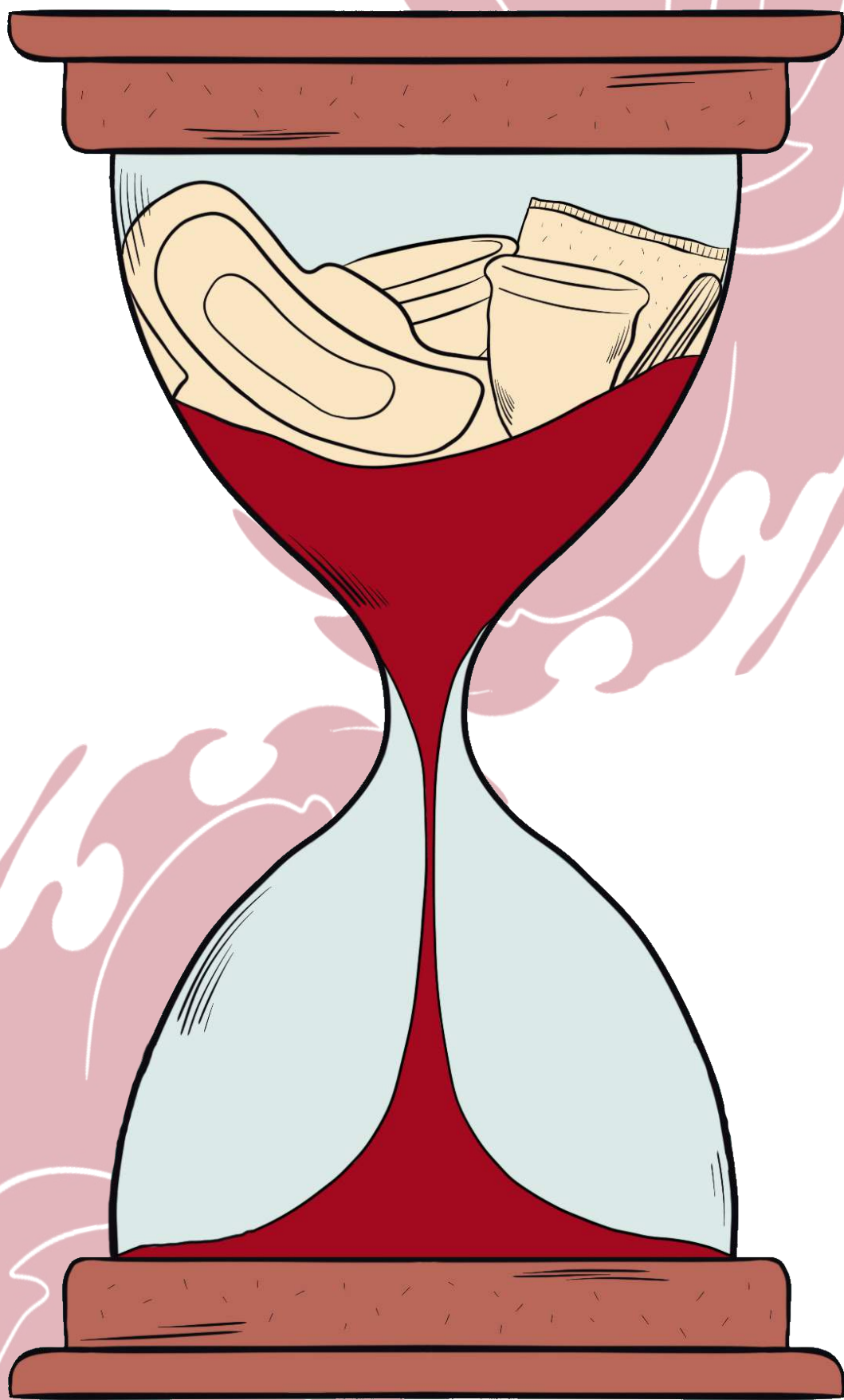
This report examines the menstrual health experiences of migrant domestic workers (MDWs) in Lebanon under the Kafala system, exposing how structural exploitation intersects with period poverty to undermine bodily autonomy and human dignity. Based on 90 interviews and two focus group discussions led by trained community researchers from six migrant nationalities, the findings reveal systemic denial of rest, bathroom access, healthcare, and menstrual products. Menstruation, under Kafala, becomes a tool of control – silenced, punished, and medicalised without consent. Grounded in a participatory, intersectional feminist approach, this research reframes menstrual health as a human rights issue and calls for the abolition of the Kafala system, the inclusion of MDWs under labour law, and the integration of menstrual justice into labour and public health policy.

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TABLE OF CONTENTS

INTRODUCTION.....	7
METHODOLOGY.....	8
Data Collection.....	8
Samples.....	9
CONTEXTUAL BACKGROUND	10
Period Poverty	10
The Kafala System.....	11
NO TIME TO BLEED–	
LOSING AUTONOMY OF THEIR MENSTRUAL CYCLE	12
Menstrual Experiences in Situations of Forced Labour.....	12
Live-Out MDWs – Freelancing Through Hardships.....	16
A Plethora Of Tasks: Being Punished For Menstruating.....	16
WHAT SPACE?–	
NO ROOM FOR PERIODS.....	19
WEAPONISED SCARCITY–	
NO ACCESS TO PERIOD PRODUCTS	24
PAINFUL PERIODS AND LIMITED ACCESS TO HEALTHCARE.....	30
The Impact of Kafala on Workers’ Menstrual Health.....	30
Restricted Access to Healthcare: Another Form of Control	31
Violations of Bodily Autonomy	35
The Mental Toll of MDWs’ Menstrual Experience.....	36
SOLITUDE OR SOLIDARITY:	
MDWS NAVIGATING PERIOD POVERTY.....	38
CONCLUDING REMARKS	42
COMMUNITY-BASED	
RECOMMENDATIONS BY INTERVIEWEES.....	43
POLICY RECOMMENDATIONS BY MWA AND JEYETNA.....	45
For the Lebanese Government.....	45
For the International Community.....	46
ANNEXES.....	47
Overview of Key Findings.....	47
Interview Questionnaires and FGD Question Grid.....	50
ENDNOTES	54



INTRODUCTION

This report reveals how the Kafala system in Lebanon exacerbates the vulnerability of migrant domestic workers (MDWs), through the neglect of menstrual health needs as a form of structural control. While period poverty – the deprivation of menstrual products, safe hygiene spaces, and healthcare – has gained attention in Lebanon’s economic and security crisis discourse, its intersection with state-sanctioned labour exploitation remains unexamined. For MDWs, bleeding becomes more than a biological process; it is a site of racialised and gendered violence, where bodily autonomy is systematically erased.

Under the Kafala system, MDWs are excluded from Lebanese labour laws and denied their most basic rights: rest, freedom of movement, privacy, and access to healthcare. As this report documents, these systemic restrictions extend to every aspect of menstrual health. Workers are denied period products, forced to work through severe pain without breaks or sanitary facilities, and often punished or humiliated for attempting to meet their basic needs. Menstruation, a biological reality, is rendered invisible and shameful – something to be hidden, endured in silence, or managed with unsafe materials. Many workers experience worsened menstrual symptoms, disrupted cycles, and emotional distress due to chronic stress, lack of rest, and physical overwork.

This research is grounded in a participatory feminist approach that centers MDWs as researchers, analysts, and agents of change. Six migrant community leaders from the Cameroonian, Ethiopian, Nigerian, Filipino, Sierra Leonean, and Sri Lankan communities were trained in ethical research methods, led the design of the interview tools, and conducted 90 in-depth interviews with fellow workers across Lebanon. Their insights challenge the idea that period poverty is solely about hygiene or education: It is a structural injustice rooted in racism, patriarchy, and classism.

No Time to Bleed is not only a report – it is a call to action. It calls for the recognition of menstrual health as a fundamental right, the removal of barriers that undermine dignity, and the inclusion of those most affected by overlapping forms of oppression. By documenting these lived realities, we call on the Lebanese government, the international community, and feminist movements to act – not only to alleviate period poverty, but to dismantle the systems that make it inevitable.

*We consider period poverty, menstrual health and menstrual justice as experiences impacting people of all gender identities who menstruate.

“When I asked to rest, my Madam told me that, should I want some rest, I could go to the grave.”



METHODOLOGY

The research followed a participatory, community-led methodology that centered the voices and leadership of migrant domestic workers throughout every stage of the process. As a project inception, six migrant community leaders representing different nationalities participated in a 4-hour menstrual justice discussion circle led by a Jeyetna facilitator in early September 2024. Between mid-September and December 2024, they received training over a six-week period in research ethics, qualitative interviewing, and gender-sensitive data collection. Together with MWA and Jeyetna, they collaboratively developed the interview questions to reflect the lived realities of period poverty under the Kafala system.

The training period was halted for six weeks due to the Israeli war on Lebanon, particularly the escalation reaching Beirut from September - November 2024.¹ During this period, the group, researchers and coordinators worked hand-in-hand to map and meet the menstrual needs of the communities through distribution of reusable pads, cups, period panties, disposable pads and tampons as well as hot water bottles to ease period pain.

Data Collection

Between December 2024 and April 2025, following the completion of the training, the migrant leaders conducted 90 in-depth semi-structured interviews with migrant domestic workers, both live-ins and live-outs, over a period of three months. The interviews were conducted either in person or via phone calls in the migrants' respective languages, including Amharic, French, Krio, Sinhalese, Tagalog, and English, fostering trust and shared understanding through peer-to-peer dialogue. In addition to individual interviews, two focus group discussions (FGDs) were held in January 2025 with broader groups of migrant women to validate themes, expand on collective experiences, and co-develop recommendations. This approach ensured the research was not only about migrant workers, but is by and for them, grounded in knowledge, agency, and analysis.

The interviews with all participants are anonymised by numbers, only identifying the MDWs nationality, age, and years in Lebanon in order to ensure their safety and protect their privacy. Additionally, the research included a desk research of secondary literature of NGO reports and academic discussions on SRHR and the Kafala system, including MWA reports, as well as various strategy and policy documents by international and national stakeholders.

Both MWA and Jeyetna acknowledge the importance of an intersectional approach to Kafala-related research. This research was carried out through this lens, in order to recognise and highlight how different forms of abuse and discrimination are perpetrated against MDWs.

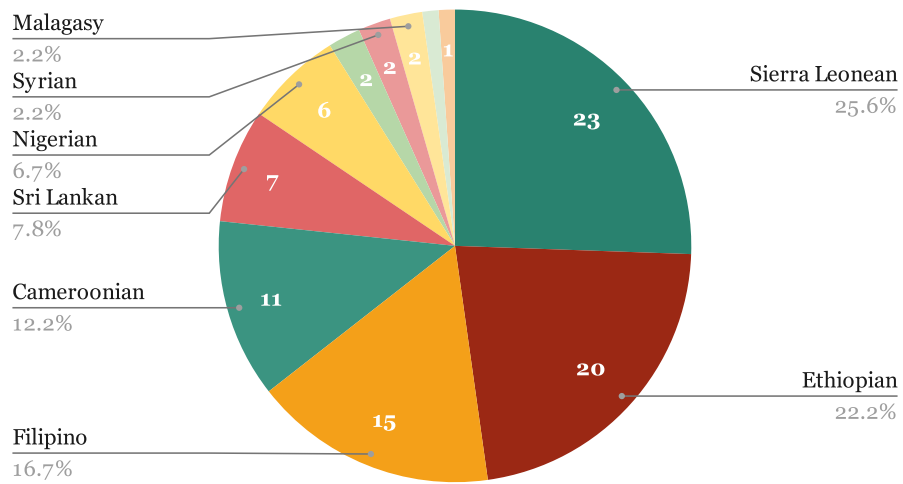
The report focuses on five main themes that emerged throughout the interviews as part of the menstrual experience of MDWs trapped under the Kafala system: 1) time, (2) space, (3) products, (4) pain and healthcare, and (5) MDWs navigating period poverty.

These interviews do not quantify the precise scale of abuses and menstrual experiences, but demonstrate a clear pattern of period poverty enabled by the Kafala system and the employers.

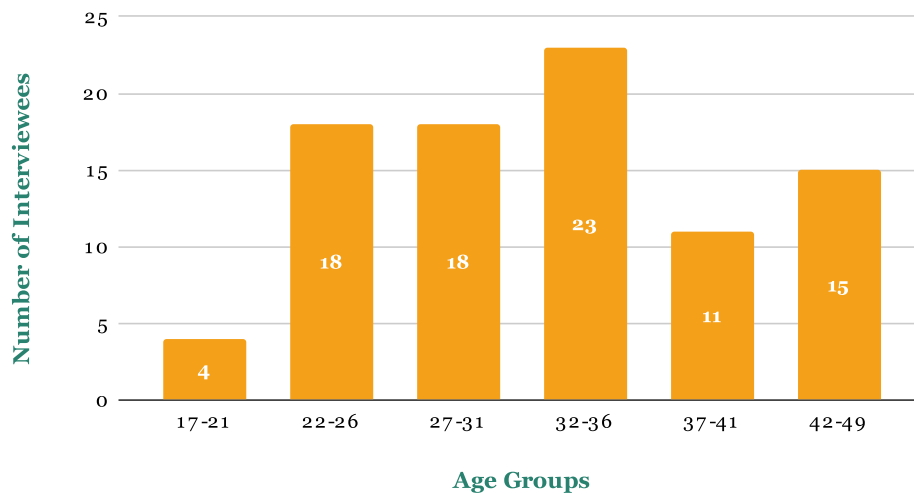


Samples

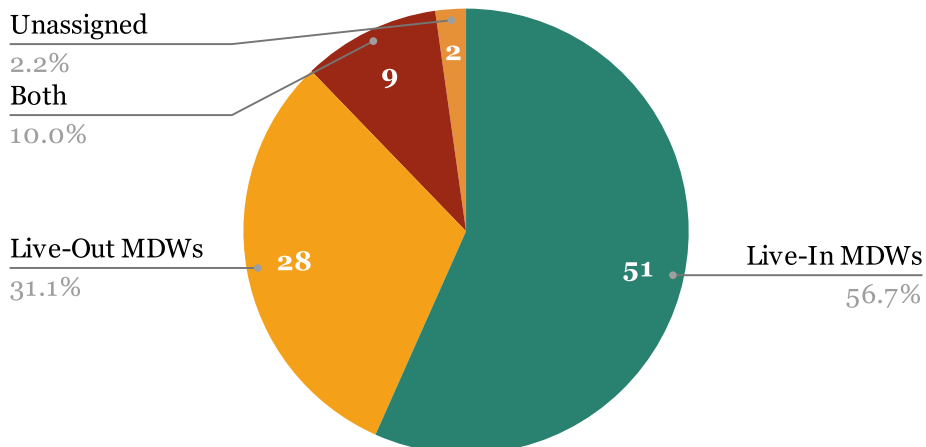
Represented Nationalities



Age Groups of Interviewees



Work Situation



CONTEXTUAL BACKGROUND

Period Poverty

Period poverty refers to a widespread yet silenced reality for an estimated 500 million women and people who menstruate globally.² It is widely understood as the lack of access to disposable period products, bathrooms, and education.³ In global discussions, this multi-layered and intersectional issue falls under the mandate of the Water, Sanitation, and Hygiene (WaSH) sector as Menstrual Hygiene Management (MHM). While this sector aims to address the above-mentioned aspects, it fails to challenge the deeply rooted stigma surrounding menstruation—a stigma perpetuated by the patriarchal notion that menstruation is “dirty” or “unclean”.⁴ By framing menstruation solely as a hygiene issue, MHM reinforces this taboo instead of dismantling it, reducing a bodily process to a problem of sanitation rather than centering dignity, human rights, and justice.

