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Advancing Menstrual Health, Education and Economic Progress: A Comparative Study



New Perimeter
OUR GLOBAL PRO BONO INITIATIVE



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Glossary and Acronyms

Chhaupadi – A cultural tradition, now illegal but still practiced in some rural parts of Nepal, that involves exiling menstruating women and girls to huts or livestock sheds for the duration of their period.

Commercial period products – Pads, tampons, menstrual cups, period underwear and other such products that are sold in stores and marketed by non-profit and for-profit companies (not inclusive of products developed and/or manufactured by social enterprises, which are typically homemade, reusable materials).

Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) – A multilateral human rights treaty adopted by the United Nations General Assembly that serves as an international bill of rights for women, defines what constitutes discrimination against women and sets an agenda for national action to end such discrimination.

Convention on the Rights of the Child (CRC) – A multilateral human rights treaty adopted by the United Nations General Assembly that sets out the civil, political, economic, social, health and cultural rights of children.

International Covenant on Economic, Social and Cultural Rights (ICESCR) – A multilateral human rights treaty adopted by the United Nations General Assembly that ensures the enjoyment of economic, social and cultural rights, including to education, fair and just conditions of work, an adequate standard of living, and the highest attainable standard of health and social security, among others.

Menarche – The onset of menstruation; the first menstrual cycle experienced. Menarche is experienced at different ages based on genetics, ethnicity, race and geography, to name a few factors. A 2020 study by the United States Department of Health and Human Services/Centers for Disease Control and Prevention found the median age at menarche in the United States to be 11.9 years.

Menstrual equity – The term was coined by lawyer Jennifer Weiss-Wolf to reflect the legal and policy protections required for people to have the freedom to work and study, to be healthy and to participate in daily life with basic dignity.

Menstrual health – A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle. Achieving menstrual health implies that women, girls and all other people who experience a menstrual cycle, throughout their life-course, are able to: (1) access accurate, timely, age-appropriate information about the menstrual cycle, menstruation and changes experienced throughout the life-course, as well as related self-care and hygiene practices; (2) care for their bodies during menstruation such that their preferences, hygiene, comfort, privacy and safety are supported, including accessing and using effective and affordable menstrual materials and having supportive facilities and services, including water, sanitation and hygiene services, for washing the body and hands, changing menstrual materials and cleaning and/or disposing of used materials; (3) access timely diagnosis, treatment and care for menstrual cycle-related discomforts and disorders, including access to appropriate health services and resources, pain relief and strategies for self-care; (4) experience a positive and respectful environment in relation to the menstrual cycle, free from stigma and psychological distress, including the resources and support they need to confidently care for their bodies and make informed decisions about self-care throughout their menstrual cycle; and (5) decide whether and how to participate in all spheres of life, including civil, cultural, economic, social and political, during all phases of the menstrual cycle, free from menstrual-related exclusion, restriction, discrimination, coercion and/or violence.

Menstrual hygiene management (MHM) – Terminology to address the management of hygiene associated with the menstrual process. The World Health Organization and the United Nations Children's Fund define MHM as using a clean menstrual management material to absorb or collect menstrual blood that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required and having access to safe and convenient facilities to dispose of used materials. MHM is increasingly being replaced by terminology that does not focus on "hygiene" to avoid unintended implications that menstruation is dirty.

Menstrual health and hygiene (MHH) – Encompasses both MHM and the broader systemic factors that link menstruation with health, well-being, gender equality, education, empowerment and rights.

Nongovernmental organization (NGO) – A group or institution with a social mission that operates independently from the government and is typically not-for-profit.

Period poverty – The financial constraints that hinder access to menstrual health tools, including but not limited to period products, washing facilities, waste management and accurate education.

Sexual and reproductive health (SRH) – Good SRH reflects a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have the knowledge, capability and freedom to reproduce, access accurate information and access safe, effective, affordable and acceptable contraceptive methods of choice.

Toxic shock syndrome (TSS) – A rare, life-threatening complication often resulting from toxins produced by *Staphylococcus aureus* bacteria. Risk factors include skin wounds, surgery and the use of certain menstrual and reproductive health materials, such as tampons, menstrual cups, contraceptive sponges or diaphragms.

United Nations Children's Fund (UNICEF) – An agency of the United Nations responsible for providing humanitarian and developmental aid to children worldwide.

United Nations Development Programme (UNDP) – An agency of the United Nations tasked with helping countries eliminate poverty and achieve sustainable economic growth and human development.

United Nations General Assembly (UNGA) – One of six principal organs of the United Nations that serves as a main forum for multilateral discussion and decision-making on a full spectrum of international issues.

United Nations Population Fund (UNFPA) – An agency of the United Nations tasked with sexual and reproductive health, specifically delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

Universal Declaration of Human Rights (UDHR) – A nonbinding document proclaimed by the United Nations General Assembly in 1948 as a common standard of fundamental human rights protections to be achieved by all peoples and nations.

Value-added tax (VAT) – A flat tax, known in some countries as a goods and services tax, assessed incrementally and levied on the price of a product or service at each stage of production, distribution or sale to the end consumer. In this context, VAT is levied on period products because they are not considered basic necessities for tax exemption.

Water, sanitation and hygiene (WASH) – Essential services and facilities for menstruating individuals that intersect and may interfere with education, mobility, dignity and sexual and reproductive health.

Introduction

Each day, about 800 million people menstruate.¹ Roughly half of the female population, or 30% of the global population, are of reproductive age.² On average, women experience over 400 menstrual cycles in their lifetime, amounting to a span of more than 30 years during which women actively menstruate.³ Yet this normal biological process is far from reaching societal normalization. A conservative estimate suggests that at least 500 million women and girls* lack adequate supplies and facilities to safely menstruate.⁴ More difficult to estimate, the lack of timely, age appropriate, and accurate biomedical information surrounding menstruation additionally negatively impacts those experiencing periods on a global scale.

