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## **Working Document**

# **Right to Menstrual Health in India: From an Outdated Period Drama to Actionable Rights & Policies**

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**April, 2020**

**New Delhi**



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## **Acknowledgments**

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## **About the Organisation**

LexQuest Foundation (LQF) is an independent, non-profit, research and action organisation, established in 2014, in New Delhi. We are striving to create, advocate and implement effective solutions for a diverse range of development issues.

To endorse participative governance, we engage with a broad spectrum of stakeholders, from various sections of the society, to ensure that policy-making remains a democratic process. We utilize pragmatic and futuristic research to disseminate actionable knowledge to decision-makers, experts and the general public.

Our key activities include capacity and skill-building workshops, policy advisory programs, public outreach, and stakeholder consultations. We collaborate with the government, other organizations and individuals for impactful policy formulation and execution.

By employing sustainable and equitable solutions through our multidisciplinary, intersectional initiatives and programs, we are constantly working towards creating empowered communities.



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### **Background:**

We believe that in the world's largest democracy, effective public participation can turn policy making into a transparent, accountable and smooth process where the government can acknowledge issues that the people heed and demand to be resolved. We highlight the significance of this aspect in policy making, through our initiative, [Civic Architects: The Policy Workshop](#). The said initiative intended to focus on people eager to make a difference by changing the discourse of public participation and demystifying the idea of active citizenry. At the second edition of The Civic Architects, we took up the subject of [Right to Menstrual Health](#).



During an MHM policy workshop organised by LexQuest Foundation in New Delhi



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India is a country where attaining puberty calls for ceremonies celebrating fertility (in certain regions) but the routine affair of bleeding renders the woman impure, the act filthy and the subject too embarrassing to be acknowledged or talked about. There is **enough literature on how menstruation is a taboo in India, and how that fact adversely affects women's health in the country**, but what has escaped our attention is how there are no policies in place to support this process. As we believe that every little act of sensitisation starts with acknowledgement of an existing reality as a problem, we undertook **a day long training cum discussion session** to effectively address the lack of sensitivity and liberty that we as a society, a culture and most importantly a democracy subject our menstruating women to.

By putting an entire gamut of issues under a scanner, we set out to **demand and devise the much needed policies for the Right to Menstrual Health in India**. Through interactions at the Civic Architects, we understood interventions, acknowledged multi-pronged challenges and sought the mechanism for change in the policy mechanism to better the state of Menstrual Health Management in India. Some of the questions that we sought to address through this engagement are as follows:

- Why aren't sanitary pads easily accessible and affordable?
- Why is ensuring healthy menstrual cycles by establishing period friendly public spaces not a part of any government's agenda?
- What does creating a period friendly space entail?
- What will it mean to get legal sanction for the Right to Menstrual Health?
- How can women be made self reliant to take care of their menstrual needs?
- Why is the insensitivity rooted in unreasonable taboos around menstruation still widely prevalent?
- Do women need to miss their schools, colleges and offices when on their periods?
- Is the inconvenience of menstruation about gender discrimination and patriarchy?
- Is demanding the Right to Menstrual Health a basic Human Rights issue, in need of immediate attention?

This Working Document is an outcome of our research aimed at addressing the aforementioned questions in the follow up to the Policy Workshop. Through our Policy



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Recommendations based on analysis and assessment of the existing regional, national and international best practices, we are setting out to make Right to Menstrual Health an actionable policy reality in India.



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## Judicial Recognition for Right to Menstrual Health

*“The stigma around menstruation has been built up around traditional beliefs in the impurity of menstruating women. They have no place in a constitutional order. These beliefs have been used to shackle women, to deny them equal entitlements and subject them to the dictates of a patriarchal order.”-The Supreme Court of India in *Indian Young Lawyers Association vs The State Of Kerala**



Women banished during periods stay in a “Chhaupadi Shed”. Image Source: abc.net

The position of women in India generally has been, but for a few exceptions, secondary to their male counterparts. In some religious scripts and scriptures, **the concept of menstruation has been regarded as a punishment for a crime committed by a woman**, or a crime she played a part in.