Building on the concept of menstrual justice developed by the legal scholar Margaret E. Johnson in 2019⁵, intersectional feminists from the Global Majority have broadened the definition through a justice-based approach relevant to their contexts:

- (a.) **Access to diverse period products**, whether disposable or reusable, that accommodate personal comfort.
- (b.) **Access to a private bathroom** with clean water, allowing individuals to wash and change their products comfortably;
- (c.) **Access to comprehensive menstrual health information and research**, including redress for the systemic lack of medical research on menstrual-related disorders, and an **end to the dismissal of menstrual pain**;
- (d.) **Access to judgment-free and culturally aware support systems** that actively counter shame and stigma.

These barriers are compounded by universal systemic failures: the lack of research and investment on menstrual and reproductive health, coupled with cis-normative and patriarchal medical systems, collectively create a culture of misinformation, neglect, and shame surrounding sexual and reproductive health. Other factors include inadequate governmental measures, such as failing to eliminate “pink taxes” (where period products are excluded from essential goods tax exemptions)⁶, or subsidising period products, excluding menstrual health from public education, and treating menstruation as an individual burden rather than a societal responsibility.

Currently, civil society actors and organisations play the most prominent roles in addressing sexual and reproductive health and combating period poverty. However, their approach often focuses narrowly on the biological aspects of menstruation, isolating the experience from its socio-political context and maintaining a hygiene-focused framework. In doing so, they inadvertently reinforce the misconception that menstruation is inherently dirty or unhygienic.

Jeyetna advocates for a menstrual justice framework that centers the intersectional systemic factors driving period poverty.⁷ This framework exposes how overlapping oppressions - from racism and sexism to classism and xenophobia - combine to systematically deny menstrual justice as a fundamental human right.

The Kafala System

The Kafala system⁸ is a set of legal provisions, administrative regulations, and customary practices governing labour migration in several Arab countries, including those in the Gulf Cooperation Council, Lebanon, and Jordan. While the specific restrictions vary by country, the system consistently grants employers or Kafeels (“sponsors”) extensive control over migrant workers’ entry, exit, residency, and employment status. Migrant domestic workers (MDWs), in particular, are subjected to exploitative and abusive conditions under this framework, often likened to modern-day slavery.

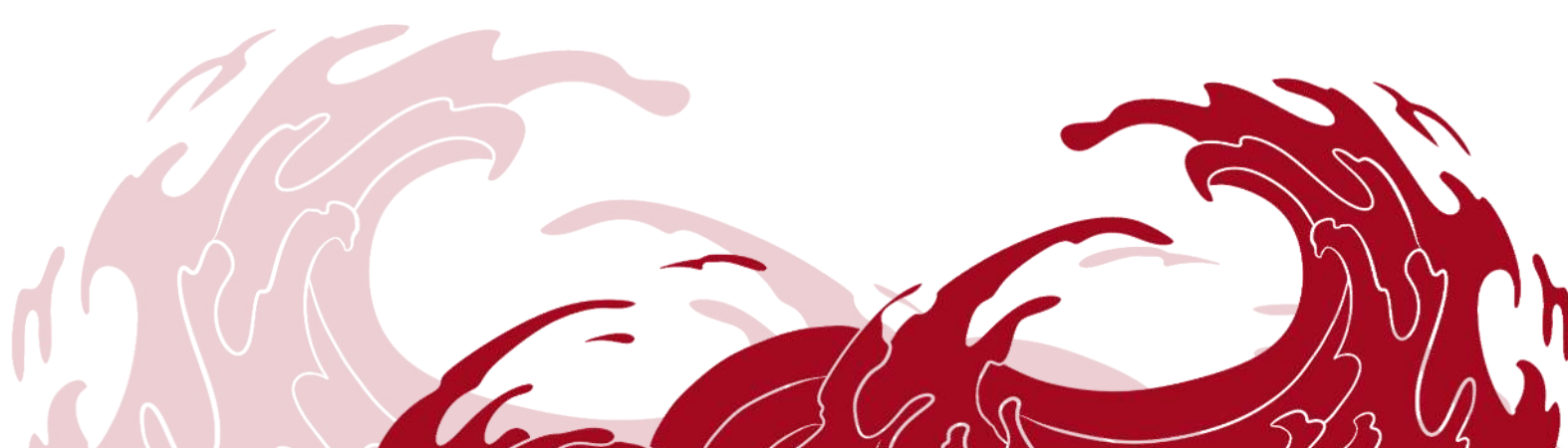
In Lebanon, MDWs are explicitly excluded from the country’s labour laws, leaving them without legal protections and more vulnerable to exploitation. They are denied the right to organise, and their freedom of movement is often severely restricted. This legal exclusion allows employers to evade basic labour obligations such as ensuring fair wages and decent working conditions. Many MDWs experience wage theft, and their work remains largely unregulated and undervalued.⁹

The Kafala system creates fertile ground for human rights abuses. It enshrines a paternalistic and controlling relationship between employer and worker, fostering a sense of ownership over the worker. As the UN Special Rapporteur on Contemporary Forms of Slavery observed after her 2011 visit to Lebanon, “domestic work began to be perceived as low-paid and became racialised, regarded as work performed by migrants... Consequently, many migrant domestic workers are not seen as equals to the Lebanese with the same rights, but as commodities.”¹⁰

This dynamic continues to strip MDWs of their dignity and rights. They remain among the least protected members of Lebanon’s labour force and are routinely subjected to exploitation, abuse, and neglect. Those who flee abusive employers often do so without their identity documents and are subsequently treated as irregular migrants, subject to arrest, detention, and deportation – criminalised for leaving without their sponsor’s permission, rather than recognised as victims of abuse.¹¹

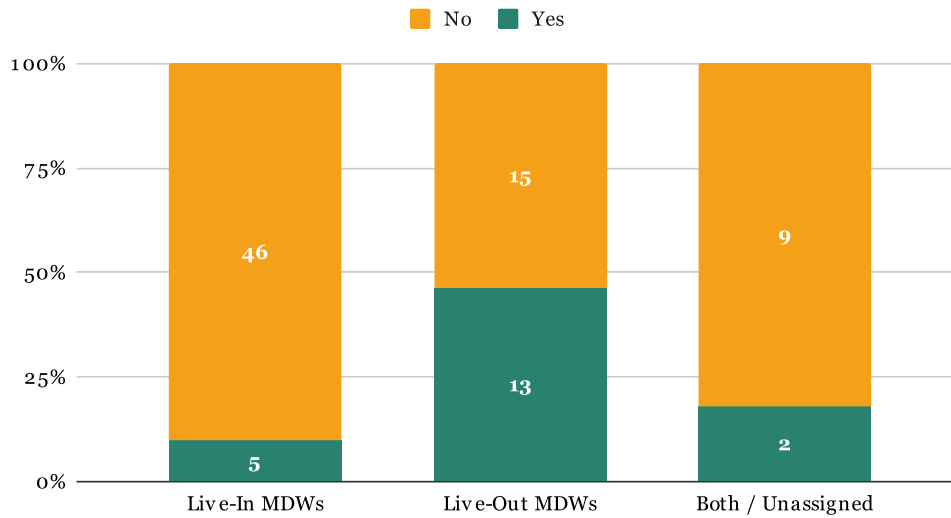
Lebanon’s ongoing economic crisis, which began in 2019, has further exposed the systemic flaws of the Kafala model. Many employers stopped paying domestic workers or abandoned them altogether. In response, some employers openly expressed a sense of entitlement over the workers in their households, revealing the deeply embedded notion of control inherent in the Kafala system.¹²

Human rights bodies have repeatedly condemned this framework. Though often portrayed as a labour migration mechanism, the Kafala system facilitates a form of state-enabled modern slavery. In 2021, the UN Committee on the Elimination of Racial Discrimination expressed alarm at the continued discrimination and violence enabled by the Kafala system in Lebanon, urging its abolition.¹³ More recently, the UN Special Rapporteur on Extreme Poverty and Human Rights also called for the dismantling of the Kafala system in Lebanon.¹⁴



NO TIME TO BLEED— LOSING AUTONOMY OF THEIR MENSTRUAL CYCLE

Days off During Periods



The Kafala system forces MDWs to be dependent on their employers for their basic rights and needs. One of the things that most employers confiscate from them is their freedom to manage their time: extended working hours, no days off, are all too common in the thousands of households employing domestic workers in Lebanon. Countless reports have defined the Kafala system and the work conditions as amounting to forced labour and modern-day slavery.¹⁵

Menstrual Experiences in Situations of Forced Labour

Excessive work hours and exploitative working conditions are among the main rights violations perpetuated by the Kafala system. Countless reports have documented cases of MDWs being forced to work between 16 and 21 hours per day and being denied rest days. Several international bodies, such as the Human Rights Committee, raised concerns in their concluding observations in 2018 over the situation of MDWs being subjected to abuse and exploitation, including the issue of excessive work hours.¹⁶

The Kafala system's only legal document¹⁷ guaranteeing MDWs' rights in their employment is the Standard Unified Contract (SUC).¹⁸ The SUC clearly defines the maximum of consecutive work hours to not exceed 10 hours a day and further requires the employees' rights to at least eight continuous hours of rest at night.

It furthermore states the employees' rights to one day of leave per week as well as an additional six days of annual leave per year.

Countless NGOs, including MWA, have documented a majority of cases of MDWs being denied their weekly day off, as well as the common practice of overworking the MDWs up to 18 or even 21 hours a day.¹⁹

The subpar work conditions, as well as their loss of autonomy in managing their time, have caused many MDWs to struggle with their menstrual cycle. Multiple factors impact MDWs' capacity to manage their time: their employer's constant assignment of tasks, the shame surrounding menstruation that leads them to wait to not be seen with menstrual products or to go to the bathroom, among many others discussed in this paper. The majority of MDWs reported experiencing disruptions of their menstrual cycle since they have started working in Lebanon: irregularities, heavier flow, increased back pain, headaches, and cramps or going

to the bathroom. Irregularities induce increased stress, making the menstruating period difficult to anticipate, in an environment where their management of time has been severely limited.

Many of the interviews conducted by the migrant researchers included testimonies expressing the hardships of having their periods while being unable to have time for their personal needs:

“Keeping track of my time while working in Lebanon has been very hard. In my home country, I never had to go through this much trouble, but here, I feel like I have to hide my period and go through it by myself. Our employers don’t care about what we need, and no one is there to help us. The more pain I’m in, the more I have to work.” (Interview 52, 30 y/o Ethiopian, 4 years in Lebanon)

“The biggest difficulty was heavy bleeding and pain. Sometimes my period would last seven full days with heavy bleeding. Because of my heavy workload, it got worse. **I worked long hours with very little rest—cleaning, lifting heavy items, moving heavy things, and constantly being busy.**” (Interview 48, 32 y/o Ethiopian MDW, in Lebanon for 8 years)

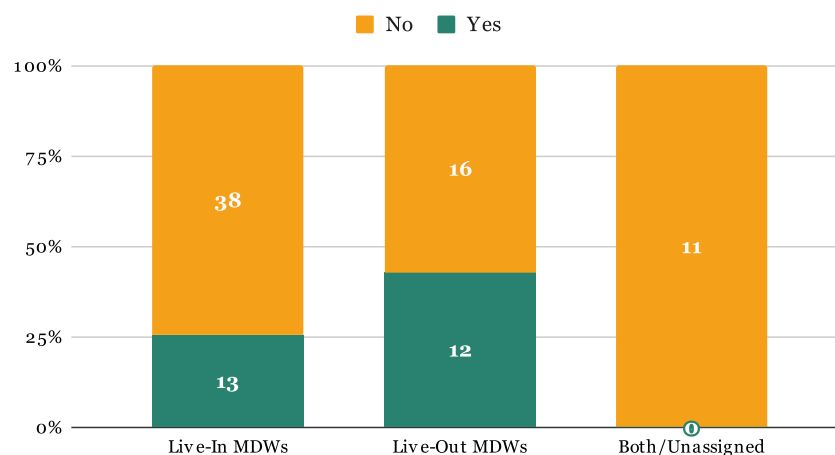
When asked if they are given a day off during their period, live-in MDWs in the vast majority answer no (90%) with some adding that they never get a day off at all, as was the case for 11% of the interviewed live-ins. Testimonies by interviewees illustrated how common and how extreme the cases of overwork were, while simultaneously experiencing their periods:

“Rarely, unless it’s by coincidence, like a Sunday or holiday. Even then, there’s no guarantee. It makes things worse. **Without rest, the pain feels more intense,** and sometimes I feel dizzy or completely drained.” (Interview 43, 33 y/o Ethiopian MDW, 16 years in Lebanon)

“No, I never get a day off. Even if I’m in severe pain, I’m still expected to work like it’s any other day. I remember one time I had such bad cramps I could barely move, but I still had to scrub the floors and clean the entire house. My employer didn’t care that I wasn’t feeling well—they just wanted the work done.” (Interview 48, 32 y/o Ethiopian MDW, 8 years in Lebanon)

During menstruation, rest and sleep are necessary to replenish the blood loss and handle the hormonal shifts. Without it, physical and psychological discomfort may increase. For migrant domestic workers trapped in Lebanon’s Kafala system, the denial of menstrual rest exposes the intersection of labour exploitation and gender-based violence, amounting to a denial of bodily integrity. It reinforces the idea that migrant women’s bodies exist only to serve, no matter the cost to their health. At its core, the right to rest during menstruation is about dignity: the freedom to tend to one’s body without fear, punishment, or shame.

Adequate Rest Time



While days off are a rarity for most MDWs, breaks and the possibility to rest throughout the day are also the target of restriction, if not completely denied:

“Rest isn’t something my employer even considers. Even if I ask for a moment to go to the bathroom or lie down because the cramps are unbearable, I’m told to finish the work first. There have been days when I had to work straight through the pain without any breaks.” (Interview 48, 32 y/o Ethiopian MDW, 8 years in Lebanon)

“I work every day, no matter how I feel. Even on days when my period pain is unbearable, it’s strange that the woman and her daughter know exactly what period is, but it doesn’t change anything. **I haven’t had a rest for 8 years, since I started working here,[...]. If I could sleep for 20 minutes during the day, this would have helped a bit.** [...] No, I don’t get enough rest. It makes it harder to change or clean myself, especially when I use a cloth instead of pads. The lack of rest also means I can’t handle the pain properly.” (Interview 44, 32 y/o Ethiopian, in Lebanon for 8 years)

Facing relentless workloads and little reprieve, MDWs in Lebanon describe tactics - slowing down, hiding, or rushing - to carve out small moments of rest. Their words reveal not choice, but necessity under exploitative conditions.

“I continue working despite the pain and discomfort. Sometimes, I’ll take small breaks when no one is looking, but it’s not enough.” (Interview 57, 32 y/o Ethiopian MDW, in Lebanon for 10 years)

“I work faster so I have time to change and get some rest. I limit my time to change my pads.” (Interview 86, 48 y/o Filipina MDW, in Lebanon for 18 years)

“I try to hide to have a little rest” (Interview 28, 28 y/o Kenyan MDW, 1 year in Lebanon).

“I have to change quickly, hoping no one notices.” (Interview 43, 33 y/o Ethiopian MDW, in Lebanon for 16 years)

MDWs trying to communicate their need for rest often experience verbal abuse and dismissal. In its report on the situations of Kenyan migrant workers, MWA has documented the repeated verbal abuse of African MDWs being referred to or outrightly called ‘Abed’, the Arabic word for slave.²⁰

Similar experiences of dismissal of concerns regarding their periods and need for rest were experienced by the MDWs interviewed. One of the interviewees working in conditions amounting to forced labour explained that she was only getting two meals a day, cleaning five different houses for the same family, and couldn’t warm herself at night because her employer only gave her a light blanket.