This multi-country study highlights the scope of menstrual health in 12 countries, selected for their diversity in geography, governance, socioeconomic status and cultural connotations. Depending on the predominant local terminology, this report will use the following terms interchangeably. “Menstrual health” is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle.”⁵ This expansive definition covers access to accurate education, hygienic facilities, period products and treatment and care. The term is intended to replace “menstrual hygiene management,” formerly used by academic and public health professionals to emphasize the water, sanitation and hygiene (WASH) barriers to menstruation, due to its inadvertent implication that periods are dirty. Coined by lawyer Jennifer Weiss-Wolf, “menstrual equity” is the intersecting movement of legal and policy protections required for people to have the “freedom to work and study, to be healthy and to participate in daily life with basic dignity.”⁶ As periods are biologically unequal, couching the movement in terms of “equity” aspires to influence civic, economic and political participation of menstruating individuals.⁷

Across cultures, menstruation is shrouded in shame. “Aunt Flo,” “shark week,” *la regla* in Spanish (the rule) and *masik dharm* in Hindi (menstruation rooted in religion and moral duty) are a few of the euphemisms used for menstruation, codes that perpetuate health illiteracy, exclusionary practices and further stigmatize the biological process.⁸ Menstruation is also closely linked to personal and public health, education, gender equality and poverty or economic growth. Some cultures interpret menarche, the onset of menstruation, as an indication that girls are ready for marriage or pregnancy, and the United Nations Population Fund (UNFPA) has emphasized how misinformation about periods makes women and girls more vulnerable to gender discrimination and sexual violence, such as transactional relations with older men to afford commercial period products.⁹ Also resulting from poor menstrual health are school and workplace absenteeism, due to fears of bullying, leaking without adequate period products and the absence of private toilet facilities, leading to unequal professional opportunities and economic dependence, among other concerns.¹⁰

For decades, achieving menstrual health has been one of many international development concerns relegated to the Eastern hemisphere, but menstrual inequities and exclusionary practices persist everywhere. For example, as widely sensationalized by the media, some Nepali women and girls are killed each year because of *chhaupadi*, the illegal practice of exiling menstruating women and girls to huts or sheds during their cycles each month.¹¹ In 2014, in a village of Uttar Pradesh, India, two girls without a household toilet were raped and allegedly killed when using a nearby field.¹² In Kenya, school absenteeism, mental health concerns and trading sex for pads are of primary concern for menstruating girls and women, of whom 65% cannot access sanitary facilities and products.¹³ A 2019 poll in the United Kingdom found that schoolgirls miss an average of three days each term due to period-related issues,¹⁴ whereas a 2021 survey in the United States found that 23% of students struggle to afford period products.¹⁵

*This report more commonly refers to “women” and “girls” given the data coverage on this gender but acknowledges that the menstruating population is inclusive of all identities.

In recent years, international news outlets and advocates have struck a spotlight on “period poverty,” primarily conceptualized to describe the financial constraints to accessing period products.¹⁶ This report adopts an expansive view of “period poverty,” recognizing that achieving truly supportive environments requires much more than affordable products. A supportive environment is one in which sociocultural taboos and seclusion practices, as well as inadequate education, poor hygiene facilities and absent psychosocial support, no longer persist and prevent women and girls from achieving full menstrual health.

There is a global need for national and local governments, in conjunction with civil society, to implement comprehensive laws, policies and programs that prioritize and advance menstrual health. The ongoing COVID-19 pandemic, associated lockdowns, supply chain shortages and resulting economic crises have only exacerbated period poverty, further challenging access to safe supplies, education and physical and mental healthcare for those most in need.¹⁷ As the World Bank aptly stated: “Periods don’t stop for pandemics.”¹⁸

DLA Piper and its nonprofit affiliate, New Perimeter, in collaboration with Days for Girls International, offer this report to draw particular attention to menstrual health in the education sector. This report highlights some of the harmful practices that widen the gender gap in diverse regions and presents examples of enacted and proposed supports for women and girls in formal school settings. Part I discusses the international instruments that support menstrual health as a matter of human rights. Part II reviews menstrual reforms in 12 countries, including the national

A conservative estimate suggests that at least 500 million women and girls lack adequate supplies and facilities to safely menstruate.

and local laws, policies and programs that address menstrual and reproductive health curricula; product distribution; WASH facilities; product disposal; and behavior change interventions in schools and for school-aged girls. This research incorporates insights from local subject-matter experts on the successes and setbacks in implementing, monitoring and evaluating these efforts, and a view into how the COVID-19 pandemic has disrupted the delivery of needed supports. Part III engages in a comparative analysis to offer transferable recommendations to multi-sectoral stakeholders working on menstrual reforms. Without an understanding of and movement toward menstrual health, women and girls cannot fully participate on par with their peers inside and outside of the classroom. Improving menstrual education and comprehensive supports are key steps on the road to equality.

Menstruation Matters for Human Rights

There is no human right to menstruate; however, the biological fact of menstruation is inextricably linked to gender equality and socioeconomic advancement. Women and girls encounter great difficulties when their environments lack intersectional, comprehensive menstrual supports. Upholding recognized international human rights to water and sanitation, health, education, work and non-discrimination bolsters menstrual health.¹⁹

International human rights law is the codification of duties that nation states (governments) must carry out to protect and promote human rights and fundamental freedoms.²⁰ In 1948, the United Nations General Assembly (UNGA) adopted the Universal Declaration of Human Rights (UDHR), a cornerstone international human rights document.²¹ Nonetheless, the UDHR is not an enforceable treaty and has not been signed or ratified by governments.²² Thus, an analysis of supplementary covenants and conventions that bind states to specific standards against the discrimination of vulnerable groups—women, children, persons with disabilities and minorities, to name a few—is warranted to understand how menstruation matters for human rights.