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As a result, menstruation as a concept has been regarded as an impurity, and this normal, biological process has been tainted with the element of impurity. **Menstrual health and hygiene are extremely important, and due to the stigma surrounding it, it is rarely given the kind of attention and care that it merits.** Children inevitably end up learning only limited aspects of reproductive health and thus do not have a healthy attitude towards reproductive or sexual wellness as adults. In 2016, 10-11% of Indian women used sanitary napkins, when compared to 73-90% of women in countries like the USA. According to a 2016 study by the Indian Council of Medical Research, 84% of adolescent girls and 92.9% of the mothers of adolescent girls still use cloth while menstruating.

Menstruation wasn't being discussed by the Indian Courts in a manner pertaining to constitutional rights and liberties, until recent times. There have been instances of criminal cases where the woman's cycle was taken into consideration to determine her mental state, however, it is only in the **recent judgment of *Indian Young Lawyers Association vs The State Of Kerala* where the Apex Court examined menstruation from a point of view involving a woman's legal rights.** This case concerned the question of entry of all women, including the ones within the menstruating age group, in the temple of Sabarimala, which prohibited entry to 10 to 50 year old women.

The judgement examined different religions' attitude towards menstruation. It was observed that in religions like Hinduism and Christianity, menstruation is considered a result of a crime committed by a woman and an unclean and impure reality that requires the woman to be 'cleansed' at the end of her cycle. **The Supreme Court held that discriminating against menstruating women and not allowing them to enter a temple constitutes a violation of Article 17 of the Constitution.** It also declared that **compulsory disclosure of a woman's menstrual period is a violation of Article 21 of the Constitution.**

It was observed that: *"Irrespective of the status of a woman, menstruation has been equated with impurity, and the idea of impurity is then used to justify their exclusion from key social activities."*





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**The Supreme Court concluded its judgment by observing that menstruation is a common, biological process and cannot be an excuse for discrimination against women.**

As a Judge opined: *“Regarding menstruation as polluting or impure, and worse still, imposing exclusionary disabilities on the basis of menstrual status, is against the **dignity of women** which is guaranteed by the Constitution. Practices which legitimize menstrual taboos, due to notions of “purity and pollution”, limit the ability of menstruating women to attain the **freedom of movement, the right to education and the right of entry to places of worship** and, eventually, their access to the public sphere. Women have a right to control their own bodies. The menstrual status of a woman is an **attribute of her privacy and person**. Women have a constitutional entitlement that their biological processes must be free from social and religious practices, which enforce segregation and exclusion.”*

This judgement led to the reinforcement of women’s fundamental rights in light of menstruation as a biological process, and these include *inter-alia*, the right to life and the right to live with dignity, the right to education, the right to freedom of movement, and the right to privacy. **The Supreme Court made it clear that treating menstruation as an impurity and discriminating against women based on that is against the ideals of the Constitution.**

## Existing Government Policies concerning Menstruation in India



Image Source: WaterAid India

Acknowledging the fact that women sometimes not only use cloth, but also resort to using ash and sawdust to absorb period blood, which have adverse consequences for their reproductive health, government policies have time and again tried to make menstrual products more accessible and affordable.

- ❖ In 2011, as part of the **Rashtriya Kishor Swasthya Karyakram**; the Ministry of Health and Family Welfare's scheme for the **promotion of menstrual hygiene among adolescent girls in rural areas of the country**, was implemented in 152 Districts. The National Rural Health Mission's sanitary napkin brand Freedays was provided by the government at INR 6 per pack to girls of 107 districts in seventeen States. In 45 other districts, Self Help Groups were supposed to manufacture Freedays and Accredited Social Health Activists (ASHA) were supposed to sell it at a fixed price of INR 7.50 per pack of 6 napkins. This was also part of the 11th Five Year Plan, and an amount of INR 9.32 crores was marked for the same. While this scheme started with an ambitious goal to reach



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15 million girls aged 10–19 in 152 districts across 20 States, it was affected by **procurement issues, high costs, lack of knowledge and lack of disposal facilities**. ASHA workers were neither satisfied with the supply nor the subsidy provided to them. The villagers also stated that the sanitization committee did not offer dustbins for disposal of sanitary napkins and that they preferred cloth so they could wash and dry it in secret, as the taboo associated with menstrual products persists in the society. Another barrier was the **high cost of the sanitary napkins when compared to the more affordable cloth and fabric pieces that women use as alternatives**.