“When I asked to rest, my Madam told me that, should I want some rest, I could go to the grave.” (Interview 3, 49 y/o Malagasy MDW, 16 years in Lebanon)



**“THE BALLOON IS BROKEN”
PHRASE USED IN KRIO (SIERRA LEONE)
TO DESCRIBE MENSTRUATION.**

Some explained that the inability to control their schedule based on their period needs and pain affects them mentally and physically, often leading to increased pain. One interviewee also compared the difference in autonomy and time for self-care as a live-in versus as a live-out MDW:

“During the contract, I didn’t have any time off; even at night, if the baby wakes up crying, I have to get up and take care of him, even if I am in pain. **There is no break.** I had to follow my orders. This is the suffering for all domestic workers in contract, **but right now I do have time to rest; sometimes I can take a shower or talk to friends**” (Interview 55, 31 y/o Ethiopian MDW, 12 years in Lebanon).

The interviews included several testimonies of MDWs sharing their difficulties using bathrooms during their period or being forced to delay it until their employers gave them permission:

“I share a bathroom, and sometimes I have to wait a long time to use it. If I am at work, **I can’t always go when I need to. I have to wait for a break, and sometimes there is no break.**” (Interview 52, 30 y/o Ethiopian MDW, 4 years in Lebanon).

“I don’t have period products, and the clothes I use are not clean, and I have no time to wash them well. **I had an infection because of the time I could not change for 8 hours and could not shower for three days.**” (Interview 31, 25 y/o Sierra Leonean MDW, in Lebanon for 4 years, who cannot go out to buy herself products)

“Having a private bathroom would let me take a shower and change my pad but I can’t do that because **I am not allowed to take a shower when my employer is at home.**” (Interview 18, 29 y/o Sierra Leonean)

“There is no special space for changing. **I use the bathroom when I can, but I have to be quick. If I take too long, they will ask why.**” (Interview 42, 22 y/o Ethiopian MDW, 6 years in Lebanon)

Even in instances where MDWs reported access to adequate WaSH facilities, the Kafala system’s power imbalance continues to negatively impact MDWs’ menstrual experiences, as documented in a conversation with an FGD participant:

- Did you have access to a bathroom when you wanted to?
- Sometimes during the day, you have to ask, “Madam, I need to go to the bathroom because I need to change my pad.” If she says no, after 5 minutes, after 10 minutes, she will stay until you can go.
- Sometimes she would tell you no?
- Yes, especially if, for example, I am staying with the children, I need to call her to tell [...] my Madam, I need to go to the bathroom because I need to change. Ba3d shway (Arabic: in a bit). And after 10 minutes.
- You would call her on the phone?
- Yes, because they have the phone in their room and the living room. Like a baby phone. She would be in the house, but I would need to call her from the living room to her room. (FGD 2)

Live-Out MDWs – Freelancing Through Hardships

Live-out MDWs, working mostly as independent and irregular freelancers on an hourly basis, also experience difficulties during their periods. According to the IOM’s Migrant Presence Monitor Baseline Assessment 4 in 2024, approximately 50% of all migrant workers in Lebanon are categorised as live-outs, and within those 50%, a total of 41% were women migrant workers.²¹ It is also noteworthy to mention that the vast majority of freelancers have lost their legal residency and work illegally due to Lebanon’s Kafala system, which legally ties the MDWs’ work permit and residency to their sponsors/employers.²²

Live-out MDWs’ living circumstances outside of their employers’ households do not shield them from inflexible working conditions: most of the interviewees explain not being able to rest during their period the way they should, and that due to the irregularity of work and very low hourly rate, they cannot afford to refuse work opportunities. Many freelance MDWs accept work for as low as 3\$ an hour.²³

While some can adapt their working schedules, (12/28) the majority pushes **“through pain and in tears”** (Interview 35, Sierra Leonean MDW) to work as usual, no matter how uncomfortable.

“If I feel pain, I just have to push through, **if I need to change, I wait until I get home.**” (Interview 52, 30 y/o Ethiopian MDW, 4 years in Lebanon).

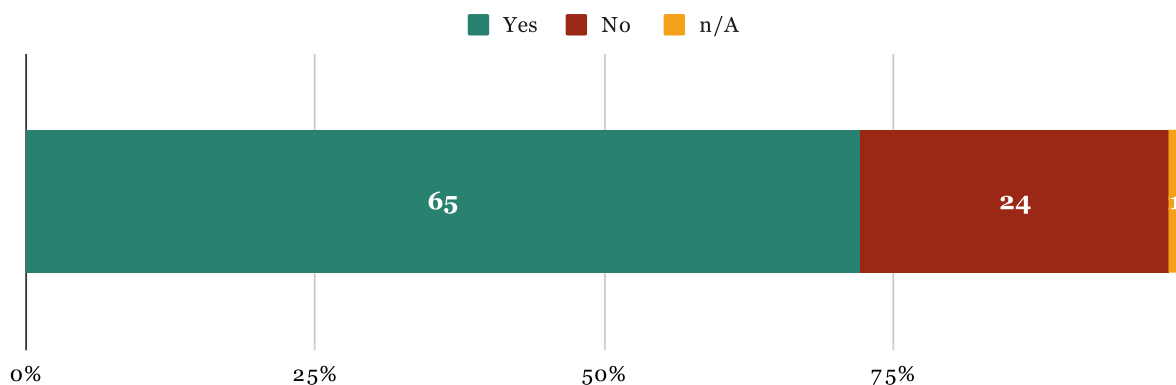
Out of the 12 live-out MDWs stating to have enough time to rest, only one attributes it to her current employer allowing her to do so, the other 11 cited freelancing as giving them greater flexibility in organising their work hours, avoiding employer-imposed schedules.

A Plethora Of Tasks: Being Punished For Menstruating

The Kafala system is renowned for unsafe and extreme working conditions, with MDWs being forced to do hard physical labour. Physically demanding tasks include lifting heavy furniture, being forced to use aggressive chemicals without any protective equipment, or working under dangerous and unsafe conditions, such as cleaning windows or balconies with high risks of injuries.²⁴

This reality of MDWs being given physically laborious tasks was confirmed during the interviews, particularly with one question showing a clear pattern of employers refusing to reduce the workload on MDWs during their period.

Heavier Workloads During Periods



When asked whether the interviewed MDWs were given tasks that were harder to manage during their period, 65 out of 90 respondents answered **yes**.

When asked to describe these physically demanding tasks, the answers painted a bleak picture of MDWs experiencing extreme and abusive work conditions while having their periods, as described in the following testimonies:

“My employer will force me to work, even give me more job. They will tell me to continue working because I am paying you” (Interview 26, 36 y/o Sierra Leonean MDW, 4 years in Lebanon)

“Yes, **my workload was always very heavy, especially during my period.** Tasks included scrubbing floors, lifting heavy objects like water bottles and large laundry loads, cleaning bathrooms, and working long hours without rest. This made my bleeding worse and increased my cramps.” (Interview 48, 32 y/o Ethiopian MDW, 8 years in Lebanon)

“Taking care of children is especially hard during my period. It’s physically and mentally exhausting, and I feel like I can’t keep up. Cleaning heavy furniture, washing bathrooms, and carrying heavy objects (12-24 kg) are routine tasks that become incredibly painful and exhausting during my period. It significantly worsens my cramps and fatigue.” (Interview 58, 33 y/o Ethiopian MDW, 6 years in Lebanon)

“When I was under contract, **systematically, when I would tell them that I am on my period, they would ask me to clean the walls, conduct difficult tasks like climbing on a ladder to clean the top of wardrobes.**” (Interview 12, 40 y/o Ivorian MDW, 6 years in Lebanon)

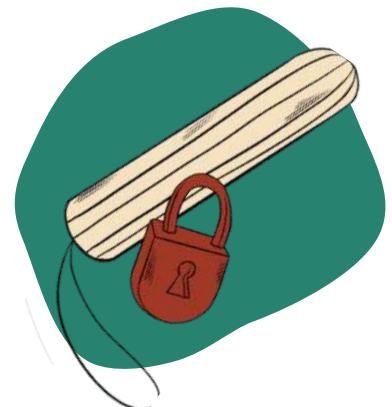
“Yes. Especially during Ramadan, work was very heavy—there was no rest. **Regardless of severe pain, heavy cleaning tasks were assigned.**” (Interview 40, 33 y/o Ethiopian MDW, 6 years in Lebanon)

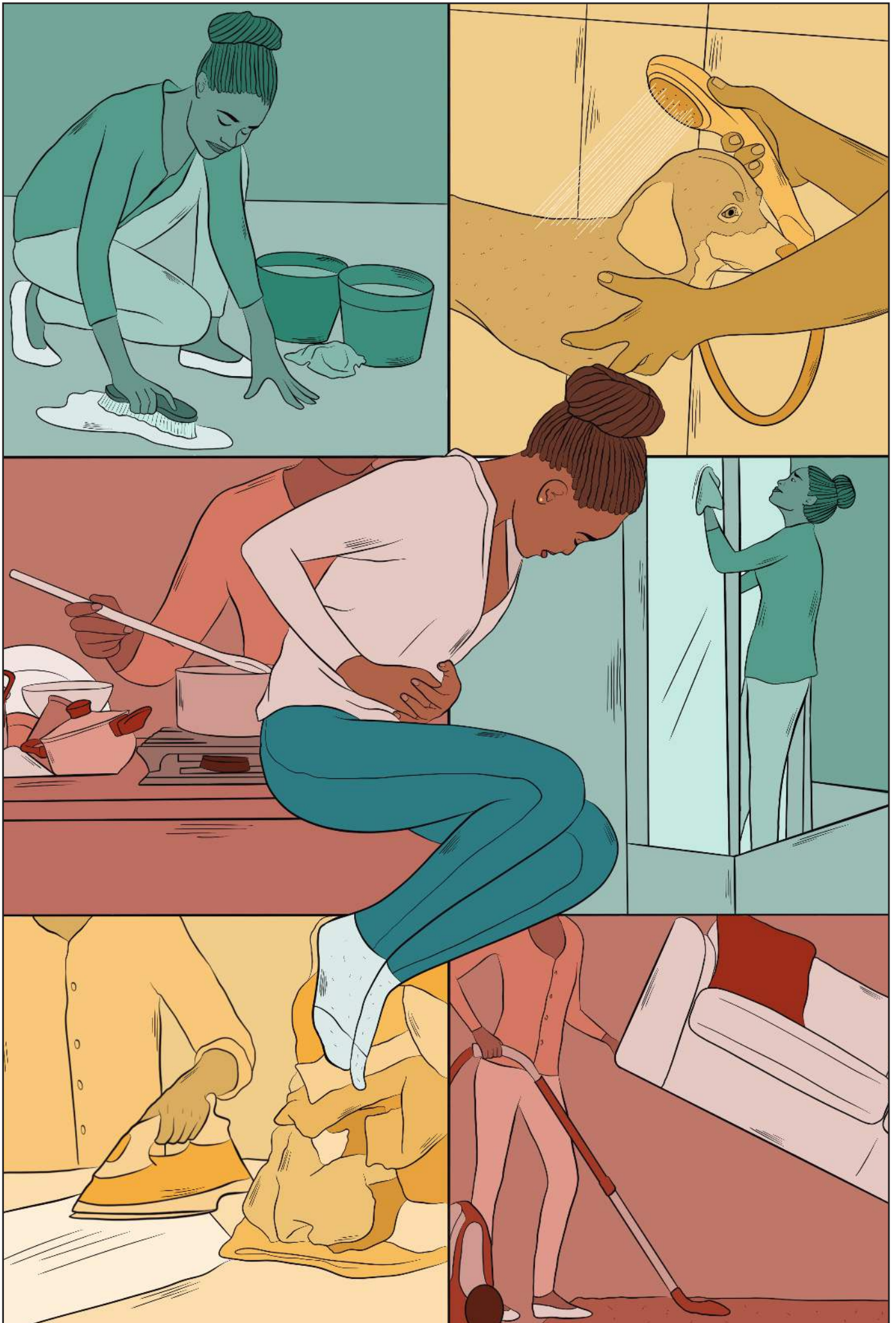
“Tasks like cleaning bathrooms or scrubbing floors become unbearable when I’m in pain. **Once, I tried to ask for lighter duties, but my employer got angry and said I was lazy.** Also, struggling with this old lady is a heavy task itself” (Interview 45, 17 y/o Ethiopian, 6 years in Lebanon)

“My **period always comes at the end of the month, and that is when the extended family always visits, and my work doubles** because of the amount of people in the house.” (Interview 34, 26 y/o Sierra Leonean MDW, 3 years in Lebanon)

“I’m always made to work in the cold room at my employers’ shop, and it makes the pain worse.” (Interview 4, 24 y/o Sierra Leonean, 2 years in Lebanon)

“Yes, there are **days when my period can fall on a big cleaning day, and then I am forced to work more than I can stand,** but in the dizziness, I am forced to look around to see if there is anyone around to rest a little.” (Interview 2, 29 y/o Cameroonian MDW, 1 year in Lebanon)





WHAT SPACE? – NO ROOM FOR PERIODS

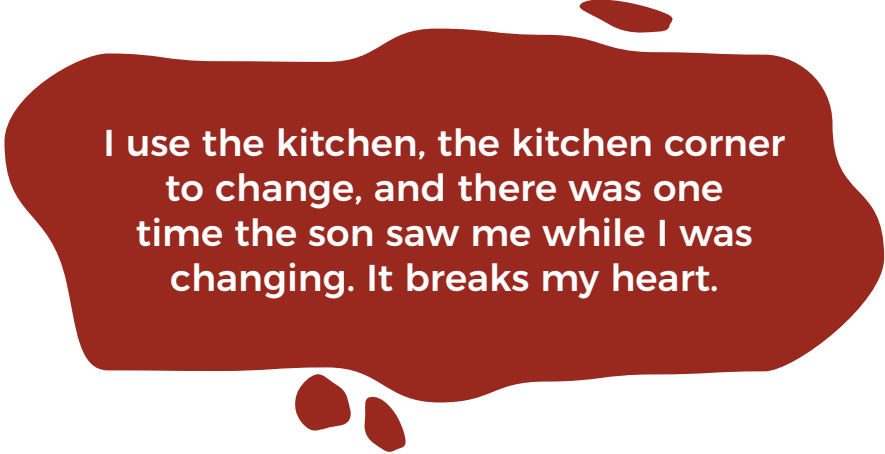
The issue of having a private space or, in general, adequate living conditions, including acceptable accommodations, is a core element of the hardships experienced by MDWs trapped in Lebanon's Kafala system. International human rights law, through various conventions, protects both the rights to privacy and to an adequate standard of living, which imply access to safe, private, and adequate living spaces as well as the right to decent working conditions.²⁵ Explicit guarantees and protection for domestic workers are included in the ILO Domestic Workers Convention (189), which obligates member states to ensure live-in domestic workers' right "to decent living conditions, which respect their privacy."²⁶ Similarly, the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families includes the protection of migrant workers' privacy and their right to access housing.²⁷ Despite tireless advocacy efforts, including UPR recommendations²⁸ to join both conventions, Lebanon continues to refuse the ratification of both treaties. Beyond Lebanon's obligation under international law, the guarantee of adequate living conditions is reflected in the SUC. The current SUC under provision 8 includes the employer's obligation to meet "the requirements and conditions of decent work and fulfill [the worker's] needs, including food, clothing and accommodations with which his/her dignity and right to privacy are respected."²⁹