Three instruments, in particular, underpin menstrual health.* Of the countries covered in this report, all but the United States have ratified the following instruments, signaling their consent to be legally bound by the prescribed principles and to have their implementation monitored by an independent body.²³ The first is the Convention on the Rights of the Child (CRC), adopted by the General Assembly in 1989, which proclaims that childhood is entitled to special care and assistance and that all public and private institutions, including legislative bodies, must consider the best interests of the child.²⁴ The CRC emphasizes the “health, self-respect and dignity of the child,” calling on state parties to take all appropriate measures to foster supportive environments for development, including the establishment of social programs that provide access to health care, education at all levels, competent supervision, and survival and safety from all forms of violence—so that children may actively participate in their communities.²⁵ Most applicable to menstrual health, state parties shall “ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition...hygiene and environmental sanitation;” “develop preventive health

care, guidance for parents and family planning education and services;” and “take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.”²⁶ This includes facilitating access to scientific and technical knowledge and instating guards against exploitation, hazards or harms.²⁷

Second is the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), adopted by the UNGA in 1979, which places special importance on “bringing the female half of humanity into the focus of human rights concerns.”²⁸ CEDAW envisions practical realization of gender equality by calling upon states to prohibit and sanction prejudice against women

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and stereotyped roles, encourage women’s participation in policy and public functions—supported by equal formal and informal education and training—and reduce female student drop-out rates through the “organization of programs for girls and women who have left school prematurely.”²⁹ CEDAW also obliges states to ensure access to health care, counseling and family planning for women, including free reproductive health services where necessary, while paying particular attention to rural women, who play essential, informal roles in the economic survival of their families.³⁰ Adequate living conditions, housing, sanitation, electricity and water supply are additional guaranteed rights.³¹ The third instrument, the International Covenant on Economic, Social and Cultural Rights (ICESCR), focuses on the right to work. The ICESCR supports “enjoyment of the highest attainable standard of physical and mental health;” compulsory, available and free primary education; and “full and productive employment” under “safe and healthy working conditions.”³²

*While not analyzed here, the Convention on the Rights of Persons with Disabilities (CRPD) also provides an understanding of the rights and supports specific to menstruating individuals with disabilities.

A prime limitation to these instruments is that they do not contain enforcement mechanisms to compel state action or adherence to recommendations of their monitoring bodies.³³ The texts of these instruments also advise compliance with diverse cultural and religious norms, a balance that is difficult to strike when culture and religion themselves may perpetuate discriminatory practices. Moreover, although the conventions clearly cover pregnancy, family planning, breastfeeding and other matters of reproductive health, they do not specifically refer to “menstruation,” a similar biological process that, when unsupported, can serve to widen the gender gap.

Because of these limitations, civil servants, community organizers and advocates must self-direct their steps in line with the CRC, CEDAW and ICESCR. States are obliged to reduce school drop-out rates, eradicate gender-based and sexual violence and increase female civic and public participation. Some of the ways in which states can do so are by facilitating legislation, policies and programs that expand access to education to include accurate menstrual, sexual and reproductive health information for all genders; improving health care delivery and hygiene infrastructure; increasing the distribution of period products; and eliminating exclusionary sociocultural practices. Full human rights and human dignity cannot be achieved without incorporating matters of menstruation.

Education Sector Reforms and Covid-19

The following countries were selected for their diversity in geography, legal systems and socioeconomic status. They provide useful examples of ongoing legislative, policy and programmatic initiatives that address menstrual health in formal primary, secondary and higher education settings. These initiatives span menstrual health curricula, product distribution, WASH facilities, product disposal and behavior change interventions enacted at the national and local government levels, as well as complementary initiatives enacted by NGOs to fill persistent gaps between government and civil society. The research includes insights from in-country experts on local implementation, monitoring and evaluation of the selected reforms, as well as on how the COVID-19 pandemic disrupted public agency models working toward safe menstruation.

A brief introduction for each country is followed by a discussion of the current scope of menstrual health in the region. We then review the types of supports or lack thereof in the country's formal education sector, addressing: (1) the negative impacts on schoolchildren in the particular sociocultural environment; (2) the menstrual-health related laws, policies, and government-funded programs available for schools; and (3) nonprofit initiatives reaching civil society. We conclude each country section by examining disruptions to progress as a result of the ongoing COVID-19 pandemic.

India

The state of menstrual health in India is difficult to generalize given vast regional and cultural differences. India is comprised of 28 states and 23 official languages.³⁴ At the federal level, the Ministry of Health and Family Welfare has regulatory power over the majority of health policy decisions but is not directly involved

in health care delivery.³⁵ As such, each state government is tasked with organizing and administering primary care and federal programs, as well as supervising local entities and collecting health statistics.³⁶ This federalist structure, in addition to rural-urban divides, leads to significant variation in resource distribution, policy implementation, availability and access of public health services across the country.³⁷

According to the World Economic Forum's 2021 Global Gender Gap Index, which tracks 156 countries' progress along four key benchmarks, India had a low global rank of 140 and the second lowest for health and survival at 155.³⁸ In 2015-2016, India's Ministry of Health and Family Welfare stated that only 57.6% of women aged 15-24 years used hygienic methods of protection (i.e., locally prepared napkins, commercial pads, tampons and menstrual cups).³⁹ As of 2019-2021, however, use of period products has risen to 77.3% among the same population.⁴⁰ Reflecting state differences, for example, the state of Andaman has reported that 99% of women use period products, while the state of Bihar has reported use among less than 60% of women—though it is important to note that, from 2016 to 2019, Bihar reported a 90% growth in product usage, indicating vast improvements to services and access.⁴¹

SCOPE OF MENSTRUAL HEALTH IN INDIA

Sociocultural and religious understandings of menstruation and purity influence many Indian women's practices and worship, social engagement, food, and public and private routines.⁴² Many religions adhere to beliefs that menstruating women are impure. As such, women are often left out of religious festivities while menstruating and are banned from houses of worship. In 2016, 77% of girls surveyed in India stated that they experienced

restrictions on visiting places of worship, touching religious items or praying during menstruation.⁴³ Social engagement is an area in which India has seen the most development in terms of shaking taboos. Seclusion used to be widely practiced, relegating menstruating women to physical huts outside of the home, and while this still exists in some parts of the country, the practice of seclusion is eroding. Nonetheless, only 55% of girls surveyed considered menstruation normal.⁴⁴ Many women are also banned from entering the kitchen, cooking, collecting water and serving their families while menstruating, due to notions of uncleanness and impurity.

India's scope of menstrual health can be broken down into five categories: (1) awareness of menstruation; (2) access to menstrual products; (3) access to facilities; (4) disposal and waste; and (5) female and sexual reproductive rights.⁴⁵ Developments in each of these categories have seen varying levels of success.