- ❖ In 2015, the Ministry of Drinking Water and Sanitation released the National Guidelines on Menstrual Hygiene Management (hereinafter abbreviated to “NGMHM”). NGMHM is divided into three parts – the main guideline, the action guideline, and the technical guideline. The **main guideline also states that according to a survey, out of 14,724 schools, only 53% had separate and usable restrooms for girls. The NGMHM contained recommendations for implementation at the State and District level, details about the information required to be disseminated by Heads of institutions and teachers, and different technical guides for educating girls, as well as safe disposal of menstrual waste.**
- ❖ In 2018, the government launched another brand of sanitary napkins, with a special focus on assisting with the issue of menstrual waste. On Women’s Day (March 8, 2018), biodegradable sanitary napkins called Suvidha, priced at INR 2.50 per pad were introduced by the government. A pack of four pads was priced at INR 10. These pads were supposed to be sold at the Pradhan Mantri Bhartiya Janaushadhi Pariyojana stores (also referred to as “Jan Aushadhi Stores” or “PMBJK”). However, the quality of sanitary products turned out to be a factor of concern in this case. Even in Maharashtra, the Asmita Yojana aimed at providing sanitary napkins to school-going girls and women living in rural areas at a subsidized rate through an Asmita card. However, the **women protested and refused to use it, owing to the poor quality of the pads, and even stated that their cotton cloth was more comfortable than those pads**. The grievance was that the soaking capacity of the pads was poor, and the adhesive used in the pads was also not of good quality. Revised tenders have been given



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to improve the absorption capacity. It is thus important to note that **even if pads are subsidized, but of poor quality, women in rural areas will go back to using cloth strips.**

- ❖ Concerning education, CBSE had plans to launch an Adolescence Reproductive and Sexual Health Education Project (also referred to as the “ARSH Project”) right from December, 2005. However, in October, 2016, the Ministry of Human Resource Development decided to remove the word ‘sex’ from the sexuality education curriculum, as they feared it would offend the sentiments of people. It is argued that this **reluctance towards sexual and reproductive health education in India, reflects that there is an urgent need to rethink and revamp the system.**
- ❖ Recently the government decided to remove GST from the selling price of sanitary napkins, which while a welcome move, was also long due. However, given the pricing system followed, **this step alone will not make sanitary napkins extremely affordable for all women.** Therefore, it is more of a symbolic move than an exceptional policy overhaul with regard to making sanitary pads accessible for all. At the level of policy overhaul, making sanitary napkins cheaper will go a long way in increasing their use, not only in rural areas but also in urban areas, as they are a necessity.



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## International Policies for Menstrual Health



Image Source: The Guardian

Other low-income and lower middle-income-countries, alongside the European countries are addressing factors outside school facilities and menstrual products in an effort to meet the growing need for menstrual hygiene. For example, **policy documents from the Philippines mention the importance of educating teachers about menstrual health in adolescent girls.** With the aid of UNICEF, booklets on menstrual hygiene were integrated into the curriculum. Mongolian policy recommends appointment of a trained health professional such as a nurse, to provide information about menstruation and puberty to all school-going children. Other countries have also taken steps to ensure menstrual hygiene and provision of facilities for school-going girls. Some of these have been briefly discussed here:



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1. Bangladesh: In 2015, a circular from the Ministry of Education emphasised the need for safe, clean sanitation systems and toilets in schools, with a proposed target of one toilet for every 50 students and the inclusion of chapters on menstrual hygiene management in textbooks. The document recommended the **setup of a Managing Committee to ensure regular cleaning of toilets** and head-teachers appointed to take charge of this. **Educational institutions were compulsorily made to keep plastic bins with lids in toilets.** Inspection of educational institutions was encouraged to be undertaken by district administrations, with the aid of local government and non-government health organisations.
2. Ethiopia: One of the changes suggested by the Ethiopian Ministry of Health for reformation of menstrual practices is **Behavioural Change Communication (BCC)**. This is a strategy for dismantling taboos surrounding menstruation and creating a positive attitude towards menstrual hygiene management with the aim of creating sustainable behaviour change. Importantly, **BCC includes boys and men, who play a significant role in providing support to their female family members, friends and co-workers, as well as the establishment of sanitation or girls clubs in schools to promote dialogue on menstrual hygiene in a conducive peer-to-peer setting.** The “minimum standard package” established here provides for sanitary materials and pain relieving medication for schools.
3. Ghana: The Ministry of Education and the Ghana Education Service’s **School Hygiene Education program focused on how educational institutions could shape a schoolgirl’s experience of menstrual hygiene.** Research has found that **a girl’s ability to manage menstruation and participate in school is affected by her attitude towards the Water, Sanitation and Hygiene (WASH) interventions in schools,** as well as the general taboo and myths surrounding menstruation in her immediate social environment. Keeping this in mind, schools organised ‘Mbaa Nkomo’ (female chat) sessions, during which girls could anonymously ask questions about menstruation and hygiene facilities, and a teacher could answer and discuss these questions in a group setting.



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4. Scotland: In 2018, Scotland unveiled a £5.2 million **scheme to combat menstrual poverty**. Keeping in mind the huge amount of money women spend on menstrual products every year, the **Scottish government decided to provide sanitary products free of cost in all schools, colleges and universities across Scotland**, in an effort to allow students to focus on their education without worrying about access to and availability of menstrual products. It is a step closer to establishing itself as the first country in the world to provide menstrual products (tampons and sanitary pads) free of cost to anyone who needs them. The Period Products (Free Provision) (Scotland) Bill has been passed through its first of three stages in the Scottish Parliament by a vote of 112-0.
5. United Kingdom: The country's DfE scheme government's commitment since last year, facilitates access to free sanitary products in primary and secondary schools to combat period poverty. The government has also strictly **advised the general public and institutions to comply with the Equality Act 2010 which pays attention to the public sector equality duty to ensure girls menstruating are not discriminated against in any respect**. The Welsh Government also leads by example by offering more than 141,000 girls in all Welsh primary and secondary schools free sanitary products under the Period Dignity Programme.
6. South Africa: In October 2018, South Africa's Minister of Finance announced free provision of sanitary products in non-fee paying schools. The 2019-2020 budget of the country also reflects that the National Treasury has committed R157 million to provide free sanitary pads in quintile 1-3 schools in the country.



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## Scope for Legislative Sanction for the Right to Menstrual Health

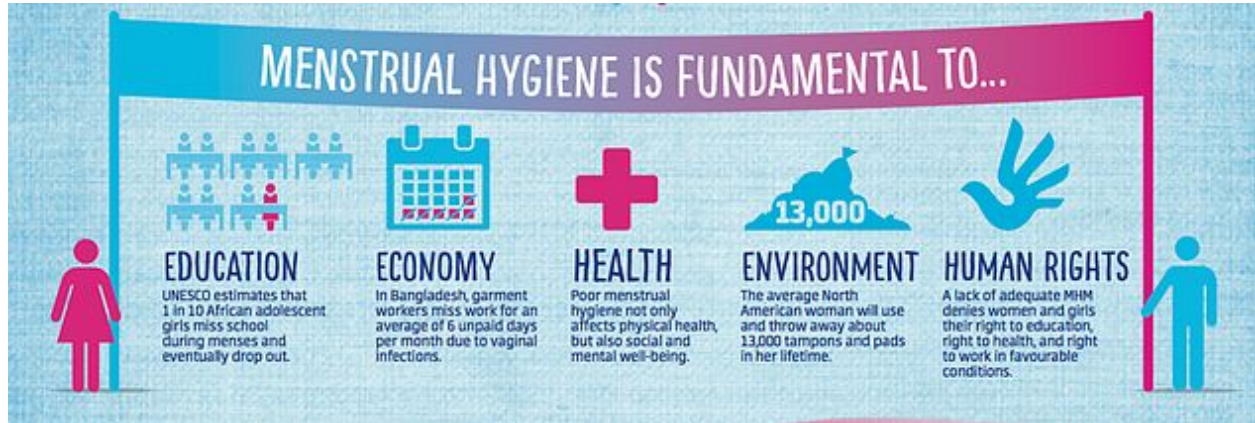


Image Source: Days for Girls

### *Status under UN SDGs:*

Menstrual Hygiene can affect all aspects of a woman's life between ages 12–50, making it a cause for concern for even the United Nations. The United Nations in 2015 adopted seventeen Sustainable Development Goals, each of them being structured to address global issues under the light of health and sustainability. Though **menstrual hygiene is not explicitly mentioned in any of the sustainable development goals adopted by the United Nations, it has broader implications on all women's lives and thus directly contributes to the success of various Sustainable Development Goals (SDGs), namely:**

