

Menstrual hygiene: A human rights issue and a barrier to gender equality

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Abstract

Menstruation, which is a normal biological process for most women and girls, should not, in theory and in practice, act as a barrier to gender equality; and yet menstrual hygiene has emerged as an under-recognised barrier to human rights. Inadequate water and sanitation, and the taboos and shame associated with menstruation not only affects the way in which women and girls feel about and react to menstruation, but it also makes it difficult to cope with it openly on a practical level. By approaching menstrual hygiene management as a human rights concern impacting various aspects of a woman and girls' life, this paper seeks to set out the necessity of effectively managing menstrual hygiene in the realisation of their human rights. This paper further explores how the biological fact of menstruation, the necessity of managing menstruation and society's response to both is linked with women and girls' human rights and gender equality. It further explains how by ensuring that women and girls enjoy certain human rights it can in turn help ensure that they can manage their menstrual hygiene adequately, with normalcy and dignity. By focusing on human rights and gender equality, the research, conclusions and recommendations can be used to support policy arguments as to why governments should give MHM the importance it deserves.

Keywords: discrimination, equality, gender equality, menstruation, menstrual hygiene, stigmas, sanitation, water equality, wash.

1. Introduction and background

Menstruation,¹ which is a normal biological process for most women and girls,² should not, in theory and in practice, "act as a barrier to gender equality or stymie the realisation of their human rights";³ and yet menstrual hygiene has emerged as an under-recognised barrier to human rights.⁴ A major challenge of menstruation is how

¹ Menstruation is the vaginal bleeding that occurs as a result of hormonal changes whereby the uterus sheds blood and tissue through the vagina. K.E. Barrett, "Reproductive Development & Function of The Female Reproductive System", available at <https://accessmedicine.mhmedical.com> (last accessed 31 January 2020).

² This paper recognises that it is not only persons who identify as women and girls who menstruate. The term women and girls are therefore being used as an umbrella term to include all persons who menstruate. The scope of who and what "all persons who menstruate" means, both biologically and legally, falls outside the scope of this paper and therefore broadly includes any person that experiences menarche and/or menstruation.

³ Human Rights Watch, "Menstrual Hygiene a Human Rights Issue: A Simple Guide to Ending Discrimination, Abuse", available at <https://www.hrw.org/news/2017/08/27/menstrual-hygiene-human-rights-issue> (last accessed 29 January 2020).

⁴ M.E. Hennegan, "Menstrual Hygiene Management and Human Rights: The Case for an Evidence-

to manage the menstrual flow of women and girls and what happens when one is not able to do this successfully. Gender inequality, discriminatory social norms, cultural taboos, poverty and a lack of basic services cause millions of girls' and women's menstrual health and hygiene needs to remain unfulfilled.

The term menstrual hygiene management (MHM)⁵ has recently emerged among the international development community to refer to the process of managing/handling menstruation. The United Nations (UN) defines adequate MHM as “*women and adolescent girls using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials.*”⁶ This definition speaks to the necessity of having water, sanitation and hygiene (WASH) materials to facilitate personal hygiene during menstruation and to have available material resources to absorb or collect menstrual blood, to dispose of menstrual waste products and to be able to perform all of these with adequate privacy.⁷ Therefore, personal hygiene refers to the ability to stay clean and in good health during menstruation as well as to the way women and girls use and dispose of menstrual products.

Importantly, they also require an environment whereby they are enabled to manage menstruation with dignity and without embarrassment or stigmas. Inadequate MHM has far-reaching negative impacts on the lives of those who menstruate by limiting their freedom and choices; their participation in school and community life; causing stress and anxiety and compromising their health and safety.⁸ Adequate menstrual hygiene practices are a significant factor in the realisation of many human rights. The lack of adequate facilities for the management of menstrual hygiene raises issues for an individual's right to privacy, human dignity, gender equality, and for non-discrimination and equality more broadly.

Through exploring its impact on the human rights of women and girls this paper argues that menstruation and MHM is more than just about hygiene; it is a human rights issue. The argument to situate MHM firmly within a human rights framework provides firstly; a legal foundation to ensure that a culture of dignity and rights of all human beings is fostered and that the principle of non-discrimination and equal worth is respected. Secondly; by using the framework of human rights, menstrual hygiene can be given greater visibility and this increased visibility will assist in prioritising and developing appropriate strategies that could bridge sectors and

Based Approach” (2017) 4:3 *Women's Reproductive Health* 212.

⁵ While menstrual hygiene management was not initially the universally acknowledged label to refer to menstrual-related difficulties, in 2010 there was an upsurge in the use of the phrase MHM, in conference papers, peer-reviewed publications, and social media. See M. Sommer et al., “Girls' and Women's Unmet Needs for Menstrual Hygiene Management (MHM): The Interactions between MHM and Sanitation Systems in Low Income Countries”, (2013) 3:3 *Journal of Water, Sanitation and Hygiene for Development* 283.

⁶ M. Sahin, “Tackling the Stigma and Gender Marginalization Related to Menstruation via WASH in Schools Programmes” (2015) 34:1 *Waterlines* 3.

⁷ S.S. Budhathoki, et al., “Menstrual Hygiene Management Among Women and Adolescent Girls in the Aftermath of the Earthquake in Nepal” (2018) 18 *BMC Women's Health* 33.

⁸ UNICEF, “Guidance on Menstrual Health and Hygiene”, available at <https://www.unicef.org/wash/files/UNICEF-Guidance-menstrual-health-hygiene-2019.pdf> (last accessed 4 April 2021).

communities of practice. It is in the aspects of dignity, privacy, and gender equality where the human rights perspective can help to develop an understanding of what is needed for women and girls to be able to manage their menstruation adequately and make menstrual hygiene a priority for decision-makers. Thirdly; the discussion is positioned within the human rights framework because the human rights system is an invaluable source of information about global priorities for development and social change.

2. Context - a global agenda

MHM is now widely recognised as a rights and a development issue.⁹ At the international level, the integration of MHM in the sustainable development agenda reflects its importance to the fulfilment of girls' and women's rights, a key objective of the UN Sustainable Development Goals (SDGs). The SDGs "seek to realize the human rights of all and to achieve gender equality and the empowerment of all women and girls".¹⁰ They envisage a transformative approach to global development and advancement and have embedded within them the human rights principles of universality, indivisibility, and interdependence.¹¹

The SDGs do not specifically mention MHM but indirectly makes reference to it under SDG 3 - Good Health and Well-Being; SDG 4 - Quality Education, SDG 5 - Gender Equality; SDG 6 - Clean Water and Sanitation, with the explicit aim to, "..... [by] 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations"; SDG 8 - Decent Work and Economic Growth: Promote Sustained Inclusive and Sustainable Economic Growth, and SDG 12 - Responsible Consumption and Production.¹²

Women and girls' access to MHM is also central to achieving other SDGs. The lack of basic knowledge about puberty and menstruation for example may contribute to early and unwanted pregnancy; the stress and shame associated with menstruation can negatively affect mental health; and unhygienic sanitation products may make girls susceptible to reproductive tract infections – all affecting SDG health outcomes (Goal 3). Girls may be absent or less attentive in school during menstruation due to a lack of WASH facilities or support from the school community, affecting education (Goal 4), or at work, affecting economic opportunities (Goal 8). Gender equality (Goal 5) cannot be achieved when taboos and myths prevent menstruating women and girls from full participation in society and the failure to develop markets for quality menstrual materials can impact on sustainable consumption and production patterns

⁹ M. Sommer., J.H. Hirsch., C. Nathanson, et al., "Comfortably, Safely, and Without Shame: Defining Menstrual Hygiene Management as a Public Health Issue" (2015) 105:7 *American Journal of Public Health* 1303.

¹⁰ United Nations, "Transforming our World: The 2030 Agenda for Sustainable Development", available at <https://sustainabledevelopment.un.org/post2015/transformingourworld> (last accessed 1 April 2021).

¹¹ Ibid.

¹² United Nations Population Fund, "Menstrual Health Management in East and Southern Africa: A Review Paper", available at https://esaro.unfpa.org/sites/default/files/pub-pdf/UNFPA%20Review%20M_enstrual_%20Health%20Management%20Final%2004%20June%202018.pdf (last accessed 1 April 2021).

(Goal 12).¹³

Considering the fact that more than two billion women between the age group of 12 - 50 years in the world are menstruating between 2-7 days a month, MHM remains important in all dimensions specific to women and girls in the process of sustainable development.¹⁴

3. The challenge, rationale and objectives of this study

Inadequate WASH facilities can pose a major obstacle to women and girls human rights. Globally, approximately 2.5 billion people lack access to adequate sanitation and at least 500 million women and girls lack adequate facilities for MHM.¹⁵ This leaves women and girls without safe, accessible and hygienic spaces for washing and sanitation. However, the challenge menstruating girls and women face is often less tangible than simply the availability of infrastructure and are issues rooted in social norms and beliefs. A growing body of evidence shows that despite the recent increase in attention given to menstrual hygiene¹⁶ it remains a topic associated with stigma and shame.¹⁷ The stigma and shame around menstruation and menstrual hygiene coupled with a lack of adequate information, sanitation facilities and menstruation materials have long served as a barrier to women and girls' full participation in public life which has in turn affected their right to health, work, education and gender equality.¹⁸ By approaching menstrual hygiene as a human rights concern that impacts various aspects of a woman and girls' life, the overall objective of this paper seeks to set out the necessity of effectively managing menstrual hygiene in the realisation of their human rights.

This paper therefore argues that inadequate MHM is a human rights issue through exploring its impact on the human rights of women and girls. A discussion on the human rights that are affected by inadequate MHM is aimed at showing that universally recognised human rights to the highest attainable standards implies a clear set of legal obligations on states to ensure appropriate conditions for the enjoyment of various rights for all people without discrimination. Awareness of these rights together with a knowledge of the corollary obligations that states have can help practitioners to better advocate for state support in addressing the barriers faced by menstruating women and girls in managing their menstruation adequately and with

¹³ UNICEF, "Guidance on Menstrual Health and Hygiene", at para [4].

¹⁴ A.R. Tiwary, "Role of Menstrual Hygiene in Sustainable Development Goals" (2018) 8 *Int J Health Sci Res* 377.

¹⁵ United Nations Human Rights Office of the High Commissioner, "Every Woman's Right to Water, Sanitation and Hygiene", available at <https://www.ohchr.org/EN/NewsEvents/Pages/Everywomansrighttowatersanitiationandhygiene.aspx> (last accessed 31 January 2020).

¹⁶ T. Miller, *Moving Past the Stigma?: The Narrative of Menstruation in Wash and MHM Organizations* (Columbia University 2019), at [6].

¹⁷ J.C. Chrisler., M.L. Marván., J.A. Gormana., and M. Rossinia, "Body Appreciation and Attitudes Towards Menstruation" (2014) 12 *Body Image* 78.

¹⁸ MHM, "Menstruation Matters to Everyone, Everywhere", available at <https://menstrualhygieneday.org/materials/menstruationmatters/> (last accessed 29 January 2020).

dignity.

Furthermore, the placement and understanding of MHM within the context of human rights requires a holistic approach to women's and girls' human rights. This paper sets out how the biological fact of menstruation, the necessity of managing menstruation and society's response to both is linked with women and girls' human rights and gender equality. It further explains how by ensuring that women and girls enjoy certain human rights it can in turn help ensure that they can manage their menstrual hygiene adequately, with normalcy and dignity. Likewise, when women and girls face difficulties with managing their menstruation, it negatively impacts the enjoyment of their human rights.

In addition; looking at the UNs definition of MHM above, at its core the realisation of women and girl's human rights to adequate MHM recognises the importance of water and sanitation as a precondition for enabling good MHM.¹⁹ A recent study examined the complex relationship between water and gender,²⁰ and it illustrates how a disregard of menstrual hygiene needs serves to entrench the lower status of women and girls and directly impacts gender equality. The existence and adequacy of water and sanitation services for managing menstruation therefore has a specific importance for women and girls as compared to men and boys. Women and girls encounter difficulties in managing hygiene during menstruation when they lack the enabling environment to do so. Notably when they have difficulty exercising their rights to water and sanitation they will likely have difficulty managing their menstruation. Sanitation facilities that do not, for example, allow women and girls to change menstrual materials and to wash put women and girls at a distinct disadvantage based on their gender.²¹

Given the multiple challenges women and adolescent girls face, it is evident that promoting MHM is not only a sanitation matter; it is also an important step towards safeguarding the dignity, health, bodily integrity and overall life opportunities of women and girls. Therefore, framing MHM in the context of human rights and its impact on gender equality may engage local, municipal, provincial and national government actors not typically attuned to MHM concerns and can support policy arguments for government action.²²

In order to ensure a holistic approach to MHM a brief discussion of menstrual justice²³ is given in order to make explicit the links between the idea of women's bodies as inferior and the discrimination, inequality and injustice they suffer in the realisation of their human rights. The main aim of a discussion in menstrual justice, for the

¹⁹ This definition of the human rights to water and sanitation as components of the human right to an adequate standard of living was recognised by all UN Member States in 2015 in UN General Assembly Resolution 70/169. The right to an adequate standard of living is guaranteed in Article 11 ICESCR.