Awareness of Menstruation. In 2019, the nonprofit Dasra reported that 48% of girls had no knowledge of menstruation before their first period.⁴⁶ Awareness of menstruation is a difficult topic to broach as there is overlap with sex, pregnancy, contraception and abortion—topics considered shameful and

Many religions adhere to beliefs that menstruating women are impure.

taboo for discussion. As such, the information presented to young women tends to be partial in scope and influenced by social norms and practices.⁴⁷

Access to Menstrual Products. Sales of period products in India increased from 10.46 billion units in 2018 to 13.7 billion units in 2020.⁴⁸ Access, quality and affordability are three facets of focus when it comes to period products. Despite a rich product landscape, access to period products remains an issue and quality is highly variable. While India has product quality standards, certification and enforcement of such standards is lacking. Lastly, access is exacerbated by the high cost of commercial period products. Government and nonprofit programs are being pursued to subsidize product cost and distribute free products across the country.⁴⁹

Access to Facilities. India has made great strides toward addressing access to clean facilities. In 2014, the federal government launched the *Swachh Bharat* Mission (Clean India Mission), a country-wide public works program to ensure access to clean toilets. The program focused on the construction and use of home, school and public toilets. Gaps persist in ensuring private, safe facilities for menstruating women, but the *Swachh Bharat* Mission has brought improvement in this area.⁵⁰

Disposal and Waste. In 2019, WaterAid India found that about 21,780 million pads are disposed of annually, often by burning them in rural areas, which poses a threat to the country's environmental safety.⁵¹ Waste management solutions, such as small-scale incinerators and bio-medical incinerators, composting and large-scale recycling are being promoted for certain types of pads, but rural application has not always been viable due to the large volumes of waste that need to be collected and transported for these methods to be effective.⁵² WaterAid India⁵³ and Toxics Link⁵⁴ have been instrumental in researching these various solutions, while organizations like the World Health Organization and Bureau of Indian Standards have issued standards for implementing these waste solutions.⁵⁵ Much of the implementation of such solutions is occurring at the local governmental level.

Female and Sexual Reproductive Health. Historically, programming and education in India surrounding menstrual and sexual and reproductive health (SRH) have been siloed and organizations and educators have avoided integrating the two subjects into a holistic curriculum.⁵⁶ Much of this is due to political controls and the taboo nature of teaching such subjects.⁵⁷ Prior to COVID-19 lockdowns, experts and local NGOs pushed to integrate more comprehensive menstrual health and SRH programming in schools.⁵⁸ As discussed below, however, inadequate funding has put these plans on hold; the priority has now shifted to bringing education back to the same general level that was available to primary and secondary students prior to the COVID-19 pandemic.⁵⁹

SUPPORT FOR MENSTRUAL HEALTH IN EDUCATION

While federal and local government schemes have promoted health education overall, studies have found no evidence of systematic menstrual health education in schools.⁶⁰ In 2018, only 64% of schools in India were providing menstrual hygiene education to female students.⁶¹

Negative Impacts on Students

Inadequate knowledge of menstrual health has led to one out of every five school-aged girls dropping out of school at menarche.⁶² Additionally, in some regions, more than 40% of girls do not attend

school during their menstrual cycles, largely due to associated social stigmas.⁶³

Lack of disposal mechanisms for pads, poor water supply for washing or flushing, unhygienic washrooms, and lack of soap, washbasins and gender-segregated toilets are major challenges girls face during menstruation. Broken locks and doors on toilets are also a safety concern for girls in schools.⁶⁴ One study showed that only 62% of schools have trash bins with a lid for the disposal of pads and only 56% of schools have a separate bathroom facility for girls. Additionally, only 21% of girls have access to pain relief medication.

Another issue impacting girls' experiences in schools is the desensitization of not only their male counterparts, but male teachers as well. Girls report that male teachers and students often tease them about their periods, especially when they have leaked and stained their clothes. Some male teachers are not aware of the girls' needs and do not allow them to go to the bathroom during their classes. Additionally, many curricula do not include lectures regarding women's health, puberty or menstruation.

Laws, Policies and Government-Funded Programs in Schools

The Ministry of Health and Family Welfare introduced the National Menstrual Hygiene Scheme under the *Rashtriya Kishor Swasthya Karyakram* program for adolescent girls aged 10-19 years in rural areas to increase awareness of menstrual health, access to and use of high-quality pads and ensure the safe disposal of pads.⁶⁵ This program has been implemented in 21 states across India and funds are provided through both the central Indian budget and individual states budgets.⁶⁶ The scheme further subsidizes the cost of pads and provides follow-up education on menstrual hygiene and the use of pads by Accredited Social Health Activists, community health workers funded by the government.⁶⁷ Girls can receive three packs of pads once every two months, in addition to iron tablets, and may receive education about menstruation from an *anganwadi* (female community health worker), if operating in their locale.⁶⁸ Since 2011, the state of Tamil Nadu has implemented a free pad scheme for girls in rural areas, government schools and for new mothers through the *Pudhu Yugam* (New Era) program.⁶⁹ Other initiatives in government-funded schools have been created through the *Swachh Bharat* Mission. The Mission initiated country-wide menstrual health management guidelines, including a campaign to install pad vending machines in schools, colleges, hospitals and other public places and funded incinerators in the schools for the disposal of menstrual waste products.⁷⁰

Largely due to the federalist governance structure in India, the national government has allocated money for menstrual

health programming and education, but it is up to each state to determine how to use such funding and implement programming.⁷¹ Certain states have elected to do so through their public health departments, while others have pursued programming through their education departments.⁷² Regardless of how programming has been pursued, the focus has generally been on increasing access to products, rather than improving menstrual health education.⁷³ Some experts view this as the key barrier to progress, noting that stigmas surrounding menstruation cannot be broken until conversations about menstruation are normalized and behavior change interventions occur.⁷⁴ Other experts believe that until the onus on menstrual health sits with one ministry or department nationwide, there will not be a proper allocation of resources.⁷⁵

To reach school-aged children who cannot attend formal schools, one government-funded program that sets up early childhood centers, meant to provide nutrition, has also developed menstrual health programming, though with varying degrees of success. These centers contain "Menstrual Health Corners," areas where girls can access educational programming on menstruation, puberty and proper sanitary techniques, and also access period products.⁷⁶