1) SDG 3 –Ensure healthy lives and promote well –being for all at all age

Failure of maintaining menstrual hygiene can lead to Urinary and Reproductive Tract Infection, increase in potential risk of STI and HIV, Menstrual Infections, which can accentuate the adverse effects of early marriage and physical violence or rape.

2) SDG4 –Ensure inclusive and equitable quality education and promote lifelong learning

Lack of menstrual hygiene can reduce participation in school and in severe cases lead to girls dropping out of school completely. It hinders the girl's learning opportunities and determines their life trajectories leading to reduced career prospects. An early marriage and an unwarranted pregnancy may further damage the girl's ability to





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contribute to society. The lack of self esteem and goal orientation may also damage the willingness to learn.

3) SDG5 -Achieve gender equality and empower all women and girls

The exclusion from social and cultural life due to the stigma attached to menstruation takes power away from the woman. This furthers the patriarchal hold on the autonomy of a woman and leads to lack of involvement and decision making. Menstruation instills shame and fear of embarrassment for women from an early stage, while in schools and workplaces. The shame attached with the process leads to men being given preferential treatment in workplaces.

4) SDG 8 -Decent Work & Economic Growth

Lack of menstrual hygiene inevitably leads to lower productivity and high absenteeism from work, thereby reducing a woman's career prospects. Lack of proper menstrual hygiene facilities at the workplace leads to a barrier for women who wish to join the workforce.



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*Status as per International Conventions:*

International human rights laws are binding, enforceable, legal frameworks which define the relationship between a State as a ‘duty-bearer’ of human rights and people living in that State as ‘rights-holders’. The following international human rights treaties stand relevant to menstrual health:



Image Source: NPR

1) Convention on the Rights of the Child (CRC):

- a) As one of the core principles stated in Article 6.2 of the Convention, survival and development of a child should be ensured. Without ensuring menstrual health of the girl child, by facilitating her with proper sanitary products, wash facilities



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in public places and a healthy ecosystem to function in, both her survival and development are compromised.

- b) Article 2 of the Convention mentions that all children should enjoy equal rights without being subject to discrimination. The discrimination which the girl child receives from the society in the form of prohibition from venturing into places of worship, being subjected to shame, early marriage and receiving unequal opportunities at school due to menstruation, directly contradicts the notion of the article.
- c) Article 3.1 of the Convention states that the best interests of the child must be looked after by public or private social welfare institutions, courts of law and administrative or legislative bodies. Hence, not taking action to ensure menstrual health and to curb the stigma surrounding it would then be in violation of the article.

2) Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

- a) Article 2 of the Convention states that policy measures must be undertaken in order to eliminate discrimination against women. Therefore, with respect to this article, the State is urged to take action to put an end to discrimination against menstruating women.
- b) Article 3 of the Convention puts forth the right for a woman's equality in all spheres of life. Prohibiting women in temples, taking away their autonomy of their body and subjecting them to shame, creates inequality and therefore, violates the article.
- c) Article 12 of the Convention states that women have an equal right to healthcare. Thus, not providing proper healthcare facilities to ensure menstrual hygiene contravenes the article.

3) Convention on the Rights of Persons with Disabilities (CRPD):

- a) Article 11 of the Convention which pertains to situations of risk and humanitarian emergencies highlights the unavailability of accessible sanitation facilities to ensure menstrual management.
- b) Article 24 of the Convention pertaining to education of disabled people highlights the lack of accessible sanitation facilities at school to ensure hygienic menstrual management.



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When women and girls cannot manage their menstrual hygiene, it strips them away of their rights, including:

- Right to human dignity.
- Right to an adequate standard of health and well-being.
- Right to education.
- Right to work.
- Right to non-discrimination and gender equality.