Despite these legal obligations, the Lebanese government has continuously failed to address the issue of adequate living standards for live-in MDWs residing in their employers' private households and for freelance workers. MWA documented cases of MDWs forced to sleep in precarious circumstances, such as kitchens, bathrooms, and even on balconies.³⁰ Similarly, live-out MDWs experience discriminatory and exploitative practices by landlords taking advantage of the unregulated rental market, including inflated rents, bad maintenance, and threats of arbitrary evictions.³¹ Furthermore, MDWs escaping abusive households often struggle with destitution and homelessness, forcing them to stay in shared community apartments and have precarious living and hygiene conditions due to being overcrowded and poorly maintained.³²



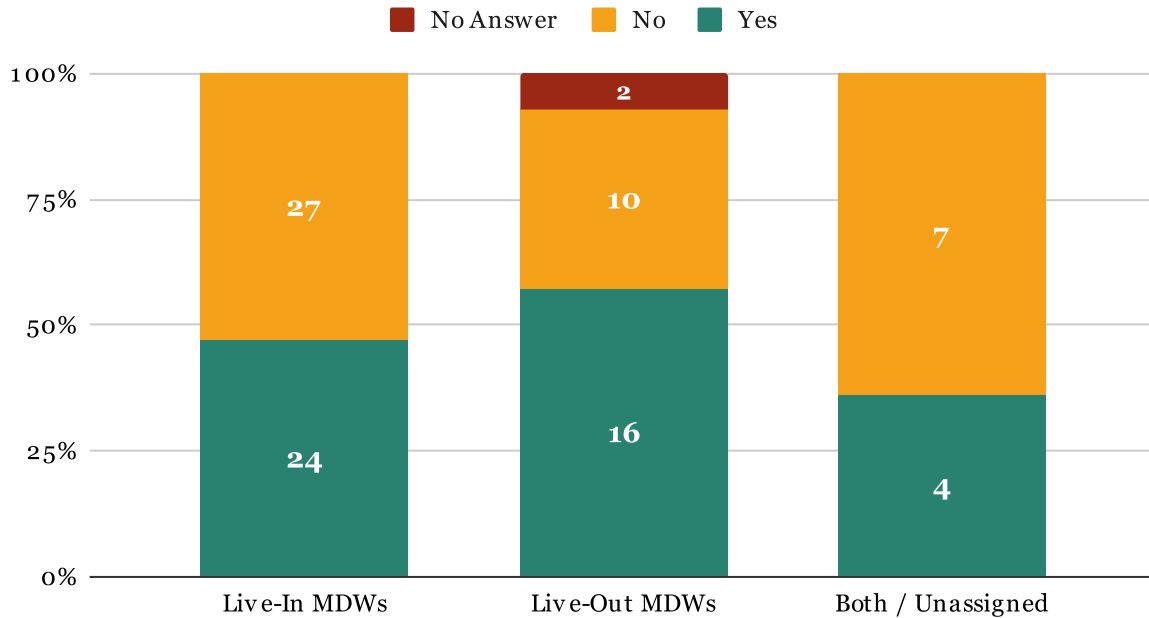
Period poverty is not only a matter of lacking access to menstrual products, but also a reflection of more profound structural inequalities, especially for marginalised groups such as migrant domestic workers. One of the most overlooked yet critical aspects of managing menstruation with dignity is the need for private, safe, and hygienic spaces. Without a private room or access to a secure bathroom, individuals are forced to change menstrual products in unsafe or unsanitary conditions, risking infection, shame, and psychological distress.³³ For those living under restrictive systems like the Kafala system in Lebanon, the denial of private space exacerbates the indignity of period poverty, turning a natural bodily function into a source of daily humiliation and harm. Ensuring privacy is therefore not just a comfort - it's a fundamental part of the human right to health, dignity, and bodily autonomy.³⁴

A particularly alarming pattern emerging from the interviews was MDWs' inability to access bathrooms. Lebanon, as a state party to the ICESCR, is obliged to guarantee everyone's right to adequate living, including access to adequate WaSH³⁵ facilities as well as the right to the highest attainable standard of physical and mental health.³⁶ Considering the importance of adequate WaSH facilities as an important factor for Sexual and Reproductive Rights and Health (SRHR), it is clear that MDWs experiencing restrictions on bathroom access mark a clear violation of their human rights. International and local media reports have covered the issue of period poverty in Lebanon, particularly on the difficulties experienced by displaced Lebanese women; however, little to no attention was given to MDWs, including those experiencing displacement from South Lebanon and the Dahiye neighbourhood during the Israeli war on Lebanon in 2024.³⁷ The SUC itself additionally includes an article requiring the employers to provide everything needed for adequate living standards, including food, clothing, and accommodations, with which [the MDWs'] dignity and right to privacy are respected.³⁸ Considering the international definition of adequate living standards and the right to safe and decent work conditions, including access to water and sanitation facilities, the SUC article should be interpreted to include the same conditions. However, as documented by many NGOs and rights groups, as well as discussed at a later stage, Lebanese employers have repeatedly failed to adhere to the regulations as set out by the Ministry of Labour and the SUC, with inadequate living conditions for MDWs being a common issue that has remained unaddressed.³⁹



I use the kitchen, the kitchen corner to change, and there was one time the son saw me while I was changing. It breaks my heart.

Access to Private Bathrooms

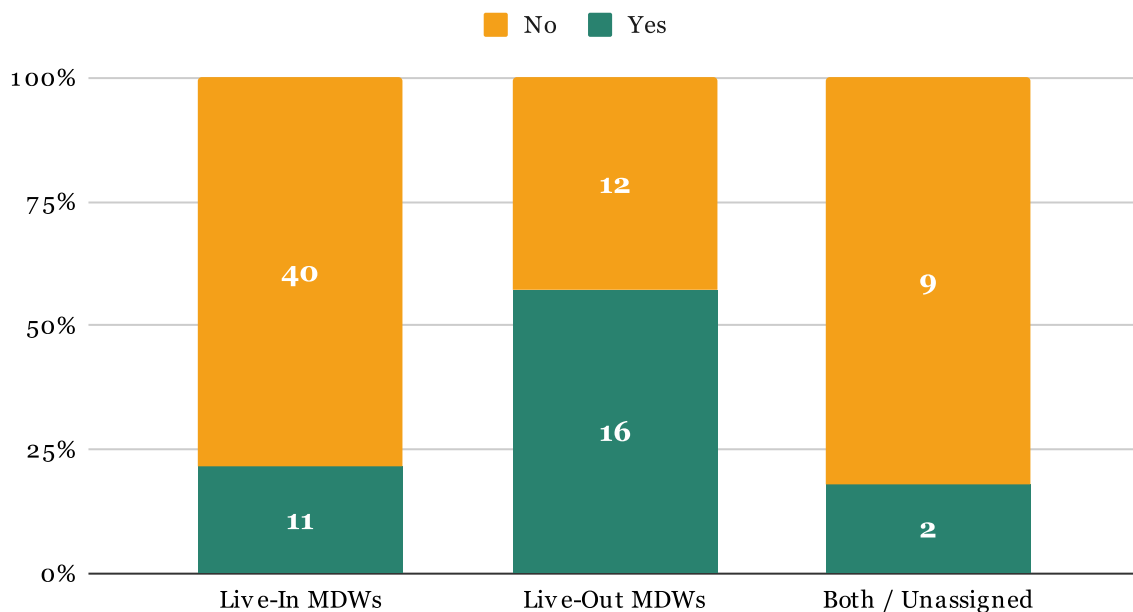


Access to bathrooms is crucial for the physical well-being of women during their period, including the need to regularly change their disposable pads or sanitise their reusable products. The inaccessibility of bathrooms and the inability to ensure their personal hygiene can have lasting impacts on the affected women, including the risk for infections and mental health struggles, particularly regarding their dignity.⁴⁰

*“I use the kitchen, the kitchen corner to change, **and there was one time the son saw me while I was changing. It breaks my heart.**”* (Interview 35, Sierra Leonean MDW)

Space emerges as a recurring theme in the interviews, whether interviewees describe having (or lacking) a private bathroom or a designated and comfortable area to change, sleep, rest, or store their personal items. Some are forced to change in makeshift spaces such as cleaning supply closets, balconies, or their sleeping quarters in the kitchen, leaving no room for privacy.

Private Changing Space



When asked about their living arrangements, including access to private spaces for rest, for managing their periods comfortably, and storage of belongings, interviewees confirmed a continued denial of dignity and privacy during their periods:

“I have no room, **I sleep in a chair in a corner in the kitchen.**” (Interview 75, 45 y/o Nigerian, 15 years in Lebanon)

“I feel very **uncomfortable changing on the balcony, because it’s a very open space.**” (Interview 39, 28 y/o Sierra Leonean MDW, 5 years in Lebanon)

The lack of consideration for MDWs’ needs to access private and adequate spaces for managing their periods safely and comfortably becomes particularly evident in a testimony shared by an Ethiopian MDW. She recounted her experiences from living with her employers and later escaping and sleeping rough in front of the UNHCR headquarters in Lebanon during the war:

“In the time when I was in the contract, I lived with a family somewhere in a village, **they had a sofa in the kitchen which they used to eat in the kitchen, that was also my bed, however all my belongings I had to leave on the balcony** but I did have access to the toilet to use for changing the pads, [...] all of the family the wife, the grandmother and the father, **had never respected me or gave me privacy**, the man would always make disgusting acts even when I was eating he wouldn’t respect me it was very difficult when I first arrived, because this is not accepted in our culture, to make disgusting noises. However now after I left that place, I then moved to live in front of the UNHCR, **there is no bathroom there and it was very difficult to manage, especially during the war**, there was no bathroom to wash or just basically go to a bathroom we used to do it behind a tree or at someone’s house such as a friend, sometimes we used to change inside the tent. **I was very scared when one time the period came very strong I felt an explosion happened inside of me and fainted while I was living in the street, this was due to ignoring my body and accumulation of previous medical issues, I advise all women to follow up with their bodies frequently [...]**” (Interview 59, 37 y/o Ethiopian MDW, 16 years in Lebanon)

Despite working in homes with bathrooms, many MDWs face restrictive rules from their employers. These limitations sometimes lead to situations where workers experience menstrual bleeding through their clothing. By the time employers notice, the situation has often escalated, and in some cases, the workers are further subjected to humiliation.

Two interviewees explained that their employer saw they had blood stains, allowed them to change, and gave them an extra pair of pants. Yet, this is not a given, as this other interviewee recounts:

“My period started one day at work and I was without a pad, and I asked if I could go to get it, but he said no I should not. **I messed up on my body that day.**” (Interview 69, 21 y/o Sierra Leonean MDW, 4 years in Lebanon).

Another interviewee described a similar degrading experience:

“Once, while temporarily replacing my friend at her employer’s house, **I bled through my pads, staining the sofa.** Instead of receiving help, I was mocked and told to sit quietly. **It was deeply humiliating—I cried privately.**” (Interview 40, 33 y/o Ethiopian MDW, 6 years in Lebanon)

The spatial control exerted over MDWs’ bodies reaches its most intimate violation in the regulation of menstruation itself, where the denial of rest spaces, private changing areas, and bathroom access merges into a comprehensive erasure of bodily autonomy. Even the most

basic act of storing menstrual products becomes contested territory in this architecture of oppression, rendering cycles invisible.

Even pad storage presents a challenge, with some MDWs forced to keep menstrual products in their personal bags, denying them basic dignity and convenience.

“My employer **does not allow me to use space**. I keep some pads in my bag.”
(Interview 63, Syrian MDW, 2 years in Lebanon)

“**I keep all my pads and hygiene things inside my bag**, and I feel really bad and sad about not having hygiene for my health.” (Interview 26, 36 y/o Sierra Leonean MDW, 4 years in Lebanon)

“I hide my clothes and pads wherever I can, but I’m always worried that someone might find them. It makes me feel uncomfortable and stressed. [...] **There’s no private space. I use the shared bathroom, but it’s not ideal**. I feel rushed and anxious every time I need to change.” (Interview 48, 32 y/o Ethiopian MDW, 8 years in Lebanon)

“I keep them in my room, **but it’s not really private**. I feel anxious because I don’t have a safe space to store them where they won’t be seen.” (Interview 40, 33 y/o Ethiopian MDW, 6 years in Lebanon)

“**No, I do not have a private place for my things. I keep them hidden** in my bag or in a small box in my room. I do not want my employer to see them.” (Interview 42, 22 y/o Ethiopian MDW, 6 years in Lebanon)

“**I keep them with my clothes and I feel bad** because back home I have my own room and bathroom, but **in Lebanon I feel like I am a slave**.” (Interview 29, 29 y/o Sierra Leonean MDW, 4 years in Lebanon)

Restrictions on personal space under the Kafala system have direct implications for menstrual health management. When workers are not allowed private storage areas or must hide menstrual products in their bags, it limits their ability to manage their periods with dignity. In many cases, employers control both the visibility and quantity of period products provided, leading to inadequate access. This is not simply a matter of resource scarcity, but of structural control. The lack of private space and autonomy reinforces a broader pattern of gendered labour exploitation.



WEAPONISED SCARCITY– NO ACCESS TO PERIOD PRODUCTS

Lebanon's compounded crises had a disproportionate impact on women and girls. One of the most pressing consequences has been the soaring cost of menstrual products, including disposable pads, which have seen price increases ranging from 98% to 234% for locally produced items, and 66% to 409% for imported products. Menstrual products have become unaffordable for a significant portion of the population. As a result, many are forced to use unsafe and unhygienic alternatives, putting their health and dignity at risk. A rapid needs assessment conducted by Plan International in April 2020 found that 76% of women and girls residing in Lebanon were struggling to afford menstrual products amidst the country's economic crisis.⁴¹ This study consisted of 1,200 Lebanese, 400 Syrian, and 200 Palestinian interviewees. While not included in the study, migrant workers, as a particularly vulnerable segment of the population, have been severely impacted, causing extreme period poverty for the majority of them. The Lebanese currency's devaluation in the initial phase of the crisis massively decreased their salaries, while the consequential price increase in period products made access to period products impossible.

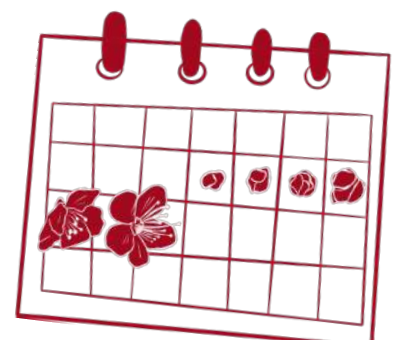
As discussed above, the SUC, as the main contract regulating the employment conditions, includes the employers' obligation to ensure the MDWs' basic needs are met. Considering the gendered aspect of domestic work, with 99% of live-in workers being women,⁴² it is justified to consider period products as part of said basic needs. Though the results of the 90 interviews reveal how access to menstrual products is often shaped by employer discretion rather than worker need. While a minority of employers provide enough period products, the majority either refuse to provide any products or would only give a few pads a month. Experiences of weaponised scarcity include receiving only 1 or 2 pads per cycle, instead of the 3 to 6 a day as needed, employers knowingly providing below the required amount for comfortable management. This undermines the workers' ability to manage their menstrual health in conditions that meet the basic standards of health, hygiene, and dignity.