Nongovernmental Organizations and Interventions

NGOs in India play an important role in the menstrual health space but their scale and reach is limited. Moreover, different NGOs address these issues through different lenses. The Gates Foundation, on one hand, previously funded water and sanitation projects like the *Swachh Bharat* Mission, which focused on "mass scale behavior change, construction of household-owned and community-owned toilets and establishing mechanisms for monitoring toilet construction and usage" with the end goal of eliminating open defecation in rural areas.⁷⁷ It has since shifted its focus to "innovation in materials science and transformative product development to better meet user needs."⁷⁸

The Desai Foundation created the Asani Sanitary Napkin Program and works in more than 568 villages to create community programming in support of "health and hygiene."⁷⁹ Their staff also teach local Indian women to produce and distribute affordable, high-quality pads throughout their communities.⁸⁰ The Desai Foundation has created more than 2,000 jobs and produced more than 2.5 million pads, impacting more than 270,000 girls and women.⁸¹ Another success story is that of entrepreneur Arunachalam Muruganantham, who spent four years developing a machine to produce low-cost pads that is sold and distributed to low-income villages. Muruganantham's clients are generally other NGOs and women's self-help groups. Each machine converts 3,000 women to pad usage and employs 10 people that can produce

200-250 pads a day, then sold to women in the surrounding area.⁸² Menstrupedia is another organization that has developed creative materials, like comic books, that aim to teach young girls about periods and puberty. Menstrupedia's comic books are used by over 10,000 schools and hundreds of NGOs, corporations and government organizations across India and several other countries across the globe.⁸³

COVID-19 DISRUPTIONS

The COVID-19 pandemic brought vast disruptions to (1) supply chain distribution; (2) economic capacities; and (3) educational and governmental budgets.⁸⁴

Supply Chain Disruption. India's menstrual product supply chain faced a number of challenges during the height of the COVID-19 pandemic. Mask production took priority over menstrual products for many smaller scale manufacturers, transportation costs increased, social distancing was required in manufacturing facilities which limited the number of workers permitted in such facilities and lock-downs hindered manufacturers' ability to ship products efficiently.⁸⁵ In June 2020, only 24% of period product producers were able to meet community demand, while 46% of producers surveyed were only able to partially meet community demand and 30% were not able to meet such demand.⁸⁶ Of the consumers surveyed, 62% stated that access to menstrual products was challenging and 22% reported that they could not access period products at all.⁸⁷ Most local governments were not taking any measures to facilitate access to periods products at this time, with 58% of respondents reporting lack of government measures surrounding the period product supply chain struggles.⁸⁸ NGOs, like the Asani Sanitary Napkin Program, attempted to fill these gaps; the Asani program has distributed over 445,000 free disposable pads thus far during the pandemic.⁸⁹

Personal Economic Disruption. As discussed above, COVID-19 led to a number of supply chain issues, decreasing the availability of period products available to girls and women across the country, and increasing the cost of the products that were in circulation. The pandemic also led to increased economic uncertainty due to the widespread loss of jobs.⁹⁰ Loss of income meant families struggled to reallocate limited spending income.⁹¹ Women reported being forced to prioritize food and water over period products and personal care items.⁹² Several NGOs like The Tata Trusts Menstrual Hygiene Management initiative⁹³ and Karuna-Shechen⁹⁴ attempted to address this issue by teaching women to stitch cloth pads at home. UNICEF and UNFPA, among other partners, also worked to provide hygiene kits and period products to children, families, and front-line workers across the country.⁹⁵ Additionally, more than 6,000 state-run pharmacies were selling

pads at deeply discounted prices, with more than 14 million products sold between March and May of 2020.

Educational Disruption. Schools are working to rebuild education curricula as they reopen after COVID-19 lockdowns. In the early stages of the pandemic, education services were disrupted, interrupting the flow of information to menstruating persons. Schools, community centers and other touchpoints where this information is typically shared were closed. Organizations and policy makers were forced to find new ways to connect with and provide accurate information.⁹⁶ As budgets for the new financial year were rolled out, it became clear that spending on adolescent education would be quite low compared to higher education budgets and money allocated to enhanced digital education.⁹⁷ Given that much of menstrual education is considered "extracurricular" programming, it is unclear how this will be incorporated into school budgets, if at all.⁹⁸ States that have substantial assistance from NGOs are the most likely to continue menstrual health education, as it is unclear if governmental programming seen pre-COVID-19 will continue.⁹⁹ Securing and maintaining funding, and furthering educational curricula, will need to be key items on the menstrual health agenda post-pandemic in India to continue the momentum in creating an inclusive educational system.

Kenya

The Kenyan government has instituted several progressive policies to improve menstrual health. In some instances, these policies have been the most progressive worldwide. For example, in 2004, Kenya was the first country to eliminate the sales tax on menstrual products.¹⁰⁰ Subsequently, in 2011, Kenya eliminated the import duty on pads¹⁰¹ and began budgeting \$3 million USD per year to distribute free pads to schools in low-income communities.¹⁰² Both of these steps—and others described below—were taken amid the backdrop of Kenya Vision 2030, launched in 2008 as a "long-term development blueprint for the country,"¹⁰³ and the establishment of a new constitution in 2010.¹⁰⁴

In 2014, Kenya celebrated its inaugural Menstrual Hygiene Day.¹⁰⁵ WASH United, a German non-profit organization, initiated Menstrual Hygiene Day in 2013 and first celebrated it in 2014 to bring different actors together "to promote good menstrual health and hygiene...for all women and girls."¹⁰⁶ On Menstrual Hygiene Day in 2015, the Kenyan Ministry of Health said it would "create a national menstrual hygiene management policy,"¹⁰⁷ launched in 2019.¹⁰⁸