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*Scope for an Act of Parliament in India:*

Viewing menstrual health from this perspective helps in urging local, municipal, provincial and national governments to view menstrual health as a legal right. India has yet to conform to these rights in terms of legal framework, the only sight of proposing menstrual health as a legal right can be seen in Dr Shashi Tharoor's, Member of Parliament, Private Member's Bill which seeks amendments to existing legislations on women's health. The Women's Sexual, Reproductive and Menstrual Rights Bill, 2018 proposes amendments to the Right to Education Act to make free distribution of sanitary napkins to girls schools and colleges to ensure that their health is not being compromised. Additionally, the Bill proposes every public institution to ensure adequate supply, storage and distribution of sanitary products to be given free of cost. While the Bill propagates for access to menstrual rights, it fails to incorporate all the sections of the society. Free access to menstrual products, though greatly aids handling the stigma of menstruation, fails to take into account the bigger picture which has to account for the problem of product pricing and the way menstrual products are yet not included as "essential items" under the Essential Commodities Act, 1955. Even after a Bill providing for free distribution of menstrual health products is passed and menstrual health is put under the watchful purview of the judiciary, compulsory awareness programmes in schools and communities with respect to menstrual health and specially the legal sanctions in place for the same, would have to be put in place to deal with the larger problem at hand. These measures together can open the dialogue for change and thus help the cause in a more holistic manner.



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## Policy Recommendations

- **Constitutional or Legal Validity for Right to Menstrual Health**

Menstrual Health's correlation to the **basic rights that each individual should have in order for sustainable growth to be accomplished set out by the United Nations gives India enough leverage to include Right to Menstrual Hygiene under its legislation.** In order to put this into practice, constitutional privileges must be revisited by the Judiciary with respect to menstruation. Earlier witnessing the Supreme Court intervening to lift Sabarimala temple's ban on women of menstruating age, reinforced women's right for equality. A similar intervention by the Judiciary ensuring that **girls in government schools are provided with proper and free sanitary products and healthy classroom discussions to maintain menstrual hygiene,** would significantly prevent them from dropping out and gradually remove the stigma against menstruation. This can also be **provided for by the Legislature, under the purview of Article 15 (3) of the Constitution, wherein, the State is expected to make any special provisions in favour of women and children.** Additionally, **Article 42 of the Constitution also reinforces this by stating that provisions must be made to secure just and humane conditions of work.** In accordance to this a provision for **proper WASH facilities in all workplaces should be made compulsory for the advantage of menstruating women.** The Ministry of Women and Child Development should further oversee the progression of policies for maintaining menstrual health as enforced by the Supreme Court with respect to the Constitution of India.

- **Revamping Modes of MHM Education & Sensitization for Girls & Boys**

Lack of awareness regarding reproductive and sexual health exists not only in rural areas but also in urban and semi-urban areas. **Menstruation is a topic that is not covered to a large extent in most textbooks** and is often not included in the syllabus for girls approaching menarche. **Integrating information about menstruation into the school curriculum would pave the path towards endorsing menstrual hygiene habits and debunking myths.** An important element of such education would be to inform students about the biological



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underpinnings of menstruation and the habits surrounding it. **This would comprise mandatory inclusion of topics such as the biology of menstruation, menstrual hygiene management and education about safer, low-cost MHM materials etc.**

Informative posters should be put up for girls inside school restrooms, in the event social barriers make it difficult for teachers to discuss menstruation with both boys and girls in the class. These posters must contain details about menstruation, menstrual health products, the physical and mental health of girls, while simultaneously assuring them that this is a normal biological process wherein their body undergoes some physical and emotional changes. These can be tweaked according to area-centric customs and practices, and should be delivered in the vernacular language to increase access and effectiveness. **These posters can also contain contact numbers of teachers and counsellors/doctors that the girls can talk to if they require sexual and/or reproductive health related advice or support.** In addition to women and girls, it is also important to educate men and adolescent boys about the socio-cultural and psychosocial factors that determine the menstrual health of girls and women in their families. As India's rural and traditional societies put men in charge of the economy and traditions of the family, if they can be sensitized to change the status quo of menstruation, it will aid and improve the condition of **MHM at least at the community level. Learning from the example of Ethiopia, a "Minimum Standard Package" model should be made compulsory in schools till the time sanitary vending machines can be made logistically possible for all government schools in India.** Designing a **training model replicating the Behavioural Change Communication can also prove to be an effective way of including boys** in the conversation about better menstrual health facilities for girls in educational institutions.