²⁰ M.B. Das, *The Rising Tide: A New Look at Water and Gender*, (Washington DC 2017).

²¹ I.T. Winkler, and V. Roaf, "Taking the Bloody Linen out of the Closet – Menstrual Health as a Priority for Achieving Gender Equality," (2015) 21 *Cardozo Journal of Law and Gender* 1, at [5].

²² Adapted from WASH, United and Human Rights Watch, "Understanding Menstrual Hygiene and Human Rights" available at <http://menstrualhygieneday.org/menstrual-hygiene-human-rights-issue>, (last accessed 1 April 2021).

²³ Menstrual Justices in this paper refers to women's everyday experiences of menstruation in the sociocultural, religious, and political conditions of their living.

purposes of this paper, is to highlight that menstrual injustices are not isolated events but part of a pattern of domination leading to further gender inequality. Looking at MHM issues through the holistic lens of menstrual injustice can help society address the multidimensional structures of menstrual injustice and its impact on MHM. In addition; and in order to inform the future design of relevant policies and programming, by looking at menstruating women and girls' experiences in low-and-middle-income countries (LMICs) this paper aims to provide evidence and examples of practical barriers to the enjoyment of their human rights. Indeed a growing body of evidence²⁴ on menarche²⁵, menstruation, menstrual hygiene, and menstrual health²⁶ among adolescent girls in LMICs²⁷ have revealed that menstruation continues to be shrouded in silence and stigma and remains a neglected issue in many places around the world.²⁸ There are increasing efforts from academia, the development sector and others to understand and address these challenges that girls in, specifically, LMICs face in managing their menstruation.²⁹ However, despite this evidence there has not been a concentrated effort at global or national levels to identify key priorities to catalyse action to transform the experiences of girls.³⁰ This paper will briefly describe the evidence on MHM in LMICs, to explore and question why MHM has been neglected and what this means for the realisation of gender equality and women's human rights.³¹

Acknowledging firstly that the concept of menstrual injustice also directly refers to the shaming of persons who menstruate and secondly; to respond to the increased international attention on empowering girls through the SDGs, this paper aims to provide an overview of the knowledge, attitudes, beliefs and practices surrounding

²⁴ M. Sommer., and M. Sahin, "Overcoming the Taboo: Advancing the Global Agenda for Menstrual Hygiene Management for Schoolgirls" (2013) 103 *Am J Public Health* 1556.; E. Van der Walle., and E. Remme, *Regulating Menstruation: Beliefs, Practices, Interpretations* (Chicago 2001); S.A. McMahon., P.J. Winch., B.A. Caruso., et al., "'The Girl with Her Period is the One to Hang Her Head' Reflections on Menstrual Management Among Schoolgirls in Rural Kenya" (2011) 11 *BMC Int Health Hum Rights* 7.; P. Montgomery., C.R. Ryus., C.S. Dolan., et al., "Sanitary Pad Interventions for Girls' Education in Ghana: A Pilot Study" (2012) 7 *PLoS* 1.; T. Mahon and M. Fernandes, "Menstrual Hygiene in South Asia: A Neglected Issue for WASH (Water, Sanitation and Hygiene) Programmes" (2010) 18 *Gender & Development* 99.; L. Mason., E. Nyothach., K. Alexander., et al., "We Keep it Secret, So No One Should Know"—A Qualitative Study to Explore Young Schoolgirls Attitudes and Experiences with Menstruation in Rural Western Kenya" (2013) *PLoS* 8.

²⁵ Menarche is the onset of menstruation, which signals the start of a women's fertile age.

²⁶ Menstrual health builds on the concept of MHM and encompasses the broader impacts of the psychological, socio-political and environmental factors that accompany menstruation on mental, physical, and emotional health.

²⁷ M. Plesons., A. Patkar., J. Babb, et al., "The State of Adolescent Menstrual Health in Low- And Middle-Income Countries and Suggestions for Future Action and Research" (2021) 18 *Reprod Health* 31.

²⁸ V. Chandra-Mouli., J. Ferguson, M. Plesons, et al., "The Political, Research, Programmatic, and Social Responses to Adolescent Sexual and Reproductive Health and Rights in the 25 Years Since the International Conference on Population and Development" (2019) 65 *Journal of Adolesc Health* 16.

²⁹ M. Sommer., B.A. Caruso., M. Sahin., et al., "A Time for Global Action: Addressing Girls' Menstrual Hygiene Management Needs in Schools" (2016) 13 *PLOS Medicine* 2.; See also Chandra-Mouli "Political, Research, Programmatic".; Plesons, "The State of Adolescent Menstrual Health".

³⁰ Sommer, "A Time for Global Action".

³¹ R. Boosey., and E Wilson, "The Menstrual Hygiene Management and The International Human Rights System: A Vicious Cycle of Silence", available at https://consultations.worldbank.org/sites/default/files/consultation-template/update-world-bank-group-gender-strategy-consultations/submissions/a_vicious_cycle_of_silenc_e_final_v_ersion_of_paper_0.pdf (last accessed 03 April 2021).

menarche and menstrual hygiene among menstruating girls. While menstrual products and adequate sanitation are clearly important, there are other factors to consider in policy and programme development in the realisation of women and girls' human rights. This paper therefore argues that menstrual health builds on the MHM definition and encompasses the broader impacts of the psychological, socio-political and environmental factors that accompany menstruation on mental, physical and emotional health.³² Working on MHM through a human rights lens requires looking at systemic problems, as these most often constitute the barriers to the realisation of human rights. Therefore, a discussion on the myths around MHM is extremely important given how central these are to an understanding of menstruation in all contexts and, the severe impact that these can have on women and girls' rights, dignity and well-being.³³

This paper is aimed at both country level and international practitioners working directly or indirectly on MHM and is intended to support them and to explain the human rights framework relevant to MHM. By focusing on human rights and gender equality, the research, conclusions and recommendations can be used to support policy arguments as to why governments should give MHM the importance it deserves.

4. Methodology and approach

The methodology utilised by this research paper includes various meta-analysis literature reviews of accredited articles, books, legal policies and national strategies/action plans as well as programmes and interventions related to MHM. The evidence base around MHM varies a great deal in terms of design (both qualitative and quantitative) and academic strength. For this study multiple databases were reviewed in order to identify relevant academic publications (whether published or not), books, journal articles, programme evaluations, survey data, and other influential sources, including data from peer-reviewed journals, grey literature and other sources. Many documents included in this review consist of grey literature publications such as programme documents, reports, and evaluations by World Bank Group, Advocate for Justice and Human Rights, United Nations (UN), Human Rights Watch (HRW), UNFPA and WASH. To meet the objectives of this study the main results of the desk review are included in this article to strengthen the conclusions and recommendations reached.

The approach of this paper will be to begin with a discussion of how MHM is a human rights issue. Since any efforts aimed at adequately addressing MHM includes looking at the broader systemic factors³⁴ that link menstruation with the SDG goals

³² FSG, "An Opportunity to Address Menstrual Health and Gender Equity", available from <https://www.fsg.org/publications/opportunity-address-menstrual-health-and-genderequity> (last accessed 07 April 2021).

³³ J. Thomson., F Amery., M. Channon., et al., "What's Missing in MHM? Moving Beyond Hygiene in Menstrual Hygiene Management" (2019) 27 *Sexual and Reproductive Health Matters* 12.

³⁴ These systematic factors have been summarised by UNESCO as: accurate and timely knowledge; available, safe, and affordable materials; informed and comfortable professionals; referral and access to health services; sanitation and washing facilities; positive social norms; safe and hygienic disposal; and advocacy and policy. See UNICEF,

of health, well-being, education, equality and rights, a discussion on the challenges faced by menstruating women and girls will follow.

These challenges are particularly significant in LMICs where girls and women in these countries face substantial barriers to achieving adequate menstrual management.³⁵ Indeed various researchers have highlighted the potential impact menstruation may be having on women's human rights to sanitation health and education in these settings.³⁶ Therefore, a discussion on the impact of poor MHM in resources poor countries will then be pursued.

By debunking some commonly held myths around menstruation, this paper will then consider how shame has been connected to the menstruating, female body throughout history and how these historical reactions to a women's cycle has influenced the way in which menstruation is experienced today and the concomitant effect that this has had on women's status in society. Bearing in mind that stigmatisation and taboos often results in a lack of essential services like access to water and sanitation leading to poor hygiene standards, this paper will look at how society's responses to menstruation directly influences women's and girls' human rights and gender equality.

This paper will conclude with some recommendations on the way forward and it is hoped that integrating a human rights perspective into menstrual hygiene will influence and broaden the evidence base and will influence strategies of implementation, advocacy and policies.

5. Mhm within a human rights framework

Despite being a natural and vital part of the reproductive cycle menstruating women and girls are facing barriers to realising their basic human rights. According to the UN "human rights are rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status."³⁷ The term "human rights" itself does not address specific issues for a particular type of person. Its primary purpose is in guaranteeing a minimal array of rights for everyone.³⁸

Positioning MHM within the human rights framework is vital to realising universal and inalienable rights for menstruating women and girls. Recognising that human rights are interdependent, indivisible and interrelated³⁹ the following discussion looks at some specific rights being violated by inadequate MHM.

"Guidance on Menstrual Health and Hygiene", at para [8].

³⁵ Sommer, "A Time for Global Action".

³⁶ M. Sommer, S. Chandraratna., S. Cavill., et al., "Managing Menstruation in the Workplace: An Overlooked Issue in Low - and Middle-Income Countries" (2016) 15 *International Journal on Equity Health* 8.

³⁷ The Universal Declaration of Human Rights, 1948.

³⁸ M. de la Roche., and N. van de Veerdonk, "Menstrual Health & Hygiene as a Matter Of Human Rights, Not a Human Right", available at <https://medium.com/@MHHub/menstrual-health-and-hygiene-is-a-matter-of-human-rights-not-a-human-right-747afd24ec11> (last accessed 13 June 2020).

³⁹ Vienna Declaration and Programme of Action, 1993.

(i) *The right to dignity*

The right to dignity has been seen as an important acknowledgement of the intrinsic worth of a human being.⁴⁰ The Universal Declaration of Human Rights (UDHR) acknowledges one's inherent right to dignity by proclaiming that all human beings are born free and equal in dignity and rights.⁴¹ The Preamble's to the International Covenant on Civil and Political Rights (ICCPR)⁴² and the International Covenant on Economic, Social and Cultural Rights (ICESCR)⁴³ is informed by the UDHR principles of ensuring that "everyone.....is entitled to realization ... of the economic, social and cultural rights indispensable for his [or her] dignity"⁴⁴, and confirms that the rights enshrined therein derive from the inherent dignity of the human person. These international bills of human rights firmly places human dignity at the centre for the realisation of every other human right and are legally binding on the States that ratify or accede to them.⁴⁵

A lack of or an absence of an enabling environment; like access to infrastructure, water and sanitation means that women and girls are faced with difficulties in managing their menstruation with dignity.⁴⁶ When they are unable to effectively manage their menstrual hygiene, it negatively impacts the extent to which they may enjoy other rights like their right to education, work, and health.⁴⁷ It is crucial to recognise this right as a precondition for the achievement of a wide range of affiliated human rights. The UN has recognised the right to clean water and sanitation as a human right.⁴⁸ This right is intrinsically linked to the right of everyone to a decent standard of living⁴⁹ and the right to the highest attainable standard of physical and mental health.⁵⁰ Water is a prerequisite for living a life in dignity and the enjoyment of several other human rights depends on the accessibility of water.⁵¹

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) stipulates that State parties should ensure women's adequate living conditions, *inter alia* in relation to access to water.⁵² The Committee on ICESCR underscores that particular attention must be given to menstruating women and girls to equitable access to water and water management systems. Water has to be available, of sufficiently good quality, and accessible both economically and physically, without discrimination.⁵³

The lack of access to WASH facilities, to safe bathing facilities and to safe and effective

⁴⁰ S v Makwanyane [1995] 3 SA 391 (CC) par [144].

⁴¹ Article 1 of the UDHR.

⁴² The Optional Protocol to the International Covenant on Civil and Political Rights, 1966.

⁴³ The International Covenant on Economic, Social and Cultural Rights, 1966.

⁴⁴ Article 22 of the UDHR.

⁴⁵ United Nations, *Women's Rights are Human Rights*, (New York and Geneva 2014), at [4].

⁴⁶ Sommer, "A Time for Global Action".