“My problem is that *I need to ask my Madam for my period products, and sometimes she doesn't give me.*” (Interview 80, 40 y/o Filipina MDW, 6 years in Lebanon)

The employers' refusal to provide enough period products often compels MDWs to meet their needs through makeshift alternatives such as the usage of cloths to manage their cycles:

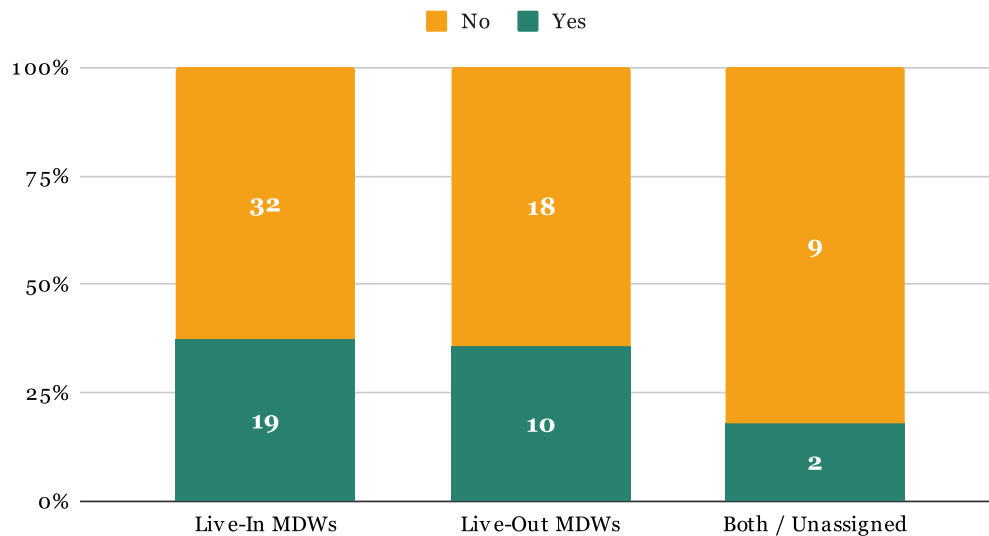
“She told me that one cost 10\$ and my salary was 150\$, so *I decided to use old clothes for my period.*” (Interview 31, 25 y/o Sierra Leonean MDW, 4 years in Lebanon)

**“MONTHLY FLOWER”
PHRASE USED IN AMHARIC (ETHIOPIA)
TO DESCRIBE MENSTRUATION**



“Initially, the employers provided clothes instead of pads, forcing me to buy pads and soap myself. Eventually, I started using my own money to buy period products. **When unable to afford pads, I managed with cloth or cotton.**” (Interview 41, 36 y/o Ethiopian MDW, 18 years in Lebanon)

Adequate Supply of Products



A key indicator of period poverty is the spacing out of menstrual product replacement - a reality exemplified by one interviewee, who described stretching limited pads or tampons due to financial constraints:

“(Laughs) **I count the Kotex (tampon brand) and I divide this for today, this for tomorrow, and especially the night for me.** It’s too bad when I wake up, my period has invaded the bed.” (Interview 3, 49 y/o Malagasy MDW, 16 years in Lebanon).

However, the reality of little to no access to products also translates into health complications, such as infections:

“Sometimes I did not have access to pads, so I would substitute with tissues, **most of them would give me infections.** I feel bad because my period is for 6 days, using tissues is very difficult, I change 4 times a day, and it stains my bed.” (Interview 78, 45 y/o Nigerian MDW, 15 years in Lebanon)

“I sometimes used [my employers’] old clothes and cut them and used them as pads, the doctors believe **it’s the reason I now have all these medical complications because I used these non-sterilised items.**” (Interview 59, 37 y/o Ethiopian MDW, 16 years in Lebanon)

Other interviewees explain how the denied access to products led them to ‘secretly’ take pads from their employers to fill the gap:

“While I was under contract, sometimes the employer gave me pads—one pack each month. But honestly, it wasn’t enough for me. It never lasted the whole month. So, **I used to secretly take extra pads from them, hiding them from my employers.** My period is heavy, and it usually lasts longer, and I run out quickly.” (Interview 50, 35 y/o Ethiopian MDW, 14 years in Lebanon)

As one MDW confirmed, these desperate acts of secretly taking pads could also lead to consequential repercussions:

“When I ask her, she said it’s too expensive, so when I clean, **I would take from her own and later she knows and deduct it from my salary, and then change the place where she stores them.**” (Interview 31, 25 y/o Sierra Leonean, 4 years in Lebanon)

Menstrual needs represent part of a household running costs, like this FGD participant explains: “I don’t even ask because they are female as well, they have menstruation as well. Whenever they buy, we have stock and then I use it.” (FGD 1) However, most MDWs’ testimonies underline how menstrual needs are still considered superficial:

“I don’t always have access to pads because I can’t afford them. Especially now that they have left the country during the war, I have to buy everything myself [and even] when they are here, sometimes they buy, most times they don’t. I expect that the woman at least would feel my situation with the period, but she doesn’t seem to. In these cases, [I] use old clothes instead, which I wash and reuse. It’s not ideal, but it’s the only option I have. Even when I buy pads, I try to use them sparingly because they’re too expensive. **When they leave money for the house, they are dedicated to their needs exactly, so they don’t leave any extra for my needs.**” (Interview 44, 32 Ethiopian MDW, 8 years in Lebanon)

Another critical indicator of menstrual injustice is limited access to related education and knowledge.⁴³ Two interviewees recounted encountering disposable pads for the first time in Lebanon – products they had never used before and had to learn about independently or through neighbours, highlighting systemic gaps in menstrual health guidance.

Some employers restrict MDWs’ movement to the extent that they are barred from leaving the house or required to share their location. This leaves them totally dependent on what their employers provide them with, and they have no option to buy the products they need.

“I think the products are very expensive, and **I don’t know how I’ll manage to get my hands on them or buy them, especially since I don’t go out.** I don’t know where the store is. I’ll have to order them. And please, even ordering is a war. **I’ve been strictly forbidden from giving anyone the location of my house.**” (Interview 9, 24 y/o Cameroonian MDW, 7 months in Lebanon)

“Previously, during my employment **as a live-in worker, sometimes I had no pads and would secretly reuse pads discarded by female employers by washing them secretly in the bathroom.**” (Interview 46, 32 y/o Ethiopian MDW, 14 years in Lebanon).

For live-out MDWs working as freelancers or in businesses, the situation is not different, as period products are totally absent from public bathrooms, whether in restaurants or cafés in which they work, leaving them with no other option but to budget their income, ensuring their ability to afford the necessary products:

Among the 28 live-out interviewees, only eight reported consistent access to menstrual products due to prohibitive costs. The remaining 20 described being forced to wear pads far beyond the recommended 3-4 hour limit, enduring significant discomfort while consciously risking potential health complications. To cope, they depend on donations from friends, community organisations, or family members; without these networks, they resort to makeshift solutions like toilet paper or cloth fragments.

“If I’m lucky, I have a few pads left from the last month. I also **try to wear one pad for as long as possible, even if I know it’s not good. But what else can I do?**” (Interview 52, 30 y/o Ethiopian MDW, 4 years in Lebanon).

Adequate quantity of period products is not the only meaningful variable for comfortable menstrual experiences; quality is also a crucial factor. Some employers resort to the cheapest options on the market, dismissing any request for better products. Interviewees explain their struggle navigating the product market in Lebanon: cheaper options cause irritations, infections, and inflammation, while better quality products are out of reach for most of them. Some compromise on the quality, focusing on more affordable options or discounts, but mostly, they would rather buy a more expensive one and use it for a longer period of time. To compensate for the limited amount, they resort to cloth, toilet paper, and tissues. Three of the interviewees are using reusable options, either pads or menstrual cups, which are more economical.

Most of them explain not having enough money to buy the quantity of the product they need or prefer. In the end, they are caught either ensuring a sufficient quantity of products or prioritising the quality at the cost of having less:

“I buy for myself, but the quality I need costs too much because I tried others and they gave me infections. So, I have to use the same quality all the time, when I can’t buy it sometimes. I ask friends who received it from their employers, and they give it to me, but it costs too much.” (Interview 13, 38 y/o Malagasy MDW, 10 years in Lebanon).

“Honestly, it’s difficult. **I buy the cheaper pads because that’s what I can afford. These cheaper pads are often uncomfortable, rough, and cause irritation. Sometimes they burn or feel itchy.** There’s a big difference compared to the better-quality pads, which are soft and comfortable. But unfortunately, due to my budget, I end up using the cheaper ones. It can get very uncomfortable and painful sometimes.” (Interview 50, 35 y/o Ethiopian MDW, 14 years in Lebanon)

“The first 3 months I brought pads with me, the 4th month I asked and she said I will buy for you. And when I used it, I did not like it so for the following month I said I did not like it. She told me, **‘This is not your choice, we are the ones buying for you, you use the ones we give you. You don’t have a choice’.** I found a solution, because I have my own money, my salary. I told the driver to go buy me a specific brand, I think I am not doing a crime to ask somebody to buy for me. **When she discovered this, she got crazy! She told me ‘Oh you’re the boss here, you’re the madam here!’ But I don’t care because I need it. I am not doing a crime.**” (FGD 2)

“FOR ME, HAVING A MALE EMPLOYER MEANS LESS ACCESS TO PERIOD PRODUCTS BECAUSE I AM ASHAMED TO ASK FOR PERIOD PRODUCTS THAT I NEED.”

The product's quality intersects with the limited rest and access to bathrooms that MDWs have:

“You have to buy good quality because if you’re going to work for six hours without having time to rest, you have to at least have a good quality towel that absorbs and keeps you clean. And for that, you have to buy good quality. Towels that aren’t of good quality don’t last long. So, I buy them, they’re expensive, but how can we do that?” (Interview 14, 35 y/o Burkinabe MDW, 10 years in Lebanon)

The cost of pads leads some interviewees to reduce their budget allocated to food to purchase pads, or to prioritise food or their children, instead of buying pads. Environmental factors intersect with product costs in limiting MDWs’ access to products

MDWs’ access to period pads may depend on their employers’ gender, age, and location. Particularly, MDWs working for elderly people or working for male employers only face issues of accessing period products, since both types of employers have no need for products themselves. This situation is further exacerbated by shame and stigma surrounding the topic of menstrual needs, as a significant number of interviewees express not feeling comfortable opening a conversation on the topic with male employers.

“My experience is very bad because I’ve never experienced this before.

My employer is an old man, and he never cares about my period. I live in the mountains with my employer, and his children only visit once a month with little things for the house. Most of the time, they only come with food items only. Which makes it hard to get period products.” (Interview 72, 21 y/o Sierra Leonean MDW, 2 years in Lebanon)

“Having a male employer limits the chance to discuss, and also accessing period products becomes more difficult.” (Interview 22, 45 y/o Filipina MDW, 14 years in Lebanon)

“For me, **having a male employer means less access to period products because I am ashamed to ask for period products** that I need.” (Interview 23, 46 y/o Filipina MDW, 22 years in Lebanon)

A similar discomfort applies regarding the shopkeeper’s gender whenever MDWs purchase their own products:

“In Ethiopia, periods are discussed more openly, with women supporting each other. **In Lebanon, shame and secrecy dominate, preventing me from seeking support or openly buying pads from male shopkeepers.** I walk far distances to find female vendors, fearing judgment from men.” (Interview 40, 33 y/o Ethiopian MDW, 6 years in Lebanon)

“I sometimes manage to get the products through NGOs [or] by buying them, but **the most difficult thing is getting people to understand the state of mind and pain we go through [...]. Also, the lack of privacy, access to enough products, and dealing with employers who don’t understand or care about these needs. Sometimes I feel like my dignity is at stake.**” (Interview 43, 33 y/o Ethiopian MDW, 16 years in Lebanon)

The consequences of this calculated deprivation extend far beyond immediate discomfort. When rationed pads force workers to use rags, when cheap products cause infections, and when secret stashes of menstrual supplies become acts of survival, the body keeps score.

What begins as product scarcity spreads into systemic medical violence: urinary tract infections from makeshift materials become untreated chronic conditions; dismissed pain evolves into reproductive damage; employer-controlled healthcare access transforms into institutionalised neglect. The same system that withholds pads ultimately withholds treatment, completing Kafala's cycle of bodily control.



**“SHE HAS HER VISIT”
PHRASE USED IN TAGALOG (PHILIPPINES)
TO DESCRIBE MENSTRUATION**

PAINFUL PERIODS AND LIMITED ACCESS TO HEALTHCARE

The Impact of Kafala on Workers' Menstrual Health

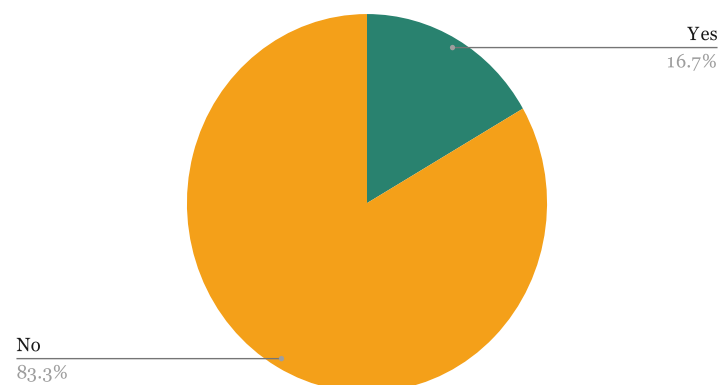
“Menstrual health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle.”⁴⁴

Globally, a dangerous assumption persists: menstrual pain, regardless how severe, is normal. Menstrual pain, or dysmenorrhea - the most common gynaecological condition - affects 50-90% of people who menstruate across all ages and racial groups.⁴⁵ While often dismissed as ordinary, it can signal serious underlying conditions such as endometriosis, fibroids, pelvic inflammatory disease (PID), polycystic ovary syndrome (PCOS), or other endocrine disorders. Environmental factors may also contribute to menstrual pain onset or worsening: chronic stress, exposure to cold, or malnutrition among others.

Within the interviewed sample (90) and two focus group discussions, MDWs who suffer from menstrual cramps, headaches, back pain, irregularities, and heavy flow explain that the symptoms have either newly appeared or worsened since they started working in Lebanon. The lack of rest, adequate food, overall living conditions, and the constant stress of an abusive and exploitative environment has negatively impacted MDWs' menstrual and overall well-being.

% of MDW Receiving Adequate Medical Attention

Based on number of MDWs requiring Medical Attention



Menstrual experiences do not limit themselves to the bleeding time; it encompasses the understudied premenstrual syndrome (PMS), a collection of symptoms from mood swings, anxiety, breast tenderness, bloating, acne, headache, stomach and back pain, sleeping problems, affecting 90% of women and people who menstruate.⁴⁶ Among them, 5-8% experience the heavier premenstrual dysphoric disorder (PMDD): a severe manifestation of PMS with symptoms debilitating enough to cause severe dysfunction in social and/or occupational aspects of life.⁴⁷ Chronic stress may aggravate PMS or PMDD symptoms.⁴⁸

Interviewee 49, a 27 y/o Ethiopian MDW, who has been in Lebanon for 9 years, depicts her experience:

“When my period comes, it is very painful. *Before it comes, about ten days before, my whole body starts aching. I feel exhausted even before it starts. I get so much pain, especially in my abdomen and back. I feel weak. I get headaches. I lose sleep.* When it finally comes, I feel a bit relieved but still exhausted. I hate working at this time. I feel like I just want to lie down. But I cannot. The work doesn't stop for me. **No one will say, ‘Okay, rest today.’ No, I have to keep working. Even when I have to take painkillers, I still go to work. I take Panadol or Profinal to manage the**

pain. **The pain is too much. Sometimes it is unbearable, but I have no choice but to push through. There are days when I feel like I am dying, but still, I must clean, I must cook, I must do everything.** If I say I have my period, no one cares. It does not change the work I have to do. I have to find ways to manage my pain alone. If I do not have painkillers, I just drink hot tea and keep working.”