In the interim, in 2016, the Kenyan Ministry of Health conducted a "Situational Analysis," which "revealed gaps in knowledge about menstruation"¹⁰⁹ and highlighted views about menstrual pads

and their availability.¹¹⁰ Also in 2016, the Kenyan government adopted the “Kenya Environmental Sanitation and Hygiene Policy,” aimed at “promoting good menstrual health and hygiene practices among women and girls and to ensure their access to a safe, healthy environment and improved menstrual sanitation facilities at all levels.”¹¹¹ Additionally, in 2017, the President of Kenya signed the Basic Education Amendment Act into law, which placed the “responsibility of providing free, sufficient and quality sanitary towels to every girl child registered and enrolled in a public basic education institution and has reached puberty, on the government.”¹¹²

Thus, by the time Kenya’s Menstrual Hygiene Management Policy (Kenya’s Policy) was released in 2019, significant steps had been taken. And, while it took four years for Kenya’s Policy to be released, at implementation it was the first policy of its kind worldwide.¹¹³ The mission of Kenya’s Policy—developed with multi-stakeholder input under the leadership of the Ministry of Health¹¹⁴—includes ensuring that all menstruating persons are able to manage their menstruation hygienically, freely, with dignity and without stigma or taboos.¹¹⁵ This also includes access to menstrual education, period products, services and facilities, as well as the ability to safely dispose of menstrual waste.¹¹⁶ Since the enactment of Kenya’s Policy, Kenya has taken other steps in this space and, in 2021, the Kenya Bureau of Standards (KEBS) issued product standards for “reusable sanitary towels,” but the standards have not yet been operationalized.¹¹⁷

Despite continued efforts by the Kenyan government and its Ministry of Health, there are gaps between menstrual health policy objectives and reality. There appear to be two principal issues—implementation and societal resistance. Closing the gap will require better coordination among national and local governments and a shift in the societal views surrounding menarche from a “physical difficulty that when mismanaged leads to stigma, shame, and risks of sexual harm” to an “affirmation of [women’s] ‘rite of passage’ into womanhood.”¹¹⁸

SCOPE OF MENSTRUAL HEALTH IN KENYA

NGOs and stakeholders are trying to bridge the gaps between policy and reality but face many challenges. Inadequate knowledge about menstruation and the high cost of pads are compounded by menstrual taboos, myths and stigmas, especially in remote and rural areas.¹¹⁹ Further, many Kenyans are not comfortable discussing the topic of menstruation. For example, a 2016 report stated that only 50% of girls openly talk about menstruation at home and only 12% of girls would be comfortable discussing menstruation with their mother.¹²⁰ Compounding the problem, teachers report that they—and mothers—“feel discomfort” talking about menstruation, which is “firmly linked with the topic

of sex” and that teachers “most often” indicate that explaining menstruation to girls is “not their role.”¹²¹ Girls are then uninformed and unsure about what is happening to their bodies upon reaching menarche, causing fear and confusion.¹²²

According to a report issued in 2015, 65% of menstruators in Kenya cannot afford pads.¹²³ Compounding the issue, fathers, who are often responsible for family finances, do not prioritize purchasing pads.¹²⁴ While programs are—and have been in place—to provide menstrual pads to girls in Kenyan public schools, pads remain inaccessible because of unreliable distribution channels;¹²⁵ some girls do not feel comfortable asking their teachers for them;¹²⁶ and because of girls’ geographic positioning as some rural villages do not have access to pads.¹²⁷ As a result, some young menstruators in Kenya use “alternatives such as rags, blankets, pieces of mattresses, tissue paper, and cotton wool”¹²⁸ or engage in forced transactional sex to purchase pads.¹²⁹ A study of 3,418 menstruating females, aged 13–29 years in rural western Kenya, found that, while instances of transactional sex were low (1.3%), such instances were reported by 10% of 15-year-olds who were more likely to report this type of behavior than those over age 15.¹³⁰

SUPPORT FOR MENSTRUAL HEALTH IN EDUCATION

Educational settings provide both challenges and opportunities for changing the conversation surrounding menstrual health and accessibility of menstrual pads. It must be acknowledged, however, that school settings within a country can vary depending on the type of school—public or private—and the school’s geographic location—rural or urban. The sections below explore: (1) the effects of the current regime on students; (2) laws, policies, and government-funded programs in schools; and (3) the role NGOs have played and can play going forward.

Negative Impacts on Students

School-age menstruators are most impacted by the lack of access to pads. Despite programs to increase the availability and accessibility of pads in public schools, “many girls continue to miss out on education due to absenteeism that is related to reproductive health issues as they are forced to stay away from school when they are not facilitated to manage their menstruation.”¹³¹ The Ministry of Education in Kenya has reported that “girls from poor families miss 20% of school days in a year due to a lack of sanitary towels.”¹³² The impacts of absenteeism are troubling. According to 2018 research from the Ministry of Education in Kenya, “[a] girl in primary school...loses 18 learning weeks out of 108 weeks” and “[w]ithin the four years of high school a girl can lose 156 learning days, equivalent to almost 24 weeks out of 144 weeks of learning.”¹³³

In addition to lost learning, absenteeism “lowers girls’ academic performance and self-esteem and widens gender disparities in educational achievements.”¹³⁴ A study of school-age menstruators in western Kenya found that “fear” was the “prevailing emotion associated with menstruation” in each focus group that participated in the study “mainly because of the shame surrounding leaking blood, or keeping clean.”¹³⁵ Accordingly, the study found that fear of leaking at school was a dominant theme, “partly because of the practice where pupils stand up to respond to a teacher, thereby revealing their soiled dress” which caused “others to laugh and tease them of their predicament.”¹³⁶

Laws, Policies and Government-Funded Programs in Schools

In 2009, the Kenya Ministry of Health and Sanitation and Ministry of Education developed the Kenya School Health Policy.¹³⁷ This policy noted that “[g]irls may fail to attend school or fail to concentrate in school if not supported during their menses,” and in recognition of the support young persons needed, directed the Kenya Ministry of Health and Sanitation and Ministry of Education to “provide skill-based knowledge on puberty and its effects on boys and girls” and “facilitate provision of affordable sanitary pads to girls and provide devices for safe disposal methods,” and indicated that “[c]ounseling and other support services shall be provided on a regular basis.”¹³⁸