⁴⁷ Human Rights Watch, "Understanding Menstrual Hygiene & Human Rights", available at <https://reliefweb.int/report/world/understanding-menstrual-hygiene-management-human-rights> (last accessed 2 April 2020), at [5].

⁴⁸ In its UNGA, Resolution A/RES/64/292, July 2010

⁴⁹ Article 11.1 of the ICESCR.

⁵⁰ Article 12.1 of the ICESCR.

⁵¹ See note on the Resolution A/RES/64/292 above.

⁵² Article 14. 2 of the CEDAW, 1979.

⁵³ United Nations, "Women's Rights are Human Right", at [45].

means of managing their menstrual hygiene, translates to an inability to manage menstruation with dignity. Menstrual-related stigmas and discriminatory practices also undermine women and girls' rights to human dignity.⁵⁴ Taboos, feelings of shame, embarrassment and being made to feel like a curse on humanity makes it very difficult to maintain a sense of dignity. Facing ostracisation and restrictions on everyday life during menstruation affects their innate right to freedom and to physical integrity.⁵⁵ When menstruating women and girls are faced with these barriers their ability to manage menstruation with dignity is unattainable.

(ii) The right to privacy

The paper has shown that menstruating women and girls have a greater need for privacy when using toilets and when bathing. In addition, it will be shown a little later how not having easy access to toilets and bathrooms makes them more vulnerable to rape and other forms of gender-based violence. Article 17(1) ICCPR stipulates that "no one shall be subjected to arbitrary or unlawful interference with [her] privacy, family, home or correspondence, nor to unlawful attacks on [her] honour and reputation". When there are inadequate facilities, like water and sanitation infrastructure enabling women and girls to change menstrual materials in privacy, or facilities to use soap and water for washing the body as required, and an absence of the necessary facilities to dispose of used menstrual management, the realisation of rights to privacy and dignity cannot be fulfilled.⁵⁶ In fact article 17(2) of the ICCPR goes further to state that "everyone has the right to the protection of the law against such interference or attacks", thus placing an obligation on States' to protect privacy against interference by others.

(iii) The right to health

The right to health is a fundamental part of human rights and of our understanding of a life in dignity.⁵⁷ The UDHR recognises health as part of the right to an adequate standard of living.⁵⁸ In its 1946 Constitution, the World Health Organisation (WHO) defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity".⁵⁹ The preamble further states that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition." The right to health is recognised as a human right in

⁵⁴ Department of Women, Youth and Persons with Disabilities, *Sanitary Dignity Implementation Framework South Africa* (South Africa 2019), at [4].

⁵⁵ *Ibid.*

⁵⁶ WHO/UNICEF, *Joint Monitoring Programme, 'Consultation on Draft Long List of Goal, Target and Indicator Options for Future Global Monitoring of Water, Sanitation and Hygiene'*, (The Netherlands 2012).

⁵⁷ UNHCHR, "The Right to Health Fact Sheet", available at <https://www.ohchr.org/Documents/Publications/Factsheet31.pdf> (last accessed 15 June 2020), at [1].

⁵⁸ Article 25 of the UDHR.

⁵⁹ WHO, "Definition of Health" available at <http://www.pitt.edu/~super1/globalhealth/What%20is%20Health.htm> (last accessed 03 March 2020).

the ICCSCR and it is important to note that the Covenant gives both mental health, which has often been neglected, and physical health equal consideration.⁶⁰

According to WHO, every State has ratified at least one international human rights treaty recognising the right to health. The right to health is therefore relevant to all States.⁶¹ A country's scarce or lack of resources is regarded as not absolving it from having to act to realise the right to health⁶² and all States are obliged to take progressive measures to move towards meeting their obligations to respect, protect and fulfil the right to health.

It is axiomatic that in relation to their physiology and overall health women and girls have unique needs for convenient, safe, and accessible female-friendly toilet facilities.⁶³ Evidence shows that not all schools provide a separate toilet for females.⁶⁴ However, the existence of a separate toilet is not enough to ensure usage by women and girls. Key factors to its usage include availability of water, privacy, cleanliness, adequate means to dispose of used sanitary materials, water to wash hands and safety, like lockable doors.⁶⁵ Where women need to go out in the open for their toilet needs, they also face increased risk of harassment and assault and they are more prone to reproductive, urinary tract and vaginal infections.⁶⁶ These issues underscore the importance of toilets as "package deals" to ensure usage by females in all spaces.⁶⁷ Negative cultural norms surrounding menstruation, like restriction of movement and activities, isolation practices, menstruation being linked to witchcraft, menstruation being considered dirty or shameful precipitates into feelings of shame and thus a heightened need to keep all management aspects of their menstruation discreet.⁶⁸ Their rights are further compromised in the sense that the restrictive obligations placed on them may make it difficult to fully participate in daily activities such as sport and cultural events, political and community activities. This may also negatively affect their self-esteem and confidence.⁶⁹

The stress and shame associated with menstruation can negatively affect mental health.⁷⁰ Menstruation stigma's can also prevent women and girls from seeking treatment for menstruation-related disorders or pain, adversely affecting their health and well-being. A lack of sensitivity on MHM can create psychological and/or emotional scars (i.e. traumatic stress disorders) that derail girls in terms of realising their full potential, thus contributing to their failure to achieve menstrual dignity.

⁶⁰ Article 12 of ICESCR.

⁶¹ UNHCHR, "The Right to Health", at [3].

⁶² *Ibid.*, at [5].

⁶³ M.L. Schmitt., D. Clatworthy., T. Ogello., and M. Sommer, "Making the Case for a Female-Friendly Toilet Water", available at <https://www.mdpi.com/2073-4441/10/9/1193> (last accessed on 14 April 2020), at [3].

⁶⁴ To be discussed below. See for example, ICDDRDB, "Bangladesh National Hygiene".

⁶⁵ Das, "The Rising Tide", at [28].

⁶⁶ World Bank, "Promising Progress: Bangladesh", at, [85].

⁶⁷ Das, "The Rising Tide", at [28].

⁶⁸ These issues will be discussed in detail later in this paper.

⁶⁹ PATH, "Outlook on Reproductive Health", available at https://path.azureedge.net/media/documents/RH_Outlook_Nov_2017.pdf (last accessed 17 March 2020).

⁷⁰ UNICEF, *Menstrual Health and Hygiene*, (New York 2019).

The lack of adequate WASH facilities exposes women and girls to various health-related hazards. Women and girls have experienced negative health consequences when they lack the supplies and facilities to manage their menstrual health.⁷¹ For example, when women and girls are faced with challenges related to inconvenient access to safe and clean toilets in public or outside their homes it creates a range of coping mechanisms with potential health consequences, such as reducing their intake of liquids or food.⁷² Placing and understanding the right to health within a human rights framework creates a legal obligation on states to ensure access to acceptable, effective and quality health care. States are also obliged to provide for the underlying determinants of health, such as safe and potable water, sanitation, health-related information and education, and gender equality.⁷³

(iv) The right to non-discrimination and gender equality

The achievement of equality between women and men and the elimination of all forms of discrimination against women are fundamental human rights and are recognised UN values.⁷⁴ The development of appropriate strategies to eliminate all forms of discrimination in the attainment of equality requires a comprehensive understanding of the ways in which women specifically are denied equality and the ways in which they experience discrimination.⁷⁵ Menstrual hygiene is an example of a specific method in which discrimination is experienced.

Both the ICCPR and the ICESCR prohibit discrimination on the basis of sex and guarantee women and men equality in the enjoyment of the rights covered by the Covenants.⁷⁶ CEDAW defines discrimination against women as “any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, of human rights and fundamental freedoms”.⁷⁷ State parties to CEDAW agree to undertake multiple measures to eliminate all forms of discrimination against women at all levels in order to achieve factual and legal equality in all spheres of life.⁷⁸ In order to ensure equal participation of women and men in public and political life, Articles 7 and 8 of CEDAW specifically outlines State parties’ obligations for eliminating discrimination. Furthermore, whilst Article 10 of CEDAW elaborates on equality in education; women’s rights in employment and health; other areas of economic and

⁷¹ UNFPA, “Menstruation and Human Rights - Frequently Asked Questions”, available at <https://esaro.unfpa.org/en/news/menstruation-and-human-rights-frequently-asked-questions> (last accessed 04 March 2020).

⁷² Schmitt, “Making the Case”, at [3].

⁷³ WHO, “Human Rights and Health” available at <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health> (last accessed 18 June 2020).

⁷⁴ For example, since the founding of the United Nations, equality between men and women has been among the most fundamental guarantees of human rights.

⁷⁵ United Nations, “Women’s Rights are Human Right”, at [1].

⁷⁶ Article 26 of the ICCPR also provides for equality before the law and equal protection of the law.

⁷⁷ Article 1 of the UN General Assembly Convention on the Elimination of All Forms of Discrimination Against Women, 18 December 1979, United Nations.

⁷⁸ World Health Organization, *Health and Human Rights Convention on the Elimination of All Forms of Discrimination Against Women*, (Eastern Mediterranean 2010), at [1].

social life are elaborated upon in Articles 11–13.⁷⁹ The Convention not only requires equality between women and men, but also prohibits practices that can perpetuate women's inequality.

CEDAW covers both public and private acts⁸⁰ and specifically addresses the obligation of States to address discrimination against women perpetrated by *any* person, organisation or enterprise;⁸¹ and the modification and abolition not only of discriminatory laws and regulations, but also of customs and practices.⁸² It requires States "to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women".⁸³

The CEDAW Committee states that attitudes and practices according to which women are subordinate to men uphold the subjugation of women in society, undermining women's human rights, gender equality and non-discrimination and must therefore be abolished.⁸⁴

It is therefore clear that the fulfilment of the right to health also depends on the fulfilment of rights and obligations indirectly linked to health, including the right to non-discrimination against women and the obligation to pursue through all appropriate means the elimination of discrimination against women.⁸⁵

Stigmas and norms related to menstruation also have a disproportionate impact on women and girls and acts to further entrench discriminatory practices thereby creating a barrier to gender equality. In fact, the UN has acknowledged that the lack of WASH facilities associated with MHM and the stigma's associated with menstruation both have a negative impact on gender equality.⁸⁶ Menstrual-related barriers to various aspects of life like school, work, health services and public activities further perpetuate gender inequalities.

Various other rights are affected like the right to education where a recent study has shown that a growing body of evidence indicates that girls' inability to manage their menstrual hygiene in schools, results in school absenteeism, which in turn, has severe economic costs on their lives and on the country, thus intensifying the context of their disadvantage.⁸⁷ Other affected rights includes the right to work. Poor access to safe means of managing menstrual hygiene and lack of knowledge on how to effectively manage menstruation and menstruation-related disorders also limit job

⁷⁹ Article 14 of CEDAW considers the particular problems women in rural areas face (e.g. access to health services, education, economic opportunities and housing).

⁸⁰ United Nations, "Women's Rights are Human Right", at [2].

⁸¹ Article 2 (e) of CEDAW.

⁸² Article 2 (f) of CEDAW.

⁸³ Article 5 (a) of CEDAW

⁸⁴ See the UN Committee on the Elimination of all forms of Discrimination Against Women, in its general recommendation No. 19 (1992), comments on articles 2 (f), 5 and 10 (c).

⁸⁵ See Articles 1 and 2 of CEDAW.

⁸⁶ UN Human Rights Council, "The Human Right to Safe Drinking Water and Sanitation" Resolution A/HRC/RES/27/7, 2014.

⁸⁷ World Bank Group, "Menstrual Health Management Enables Women and Girls to Reach their Full Potential", available at <https://www.worldbank.org/en/news/feature/2018/05/25/menstrual-hygiene-management> (last accessed 18 June 2020)

opportunities for women and girls.

It becomes clear that meeting the hygiene needs of menstruating girls is a fundamental issue of human rights, dignity and public health; and the improvement of one right facilitates advancement of the other rights and conversely, the deprivation of one right adversely affects the others.

Most countries⁸⁸ have ratified various human rights documents including the ICESCR and the ICCPR. These treaties are legal instruments and mean that these countries have made a binding international commitment to adhere to the standards laid down in the universal human rights documents. The laws make it clear that any direct or indirect discrimination in the existing enjoyment of human rights amounts to a violation of human rights, placing an obligation on States to immediately address these issues in order to advance and promote a woman's right to dignity and equality.

6. Women and girls experiences of mhm in lmics

There are two reasons for an overview of women and girls MHM experiences in LMICs. Firstly; water and sanitation were recognised as human rights by the UNs in 2010⁸⁹ and; universal basic water, sanitation, and hygiene services are the aspiration of SDG 6. Basic water, sanitation and hygiene services are critical for MHM for girls and women around the world. Yet there is a long way to go for every girl and woman to access these crucial services. Evidence in recent research has shed light on MHM issues in several LMICs and their impact on women and girls.⁹⁰ The importance of the discussion is to show the overall disproportionate impact that MHM has on women and girls' human rights and that by addressing those issues it can assist in closing the gender inequality gap and other goals relevant to achieving the SDGs.