- **MHM Education & Sensitization for the Community**

The role of religion, family and community based rituals, social bindings, customary practices and culturally perpetrated beliefs have rendered MHM a hopeless landscape in India. Considering the prevalent state of MHM in India, this accentuates the risks of poor menstrual health, as women avoid heeding to



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their menstrual health, which in turn adversely affects their psychosocial well being too. It is hence **necessary that Local Government Bodies are empowered and entrusted with the necessary tools to conduct MHM sensitization sessions for adults**, as the entire community needs to come together for efficient implementation of menstrual health and hygiene. An increased focus on **acknowledging and advocating provisions for puberty guidance and facilitating the availability of menstrual products** is an important component of addressing this concern.

- **Promoting the Use of and Access to Sustainable Menstrual Products**

As many women in rural and semi-urban areas do not have access to sanitary napkins, they are unlikely to use them, and thus may not be able to provide their daughters with the same. To **encourage the use of sanitary napkins, schools should have sanitary napkin banks and vending machines to ensure that girls have access to hygienic menstrual products.**

In Nepal, the NGO Oxfam, has been teaching young girls to make sanitary napkins for themselves. If the same is taught to girls in Indian schools, it will not only reduce their dependence on purchasing sanitary pads, it will also encourage them to stop using cloth and other poor quality and inconvenient alternatives. This policy recommendation has been used in India, albeit on a much smaller scale by some smaller non governmental organisations. However, there is no compelling evidence available to comment upon whether it has reaped results within India. Therefore, the **government needs to come up with schemes that mandate training women and girls how to make cloth pads which are not only hygienic and affordable but also environmentally safe to use.** These trained groups of females can also be **organised into SHGs as there is a potential for a viable economic activity if these cloth pads can be made marketable.**

The most obvious way to address period poverty is to extend menstrual products to women irrespective of their economic status. However, with the **increased access of menstrual products, especially the most common product, i.e., disposable sanitary napkins, the adverse environmental consequences of**





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it are also on the rise, as a foolproof mechanism for disposing of single use sanitary napkins is not in place.

In this regard, some stakeholders point out the urgency of switching to organic sanitary napkins, cloth pads and menstrual cups. However, **the fact is that the production and supply chain of organic sanitary pads is still limited in India compared to those of commercial non biodegradable pads.** Hence organic pads are not economically viable for the majority of the female population. As a policy intervention, **the government needs to actively promote organic pads' production units at a large scale.**

Additionally, the **focus needs to be not only on making the disadvantaged women and girls switch to eco-friendly alternatives, but also facilitate means so they can sustain such choices.** Cloth pads and menstrual cups are both eco-friendly and economically viable, but these require sufficient amounts of water to wash and clean, before they can be reused. The **scarcity and unavailability of water in an underprivileged Indian household means that switching to these options for better menstrual health and hygiene is not a pragmatic solution.** This means that the WASH interventions of the government, must ensure that **maintenance and sanitation facilities of girls' toilets in schools and public toilets across the country are period friendly and are in line with the WASH and MHM guidelines,** so that lack of sanitation facilities does not deter women and girls from switching to hygienic and environmentally friendly menstrual products. Execution of a project as ambitious as providing menstrual hygiene products to women in India requires well thought out and measured plans, and not a piecemeal implementation of phases. There are many elements involved in making, selling, advertising and creating demand for hygienic, sustainable and affordable menstrual products.