In 2011, Kenya launched the National Sanitary Towels Program.¹³⁹ This program was designed to “increase girls’ school attendance and participation” and “includes providing sanitary pads to schoolgirls and the training of teachers on hygienic usage and disposal of pads.”¹⁴⁰ To accomplish that goal, in 2011, “the government began allocating \$3 million to distribute sanitary napkins to schools in low-income communities.”¹⁴¹ In 2017, the President of Kenya signed the Basic Education Amendment Act into law, which placed the “responsibility of providing free, sufficient and quality sanitary towels to every girl child registered and enrolled in a public basic education institution and has reached puberty, on the government.”¹⁴² Despite these advances, however, due to unreliable and insecure distribution channels, only a portion of pads purchased have actually arrived at schools.¹⁴³

In 2018, the second edition of the Kenya School Health Policy was released; it significantly expanded on its prior edition with respect to menstrual health.¹⁴⁴ In doing so, it notes that menstrual health “is a crucial element of the School Health Policy, being important for dignity, gender equality and the human rights of women and girls.”¹⁴⁵ Further, it recognizes that women and girls who experience challenges with menstrual health will also experience “negative effects on multiple areas of life; relevant to the human rights of women and girls, including in particular the rights to health, work and education, as well as gender

equality.”¹⁴⁶ It acknowledges that “[a] holistic understanding of” Menstrual Hygiene Management “requires all of the following to be addressed:

- Awareness of and knowledge on menstruation and how to manage;
- Cognizance of myths, stereotypes and taboos associated with menstruation;
- Availability of adequate, well maintained WASH infrastructure;
- Provision for safe and hygienic management of menstrual waste[;]
- Availability of menstrual hygiene products[; and]
- Access to relevant health services[.]”¹⁴⁷

Lastly, it notes that it “recognizes that awareness, knowledge and attitude significantly impact practice, self-efficacy and social norms” and provides for the Ministry of Education and the Ministry of Health to “facilitate provision of safe menstrual products to girls and provide devices for safe [and] hygienic management of menstrual waste in primary and secondary schools in Kenya.”¹⁴⁸

The following year, in 2019, Kenya’s Menstrual Hygiene Management Policy (Kenya’s Policy) was released.¹⁴⁹ Kenya’s Policy confirms that “Menstrual Hygiene Management is closely linked to the rights to healthcare, education, water, sanitation and hygiene, and, a healthy and clean environment for all.”¹⁵⁰ Kenya’s Policy also contains a broad survey of policies that comprise the regulatory environment in Kenya in this space, including the Constitution of Kenya 2010, National Vision 2030, National Health Policy 2014-2030, National Health Sector Strategic and Investment Plan (KHSSIP 2014-2018), Kenya Environmental Sanitation and Hygiene Policy 2016 -2030, Basic Education Amendment Act, and Kenya School Health Policy, some of which have been highlighted above.¹⁵¹ Kenya’s Policy also acknowledges the existence of other “pieces of enabling legislation that promote[] various rights to health including sexual and reproductive health in Kenya.”¹⁵²

Pad Accessibility in Schools. As noted above, there are programs in place to provide school students with pads. While no comprehensive study has yet been conducted that quantifies the actual numbers of pads that reach schools, the Situational Analysis commissioned by the Ministry of Health in 2016 found that about 30% of the schools sampled provided sanitary pads for their students, but in most instances the sanitary pads were only provided for emergencies.¹⁵³ Further, a 2021 report by the Population Council states that the following percentages of interviewed girls receive pads in school: 20% in Nairobi; 50% in Wajir; 14% in Kilifi; and 27% in Kisumu.¹⁵⁴

Pad-accessibility to students depends on whether the student is enrolled in a public or private school.¹⁵⁵ A study documenting the differences between girls' experience of menstruation at public schools (where the Kenyan government provides menstrual pads) and private schools (where pads are not provided) in two informal settlements of Nairobi, Kenya found that public schools were part of the Sanitary Towels Programme sponsored by the Kenyan government. "The program, focused on schools in arid parts of the country and in informal settlements, has two primary components: (1) provision of one package of disposable menstrual pads per menstruating girl per month (10 pads, the amount that women and girls typically use during their period), and training for teachers so that they can discuss menstruation with their students appropriately and accurately. When a teacher attends the government sponsored training, their school is eligible to receive menstrual pads for all of the menstruating girls in their school."¹⁵⁶ In private schools, girls more frequently report menstrual stains and miss more school than girls in public schools because they lack money to purchase menstrual pads. Participants said that NGOs sometimes donate pads, but the timing is unpredictable and the quantity sufficient for one month or less. Consequently, girls in private schools more often express fear and anxiety over menstruation.

Pad-accessibility to students is also limited because pads are kept in the head teacher or principal's office.¹⁵⁷ Therefore, to obtain a pad, a student has to *ask* for it. Further, even when a student can obtain one, proper and private facilities for changing are often lacking, thus preventing utilization of the product.¹⁵⁸ The Situational Analysis also found that only 24% of schools and communities reported adequacy of clean facilities and that only 18% of schools had water in the taps near the toilets (as well as hand washing facilities and soap), while 82% had water closets but did not have running water in the toilets.¹⁵⁹ Schools also have limited disposal solutions¹⁶⁰ and students must generally dispose of period products in pit latrines.¹⁶¹

Education in Schools. A report published in 2017 based on a study conducted in six schools in Nairobi, Kenya,¹⁶² found that "[g]irls at all schools experienced challenges accessing complete and accurate information about menstruation."¹⁶³ While the study reported that "teachers explained how to wear a sanitary pad and how to clean their bodies during menstruation," those explanations were provided alongside "warnings about not getting pregnant and/or not getting raped," therefore, leading to confusion among girls about the relationship between sex, rape, pregnancy, and menstruation.¹⁶⁴

Also in 2017, the Guttmacher Institute published a fact sheet based on a study of data collected from 78 schools in the Nairobi,

Mombasa, and Homa Bay counties in 2015.¹⁶⁵ The fact sheet indicates that both teachers and students placed "less emphasis... on gender equity and rights, as well as pregnancy prevention, particularly regarding communication and practical skills related to contraceptive use" and that 91% of teachers "covered abstinence in their classes," while 71% "emphasized that [abstinence] is the best or only method to prevent STIs and pregnancy."¹⁶⁶