Secondly: since this paper advocates for a holistic approach to MHM; the following discussion briefly looks at the construct of "menstrual injustice". A detailed or even critical discussion of menstrual injustice falls outside the scope of this paper but some of its main features are summarised below. This is done in recognition of an understanding of the importance of situating MHM within a human rights framework.

Menstrual justice is recognised as a holistic approach that entails listening with sensitivity and respect to girls' and women's menstrual health needs that emerge from their sociocultural location and gendered everyday experiences.⁹¹ This paper further recognises that menstrual injustice is an example of "structural intersectionality", which refers not only to the operation of patriarchy or the structural oppression of women, but rather includes overlapping forms of domination such as classism,⁹² and

⁸⁸ Countries including but not limited to Nigeria, Egypt, Nepal, India, Bangladesh.

⁸⁹ United Nations General Assembly Resolution A/RES/64/292, July 2010.

⁹⁰ The World Bank, "Poverty Diagnostic – Key Facts in 18 Countries International Bank for Reconstruction and Development", available at <https://www.worldbank.org/en/news/infographic/2017/08/27/wash-poverty-diagnostic-map> (last accessed 15 May 2020).

⁹¹ C. Bobel., I.T. Winkler., B. Fahs., et al. (eds), *The Palgrave Handbook of Critical Menstruation Studies* (Singapore 2020).

⁹² "Classism" refers to the prejudice against people belonging to a particular social class.

ableism.⁹³⁹⁴

Whilst Johnson advocates for a broader meaning of menstrual injustice;⁹⁵ due to its limited scope to this discussion; for this paper menstrual injustice is understood to be based on the cultural narratives of menstruation that represent menstruating persons as shameful, impure, and incompetent and that results in exclusion, discrimination, indignity, inequality, health and economic disadvantages and constitutional violations. Whilst these issues impact menstruating women and girls differently based on their location, gender identity, race, class, disability, as well as their privilege and disadvantage; it is argued that the impact on women and girls from resource poor countries is distinctly profound.

7. The cycle of the menstrual burden for women and girls in resource poor countries

Whilst adequate management of menstrual hygiene is taken for granted in affluent countries, inadequate menstrual hygiene is a major problem for girls and women in resource-poor countries, adversely affecting their health and development.⁹⁶ Many girls and women in LMICs face various barriers in managing their menstruation. Special attention must therefore be given to women and girls in these situations since these challenges experienced by them can work to reinforce gender inequalities and further marginalise them.⁹⁷ The lack of suitable sanitation facilities and affordable hygiene materials for use at home, schools and at workplaces, affects their health, their potential to access education, employment, overall safety and quality of life. Whilst access to water and sanitation are fundamental human rights and crucial to achieving gender equality, most LMICs have very poor access to both water and sanitation making it difficult to practice proper personal hygiene.

Kenya: Significant barriers to MHM persist across Kenya and remains a particular challenge for low-income women and girls. For example, it is estimated that 80 percent of Kenyans do not have access to safely managed sanitation; whilst 75 percent do not have access to basic sanitation.⁹⁸ In addition, communities perpetuate taboos and misconceptions about menstruation that restrict a girls mobility and activity during menstruation adding to the inability of women and girls to safely manage their menstruation.⁹⁹ In some studies it was highlighted that the strength and degree to which taboos are present is in part dictated by the availability of high-quality MHM education and awareness.¹⁰⁰ In more remote and rural areas, taboos play a stronger

⁹³ "Ableism" is the discrimination of and social prejudice against people with disabilities.

⁹⁴ K. Crenshaw, "Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color" (1991) 43 *STAN. L. REV.* 1241.

⁹⁵ M.E. Johnson, "Menstrual Justice" (2019) 53 *UC Davis Law Review* 1.

⁹⁶ Kuhlmann, "Hygiene Management", at [357].

⁹⁷ World Bank Group, "Menstrual Hygiene".

⁹⁸ Republic of Kenya Ministry of Health, "The Kenya Environmental Sanitation and Hygiene Policy 2016-2030", available at <https://www.wsp.org/sites/wsp.org/files/publications/Kenya%20Environmental%20Sanitation%20and%20Hygiene%20Policy.pdf> (last accessed 10 April 2021), at [9].

⁹⁹ J. Sarah, and H. Ryley, "It's a Girl Thing: Menstruation, School Attendance, Spatial Mobility and Wider Gender Inequalities in Kenya" (2014) 56 *Geoforum* 137.

¹⁰⁰ United Nations, "Good Policy and Practice in Health Education Booklet 9: Puberty Education & Menstrual Hygiene

role. For example, in the semi-nomadic Masai region, menstruating women and girls are not allowed to enter goat pens or milk cows for fear that they will contaminate the animal.¹⁰¹ There is a dire need for puberty and menstruation education in poorer and more rural areas including the North Eastern and Rift Valley provinces. A UNICEF study in Garissa, in the North Eastern province found that 64 percent of girls self-reported their knowledge of puberty as fair or poor.¹⁰²

WASH facilities in schools are insufficient, poorly maintained and lack the necessary resources and design features to support girls.¹⁰³ The latrine to pupil ratio in the Kibera informal settlement in Nairobi for example, was 1:50, nearly double the recommended ratio of 1:25 for boys and 1:30 for girls. An assessment of existing WASH facilities in schools in rural Kenya found that only 60 percent had accessible water for hand washing and only 2 percent had soap.¹⁰⁴ Water taps, where available, tended to be far from the latrine, contributing to poor hygienic practices and while 84 percent of schools had gender-separated toilets, 77 percent of these did not have locks.¹⁰⁵

The primary MHM product used by women and girls in Kenya varies regionally and based on economic status. Small-scale studies indicate that the majority of urban women and girls use disposable sanitary pads, while the majority of women and girls in rural areas use homemade alternatives such as rags, blankets, pieces of mattress, tissue paper and cotton wool as a primary or secondary method for managing their periods.¹⁰⁶ Consideration of water, sanitation and MHM needs of menstruating persons are crucial to ensuring the development and well-being of these women and girls.¹⁰⁷

Niger: In Niger, it has been reported that 51 percent of rural Nigeriens¹⁰⁸ don't have access to clean water. In a recent study on the management of MHM conducted in four regions of Niger; Maradi, Zinder, Tahoua, and Tillaberi; the results showed that during menstruation: (i) women and girls observe nutritional, sexual, and religious restrictions and (ii) the proportion of women with poor menstrual hygiene remains above 50 percent. However, it is even higher in the Maradi region with 73 percent.¹⁰⁹ The study highlighted that menstruation remains a taboo subject in Nigerien society which society is strongly influenced by beliefs and myths that affect its management Management", (Paris 2014); FSG, "Menstrual Health Landscape Kenya", available at https://menstrualhygieneday.org/wp-content/uploads/2016/04/FSG-Menstrual-Health-Landscape_Kenya.pdf (last accessed 10 April 2021).

¹⁰¹ F. Chege, *The Impact of Puberty and Feminine Hygiene on Girls' Participation in Education a Case of Kenya and Malawi*, (UNICEF 2010).

¹⁰² FSG, "Menstrual Health in Kenya", available at https://menstrualhygieneday.org/wp-content/uploads/2016/04/SG-MenstrualHealthLandscape_Kenya_Public_2016.pdf, (last accessed 12 April 2021).

¹⁰³ FSG, "Menstrual Health Landscape Kenya".

¹⁰⁴ A. Kelly., C. Oduor., E. Nyothach., et al., "Water, Sanitation and Hygiene Conditions in Kenyan Rural Schools: Are Schools Meeting the Needs of Menstruating Girls?" (2014) 6 *Water* 1453.

¹⁰⁵ Ibid.

¹⁰⁶ Sarah, "It's a Girl Thing" ..

¹⁰⁷ African Population and Health Research Center (APHRC), *Population and Health Dynamics in Nairobi's Informal Settlements: Report of the Nairobi Cross-sectional Slums Survey*, (Nairobi 2014).

¹⁰⁸ People in Niger are called "Nigeriens" whilst people from Nigeria are referred to as "Nigerian"

¹⁰⁹ United Nations Women, *Menstrual Hygiene Management: The Experience of Nomadic and Sedentary Populations in Niger*, (WSSCC 2017).

thereof and that toilet facilities are inadequate and does not cater for the needs of the menstruating women and girls. Facilities for the most part lacked privacy and security; did not have soap or water; were dirty and not well maintained. A majority used latrines, particularly pit latrines and dry toilets that consist of a hole dug in the ground, above which there is a rudimentary wooden structure which facilities are clearly ill-equipped for effective MHM.

Nigeria: In Nigeria, there are major barriers to hygiene management, since 88 percent of women in Nigeria lack access to even soap and water for handwashing at home. In rural areas, this figure reaches 92 percent.¹¹⁰ Furthermore, approximately 25 percent of women lack adequate privacy for MHM.¹¹¹ Generally, knowledge around menarche and menstruation remains poor. There is widespread beliefs and taboos around MHM and menstruating women and girls are subject to social, religious and food restrictions.

Bangladesh: It has been reported that MHM facilities is a serious barrier to menstruating women and girls in general, but especially more so to the academic success of schoolgirls in Bangladesh.¹¹² In a recent study conducted across 700 schools in Bangladesh it was reported that 82 percent of girls judged school facilities as inappropriate for managing menstrual hygiene; and 41 percent of girls reported missing school during menstruation; of which 42 percent where in rural schools and 38 percent in urban schools.¹¹³

School absence during menstruation was associated with negative attitudes and perceptions about menstruation, the absence of gender-separated and unlocked toilet for girls at schools and being forbidden from activities during menstruation.¹¹⁴ Other barriers to optimal MHM includes the lack of functional toilets and private locations for changing menstrual products, no access to soap and water and limited options for disposal,¹¹⁵ factors that are similar to menstruating girls experiences in other LMICs.

South Africa: In South Africa, sanitary dignity¹¹⁶ remains inequitable, with poorer women and girls adversely affected by a lack of key requirements for sanitary dignity such as sanitary products; available, safe and hygienic water; private, safe and hygienic sex-segregated sanitation; hygienic hand washing facilities and soap.¹¹⁷

¹¹⁰ L.C. Loughnan, et al., "What Can Existing Data on Water and Sanitation Tell Us about Menstrual Hygiene Management?", (2016) 35:3 *Waterlines* 228.

¹¹¹ World Bank Group, "A Wake-Up Call: Nigeria Water Supply, Sanitation, and Hygiene Poverty", available at <https://openknowledge.worldbank.org/handle/10986/27703> (last accessed 10 June 2020).

¹¹² D. Biswas., F.A. Nizame., T. Sanghvi, et al., "Provision versus Promotion to Develop a Handwashing Station: The Effect on Desired Handwashing Behavior." (2017) 17:1 *BMC Public Health* 1.

¹¹³ M. Alam., S.P. Luby., A.K. Halder., et al., "Menstrual Hygiene Management Among Bangladeshi Adolescent Schoolgirls and Risk Factors Affecting School Absence: Results from a Cross-Sectional Survey" (2017) 7 *BMJ* 1.

¹¹⁴ T.K. Tegegne., and M.M. Sisay, "Menstrual Hygiene Management and School Absenteeism Among Female Adolescent Students in Northeast Ethiopia" (2014) 14 *BMC Public Health* 1118.

¹¹⁵ F. Jahan., M. Nuruzzaman., F. Sultana, et al., "Piloting an Acceptable and Feasible Menstrual Hygiene Products Disposal System in Urban and Rural Schools in Bangladesh" (2020) 20 *BMC Public Health* 1366.

¹¹⁶ Most international efforts to address menstrual issues in low-income groups use the term MHM. In South Africa the term "sanitary dignity" is used as it is deemed to be more appropriate.