The conversation over the past decade regarding menstrual leave in the mainstream discourse has mainly focused on how periods interfere with workers’ productivity and their economic impact.⁴⁹ Rare are the studies looking into how work-related stress, heavy workload, and physically demanding labour impact the menstrual cycle such as increased menstrual pain, or dysmenorrhea, longer cycles, and irregularities.⁵⁰

Restricted Access to Healthcare: Another Form of Control

Properly managing menstruation and its associated challenges, such as dysmenorrhea, fatigue, and irregular cycles, requires more than just menstrual products. There is a need for access to effective pain relief, supportive remedies, medical care, and a work environment that acknowledges and accommodates these needs. Despite these significant health challenges linked to menstruation, many workers face barriers in accessing the adequate healthcare and support they need to manage their symptoms effectively.

In Lebanon, the right to healthcare is a part of the country’s international obligations as a signatory to several human rights treaties and conventions. In particular, the ICESCR recognises “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”⁵¹ This right also extends to include sexual and reproductive health, and access to menstrual hygiene, according to the Committee’s General Comment No. 22 (2016), justified by the Committee’s intention in assisting state parties to improve their implementation of the Covenant.⁵²

In addition to its international obligations, which by default include migrant workers, Lebanon also includes the right to health in the SUC, which requires employers to ensure MDWs’ access to medical care, as well as the duty to provide health insurance.⁵³

Despite these legal guarantees, restricted or denied access to healthcare services remains a recurrent struggle for MDWs trapped under the Kafala system. Moreover, many employers fail to obtain the required health insurance, a practice which became particularly widespread during the economic crisis, with many employers using the financial situation as justification.

Furthermore, MDWs are entitled to paid sick leave in accordance with provision 15 of the SUC, which stipulates the right to half a month of paid sick leave if given a medical report.

Despite these regulations, some employers would refuse to take MDWs to see healthcare professionals dismissing the health concerns voiced by their employees.

“Sometimes I will have my period one month and two months and I don’t have my period. When I tell my employer **she always says it’s normal and she never takes me to see a doctor.**” (Interview 35, Sierra Leonean MDW)



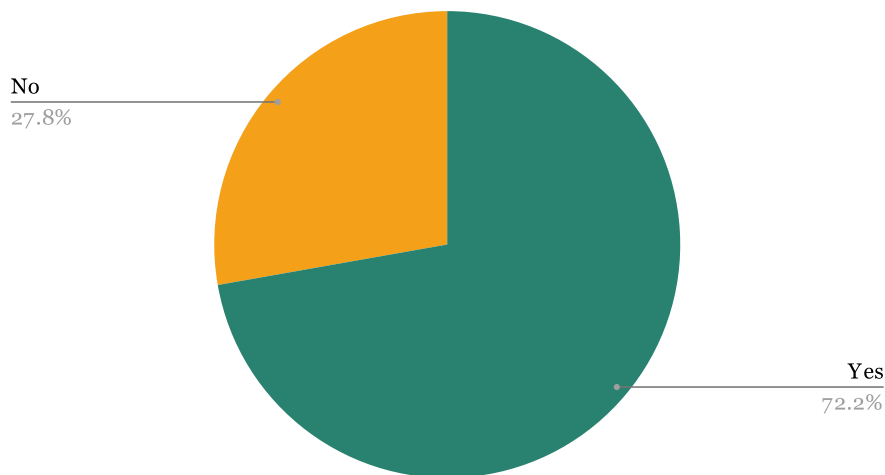
“At one point I felt like I had blocked fallopian tubes, it felt like it wanted to leak, but it’s not leaking right now, I’m really in pain. **That’s when I asked for a doctor, but [my employer] rolled her eyes... she rolled her eyes. No, she didn’t take me to the doctor at all.**” (Interview 9, 24 y/o Cameroonian MDW, 7 months in Lebanon)

“Agony. **Agony, because we are supposed to endure pain that is atrocious.** We are also obliged to be of service. For me it was really like an ordeal but an unbearable pain, but we are obliged to endure because we have to satisfy the lady. **A pain that deprives you of the joy of living.** The first three days for me are the most difficult. It’s a week where the first three days are the days that I don’t sleep, I’m supposed not to.” (Interview 5, 38 y/o Cameroonian MDW, 10 years in Lebanon)

Many interviewees repeatedly reported that they were either dismissed when asking for medical care and treatment or did not feel comfortable asking in the first place, either due to fear and shame, or due to low expectations of being heard.

“Yes, I am asking, but he said no because I have to work long hours, to produce more blankets.” (Interview 60, 40 y/o Sri-Lankan MDW, 4 years in Lebanon, working in a blanket factory)

% of MDW With Menstrual Irregularities



Other MDWs keep their worries for themselves, anticipating the refusal or fearing judgment from their employers:

“No, I have never gone to a doctor for my period, even though I have had heavy bleeding and pain. **I was scared to ask because I knew my employer would not let me go.** I’d like to go to the doctor, but I don’t. If it stops, I forget about it and just go back to work.” (Interview 42, 22 y/o Ethiopian MDW, 6 years in Lebanon)

**“KILLING CHICKEN”
PHRASE USED IN IGBO (NIGERIA)
TO DESCRIBE MENSTRUATION**



“No, I have never been to a doctor for period-related issues, even though I sometimes have irregularities. But I know that **if I ever needed to go, it would be very difficult. First, asking my employer for permission to see a doctor would be uncomfortable.** That’s a thing I carried from my family; I don’t share this information or pain with others.” (Interview 55, 31 y/o Ethiopian MDW, 12 years in Lebanon).

The need for consultation is, in some cases, a direct consequence of period product deprivation:

“Because I used those unsterilised items as pads, my period started to look different, and I had strange physical symptoms. I can only afford the Kotex and the Panadol. I can’t access the medical care, which I actually need to follow up with my case.” (Interview 59, 37 y/o Ethiopian, 16 years in Lebanon)

While MDWs emphasise the high financial costs of consultation and treatment as a barrier to healthcare, they also report that their pain and symptoms are frequently overlooked by Lebanon’s healthcare system. The dismissal of menstrual pain operates on multiple levels – a shared experience among many who menstruate.⁵⁴ However, this neglect is compounded by racial discrimination: women of colour, particularly Black women, are significantly less likely to receive adequate pain treatment or thorough evaluations for conditions like pelvic pain or endometriosis compared to their white counterparts.⁵⁵ In many cases, their pain is either minimised outright or dismissed under the assumption that, since “other women endure it,” no further concern is warranted.

“I feel so much pain, I can’t even walk because of the pain and just cry a lot. [...] **They called a doctor to the house and he told me there was nothing wrong but I knew he was lying.**” (Interview 18, 29 y/o Sierra Leonean MDW, 1 year in Lebanon)

“I asked to see a doctor because of the period pain and **my doctor told me the pain is normal, just like it is for all women.**” (Interview 73, 25 y/o Nigerian MDW, 9 years in Lebanon)

“Once, heavy bleeding led to severe anemia, causing dizziness and fainting. I went to the clinic, and doctors prescribed medication to stop bleeding and anemia medication for three months. I paid for treatment myself, never receiving support from employers. **Doctors said heavy bleeding is normal for some women, offering only minimal support and pain relief.**” (Interview 40, 33 y/o Ethiopian MDW, 6 years in Lebanon)

“Yes, I had severe pain and heavy bleeding, so I decided to go to a doctor. It was not easy because I had to take time off work, and I was worried about the cost. **When I got to the clinic, the doctor did not take my pain seriously.** He just asked a few questions and gave me some medicine, but he didn’t really examine me properly. I told him that my period lasts much longer than normal—sometimes up to seven or more days—and that I feel extreme pain, but he acted like it was nothing unusual. I remember feeling so frustrated because **I knew something was wrong, but he just dismissed it. He told me it was ‘normal for women’ and sent me home with some painkillers. After that, I didn’t go back to the doctor.** What was the point? **I felt like no one cared about my pain.** Instead, I just try to manage it on my own with whatever medicine I can buy. Sometimes I drink hot tea or just lie down and wait for it to pass. But every month, it happens again. I still don’t know if I have a medical issue or not because no one has ever really checked.” (Interview 54, 33 y/o Ethiopian MDW, 10 years in Lebanon)

These interactions remove any kind of agency from MDWs regarding their individual knowledge about their wellbeing and their overall health. An interviewee highlights how the language barrier impeded on her access to information during a consultation. All of these further isolate them in their access to menstrual health care.

While the Kafala system prevents MDWs from accessing adequate comprehensive medical consultations, it also sets painkillers and other soothing practices under employers' control. Similarly to pads, interviews have shown that employers restrict access to painkillers or other pain relief options. Less than a third (15/51) of live-in MDWs have access to adequate pain relief options; the others have to buy in smaller quantities from their own pocket, rely on NGOs, neighbours, or friends.

“Before I came, my friend told me to get [some] from the supermarket. **For the first time I had to request painkillers, the ones my employer gave me I didn't like**, so I requested another one. But she told me that's the one she usually gets. My opinion is that everyone has their type of flow so it cannot be the same for everyone, the products. **So I decided to buy it for myself whenever I would be able to go out.** My problem was with taking the medicine for the pain. she would only give me Panadol. And I would tell her 'Panadol is not good for me'. anytime I took Panadol I could not sleep, I don't like it. And I took some medicine that I brought along, **I would show her but she said no, everything is expensive. So she cannot get anything else.**” (FGD 1)

While some of the interviewees' employers provide them with pain killers, sometimes in small quantities, others have to rely on their friends, community, and NGOs to access them. Others simply “work through the pain.”

All the others either buy for themselves, or get it from their friends but cannot afford enough, or simply suffer through the pain.

“I sometimes buy painkillers when I can afford them, my employer used to give me one pill for once, which is not enough, usually I just drink tea to try to ease the pain. It doesn't always work: how could I afford this every month?” (Interview 47, 35 y/o Ethiopian MDW, 10 years in Lebanon)

Others who do not have access to painkillers would boil water and drink it with salt to ease the pain. However, even access to drinking water is prone to being controlled by employers:

“I don't use anything because I don't have access to anything in the house, **even the hot water, they don't allow.**” (Interview 35, Sierra Leonean MDW).

“My madam when I would drink water, she would always tell me **‘Why do you drink so much water: The water is getting expensive in Lebanon!’** (all laugh). Even when I want to take a shower, they tell me: **‘Why do you take a shower every day?’**” (FGD 1)

Limited access to pain relief is part of a broader pattern of restricted autonomy, where medication, movement, privacy, and dignity are closely controlled by employers. This is not only a matter of inadequate pain management—it reflects systemic barriers to basic health rights. Migrant domestic workers report that available medication often fails to address ongoing menstrual pain, highlighting the need for consistent and independent access to healthcare support.

Violations of Bodily Autonomy

Alarmingly, some employers prioritise productivity over basic human dignity, coercively suppressing menstruation among MDWs. Upon arrival in Lebanon, three out of the 90 interviewees were forcibly administered injections to halt their menstrual cycles - ostensibly to prevent work disruptions. Two of them were minors, aged just 12 and 14 at the time. These cases represent egregious violations of bodily autonomy and human rights, contravening international labour standards, medical ethics, and the Hippocratic Oath's fundamental principle: "First, do no harm."

"I came here as a young girl, just 12 years old, already facing many difficulties. **My experience managing periods in Lebanon started tough because initially my employer gave me an injection that stopped my period completely for about six months.** She did it intentionally so that my menstruation would not interrupt my work." (Interview 48, 32 y/o Ethiopian, 8 years in Lebanon)

"Since I arrived here at 14, managing my period has always been very difficult. **Previously employers forced me to take harmful injections stopping periods, severely affecting my health.**" (Interview 46, 32 y/o Ethiopian MDW, 14 years in Lebanon).

These non-consensual medical interventions bear heavy consequences on these women's reproductive and menstrual health journeys, incurring financial costs that are difficult to meet. Following these injections, Interviewee 46 faced disruptions in her cycle:

"Continuous heavy bleeding for one month after a three-month gap: the bleeding is heavy, painful, and I feel extremely cold, exhausted, irritable and depressed. **Even my vision blurs, my head aches severely and my legs and waist hurt.**" (Interview 46, 32 y/o Ethiopian MDW, 14 years in Lebanon).

She consulted a doctor who prescribed her medication that temporarily stopped her period, but caused severe side effects and infertility risks. The interviewee found herself begging for financial assistance to cover the cost of the vitamins prescribed by the doctor. The issue with costs forces MDWs to delay crucial consultations, leading to the worsening of their symptoms.

Interviewee 58, a 33 y/o Ethiopian MDW, who has been in Lebanon for 6 years relays:

"My employer **forced me to take an injection that stopped my period** for six months to prevent interruptions at work".

Later, when she went to a hospital, she could not receive the treatment because she did not have the funds, leading to a kidney infection. At the time of the interview, she was waiting for an appointment with MSF.

Another interviewee explains how her employers had tried to get her an injection under the pretense that it was a contraceptive, but she got suspicious and refused to take something that would interrupt her periods.

These extreme experiences of trespassing on the women's bodily autonomy reflect the immense power imbalance within the employee-employer relationship under the Kafala system, which further aggravates the detrimental effect of the taboo around menstruation on MDWs' access to medical care.

The Mental Toll of MDWs' Menstrual Experience

Mental health struggles are a common problem experienced by MDWs. Common stressors include the loss of autonomy and ownership of their time, lack of privacy and constant surveillance.⁵⁶ Considering the already emotional strains experienced by MDWs and adding the struggles of menstrual experience in these circumstances, it is clear that many MDWs battle with more emotional and psychological distress. One main factor detrimentally affecting MDWs' mental well-being is caused by the employers' attitudes and restrictive practices regarding the workers' basic menstrual rights - accessing the bathroom when needed, changing period products for their own comfort, and even showering freely.

Period poverty has been globally linked to adverse mental health outcomes, including heightened anxiety, depression, and feelings of shame.⁵⁷ When individuals cannot manage menstruation safely or comfortably, the chronic stress of leakage, odour, and physical discomfort exacerbates psychological distress.⁵⁸ For marginalised groups already navigating systemic inequities, these burdens are amplified. MDWs' precarious legal status, economic vulnerability, and workplace confinement intensify both material deprivation and its psychological toll.

Interviewees in this research, facing wage theft and employer restrictions, frequently report rationing pads to last for up to 12 to 24 hours or resorting to uncomfortable alternatives like cloth scraps - practices that correlate with urinary tract infections, skin irritation, and profound anxiety about health risks. Live-in workers, denied private bathrooms, describe hiding soiled products to avoid reprimands, a humiliation that compounds trauma from broader workplace abuse.⁵⁹ These intersections of gender, migration status, and labour exploitation render MDWs uniquely susceptible to the cyclical relationship between menstrual injustice and mental health crises.