- **Ensuring Effective Disposal Mechanism for Sanitary Napkins**

Concerning rural areas, where disposal of sanitary napkins and menstrual hygiene products is treated with disdain and embarrassment, the Gram Panchayats are responsible for the collection and handling of waste, and thus, efforts should be made at grass root levels to put in place proper menstrual



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waste collection and disposal in these fora. **Every Gram Panchayat is supposed to install its functional waste management system according to the Swachh Bharat Mission.** To ensure that such a system is in place, a **State-wise mechanism of a reward system, on the lines of the one currently implemented in Goa would be effective.** In Goa, the State Government came up with an incentive scheme in February 2018, wherein the 10 panchayats that proved to be most effective in managing their garbage would receive INR 5 lakhs. The *‘Solid Waste Management in Rural Areas: A Step-by-Step Guide for Gram Panchayats’* (**“Solid Waste Management Guide”**) states that **sanitary napkins fall under the category of hazardous waste, and the process of disposal for the same has been prescribed as burning in the incinerator.** The National Guidelines on Menstrual Hygiene Management in its Technical Guide 2 contains methods for safe disposal of sanitary napkins. It explains the advantages and disadvantages of different kinds of incinerators, and also stipulates that whenever burning waste, a trained operator must be in assistance.

Thus, it is recommended that in addition to the above mentioned monetary incentive program, the **National Guidelines on Menstrual Hygiene Management should be integrated with the Solid Waste Management Guide and the concerned ministries should work in furtherance of this objective together by implementing special programs aimed at educating people about menstruation and disposal of menstrual waste.** With respect to funds for these policies, while State Governments make grants required for Centrally Sponsored Schemes like Swachh Bharat, it has been observed that some Gram Panchayats (Kurudampalayam, a Gram Panchayat in Coimbatore) have approached corporates for CSR initiatives for waste management as well. Further, there are income sources in solid waste management units, like the sale of compost, that can be utilized to make recurring payments.

One of the aims of the National Rural Health Missions is to have an Accredited Social Health Activist (“ASHA”) in every village in the country. This person will be a social health activist in the village and help other women navigate through their health issues and family welfare. There are **training models for the ASHA to deal with various aspects of menstruation, including the disposal of menstruation products.** The training module for ASHA even specifies the



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various methods of disposal, a “flipbook” which will explain the concept of menstruation, and even dialogues for skits and plays that the ASHA can enact, which will explain menstrual health management to women who cannot read or write. This **module can be used to educate other Anganwadi workers and interested members of the village, to make menstruation and its reality more accessible to women and children.** Thus, the **disposal of menstrual hygiene products will involve educating the different sets of people involved in the system, and the ASHA module is a good place to start.**

UNICEF has also devised a system where low-cost incinerators are attached to girls toilets in schools, and the same has been implemented in around 150 in the Krishnagiri district of Tamil Nadu. If incinerators or compost wells are constructed in the buildings where they are disposed (in this case, schools), then the process of **disposal can be localized, and the resources involved in the disposal will also be reduced.**



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## End Remarks



LexQuest Foundation's session at a School in Adalaj Village in Gandhinagar, Gujarat

The above recommendations take into account the cultural barriers, and the lack of basic resources available to Indian women to ensure their right to menstrual health. In a country where menstruation has been viewed as evil, the first step in implementing reforms would be to change the perception and remove the taboo associated with it. **The lack of constructive community dialogue in place proves to be the paramount reason behind the barrier in ensuring menstrual health. Giving menstrual health the precedence of a medical concern may prove to be a more tactical approach** to the problem. However, in order to do so there is a pressing need for a safe space to be created for it to be socially addressed. This social mobilization may occur through interpersonal communication put in order by schools and communities which help



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girls in accepting menstruation as a natural process. In addition to that, the focus should be on implementing the already existing reforms and allocate more funds towards the same. It is also time that our policy framework focuses on addressing the dual aspects of **making women and girls self reliant (by imparting training to acquire and create hygienic menstrual products at the level of the community) regarding their menstrual hygiene needs and at the same time working towards viable economic ways to provide menstrual products free of cost to all females across the country.**

While similar measures have been taken in India – namely, the provision of menstrual products at a reduced rate – it cannot truly reach its potential in the country until girls can change into and dispose of these products in a safe and reliable way outside their home. Upon **provision of safe and affordable menstrual hygiene products, proper sanitation and washing facilities, affirmative social dialogue, safe and hygienic disposal and advocacy, menstrual health can be secured nationwide.** In order for such a program to be designed for scale, the government must commit its resources to put due policy in order and oversee its implementation.



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