¹¹⁷ I. Diouf, *Dialogues on Menstrual Hygiene Management Supporting the Sanitary Dignity Campaign for Women*

The lack of water and sanitation is particularly challenging for indigent persons in informal settlements and rural areas. This results in incidental consequences directly related to their empowerment, education, health, employment and social activities.¹¹⁸

Nepal: In Nepal, menstruating women and girls have limited access to WASH facilities not only at their homes but also at schools, thereby contributing to their difficulties to hygienically and confidently take care of themselves in the public domain.¹¹⁹ In rural areas especially access to adequate sanitation remains a major problem.¹²⁰ According to a national research conducted¹²¹ school attendance is directly affected by these issues and by menstrual taboos.¹²² Where school facilities do not provide for MHM through the absence of gender segregated facilities, lack of privacy, inadequate access to water or disposal systems, girls are more likely to miss school.¹²³ In Nepal, 18.4 percent of schools do not have a toilet, let alone segregated facilities.¹²⁴ Where there are toilets the problems encountered were that it remained unusable due to a lack of convenient access to water to keep them clean; and where there was a water, the majority of these toilets did not have hand washing facilities.¹²⁵

India: In India, a country of over a billion citizens, access to water, sanitation and toilets is some of the most critical challenges outlined by women and girls in managing their menstruation. Approximately 636 million Indians lack toilets, with more than 72 percent of rural people relieving themselves behind bushes, in fields, or by roadsides.¹²⁶ The lack of adequate sanitation disproportionately affects menstruating women in rural areas and urban slums where they face significant barriers to safe, comfortable and dignified experiences relating to menstruation and menstrual health.¹²⁷

A lack of access to convenient, appropriate sanitation facilities means that these girls and women in the slums and in rural India are forced to bathe in public ponds; to use

and Girls (South Africa 2012).

¹¹⁸ Department of Women, Youth and Persons with Disabilities, "Sanitary Dignity Implementation Framework South Africa" available at <http://www.women.gov.za/images/Sanitary-Dignity-Framework---June-2019-9-07-2019-without-highlights.pdf> (last accessed 5 June 2020), at [7].

¹¹⁹ ICDDR, "Bangladesh National Hygiene".

¹²⁰ T. Mahon., and M. Fernandes, "Menstrual Hygiene in South Asia: A Neglected Issue for WASH (water, sanitation and hygiene) Programmes" (2010) 18:1 *Gender and Development* 99.

¹²¹ O. Emily., and R. Thornton, "Menstruation, Sanitary Products and School Attendance: Evidence from a Randomized Evaluation" (2011) 3:1 *American Economic Journal: Applied Economics* 91.

¹²² *Ibid.*, at [93]. Menstrual taboos will be discussed later on in this paper.

¹²³ I. Birdthistle., K. Dickson., M. Freeman., et al., *What Impact Does the Provision of Separate Toilets for Girls at Schools have on their Primary and Secondary School Enrolment, Attendance and Completion? A Systematic Review of the Evidence*, (University of London 2011).

¹²⁴ Ministry of Education, "Consolidated Flash Report 2015/16, Kathmandu", available at <https://www.doe.gov.np/assets/uploads/files/cca724d2af543017ab39a85e0b20abdf.pdf> (last accessed 25 June 2020).

¹²⁵ J. Morrison J., et al., "Analysis of Menstrual Hygiene Practices in Nepal" available at <https://www.unicef.org/nepal/reports/analysis-menstrual-hygiene-practices-nepal> (last accessed 25 June 2020), at [4].

M. Crawford., L.M. Menger., and M.R. Kaufman, "'This is a Natural Process': Managing Menstrual Stigma in Nepal" (2014) 16:6 *Culture, Health and Sexuality* 426.

¹²⁶ "Sanitation in India: The Final Frontier", *The Economist*, available at <https://www.economist.com/asia/2014/07/19/the-final-frontier> (last accessed 2 June 2020).

¹²⁷ FSG, "Menstrual Health in India: Country Landscape Analysis", available at https://menstrualhygieneday.org/wp-content/uploads/2016/04/FSG-Menstrual-Health-Landscape_India.pdf (last accessed 17 January 2020), at [3].

public open spaces to openly defecate and to manage their menstrual needs, severely impacting their health and dignity.¹²⁸ They generally have to wait until it is dark to go to the open fields and the ponds to manage their period, making them vulnerable to potential sexual and physical abuse.¹²⁹ Therefore in addition to the impact on their health and dignity, the lack of access to WASH facilities means that they are subjected to an increased threat of sexual harassment, rape, and other forms of violence.¹³⁰ In both rural areas and urban slums, the limited access to water increases their challenges since the majority of menstruating girls use materials that needs to be washed for reuse.¹³¹ In many communities' women and girls are not allowed to use water sources during menstruation due to deep religious beliefs.¹³² The overall experiences of women and girls in poorly resourced areas in India indicate that a high percentage of government schools lacked a functioning common toilet, lacked a separate toilet for girls and some did not even have a separate toilet for girls.¹³³ In addition, menstrual hygiene was largely ignored in toilet design and construction and/or it had dilapidated facilities often preventing girls and female teachers from using these facilities either during menstruation or otherwise.¹³⁴ Studies from different parts of the country have revealed that awareness and understanding of menstruation as a normal biological phenomenon is abysmally poor in different sections of the society, with mothers being the main source of information on MHM and the prevailing sociocultural norms, beliefs, and practices make it difficult for women and girls to talk freely about menstruation without fear or shame.¹³⁵ It is such a taboo subject in the Indian society that not only girls and women feel shy about menstruation, school teachers and health workers themselves feel uncomfortable to discuss MHM related issues.¹³⁶ In addition various studies have noted girls' fear and confusion at menarche due to insufficient information and

¹²⁸ Advocates for Justice and Human Rights, "Report of the Special Rapporteur on the human right to safe drinking water and sanitation, A/HRC/33/49, 27 July 2016", available at <https://www.icj.org/sogiumjurisprudence/report-of-the-special-rapporteur-on-the-human-right-to-safe-drinking-water-and-sanitation-ahrc3349-27-july-2016/> (last accessed 1 June 2020).

¹²⁹ See for example M. Fernandes, "Freedom of Mobility: Experiences from Villages in the States of Madhya Pradesh and Chhattisgarh, India", available at http://www.wsscc.org/sites/default/files/publications/fernandes_wateraid_indiafreedom_ofmobility.pdf (last accessed 13 April 2020).

¹³⁰ V. Chakravarthy., S. Rajagopal., and B. Joshi, "Does Menstrual Hygiene Management in Urban Slums Need a Different Lens? Challenges Faced by Women and Girls in Jaipur and Delhi" (2019) 26:1-2 *Indian Journal of Gender Studies* 138.

¹³¹ M. Sommer., C. Sutherland., and V. Chandra-Mouli V, "Putting Menarche and Girls into the Global Population Health Agenda" (2015) 12 *Reproductive Health* 24.

¹³² R.S. Bharatwaj., K. Vijaya., and T. Sindu, "Psychosocial Impact Related to Physiological Changes Preceding, at and Following Menarche among Adolescent Girls" (2014) 2:1 *International Journal of Clinical and Surgical Advances* 42.

¹³³ The Economist, "Sanitation in India: The Final Frontier", available at <https://www.economist.com/asia/2014/07/19/the-final-frontier> (last accessed 2 June 2020).

¹³⁴ Sommer, "Overcoming the Taboo".

¹³⁵ A.M. van Eijk., M. Sivakami., M.B. Thakkar., A. Bauman., et al., "Menstrual Hygiene Management Among Adolescent Girls in India: A Systematic Review and Meta-Analysis" (2016) 6 *BMJ* 1.; R.N. Sinha., and B. Paul, "Menstrual Hygiene Management in India; The Concerns", (2018) 62 *Indian J Public Health* 71.

¹³⁶ E.R. MacRae ER., T. Clasen., M. Dasmohapatra., et al., 'It's Like a Burden on The Head': Redefining Adequate Menstrual Hygiene Management Throughout Women's Varied Life Stages in Odisha, India" (2019) 14 *PLoS ONE* 8.

preparation.¹³⁷

Whilst this article mentions only a few LMICs, the existing literature and the above discussion on MHM in resource poor settings highlight common challenges experienced across different cultures. The evidence shows that menstruating women and girls are disproportionately affected by a lack of consistent access to water, inadequate infrastructure and social norms and taboos, exacerbating ingrained gender and other hierarchies. The accruing evidence reveals the gender discriminatory nature of many school environments, with menstruating women and girls unable to manage their menstruation with safety, dignity, and privacy, negatively impacting their abilities to succeed and thrive within the community. Further a lack of access to convenient and safe toilets within their households means that they are dependent on public or communal facilities that create a heightened risk for violence or stress.¹³⁸ Menstruating women and girls from rural areas, also face information and social support challenges. This is because they are often unprepared, uninformed, misinformed and lack adequate support for understanding and managing menarche and menstruation, resulting in fear, uncertainty, and potentially harmful behaviours, like reduced bathing, and limited food and water intake; all factors contributing to pervasive and intersectional menstrual injustices.

These barriers will hamper progress towards the SDGs 3 (ensure healthy lives and well-being for all at all ages), 4 (ensure inclusive and equitable quality education and promote lifelong learning opportunities for all), 5 (promote gender equality and empower all women and girls) and 6 (ensure the availability and sustainable management of water and sanitation for all).

As can be seen, adequate MHM is not only about a lack of resources or hygiene issues. Women and girls face additional burdens through various discriminatory practices; social norms, rituals and taboos, which all play a part in maintaining these hierarchies and further reinforce gender inequality.¹³⁹ It therefore becomes relevant and important to understand the basics about menstruation, as this knowledge will help to demystify the process, eliminate stigma and promote human rights.

8. The cultural roots of menstrual shame

In order to understand how an issue or problem such as MHM can be better understood and make governments accept responsibility for solving it, necessitates an exploration of the cultural and other dimensions of MHM.¹⁴⁰ Furthermore, to

¹³⁷ M. Sommer., N. Ackatia-Armah., S. Connolly., et al., "A Comparison of the Menstruation and Education Experiences of Girls in Tanzania, Ghana, Cambodia and Ethiopia" (2014) 45:4 *Compare: A Journal of Comparative and International Education* 589.; V. Trinies., B.A. Caruso., A. Sogoré., et al., "Uncovering the challenges to menstrual hygiene management in schools in Mali" (2015) 34 *Waterlines* (1).; J. Long., B.A. Caruso., D., Lopez., et al., "WASH in Schools Empowers Girls' Education in Rural Cochabamba, Bolivia: An Assessment of Menstrual Hygiene Management in Schools" (United Nations Children's Fund 2013).

¹³⁸ Advocates for Justice and Human Rights, "Report".

¹³⁹ World Bank Group, "Menstrual Hygiene Management Enables Women and Girls to Reach their Full Potential", available at <https://www.worldbank.org/en/news/feature/2018/05/25/menstrual-hygiene-management> (last accessed 8 April 2020).

¹⁴⁰ M. Sommer., and R. Parker (eds), *Structural Approaches in Public Health* (Oxford 2013).

understand current day menstrual injustices it is important to understand the cultural treatment of menstruation. A discussion on the roots of menstrual shame becomes particularly important, given how central these are to an understanding of menstruation in all contexts, and the severe impact that these can have on women and girls' rights, dignity and well-being.

Whilst the origins of negative menstrual taboo is still debated, anthropological studies¹⁴¹ have found that in many pre-industrial and religious cultures there has been evidence of fear and disgust towards women's menstruation.¹⁴² Whilst Freud wrote that these taboos originated out of our fear of blood,¹⁴³ twentieth-century author Allan Coult argued that the taboo began partly because early humans found menstrual blood to be soiling.¹⁴⁴ In 1972, anthropologist Shirley Lindenbaum postulated that "taboo was a form of natural population control", limiting sexual contact with "pollution" stigma.¹⁴⁵ Historian Robert McElvaine in 2000 coined the term "non-menstrual syndrome" or NMS which described "the reproductive envy that led males to stigmatise menstruation, and to socially dominate women",¹⁴⁶ describing this behaviour as "psychological compensation for what men cannot do biologically".¹⁴⁷ Many ancient cultures and texts considered menstruation unclean. For example, the Qur'an states that "you shall avoid sexual intercourse with the women during menstruation; do not approach them until they are rid of it".¹⁴⁸ The Bible, states "...in her menstrual impurity; she is unclean... whoever touches...shall be unclean and shall wash his clothes and bathe in water and be unclean until evening".¹⁴⁹ In India the origin of this myth dates back to the Vedic times and is linked to Indra, the God of Wars slaying of *Vritras*, a demon by a son of a *brahmin*;¹⁵⁰ stating that "for, it has been declared in the Veda that guilt, of killing a brahmana-murder, appears every month as menstrual flow as women had taken upon themselves a part of Indra's guilt";¹⁵¹ and in the first Latin Encyclopedia¹⁵² it states that "contact with [menstrual blood] turns new wine sour, crops touched by it become barren, grafts die, seed in gardens are dried up, the fruit of trees fall off, the edge of steel and the gleam of ivory are dulled, hives of bees

¹⁴¹ J. Delaney., M.J. Lupton., and E. Toth, *The Curse: A Cultural History of Menstruation* (Chicago 1988), 7-8. See also A.L. Demeestere, *Toxic Shame and the Menstruating Body*, (Antioch University 2019).

¹⁴² Ibid.

¹⁴³ E. Erwin (ed.), *The Freud Encyclopedia: Theory, Therapy, and Culture* (London 2002).