"I don't have a space to change during my period, I stay in the corner of the salon and **I don't feel comfortable: discomfort and even ashamed.**" (Interview 28, 28 y/o Kenyan 1 year in Lebanon)

"It stressed me out, I was always nervous but **for work I planned when my period came to do my work a little in advance when possible, but even until then it was still not easy** especially the back pain and the fatigue." (Interview 8, 41 y/o Cameroonian MDW, 3.5 years in Lebanon)"

"Yes, the **fact of not having my own bathroom or bedroom** because I share everything with the mother of the house, the bathroom, the bedroom, **it affects me enormously, there are many habits that I have abandoned, like my prayer times. sighs...**" (Interview 10, 24 y/o Cameroonian MDW, 9 months in Lebanon)

"**I feel very bad. I get stressed. I feel trapped because I cannot do anything about it.** I do not have a private space to just sit and take care of myself. I feel embarrassed, especially if I have to change somewhere that is not private. **Sometimes, I feel like I**



**"CLOSING THE RED SEA"
PHRASE USED IN
SWAHILI-SPEAKING COMMUNITIES
TO DESCRIBE MENSTRUATION**

am not human. I want to disappear.” (Interview 49, 27 y/o Ethiopian MDW, 9 years in Lebanon)

“I feel anxious and frustrated. My body feels like it’s betraying me because the pain is too much, and there is nothing I can do to stop it. **It makes me feel helpless. People around me don’t understand how much I suffer, and that makes it worse.**

One time, I went to see a doctor because the pain was unbearable, but they just told me it was normal and sent me away. That made me feel like no one cares.”

(Interview 54, 33 y/o Ethiopian, 10 years in Lebanon)

The lack of products creates immense discomfort.

“It makes me feel dirty and ashamed: I worry all day about leaks when I don’t have enough pads. I try not to stand too close to customers because I don’t want them to smell me. I feel bad when I ask for help.” (Interview 52, 30 y/o Ethiopian MDW, 4 years in Lebanon).

To cope with these experiences, both live-in and live-out MDWs rely on their friends, family members over the phone, or co-workers and community members’ advice, tips, and financial support to meet their medical needs. Even this fragile reliance on community is precarious, as the next section reveals, many MDWs are forcibly isolated from networks of care.



SOLITUDE OR SOLIDARITY: MDWS NAVIGATING PERIOD POVERTY

“I don’t have anyone, and I am not allowed to go out.” (Interview 75, 45 y/o Nigerian MDW, 15 years in Lebanon)

The testimonies of migrant domestic workers in Lebanon reveal a stark contrast between their menstrual experiences in their home countries and under the Kafala system. Interviewees report significantly worsened symptoms since coming to Lebanon – increased pain, heavier flows, and new irregularities – which they directly attribute to being denied rest. In their countries of origin, cultural practices traditionally accommodated menstrual rest as a way to reduce symptom severity. These lived experiences embody the fundamental tension between indigenous approaches to menstrual health and Western neoliberal productivity demands.

This systemic denial of menstrual rest goes beyond workplace abuse; it severs migrant workers from cultural practices that view menstruation as a sacred time of renewal. The resulting health consequences – from exacerbated pain to reproductive irregularities – demonstrate how the kafala system colonises the body itself, replacing Indigenous knowledge with extractive productivity demands. These testimonies make visible the urgent need to decolonise menstrual health by recentering the right to rest as both a cultural imperative and a physical and psychological health necessity.⁶⁰

When asked about their menstrual experience before and after arriving in Lebanon, many MDWs shared how their periods, as well as their experience of them, changed negatively:

“In Africa, I didn’t feel any pain or stress, but now working in Lebanon, I started having pain due to the stress of the work.” (Interview 77, 44 y/o Nigerian MDW, 20 years in Lebanon)

“When I was in my country, I had a day or two of rest because in my culture we are not allowed to work during this time.” (Interview 39, 28 y/o Sierra Leonean MDW, 5 years in Lebanon)

“Never, no rest days at all. In Ethiopia, back home, we naturally rested during our period days. There was understanding and support. Here in Lebanon, especially when I was under the kafala system, they didn’t allow me any rest at all. Even if I was suffering from pain, cramps, or felt weak, I was still expected to continue working. [...] I work in a hotel, so my work includes making beds, lifting heavy mattresses, and cleaning bathrooms. ***It’s very difficult during my period because of the heavy physical labour.*** The hardest thing for me is changing the sheets and making beds, because lifting the mattress hurts my back and worsens my cramps. Cleaning bathrooms, bending down, and cleaning floors while having my period is very exhausting and painful. But I still have to do it, even if I’m in severe pain.” (Interview 50, 35 y/o Ethiopian MDW, 14 years in Lebanon)

In general, the majority of interviewees reported fewer complications and a lower severity of symptoms before arriving in Lebanon. Many of them associate these differences with the reality of their work conditions as well as the impact on their mental health.

“Before I came to Lebanon, my period was normal, lasting 4 days. Since I’ve started working here, it has reduced to 2-3 days, with cramps. I checked and discovered that stress is the cause of it.” (Interview 74, 30 y/o Nigerian MDW, 5 years in Lebanon)

“I have a heavy period because of work, my biggest challenge is how to change my pads during my heavy period, but I can’t change because I need to work.”
(Interview 84, 38 y/o Filipina MDW, 13 years in Lebanon)

The Kafala’s control over and invasion into the MDWs’ lives and autonomy also creates, very intentionally, their social isolation from their own community or any network of support outside of their employers’ households. A key indicator of forced labour, according to the ILO, is the victims’/survivors’ isolation from any contact or interaction with other people.

Several international NGOs, as well as UN bodies, have referred to the arbitrary isolation of MDWs as an indicator of forced labour, but more importantly, as an alarming practice with a high risk of enabling exploitation and abuse.⁶¹

Social isolation is also a common consequence of period poverty, particularly among low-income and marginalised communities. When individuals lack access to menstrual products or clean, private spaces to manage their periods, they may avoid social activities, community gatherings, or public spaces altogether. This isolation is often reinforced by stigma, shame, and the fear of being judged or discriminated against for menstruating. Without adequate support, many are forced to endure their periods in silence, cut off from social interaction and opportunities for connection. Global research has shown that period poverty not only impacts physical health but also contributes to emotional distress and exclusion from daily life.⁶²

This isolation is exacerbated by Lebanon’s neoliberal economic system, which has systematically dismantled public safety nets, leaving individuals with no choice but to rely on family, NGOs, or precarious community networks for survival. The state’s retreat from social welfare has shifted the burden of care onto private and informal systems, deepening inequalities and leaving the most vulnerable, particularly migrant workers, refugees, and the working poor, without guaranteed support. In this fragmented landscape, solidarity becomes a necessity rather than a choice, as people are forced to navigate a system that prioritises profit over basic welfare.

MDWs, affected by their employers’ practice of complete social isolation, have their only coping mechanisms rooted in self-reliance and alternative sources of comfort, including faith or self-care practices. Many mentioned that crying in itself helped to cope with their struggles:

“I try to apply hot water, I also do **some exercises to help relieve my stress** and stop the bloating.” (Interview 90, 47 y/o Filipina MDW, 18 years in Lebanon)

“I only pray so I would get better.” (Interview 59, 37 y/o Ethiopian MDW, 16 years in Lebanon)

“I always stay with myself because I am always stressed and not allowed to use my phone or take a rest, **[and I turn to] praying.**” (Interview 29, 29 y/o Sierra Leonean MDW, 4 years in Lebanon)

“I feel very embarrassed to talk about periods. **I cope by keeping everything to myself. I make sure to hide any sign that I’m on my period** and try to act normal, even when I’m in pain. **It’s lonely, but it feels safer than risking judgment or punishment.**” (Interview 48, 32 y/o Ethiopian MDW, 8 years in Lebanon)



While some live-out MDWs have the ability to cope through their networks, they choose not to and prefer to deal with their struggles alone:

“I isolate myself completely, avoiding interaction, even with my children, often screaming or **crying privately due to extreme stress and pain.**” (Interview 46, 32 y/o Ethiopian MDW 14 years in Lebanon)

Live-out MDWs agree that dealing with their period while working is highly stressful, despite having a certain level of independence as freelancers. To manage it, one interviewee explained that she either worked through the pain to distract herself, and listed various small practices of self-care:

“Praying, crying, drinking a lot of water, drinking tea and eating soup, ‘praying on water and drinking it’, and sometimes I have to steal panadol, practicing muscle relaxation, listening to music on the phone, sleeping, bathing with essential oils, eating and cooking, watching movies, walking, drinking herbal tea, fresh juices, laying flat and taking pain killers, making hot compresses.” (Interview 12, 40 y/o Ivorian MDW, in Lebanon for 6 years)

“I change my clothes frequently, changing underwear and pants every hour. Bathing is difficult.” (Interview 51, 25 y/o Ethiopian MDW in Lebanon for 4 years).

Despite the Kafala system’s many attempts to isolate and deny MDWs’ rights and freedoms, the communities developed their own way of resisting their oppression through informal networks and mutual aid.⁶³ In 2024, the Anti-Racism Movement published an extensive report on the history and presence of migrant-led communities, acknowledging these groups’ importance and undeniable impact in helping MDWs in distress while simultaneously bracing their circumstances with resilience and dignity. The report, in its concluding remarks, admits that the communities’ efforts to organise are helping the women’s isolation due to the nature of domestic work as well as the Kafala system in general. However, it also emphasised how these groups are stuck in a dilemma of informality, stretching out their resources and capacity, which in the long term will impact sustainability.⁶⁴

Among the interviewed live-out MDWs (28), eight do not have support at all, while 18 respondents confirmed that they rely on their friends and female co-workers to provide them with pads and pain relief or food preparation. Others turned to contact their mothers, sisters, and figures of trust by phone to ask for advice on pain management and emotional distress. 3 interviewees confirmed that they can rely on their employers to provide them with painkillers and other remedies for pain relief. Some of them underline that the simple fact of speaking with someone or remembering that their menstrual experience is within a limited time period helped them through the pain.

“I know it will last a few days and it will pass, so I’m used to it, I don’t say anything, I let the moment pass when I’m in too much pain, I hide in the toilets if I’m at work and at home on my own I manage.” (Interview 15, 32 y/o Cameroonian, 8 years in Lebanon)

“Yes, I do have some women co-workers who support me. We share pads when needed, help each other, and understand each other’s situation. If I’m short on pads or feeling very sick, I ask them discreetly, and they help.” (Interview 50, 35 y/o Ethiopian, 14 years in Lebanon)

“I have one friend I sometimes talk to. Mostly, I remain silent, avoiding discussion or support because sharing feels shameful.” (Interview 40, 33 y/o Ethiopian, 6 years in Lebanon)

“Sisters, friends giving advice, pads, medicine, neighbour, **it helps knowing you’re not alone, it’s a relief to talk to someone who understands.**” (Interview 45, 17 y/o Ethiopian, 6 years in Lebanon)

Many respondents also drew comparisons between their circumstances as live-in or live-out MDWs. Most agreed that the coping strategies and their ability to reach out to their communities or people of trust changed once they left their employers’ households.

“I mainly rely on my husband now, who openly supports me and helps buy products. Before marriage, I had no one to turn to. My current employer (madam) sometimes offers food or coffee and shows care, **but previously I faced neglect or misunderstanding.**” (Interview 48, 32 y/o Ethiopian MDW, 8 years in Lebanon)

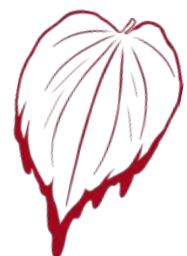
“Not really. **When I was in the contract, I couldn’t see anybody; however, now sometimes I talk to my friends when we meet on our day off, but it’s not the same as having someone who can actually help.** They listen and share their own struggles, all of them are already exhausted, which makes me feel less alone, but it doesn’t solve the problem.” (Interview 47, 35 y/o Ethiopian MDW, 10 years in Lebanon)

Finally, one interviewee did raise the need for taking collective action and to advocate for their rights and needs in relation to the Kafala system and their menstrual experiences.

“While some female coworkers were understanding, they were often in similar situations and unable to offer much support. **The lack of a collective voice or shared advocacy among us made it harder to address these challenges effectively.**” (Interview 56, 30 y/o Ethiopian, 14 years in Lebanon)

These informal solidarity mechanisms - whether the sharing of menstrual supplies, peer-to-peer guidance, or fleeting moments of mutual support - underscore both the resilience of migrant domestic workers and the state’s institutional deficiencies. While these community-based networks temporarily alleviate individual hardship, they also highlight the absence of systematic protections: if basic health and labour rights were guaranteed, no worker would need to rely on informal assistance. The precarious nature of these self-organised safety nets, already strained by Lebanon’s intersecting economic, social, and legal crises, signals that community ingenuity alone cannot sustain dignity. Sustainable change demands comprehensive policy reform: integrating menstrual rights into national labour standards, ensuring uninterrupted access to hygiene products and healthcare, and abolishing the Kafala system that perpetuates these vulnerabilities.

**“THE SISTER ATE BETEL TODAY”
PHRASE IN SINHALESE (SRI-LANKA) TO
DESCRIBE MENSTRUATION**



CONCLUDING REMARKS

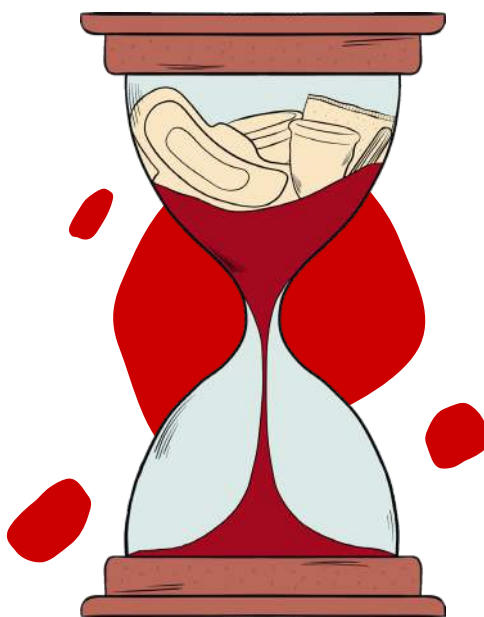
This report presents a comprehensive analysis of how the Kafala system in Lebanon undermines the menstrual health and bodily autonomy of migrant domestic workers (MDWs). Through 90 semi-structured interviews and two FGDs, the findings underscore the intersections of the oppressions and rights violations under the Kafala system and period poverty. The issue goes beyond individual struggles or hygiene access as it reflects a deeper structural injustice, embedded in a system of racialised and gendered labour exploitation.

The Kafala system results in the restriction of MDWs' access to rest, privacy, healthcare, and essential menstrual products. Many workers report being forced to work through debilitating menstrual pain, denied access to WaSH facilities, subjected to verbal abuse when requesting time off, and in some cases, coerced into taking medical interventions to suppress menstruation. These conditions constitute a violation of the rights to health, dignity, privacy, and decent work, as outlined in international human rights and labour standards.

This research's participatory methodology places MDWs not only as subjects but as co-researchers and analysts, ensuring that the findings reflect lived realities with depth and nuance. Their leadership and contributions strengthen the call for a shift from humanitarian or hygiene-based approaches to a justice-based framework that addresses the root causes of menstrual inequity under the Kafala system.

Addressing menstrual injustices among MDWs requires systemic change. Stakeholders - government institutions, international organisations, donor agencies, and civil society - must move beyond short-term interventions and commit to long-term reforms.

By centering the voices and experiences of MDWs, this report offers evidence-based insights and actionable recommendations. It affirms that menstrual health is not a peripheral issue, but a critical indicator of human rights and social justice in Lebanon. Ensuring MDWs' dignity in menstruation is not only a public health necessity - it is a matter of equity, accountability, and human rights.



COMMUNITY-BASED RECOMMENDATIONS BY INTERVIEWEES

The testimonies of 90 migrant domestic workers in Lebanon reveal a stark reality: menstruation under the Kafala system is not merely a biological experience but a site of structural neglect, humiliation, and gendered oppression.