¹⁴⁴ As he put it in 1963, having "a depressive effect on organic materials". See A.D. Coult, "Unconscious Inference and Cultural Origins" (1963) 65 *American Anthropologist* 32.

¹⁴⁵ S. Lindenbaum, "Sorcerers, Ghosts, and Polluting Women: An Analysis of Religious Belief and Population Control" (1972) 11:3 *Ethnology* 241.

¹⁴⁶ A. Druet, "How Did Menstruation Become Taboo?", available at <https://helloclue.com/articles/culture/how-did-menstruation-become-taboo> (last accessed 12 June 2020)

¹⁴⁷ R.S. McElvaine, *Eve's Seed: Biology, the Sexes, and the Course of History* (United States 2000).

¹⁴⁸ The Qur'an 2:222.

¹⁴⁹ The Bible, Leviticus 15.

¹⁵⁰ J. Chawla, "Mythic Origins of Menstrual Taboo in Rig Veda" (1994) 29:43 *Economic and Political Weekly* 2817.

¹⁵¹ S. Garg., and T. Anand, "Menstruation related myths in India: strategies for combating it" (2015) 4:2 *Journal of Family Medicine and Primary Care* 184.

¹⁵² The Latin Encyclopedia (73 AD).

die, even bronze and iron are at once seized by rust, and a horrible smell fills the air; to taste it drives dogs mad and infects their bites with an incurable poison".¹⁵³ This led to theories in the 1930s, when Western scientists hypothesised that menstruating women's bodies produced "menotoxins," a kind of poison.¹⁵⁴ Despite menstrual blood toxicity being disproven in the late 1950s,¹⁵⁵ people continue to hold similar beliefs today. It is clear that these early theories and beliefs, dating back thousands of years were formed with a presumption of menstrual negativity and has shaped generations of cultural stigmas. Various forms of shame connected to menstruation appear among women of today. It is important to break taboos, and do away with damaging menstruation myths, as a step toward progress and development.

A. Menstrual Taboos Around the World – Its Common Myths and its Effects on the Status of Women

Around the world in many or most cultures and throughout history menstrual taboos have existed and continue to exist.¹⁵⁶ It fact it has been stated that "menstrual taboos are amongst the most inviolate in many societies"¹⁵⁷ and seeks to entrench women and girls as second-class citizens. Misconceptions about menstruation have led to their exclusion from all kinds of roles and has negatively impacted the quality of their lives.

The following paragraphs seek to provide a few examples of some of the myths and taboos about menstruating women and how they affect the status of women.

(i) Myth: Menstruation is dirty and/or dangerous

As can be seen from the above discussion, much of the research over the course of time was influenced by deeply entrenched taboos against menstruating women.¹⁵⁸ For example, American anthropologist Clellan Ford postulated that the menstrual taboo was developed because early societies knew of its "toxic, disease-causing effects".¹⁵⁹ However science has shown that menstrual blood is composed of regular blood and tissue, with no special or dangerous properties¹⁶⁰ and that the actual cause of menstruation is ovulation. Yet throughout history and in modern times, many communities believe that the mere presence of menstruating women could

¹⁵³ T.M. Murphy, *Pliny the Elder's Natural History: The Empire in the Encyclopedia* (London 2004).

¹⁵⁴ Dr Bela Schick, a popular physician, conceived the term 'menotoxin' in 1920. He ran experiments in which menstruating and non-menstruating women handled flowers. Schick concluded that menstruating women excreted toxic substances from their skin that caused flowers to wilt. See S. Dasgupta, "Why do Women have Periods when Most Animals Don't", *BBC News*, available at <http://www.bbc.com/earth/story/20150420-why-do-women-have-periods> (last accessed 5 February 2020); and see also K. Clancy, "Menstruation is Just Blood and Tissue You End Up Not Using", available at <https://blogs.scientificamerican.com/context-and-variation/menstruation-blood-and-tissue/> (last accessed 5 February 2020).

¹⁵⁵ Druet, "How Did Menstruation Become Taboo".

¹⁵⁶ United Nations Population Fund, "Human Rights and Menstruation", available at <https://www.unfpa.org/menstruationfaq#Taboos%20and%20Myths%20about%20menstuations> (last accessed 30 January 2020).

¹⁵⁷ Delaney, "The Curse", at [7].

¹⁵⁸ Dasgupta, "Why Do Women Have Periods".

¹⁵⁹ C.S. Ford, *A Comparative Study of Human Reproduction*, (Yale University 1945)

¹⁶⁰ United Nations Population Fund, "Human Rights and Menstruation".

cause harm to plants, food and livestock.¹⁶¹ In fact Delaney *et al* writes that “each society has tended to make the threat of menstrual pollution as concrete as possible.”¹⁶² Despite there being no reason for this notion to persist, that menstruating women are “impure”, in India for example, menstruating women are not allowed to enter temples, offer prayers or even touch holy books.¹⁶³ They are also barred from entering the kitchen because it is believed that menstruating women are unhygienic and unclean and hence the food they prepare or handle can get contaminated.¹⁶⁴ This view contributes to restrictions women and girls face during their menstruation.

In Nepal, the idea that menstruation is ‘polluting’ means that many women and girls face significant challenges while they are menstruating.¹⁶⁵ A prevailing negative cultural practice, including *chhaupadi* (seclusion) and other social restrictions affect girls’ abilities to equally and fully participate in family, community life and school.¹⁶⁶ The practice of *chhaupadi* poses a sanitary and safety problem and has led to the deaths of many women. Women have died in menstruation huts from smoke inhalation during fires, attacks from wild animals, and serious illnesses like dehydration.¹⁶⁷ Women and girls suffer the indignity of spending their period in a cow shed that doubles as a menstruation hut.¹⁶⁸ They are not allowed to have physical contact with their spouse or male relatives or enter their kitchens, in addition to being prohibited from going to temples during their periods.¹⁶⁹ Women are also not allowed to be in classrooms with other students while menstruating.¹⁷⁰

Women are still viewed as unclean in remote Indonesian areas, such as the rural parts of Bali. Intercourse is forbidden during this time, and men and women alike view menstruation as dirty and embarrassing, leading to seclusion during this time.¹⁷¹

Similar rules apply to women and girls in other countries like Ethiopia, Botswana and other parts of Africa.¹⁷² When women are treated differently because of deeply embedded traditional and cultural traditions, the naturally occurring body-cycle of menstruation reinforces a culture of shame, and humiliation.

(ii) Myth: Menstruation is a disease

The belief that menstruation is dirty or dangerous has led to the myth that it is

¹⁶¹ Delaney, “The Curse”.

¹⁶² Ibid., at [8].

¹⁶³ Garg, “Menstruation Related Myths”.

¹⁶⁴ A. Kumar., and K. Srivastava, “Cultural and Social Practices Regarding Menstruation Among Adolescent Girls”, (2011) 26:6 *Social Work in Public Health* 594.

¹⁶⁵ Crawford, “Natural Process”, at [429].

¹⁶⁶ Morrison, “Analysis of Menstrual Hygiene”, at [4].

¹⁶⁷ T. Tantry, “Menstruation Taboos Around the World: How Did Periods Become Taboo?”, available at <https://flo.health/menstrual-cycle/health/period/menstruation-taboos> (last accessed 11 June 2020).

¹⁶⁸ C. Ranabhat., K. Chun-Bae., H.C. Eun., et al., “Chhaupadi Culture and Reproductive Health of Women in Nepal” (2015) 27:7 *Asia Pacific Journal of Public Health* 785.

¹⁶⁹ J. Gettleman, “Where a Taboo is Leading to the Deaths of Young Girls”, *The New York Times* available at <https://www.nytimes.com/2018/06/19/world/asia/nepal-women-menstruation-period.html> (last accessed 09 June 2020).

¹⁷⁰ Girls and Women, “10 Surprising Myths about Periods that we are Setting Straight”, available at <https://www.globalcitizen.org/en/content/8-crazy-cultural-myths-about-periods/> (last accessed 12 June 2020).

¹⁷¹ Tantry, “Menstruation Taboos Around the World”.

¹⁷² United Nations Population Fund, “Human Rights and Menstruation”.

a disease. Many girls around the world continue to not have access to or receive accurate and pragmatic information about menstruation.¹⁷³ A recent study has shown that 48 percent of girls in Iran, seven percent of girls in Afghanistan, 10 percent of girls in India and many girls across the UK¹⁷⁴, believe that menstruation is a disease.¹⁷⁵ In other countries, women and girls are fearful that their “diseased” bodies could pollute water sources or toilets.¹⁷⁶ A lack of knowledge around menstruation has the effect of deepening feelings of shame and embarrassment.

(iii) *Myth: Menstruation is a curse and linked to evil spirits*

Throughout history, people have equated menstrual blood with being a curse.¹⁷⁷ In Roman times for example, there was a belief that it had the power to destroy crops and sour wine. These myths are linked with Pliny the Elder, a Roman naturalist¹⁷⁸ who claimed that blood from a woman killed bees. Love potions was considered to be one of the more frequent uses for menstrual blood in folk mythology, including hoodoo.¹⁷⁹ To date in some cultures, women are segregated, often called evil during their menstruation and are not allowed near their family due to a belief that they would endanger their lives because of a “curse on their heads”.¹⁸⁰ In other cultures women bury their cloths used during menstruation to prevent them being used by evil spirits.¹⁸¹ It is also believed that a woman can use her menstrual blood to impose her will on a man.¹⁸² Menstrual blood as an ingredient in conjuring spirits and making appeals to the “otherworld” has recently seen a resurgence.¹⁸³ The use of period blood has been reclaimed by those practicing alternative medicines and religious practices¹⁸⁴ and has increased the belief of a link between witchcraft and menstruation.¹⁸⁵ Some believe that menstruating women and girls can spread misfortune or impurity.

¹⁷³ Morrison, “Analysis of Menstrual Hygiene”, at [4].

¹⁷⁴ L. Russell., and K. Smith (eds), *Break the Barriers: Girls Experiences of Menstruation in the UK* (UK 2018).

¹⁷⁵ L.K. Maruapula, “Menstruation Myth: Why are African Women still paying for it?”, available at <https://www.weforum.org/agenda/2016/05/menstruation-myth-why-are-african-women-still-paying-for-it/> (last accessed 18 June 2020).

¹⁷⁶ United Nations Population Fund, “Human Rights and Menstruation”.

¹⁷⁷ P. Habiger, “Menstruation, Menstrual Hygiene and Woman’s Health in Ancient Egypt”, available at <http://www.mum.org/germnt5.htm> (last accessed 13 June 2020).

¹⁷⁸ Delaney, “The Curse”.

¹⁷⁹ T. Buckley., and A. Gottlieb (eds), *Blood Magic: The Anthropology of Menstruation* (Los Angeles 1988).

¹⁸⁰ A.O. Johnson, *Uncovering the Disgusting Ritual of Using Menstrual Blood to Keep Lovers at Bay* (Africa 2018).

¹⁸¹ UNICEF, “Bangladesh: Tackling Menstrual Hygiene Taboos. Sanitation and Hygiene Case Study”, available at http://www.unicef.org/wash/files/10_case_study_BANGLADESH_4web.pdf (last accessed 11 June 2020)

¹⁸² Water Aid, “Module One: Menstrual Hygiene Basics”, available at <http://www.wateraid.org/~media/Files/Global/MHM%20files/Module> (last accessed 12 June 2020).

¹⁸³ See sites like <https://www.moodychick.co.uk/health/witchcraft-spirituality/blood-magic-ways-to-use-menstrual-blood-in-magic-spells-and-ritual.php>; <https://face2faceafrica.com/article/uncovering-the-disgusting-ritual-of-using-menstrual-blood-to-keep-lovers-at-bay>; <http://www.quailbellmagazine.com/the-real/witchcraft-how-i-use-menstrual-blood-in-magick>; <https://za.pinterest.com/pin/524739794083274370/> (last accessed 12 June 2020).

¹⁸⁴ H.B. Olsen, “Bloody Hell: The Mystical, Magical Properties of Period Blood How One Fairly Innocuous Fluid Became so Central to so Many Myths”, available at <https://medium.com/s/bloody-hell/the-mystical-magical-properties-of-period-blood-9a5b3e4c34ff> (last accessed 12 June 2020).

¹⁸⁵ E. Ndlovu., and E. Bhala, “Menstrual Hygiene - A Salient Hazard in Rural Schools: A Case of Masvingo District of Zimbabwe” (2016) 8:2 *Jambá Journal of Disaster Risk Studies* 204.

These beliefs continue to affect the way people respond to menstruating women and girls and it is a great source of oppression and antagonism toward menstruating women.

(iv) Myth: Certain foods are off-limits

Many communities believe that menstruating women and girls cannot eat certain foods,¹⁸⁶ such as meat,¹⁸⁷ those foods prone to spoilage,¹⁸⁸ fish and some proteins, in the belief that these foods would make the menstrual flow heavier or cause it to be more 'smelly'.¹⁸⁹ These dietary restrictions can actually put them at risk by limiting their nutrient intake, adversely affecting their health.¹⁹⁰

(v) Myth: Menstruation indicates readiness for marriage and sex

Many families around the world see the onset of menarche as a sign that she is ready for marriage.¹⁹¹ This belief leaves girls vulnerable to abuses like child marriage, sexual violence or coercion and early pregnancy.¹⁹² It must be noted that whilst menstruation is one indication of biological fertility, it does not mean that girls have reached mental, emotional, psychological or even physical maturity.¹⁹³

(vi) Myth: Menstruation limits women's abilities

Another common misconception is that women and girls have diminished capacities, whether physical or emotional, during menstruation. Nineteenth century anthropologist J McGrigor Allan for example, believed that "at such times women are unfit for any great mental or physical labour" and their periods "render it extremely doubtful how far they can be considered responsible beings".¹⁹⁴ Women may also be subject to disparaging remarks about how menstruation affects their physical or emotional states.¹⁹⁵ These ideas are demeaning and can create barriers to opportunities, excluding them from certain roles or positions, thus reinforcing gender inequality.

(vii) Myth: Menstruation is a private issue

Social norms like the need to be secretive about menstruation creates unnecessary stigma for menstruating girls and women and leads to challenges in effectively dealing with MHM. This idea of treating menstruation as a private and quiet affair has taken the form of an embarrassment which the females usually experience upon discussing the issue publicly. The sense of embarrassment follows from different

¹⁸⁶ United Nations Population Fund, "Human Rights and Menstruation".

¹⁸⁷ Delaney, "The Curse", at [11].

¹⁸⁸ Kumar, "Cultural and Social Practices".

¹⁸⁹ Delaney, "The Curse".

¹⁹⁰ United Nations Population Fund, "Human Rights and Menstruation".

¹⁹¹ Russell, "Break the Barriers", at [6].

¹⁹² Girls Not Brides, "Periods and Child Marriage: What is the Link?", available at <https://www.girlsnotbrides.org/periods-child-marriage-link/> (last accessed 10 June 2020).

¹⁹³ United Nations Population Fund, "Human Rights and Menstruation".

¹⁹⁴ G. Rippon, *The Gendered Brain: The New Neuroscience that Shatters the Myth of the Female Brain* (United States 2019).

¹⁹⁵ United Nations Population Fund, "Human Rights and Menstruation".

myths which treats menstruating women as pollutants or a curse.¹⁹⁶

A major impact of treating menstruation as a private matter is the lack of accurate information available to women and girls. Research has shown that a major global issue regarding MHM is around access to education and that both girls and boys lack the right information to reduce misconceptions and stigma. It has been reported for example that one in four girls and women across the UK said that they felt unprepared for the start of their period and one in seven said that they did not know what was happening.¹⁹⁷ In India, only one in every two girls have knowledge about menstruation before their first period, whilst in Tanzania and Ethiopia, only one in every four girls know about it before their first period.¹⁹⁸ In Afghanistan 51 percent of girls and 82 percent in Malawi were unaware of periods before menarche.¹⁹⁹ Research overwhelmingly puts the mother or a female friend as the source of menstrual knowledge. The silence about menstruation can lead to perpetual ignorance and misconceptions leaving women and girls unable to effectively deal with MHM with accurate knowledge and dignity.²⁰⁰

(viii) Myth: Menstruating women should not bathe

From the UK, to India and Israel and several other European and South American countries, women are told not to bathe or wash their hair during their periods in the belief that it could make them infertile or sick.²⁰¹ In some parts of Afghanistan, it is even believed that washing the body during menstruation can lead to infertility.²⁰² Menstruation-related beliefs also impact on personal hygiene practices. Some women are discouraged from touching or washing their genitals during their periods to “eliminate the possibility that they might contaminate the water of a communal bathing area”.²⁰³ Poor genital hygiene has a significant potential to negatively impact adolescent and women’s health.

It becomes very clear that menstrual myths and taboos stem from a place of ignorance or lack of knowledge. Education plays a key role in effective MHM.

¹⁹⁶ A. Tripathi, “The menstrual stigma in Indian society”, available at <https://www.researchgate.net/publication/330367410> (last accessed 15 May 2020)

¹⁹⁷ Russell, *Break the Barriers*.

¹⁹⁸ World Vision, “Menstrual Hygiene”, available at <https://www.wvi.org/clean-water-sanitation-and-hygiene-wash-menstrual-hygiene> (last accessed 20 June 2020).

¹⁹⁹ WaterAid, “Menstrual Hygiene Matters: A Resource for Improving Menstrual Hygiene Around the World”, available at <https://washmatters.wateraid.org/publications/menstrual-hygiene-matters> (last accessed 14 May 2020), at [31].

²⁰⁰ International Women’s Development Agency, “The Last Taboo: Research on Menstrual Hygiene Management in the Pacific: Solomon Islands, Fiji, and Papua New Guinea”, available at <https://www.issuelab.org/resource/the-last-taboo-research-on-menstrual-hygiene-management-in-the-pacific-solomon-islands-fiji-and-papua-new-guinea.html> (last accessed 13 May 2020), at [18].

²⁰¹ New Straits Times, “No Praying, No Bathing: Taboos for Menstruating Women Around the World”, available at <https://www.nst.com.my/world/2019/01/447222/no-praying-no-bathing-taboos-menstruating-women-around-world> (last accessed 14 May 2020)

²⁰² L. Madisa, “10 Myths About Periods that You May Still Believe”, available at https://www.parent24.com/Teen_13-18/Development/10-myths-about-periods-that-you-may-still-believe-20180208 (last accessed 13 June 2020).

²⁰³ UNFPA, “Left in the Dark: How Period Taboos Put Women and Girls at Risk”, available at <https://www.friendsofunfpa.org/left-in-the-dark-how-period-taboos-put-women-and-girls-at-risk/> (last accessed 13 June 2020).

The problem is that where there is a lack of education around MHM menstruating women and girls are left to the mercy of society and cultural norms to “educate” them on what is acceptable and what is not. This gives cultures the power to reinforce historical, patriarchal and discriminatory norms and gives credence and legitimacy to it through social conditioning and traditions.

The lack of accurate health education available to young girls therefore perpetuates destructive myths about menstruation; but when they begin to understand how their bodies work, and why they menstruate, they can better understand how to keep themselves safe and they can prioritise MHM as an essential health need.

Furthermore, these are not issues restricted to developing countries. Many, if not most countries, have menstruation myths or taboos and a prevailing sense that menstruation is dirty or shameful.²⁰⁴ Such taboos about menstruation negatively impacts a girls’ and women’s mental state, quality of life and their health. Large numbers of girls in less economically developed countries drop out of school when they begin menstruating.²⁰⁵ Traditional norms and beliefs, socio-economic conditions and physical infrastructure continue to influence the practices related to menstruation.²⁰⁶ Rules and norms related to conduct, traditions, water and sanitation serve to assert status and power and reinforce established hierarchies.²⁰⁷ If these taboos and norms is an instrument for reinforcing gender inequality, then education and the debunking of these ideas can be seen as vital for the movement toward equality.

A lack of knowledge fuels myths that ostracise and humiliate women during their monthly cycles,²⁰⁸ who associate this toxic shame with their menstruation.²⁰⁹ This shame is internalised leading them to having a sense of being flawed or abnormal, thereby reinforcing and legitimising the patriarchal concept of being inferior beings.²¹⁰ In fact, many authors have argued that the responses to menstruation stems from a largely patriarchal society that seeks to endorse discrimination against women and girls through the practice and imposition of cultural and religious norms, which norms are then enforced to prevent contact with menstruating women and girls in order to avoid ‘contamination’ or ‘becoming impure’.²¹¹ It happens that in many cultures around the world, women and girls are restricted from fully enjoying and engaging in their daily activities and lives. These discriminatory practices are imposed with the intention of inculcating and reinforcing a culture wherein menstruating women and girls are seen as ‘smelly’, ‘dirty’, ‘shameful’, ‘impure’ or even ‘contaminated’.²¹²

²⁰⁴ UNFPA, “Menstruation is not a Girls’ or Women’s Issue – it’s a Human Rights Issue”, available at <https://www.unfpa.org/news/menstruation-not-girls-or-womens-issue-%E2%80%93-its-human-rights-issue> (last accessed 13 June 2020)

²⁰⁵ Garg, “Menstruation Related Myths”.

²⁰⁶ M. Hamal., and K.C. Susma, “Hygiene, Health Problems and Socio-Cultural Practices: What School Girls Do During Menstruation?” (2014) 4:4 *International Journal of Health Sciences and Research* 28.

²⁰⁷ Das, “*The Rising Tide*”, at [34].

²⁰⁸ J. Littman, “The Public Health Advocate”, available at <https://pha.berkeley.edu/2018/06/05/menstruation-stigma-must-stop-period/> (last accessed 29 January 2020).

²⁰⁹ J. Bradshaw, *Healing the Shame that Binds You* (Deerfield Beach FL 1988).

²¹⁰ Miller, “Moving Past”, at [12].

²¹¹ Winkler. “Taking the Bloody Linen”.

²¹² *Ibid.*, at [5-6].

Some restrictions are so extreme that women and girls who are menstruating are barred from sleeping in their own beds or even inside the house.²¹³ In some cultures they are banned from making use of the normal water sources and toilets and they are barred from cooking and eating with the rest of the family.²¹⁴ Some even have dietary restrictions, imposed on them.²¹⁵ The reality is that when women and girls are faced with these varying degrees of discriminatory and humiliating practices²¹⁶ associated with their menstruation it leaves them feeling ashamed and they then cannot manage their menstruation adequately, with normalcy and with dignity.²¹⁷ The persistent harmful socio-cultural norms,²¹⁸ stigma,²¹⁹ shame, misconceptions and taboos²²⁰ associated with menarche²²¹ and menstruation continues to engender a culture of exclusion, neglect and discrimination for women and girls.²²² The taboo, embarrassment and shame associated with menstruation not only affects the way in which women and girls feel about and react to menstruation, but it also makes it difficult for them to cope openly with it on a practical level.²²³ In countries and societies that endorse such reactions²²⁴ it also means that the menstruating girl tends to be less prepared for MHM²²⁵ and they suffer from anxiety, apprehensions, fear and shame during this time.²²⁶ The social stigmas and norms therefore play a major role in hindering the development of resolutions to ensure good menstrual

²¹³ D. Preiss, “Why it’s Hard to Ban the Menstrual Shed “ available at <https://www.npr.org/sections/goatsandsoda/2019/05/13/721450261/why-its-so-hard-to-stop-women-from-sleeping-in-a-menstrual-shed> (last accessed 05 February 2020). See also B. Sharma., and J. Gettleman, “An Old Menstruation Taboo Killed Her. This Time, a Man Went to Jail”, *New York Times*, available at <https://www.nytimes.com/2019/12/27/world/asia/nepal-menstruation-hut-chhaupadi.html> (last accessed 5 February 2020).

²¹⁴ Ibid.

²¹⁵ S. Garg., N., Sharma., and R. Sahay, “Socio---Cultural Aspects of Menstruation in an Urban Slum in Delhi, India” (2001) 9 *Reproductive Health Matters* 16.

²¹⁶ Some of the discriminatory practices will be discussed below in this paper.

²¹⁷ H. Neumeyer., and A. Klasing, *Menstrual Hygiene Management and Human Rights: What’s it all about?!*, (Stockholm 2017).

²¹⁸ Sommer., “Comfortably, Safely, and Without Shame”.

²¹⁹ Ibid., at 1304.

²²⁰ I. Johnston-Robledo, and J.C. Chrisler, “The Menstrual Mark: Menstruation as Social Stigma” (2011) 68 *Sex Roles* 10.

²²¹ Menarche is the onset of menstruation, which signals the start of a women’s fertile age.

²²² United Nations News, “Break Taboo around Menstruation, Act to End ‘Disempowering’ Discrimination”, available at <https://news.un.org/en/story/2019/03/1034131> (last accessed 29 December 2019).

²²³ R. Kaur., K. Kaur., and R. Kaur, “Menstrual Hygiene, Management, and Waste Disposal: Practices and Challenges Faced by Girls/Women of Developing Countries”, available at <https://doi.org/10.1155/2018/1730964> (last accessed 4 March 2020).

²²⁴ Endorsement may be in the form of silence, failure to act and or even allowing of practices that discriminate against menstruating women and girls.

²²⁵ While menstrual hygiene management was not initially the universally acknowledged label to refer to menstrual-related difficulties, in 2010 there was an upsurge in the use of the phrase MHM, in conference papers, peer-reviewed publications, and social media. See Sommer “Girls’ and Women’s Unmet Needs”.