Their recommendations – ranging from immediate practical adjustments to sweeping systemic reforms – underscore the intersection of bodily autonomy, labour rights, and human dignity. Below, we distill their demands into actionable recommendations for change.

Workplace Accommodations: Dignity in Daily Life

As one worker noted,

“Simple understanding and basic support could drastically improve our experiences” (Interview 50).

These measures are not luxuries but prerequisites for health and equitable labour conditions.

MDWs consistently called for basic accommodations to manage menstruation without shame or hardship:

- Access to menstrual products: Affordable or employer-provided pads, tampons, or cups (e.g., Interviews 37, 52, 65).
- Rest and flexibility: Reduced workloads, lighter duties, or short breaks during painful days (Interviews 20, 50, 81).
- Private hygiene spaces: Designated bathrooms for safe and dignified management of menstruation (Interviews 28, 45, 56).
- Medical care: Regular check-ups and pain relief (Interviews 26, 37).

Education and Awareness: Breaking Stigma

The pervasive shame around menstruation exacerbates suffering. The interviewed workers emphasised:

- Training for employers: Especially male employers, to normalise menstruation as a natural process (Interviews 42, 50, 59).
- Peer-to-peer education: Women sharing knowledge to combat misinformation (Interviews 3, 53).
- Open dialogue: “Discuss openly and educate each other. There’s nothing to be ashamed of” (Interview 53).
- Awareness campaigns must target employment agencies, Lebanese households, and policymakers to align cultural attitudes with material support.

Structural Reforms: Abolishing Kafala’s Violence

Beyond individual accommodations, workers linked their menstrual struggles to the Kafala system’s dehumanising architecture:

- Freedom to advocate for needs: “The Kafala system eliminates our freedom to express needs. Ending it would let us seek help without fear” (Interview 40).
- Labour protections: Fixed schedules, paid leave, and contracts that acknowledge biological needs (Interviews 13, 58).
- Economic justice: “Prices have changed; we should no longer be treated like slaves” (Interview 13). Wage increases could prevent agonising choices between “food and hygiene” (Interview 52).
- For many, systemic change is existential: “If I had a small opportunity to leave, I would” (Interview 9).

A Call to Action: Centering MDWs’ Voices

These recommendations are not abstract – they are survival strategies forged in oppression. Policymakers, employers, and advocates must:

- **Amplify MDWs’ leadership:** Include them in designing interventions (e.g., awareness programs, product distribution).
- **Legislate protections:** Mandate menstrual health as part of Lebanon’s Labour laws for domestic workers.
- **Support grassroots efforts:** Fund collectives providing pads, medical care, and legal aid.

As Interviewee 59 urged, “The more this topic is discussed, the faster it’s normalised.” Dignity begins with listening.



POLICY RECOMMENDATIONS BY MWA AND JEYETNA

For the Lebanese Government

Legal Reform

- Amend labour regulations, including the SUC, to recognise menstrual health as a workplace issue by guaranteeing access to menstrual products, adequate rest during menstruation, and privacy. Ensure these protections apply to all workers, including migrant domestic workers, as part of the right to decent work.
- Abolish the Kafala system, which limits migrant workers' autonomy and restricts their access to healthcare, menstrual products, and personal privacy.

Access to Health and Hygiene

- Guarantee access to free or affordable menstrual products through public health services, shelters, and legal aid centers accessible to all migrant workers, regardless of status.
- Ensure inclusion of migrant workers in national public health programs, including menstrual and reproductive health services, through mobile clinics and health centers.

Accountability and Oversight

- Monitor compliance of employers and recruitment agencies with hygiene and health standards, including access to menstrual needs.

Education and Awareness

- Implement public awareness campaigns to reduce stigma around menstruation and promote dignity and empathy toward menstruating workers.
- Train labour inspectors, healthcare workers, and authorities on menstrual justice as a basic human right linked to dignity, health, and labour protections.



For the International Community

Donor Priorities and Funding

- Integrate menstrual health into protection and labour rights funding by explicitly supporting projects that address period poverty in the context of gendered labour exploitation.
- Fund migrant-led and community-based initiatives that distribute products, provide support services, and document rights violations related to menstruation.

Diplomatic and Advocacy Engagement

- Pressure the Lebanese government to reform labour laws and abolish the Kafala system, emphasising the human rights violations tied to menstrual deprivation and exploitation.
- Hold bilateral and multilateral forums that include migrant worker advocates to raise the profile of menstrual justice within global labour migration discourse.

Inclusion in Crisis Response

- Ensure menstrual products are included in emergency aid packages for all populations, including undocumented and migrant communities.
- Collaborate with humanitarian agencies and local partners to distribute culturally appropriate menstrual supplies during times of crisis.

Research and Standard Setting

- Support participatory, migrant-led research to gather data on menstrual health and inform rights-based policy development.
- Develop international guidelines on menstrual health and labour rights that address the unique experiences of migrant domestic workers.

ANNEXES

Overview of Key Findings

Table 1: Rest and Time Off During Menstruation

Category	Day Off During Periods	Adequate Rest Time
Live-in MDWs (51)	10% (5) Yes; 90% (46) No	25.5% (13) Yes; 74.5% (38) No
Live-out MDWs (28)	46.4% (13) Yes; 53.6% (15) No	42.9% (12) Yes; 57.1% (16) No
Both/Unassigned MDWs (11)	18.2% (2) Yes; 81.8% (9) No	0% (0) Yes; 100% (11) No
Total Sample (90)	22.2% (20) Yes; 77.8% (70) No	27.8% (25) Yes; 72.2% (75) No

Note: 11% of Live-in MDWs did not have a day off at all - 6/51

Table 2: Workload and Task Management During Periods

Category	Assigned more Physically Demanding Tasks
Live-in MDWs (51)	70.6% (36) Yes; 29.4% (15) No
Live-out MDWs (28)	71.4% (20) Yes; 28.6% (8) No
Both/Unassigned MDWs (11)	81.8% (9) Yes; 9.1% (1) No; 9.1% (1) N/A
Total Sample (90)	72.2% (65) Yes; 26.7% (24) No; 1.1% (1) N/A

Table 3: Access to Menstrual-Related Resources

A. Period Products			
Category	Access to Products	Adequate Supply	Affordable
Live-in MDWs (51)	60.8% (31) Yes; 39.2% (20) No	37% (19) Yes; 63% (32) No	41.2% (21) Yes; 54.9% (28) No; 3.9% (2) N/A
Live-out MDWs (28)	57.1% (16) Yes; 42.9% (12) No	35.7% (10) Yes; 64.3% (18) No	32.1% (9) Yes; 67.9% (19) No
Both/Unassigned MDWs (11)	54.5% (6) Yes; 45.5% (5) No	18.2% (2) Yes; 81.8% (9) No	18.2% (2) Yes; 81.8% (9) No
Total Sample (90)	58.9% (53) Yes; 41.1% (37) No	34.4% (31) Yes; 65.6% (59) No	35.6% (32) Yes; 62.2% (56) No; 2.2% (2) N/A
B. Private Facilities			
Category	Adequate Access to Bathrooms	Secure Storage	Private Changing Space
Live-in MDWs (51)	47.1% (24) Yes; 52.9% (27) No	45% (23) Yes; 55% (28) No;	21.6% (11) 78.4% (40)
Live-out MDWs (28)	57.1% (16) Yes; 35.7% (10) No; 7.1% (2) N/A	57.1% (16) Yes; 39.3% (11) No; 3.6% (1) N/A	57.1% (16) 39.3% (11) No; 3.6% (1) N/A
Both/Unassigned MDWs (11)	36.4% (1) Yes; 63.6% (10) No	18.2% (2) Yes; 81.8% (9) No	18.2% (2) 81.8% (9)
Total Sample (90)	45.6% (41) Yes; 52.2% (47) No; 2.2% (1) N/A	45.6% (41) Yes 54.4% (49) No 1.1% (1) N/A	32.2% (29) Yes 66.7% (60) No 1.1% (1) N/A

Table 4: Health and Medical Support

Category	Adequate Access to Painkillers	Menstrual Irregularities Requiring Care	Adequate Medical Attention Received
Live-in MDWs (51)	29.4% (15) Yes; 70.6% (36) No;	68.6% (36) Yes; 31.4% (15) No	16.7% (6) Yes; 83.3% (30) No
Live-out MDWs (28)	67.9% (17) Yes; 32.1% (11) No	78.6% (22) Yes; 21.4% (6) No	22.7% (5) Yes; 77.3% (17) No
Both/Unassigned MDWs (11)	45.5% (3) Yes; 54.5% (8) No	72.7% (8) Yes; 27.2% (3) No	0% (0); Yes; 100% (8) No
Total Sample (90)	38.9% (35) Yes; 61.1% (55) No	73.3% (66) Yes; 26.7% (24) No	16.7% (11) Yes; 83.3% (55) No

Out of the 66 MDWs requiring medical care, only 11 (16.7%) received adequate medical attention. This represents 12.2% of the total sample.

Table 5: Workplace Stigma and Communication Barriers

Category	Comfort Discussing Period Needs	Embarrassment at Work	Cultural Barriers Cited
Live-in MDWs (51)	25.5% (13) Yes; 64.5% (38) No	66.7% (34) Yes; 33.3% (17) No	70.6% (36) Yes 29.4% (13) No
Live-out MDWs (28)	14.3% (4) Yes; 85.7% (24) No	32.1% (9) Yes; 64.3% (18) No; 3.6 % (1) N/A	60.7% (17) Yes; 39.3% (11) No
Both/Unassigned MDWs (11)	9.1% (1) Yes; 9.1% (10) No	45.5% (5) Yes; 45.5% (5) No; 9.1% (1) N/A	81.8% (9) Yes; 18.2% (2) No
Total Sample (90)	20% (18/90) Yes 80% (72/90) No	53.3% (48) Yes; 44.4% (40) No 2.2% (2) N/A	68.9% (62) Yes; 31.1% (28) No

Table 6: Coping Mechanisms and Support Systems

Category	Access to Emotional Support
Live-in MDWs (51)	56.9% (29) Yes; 41.1% (21) No; 1.9% (1) N/A
Live-out MDWs (28)	67.9% (19) Yes; 28.6% (8) No; 3.6% (1) N/A
Both/Unassigned MDWs (11)	36.4% (4) Yes; 63.6% (7) No
Total Sample (90)	57.8% (52) Yes; 40% (36) No; 2.2% (2) N/A

Interview Questionnaires and FGD Question Grid



Period poverty in the context of the kafala system Interview Guide: Research Questions

The following questions aim to explore the experiences and challenges migrant domestic workers in Lebanon face when managing their period. The questions cover practical aspects such as access to rest, private spaces, pain relief, and period products. They also address emotional challenges, including the difficulty of discussing period needs with employers and coworkers. Additionally, the questions explore the role of informal support networks and cultural factors that influence period management. The goal is to understand how period poverty affects migrant domestic workers under the kafala system, particularly in terms of their access to period products, private bathrooms, education, and support, and to identify changes that could improve their ability to manage their period at work

Background information

Age: _____

Nationality: _____

How long have you been working in Lebanon: _____ years

Live in ☐ Live out ☐

General Experience:

1. Can you describe your experience of managing your period while working in Lebanon?
Follow-up: What are the biggest challenges you face during this time?
2. How do you feel emotionally when you're unable to manage your period needs properly?

Work-Related Challenges:

3. Do you get a day off when you are on your period? (Yes/No)
Follow-up: If no, how do you manage your work responsibilities during your period?
4. Are you given enough rest time to manage your period-related needs? (Yes/No)
Follow-up: If no, how does this affect your ability to manage during your period?
5. Are you ever given tasks that are harder to manage during your period? (Yes/No)
Follow-up: Can you describe what kind of tasks those are and how they affect you?

Access to and Affordability of Period Products:

6. Do you have access to period products during your period? (Yes/No)
Follow-up: If no, can you please tell me more about how you manage without period products?
If yes, do you have access to enough products to manage?
7. Do you feel period products are affordable for you? (Yes/No)
Follow-up: If no, how do you manage to afford them?

Physical Environment & Support:

8. Do you have a private bathroom to use during your period? (Yes/No)
Follow-up: How does not having a private bathroom affect your ability to manage your period?
9. Do you have a safe and private space to keep your period products? (Yes/No)
Follow-up: If no, where do you store your products, and how does that make you feel?
10. Does your employer provide you with a private space to change during your period? (Yes/No)
Follow-up: Can you describe the space and how you feel about using it?

Pain Relief & Health Care:

11. Do you have access to pain killers during your period? (Yes/No)
Follow-up: If yes, how do you access it? If no, what do you do when you experience pain?
12. Have you ever experienced irregularities leading you to see a doctor? (Yes/No)
Follow-up: If yes, can you describe how that experience went? If no, did you ask for any help?

Social Support & Communication:

13. Do you feel comfortable discussing period-related needs with your employer? (Yes/No)
Follow-up: If no, what makes it difficult for you to discuss this with your employer?
14. How does your employer's gender affect your ability to discuss period-related needs or pain?
Follow-up: Can you share any specific experiences with male employers regarding this?
15. Do you have someone to turn to for support when you're dealing with period-related challenges at work? (Yes/No)
Follow-up: If yes, what kind of support do they provide, and how does it help you manage your period?
16. Have you ever felt embarrassed to talk about period-related issues with your employer or co-workers? (Yes/No)
Follow-up: How do you cope with these feelings?
17. How do you manage stress when you are on your period?
Follow-up: Are there any coping mechanisms you use during your period?
18. How does your employer react when you are on your period?

Knowledge and Barriers to Seeking Help:

19. Do you think cultural traditions influence the challenges you face during your period?
(Yes/No)

Suggestions for Change:

20. What changes would help improve your ability to manage your period at work?
Follow-up: How would these changes make a difference for you?



Participatory Research project Jeyetna & MWA

Interview Grid Focus Group Discussions

1. Introduction (15 minutes)

- **Welcome and Ground Rules (5 minutes):**
 - Introduce myself and the purpose of the session.
 - Ground Rules communal agreement
- **Icebreaker (10 minutes):**
 - Can you share one word or feeling that describes your experience managing your period in Lebanon?
 - Would you use that word to describe your experience in your country of origin? *Ask if someone wants to elaborate, what word would they use.*

2. Discussion Topics (90 minutes)

A. General Context and Access (20 minutes)

- How do you usually manage your menstruation while working?
- What challenges do you face in accessing menstrual products and private spaces?
- How has the war in September - November impacted your menstrual experience?

B. Work Environment and Cultural Perceptions (20 minutes)

- How do employers react if you need to take care of your menstrual needs?
- Have you ever faced stigma or lack of understanding about menstruation?

C. Health and Comfort (20 minutes)

- What difficulties do you face in maintaining comfort during your period?
- Have you experienced any health issues related to menstruation, and were you able to seek help?

D. Emotional and Mental Impact (15 minutes)

- How does menstruation affect your emotional well-being, especially in this work environment?
- Do you have a support system to share your experiences or seek advice?

E. Systemic Issues and Recommendations (15 minutes)

- Would someone like to share how their menstrual experience was on their way to Lebanon?
- How do you think the kafala system impacts your ability to manage your menstruation?
- What changes or support would make it easier for you to manage your periods?

3. Wrap-Up and Closing (15 minutes)

- **Reflections (10 minutes):**
 - What message would you like to share with others about menstruation under the kafala system?
 - Each participant shares a closing thought or suggestion.
- **Thank You and Next Steps (5 minutes)**

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