²²⁶ Sommer, “A Time for Global Action”.

hygiene practices.

9. Conclusion and recommendations

Menstruation is a normal and healthy part of life for most women, yet for centuries, menstruation has been associated with shame, embarrassment and taboos. It has been a topic dealt with in silence and rarely spoken about outside of female company. Religion and culture has played a huge role in how society views menstruation throughout history. The stigmas associated with menstruation and MHM is often internalised by individuals, reproduced in societies across the world, and generates a number of negative impacts reducing health outcomes, well-being and self-esteem.²²⁷ The restrictions imposed by a lack or absence of MHM and WASH facilities gives rise to various human rights violations related to a woman and girl's socio-economic rights, as well as violations of their right to human dignity, equality, health care and education; all rights implicated by menstrual hygiene.

Although there is no direct mention of any goal or indicator of menstrual health and hygiene in the SDGs, it is well recognised that poor MHM practices will adversely affect the initiatives and performances of the countries toward achieving a number of important developmental goals.²²⁸ It is argued that a move to a rights-based understanding of MHM will shift the current focus of MHM being considered primarily as a hygiene issue, in terms of its UN's definition. This paper has shown that menstruation is more than just about hygiene. It is an undeniable biological fact that acknowledges the individual girl or woman as a rights-bearing agent. Framing MHM as being about the right to safe, healthy and dignified menstruation shifts the emphasis from it being a negative problem to be resolved but instead shows MHM as basic human rights through which the facts of menstruating women and girls' challenges are acknowledged and validated. This paper has highlighted a broad range of issues around MHM; inadequate hygiene, questions of security, safety, stigma and taboo's, all of which are central to addressing the human rights of women and girls. Situating MHM within a human rights framework will help to bring the various facets discussed in this paper under one umbrella, which will help shed the stigma around menstruation and provide a framework for better menstrual practices, globally.

(i) Recommendation: Holistic approach required

The complexity of the challenges discussed above and the interlinkages between them call for a comprehensive and holistic approach involving all relevant stakeholders. It is clear that understanding MHM requires a holistic approach to women's and girls' human rights because there is a clear link between menstruation, MHM and human rights. In addition, the central tenet of a holistic approach considers the menstrual justice construct wherein menstruation is a physiological process directly linked

²²⁷ Russell, *Break the Barriers*.

²²⁸ SDGs 3, 4, 5, 6, 8, and 12.

to psychosocial and cultural–religious aspects. This concept helps to explain the links between thoughts and practices and women’s experiences of indignity, discrimination, inequality and injustice.

Furthermore, the human rights framework provides a holistic lens for understanding the impacts of poor MHM and of menstrual taboos and stigma and it provides an understanding of what is required to manage menstruation with dignity. This approach entails looking at ensuring adequate, acceptable and affordable MHM materials, access to appropriate medicine for menstrual related issues and adequate facilities, notably water and sanitation infrastructure that enable women and girls to manage menstruation and menstrual products in privacy, with dignity and in safety, as often as is required and with the necessary facilities to dispose of used menstrual management materials. It also entails having appropriate knowledge of the process of menstruation and the options available for MHM, to ensure that women and girls can exercise choice in managing their menstruation without shame or extraordinary efforts.

As detailed above, practical barriers to managing menstruation can prevent equal enjoyment of human rights. It becomes particularly important for policy-makers and practitioners to be aware of such links with human rights law to effectively utilise these arguments and view-points in their advocacy work. It is also very important for persons working towards the elimination of discrimination of women and girls to have an awareness of stigma and harmful practices related to menstruation in a specific cultural context to develop targeted interventions and policies with an aim to enable women and girls to overcome menstruation-related restrictions.

(ii) Recommendation: Gender equality through access to water

This research has shown how access to water itself is an area where gender relations play out in ways that often mirror inequalities between the sexes.²²⁹ The rights to water and sanitation are undermined when menstruating women and girls are prohibited from using water sources or sanitation facilities due to the cultural perceptions of menstruation as something dirty or impure.²³⁰ The cultural practices and rituals surrounding water continue to serve a purpose of keeping hierarchies and norms in place. An absence of water or restrictions placed on menstruating women and girls around the usage of water is therefore often also an instrument for solidifying and reinforcing gender inequalities through norms, practices, taboos and stigmas. In short, water is a critical space for the play of social and gender relations and it often reflects, and even reinforces, gender inequality.²³¹ For menstruating women and girls, if water is an instrument for reinforcing gender inequality, access to WASH facilities like toilets can be seen as sites for the movement toward equality. Interventions in water-related issues are important for enhancing gender equality. Given the multiple challenges women and adolescent girls face it is evident that promoting MHM is not

²²⁹ Das, “*The Rising Tide*”, at [2].

²³⁰ United Nations, “Stigmatization in the Realization of the Human Rights”, at paras [22-25].

²³¹ Das, “*The Rising Tide*”, at [33].

only a sanitation matter, it is also an important step towards guaranteeing the dignity and overall life opportunities of women and girls.

(iii) Recommendation: Female-friendly toilets

The lack of consideration for a female's distinct sanitation needs must be addressed. Most toilets accessed by girls and women lack integral design measures for managing their menstruation and other sanitation needs comfortably and with dignity, including easy access to WASH facilities, safety measures like lockable doors, and gender segregated facilities and; a mechanism for discreetly handling menstrual waste. Furthermore, menstruating women and girls generally use toilets more frequently and for a longer period of time and this may have a direct impact on design implications of the facilities being used, such as a need for a larger toilet stall space to adequately move around in and given the stigma and vulnerability to harassment from standing in long lines in public places, additional stalls within a latrine block should be considered.

It is therefore not only important to have sanitation facilities for girls, but it should be female-friendly sanitation facilities. Considering the shame, stigma and cultural attitudes towards menstruating women and girls, it is essential to incorporate culturally appropriate disposal options as a core design component of a female-friendly toilet. It is recommended that women and girls be included in the planning and design of these facilities.

There is currently a dearth of research regarding what has been done globally with respect to improving the design, guidelines, and placement of toilets that specifically support girls and women and should be addressed in further research initiatives.

(iv) Recommendation: MHM advocacy within a public human rights framework

For MHM to receive global attention it is imperative that advocacy measures be situated within a public human rights framework. Speaking publicly and openly about what seems "unmentionable" can serve as a knowledge base and an "eye-opener", precisely because stigma is instrumental in propagating silence, imposing a culture of invisibility and shame and thus allowing human rights violations to continue with impunity.²³²

The guaranteeing of human rights in the private sphere is as important as guaranteeing it in the public sphere. The human rights legal framework is often understood, albeit incorrectly, as focusing on the relationship between the State and an individual. However, since the plethora of human rights legislations place an obligation on States to protect individuals from abuses of their human rights by others, and "others" include companies, states and individuals, the human rights framework therefore extends beyond the public and into the private domain including the private domain of MHM.

States must fulfil its' obligation through the enactment of measures that create an

²³² United Nations, "Stigmatization in the Realization of the Human Rights", at para [6].

enabling environment for women and girls to manage their menstruation in privacy and with dignity.

(v) Recommendation: Respect culture but not at the expense of women

One of the greatest challenges confronting society today is how to balance and respect diverse cultures whilst developing common strategies aimed at resisting “oppressive practices in the name of culture” and “to promote and uphold universal human rights while rejecting encroachments grounded in ethnocentric thinking”.²³³

The taboos and deeply rooted practices surrounding menstruation including the cultural perceptions that menstruating women are “contaminated” or “impure” leading to their reduced mobility, seclusion, as well as to dietary restrictions, restricted access to water resources and food during menstruation are practices entrenched in society for generations. Simply because it has been a practice of generations, harmful cultural and traditional practices can never be an acceptable reason to infringe on basic human rights.

Much of these practices, as shown above, are rooted in patriarchy and many of these prescriptions translate to harmful traditional practices. When these practices violate a girl’s right to health, dignity and other human rights, then the human rights legislation must be invoked and implemented because “no one may invoke cultural diversity as an excuse to infringe on human rights guaranteed by international law or limit their scope, nor should cultural diversity be taken to support segregation and harmful traditional practices, which, seek to sanctify differences that run counter to the universality, indivisibility and interdependence of human rights.”²³⁴ International human rights laws dictate that one should refrain from behaviour that violates another’s human right to dignity and respect; and that when there is a violation to the enjoyment of these rights then government and all stake holders have a duty to protect and uphold the human rights even in the private sphere. Therefore, human rights protect individuals not only from the state, but also from human rights violations committed by third parties, who may try to impose menstruation restrictions on women and girls. Insofar as these practices impede women’s and girls’ full enjoyment of human rights, the state should work to end them.

One way of bridging the gap between respect for culture and traditions and adherence to internationally recognised human rights is for governments and states to engage in collecting basic evidence about MHM and its impact on a range of human rights. The evidence should then influence policy-makers into developing targeted interventions aimed at eliminating menstruation as a barrier to gender equality.

However, changes and interventions will only be successful if they are themselves done in culturally appropriate ways and with the full participation and consent of

²³³ United Nations, “Women’s Rights are Human Right”, at [71].; See also OHCHR, Fact Sheet No. 23: Harmful Traditional Practices Affecting the Health of Women and Children”, available at <https://www.ohchr.org/Documents/Publications/FactSheet23en.pdf> (last accessed 25 June 2020).

²³⁴ F. Shaheed., and F. La Rue, “Human Rights are Essential Tools for an Effective Intercultural Dialogue”, available at http://www2.ohchr.org/english/issues/cultural_rights/docs/statements/Statement_cultural_diversity21052010.doc (last accessed 26 June 2020), at [1].

women and girls seeking to overcome the restrictions.²³⁵

(vii) Recommendation: *Education and awareness*

The stigma and taboos associated with menstruation mean that many girls have very little to no information when they get their first period, or they rely on scant information from their mothers or peers. Education and awareness is one of the principal means in which one can empower society. A lack of information about menstruation leads to persistent damaging misconceptions and discrimination, affecting girls on various levels. Adequate menstrual hygiene practices requires accurate information in order to change perceptions around menstruation and to create broader awareness. Educational institutions play a pivotal role here since a girls age of menarche usually coincides with their schooling career. The manner in which MHM and menstruation is discussed, promoted and reacted to can either inculcate a culture of tolerance and normality or promote discriminatory practices. The educational practices around menstruation must include boys. The emphasis is on enlightened education that teaches children to recognise, appreciate and to respect differences. The Committee on the Rights of the Child has stated that “initiating and supporting measures, attitudes, and activities that promote healthy behaviour by including relevant topics in school curricula” is particularly important in the context of adolescent health and development.²³⁶ Importantly, the human right to health not only entitles everyone to have access to healthcare and medicine, it also includes an entitlement to “underlying determinants of health,” which includes having “access to health-related education and information, including on sexual and reproductive health.”²³⁷

An understanding of menstruation as a completely normal biological process, the way it works and how to manage it, including its symptoms like cramps, tiredness or any other disorders, is key in enabling women and girls to manage their menstruation adequately, safely and with dignity.

To combat silence and stigma, States, as part of their international human right obligations must ensure that there is sufficient access to information on menstruation and MHM and that it should be included as part of a comprehensive age-appropriate sexual education in schools, for both boys and girls, that ensures an understanding of the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear.

An important part of this recommendation is that the educators themselves must be trained on how to create a supportive learning environment ensuring that both they and the girls feel confident to participate in their educational learning without fear, shame or risks to their dignity. The age of and earlier onset of menarche means that

²³⁵ Human Rights Watch, “Menstrual Hygiene: A Human Rights Issue”, at [16].

²³⁶ UN Committee on the Rights of the Child, “Adolescent health and development in the context of the Convention on the Rights of the Child” (2003) 4 *General Comment* 1, at para [17].

²³⁷ See UN Committee on Economic, Social and Cultural Rights, “The Right to the Highest Attainable Standard of Health” (2000) 14 *General Comment* 1, at para [11]. The human right to health is guaranteed in Article 12 of the ICESCR and, specifically for women, in Article 11 of CEDAW.

many adolescent girls may be in school whilst menstruating.²³⁸ Educating girls before their first period, and boys on menstruation, builds confidence, contributes to social solidarity and encourages healthy habits.

It is clear that addressing all of the barriers to ensure safe MHM requires a holistic effort both in schools and within the community. It is not enough to provide MHM friendly WASH facilities, there must be support for girls to use these services and a shift to prioritising girls' health and education during their menstruation.

What is required is a multi-sectoral approach to managing MHM. Interventions must be holistic in nature and link physical infrastructure, water and sanitation projects to health education, awareness programmes, and reproductive health programmes, to ensure gender equality and the realisation of women and girls human rights.

²³⁸ Kuhlmann, "Hygiene Management".