In 2020, the Ministry of Health and Ministry of Education published "Menstrual Hygiene Management in Schools A Handbook for Teachers" to reinforce learning and act as a reference guide for teachers "and work towards provision of factual information to break the myths, taboos, beliefs and misconceptions on menstruation."¹⁶⁷ A 2021 panel discussion about advancing menstrual health, however, suggests that the benefits of the handbook have not yet been seen; the panel opined that even when relevant information is included in curricula, educators are "often unprepared to teach the material...partly because educators themselves generally come from the same communities as the schoolchildren and, therefore, sometimes share the same menstrual taboos and stigmas."¹⁶⁸

Nongovernmental Organizations and Interventions

International NGOs have entered Kenya and established menstrual health-related programming, "yet there are no standards or regulations guiding the content, methods, or efficacy of these efforts."¹⁶⁹ However, WASH United, Kenya Water for Health Organization (KWAHO), FHI360, and WASH Alliance Kenya have included menstrual health into WASH programs in Kenya,¹⁷⁰ which is a step in the right direction.

FHI360, an international nonprofit that partners with governments, the private sector and civil society to design and deliver behavior change programs, increase access to services and improve lives,¹⁷¹ began working in Kenya in the 1980s.¹⁷² The organization helps to address some of the most pressing challenges facing communities across Kenya, including in the key areas of health and education..¹⁷³ FHI360 operates the WASHplus program in Kenya,¹⁷⁴ which has introduced the "small doable action (SDAs) concept" that has improved "WASH practices by helping households identify feasible incremental steps that move them from an inadequate hygiene practice towards the ideal practice."¹⁷⁵ This has inspired others to assist; for example, one officer "secured 50,000 menstrual pads for girls in school" which "opened an important dialogue among the top policy leadership in the county health and education ministries."¹⁷⁶

In 2014, FHI360's AIDS Population and Health Integrated Assistance project partnered with a local textile company to develop washable and reusable pads for girls to supplement pads

distributed by the government.¹⁷⁷ The pads were part of a kit that also contained two pairs of underwear and two carrying bags and were distributed to orphans and girls in poor families in the Baringo, Kajiado, Laikipia, Nakuru, Nandi, and Narok counties.¹⁷⁸

ZanaAfrica combats period poverty through a hybrid model of feminine products and education.¹⁷⁹ Its core school-based initiative, the Nia Program, was designed in response to consistent questions gathered from over 10,000 adolescents and provides pads and education in after-school clubs and learning materials in accessible formats such as engaging story- and comic-based magazines.¹⁸⁰ “The program has been proven to address key determinants of poor health, education and life outcomes by shifting social and gender norms, reducing knowledge gaps in reproductive health, providing rights-based information, and reducing stigmas and taboos regarding menstruation, reproduction, mental health and other topics.”¹⁸¹ ZanaAfrica reached nearly 50,000 girls between 2013 and 2018¹⁸² and, since 2011, has received financial support from the Bill and Melinda Gates Foundation.¹⁸³

Miss Koch Kenya (MKK) aims to address the vulnerability of young girls in the Korogocho slum in Nairobi, Kenya and “intervenes against socio-economic issues that contribute to the disempowerment of young women in Kenya and provides free pads to girls in slums, when possible.”¹⁸⁴

In May 2022, Boxgirls Kenya, a community-based organization in Kenya, launched a “Menstrual Health Booth” in coordination with the Uzuri project.¹⁸⁵ It works by inserting a five-shilling coin, where the vending machine, known as the Napkin Vending Machine, releases two pads. The amount that will be collected from the booth will be used alongside other donations from the organization and willing partners to purchase more pads.¹⁸⁶ In addition, Boxgirls Kenya mentors young girls and provides education in the area of sexual and reproductive health.¹⁸⁷

COVID-19 DISRUPTIONS

The COVID-19 pandemic caused schools in Kenya to close in March 2020.¹⁸⁸ While the distribution of pads in schools was imperfect, such schemes at the onset of the pandemic benefitted over 11.2 million girls.¹⁸⁹ At home, some families were simply unable to provide their children with pads.¹⁹⁰ Further, while some schools lacked private and clean toilets, families, too, were “unable to provide basic hygiene requirements such as clean water [and] soap,”¹⁹¹ and, with lockdown and curfew policies in effect,¹⁹² the number of people in a given home naturally rose, resulting in less privacy.

Schools reopened partially in October 2020 and fully in January 2021;¹⁹³ however, only 75% of registered students reported going back to school.¹⁹⁴ This is in large part because there was a surge in teenage pregnancies.¹⁹⁵ For those who returned to school, conditions are still severely lacking. Data collected in February 2021 by the Population Council shows that the situation—regarding curriculum, sanitation facilities, and product distribution methods—remains the same as before the pandemic.¹⁹⁶ Lack of funds was cited as the main reason.¹⁹⁷ The ability to access basic menstrual products at home also did not improve with some parents still facing job and business losses.¹⁹⁸

Further, lockdown policies in Kenya also disrupted the supply chain and reduced the number of goods imported.¹⁹⁹ A 2021 report by the Population Council about the impact of COVID-19 on adolescents in Kenya noted that “[t]he widespread economic losses due to the COVID-19 pandemic severely affected adolescents who reported skipping meals and healthcare services and lacking essential menstrual hygiene products.”²⁰⁰ While access to pads was a problem for some girls in Kenya prior to the onset of the COVID-19 pandemic—from June 2020 to August 2020, 51% of those interviewed, and 52% in February 2021 could not “access their preferred menstrual hygiene management product.”²⁰¹ Another survey, conducted of adolescent girls and young women in Nairobi, Kenya, found that, in 2020, 52% “experienced any menstrual health product-access challenge,” and that six months later, in 2021, the percentage dropped to 30.3%; during both time periods, survey-takers reported that the main challenge in acquiring menstrual products was financial.²⁰²

Additionally, some NGOs that provided free pads pre-COVID-19 ceased functioning during the pandemic and survey participants in Nairobi, Kenya cited this as a major barrier to continued, affordable access to pads.²⁰³ However, some other NGOs were able to supply girls with pads. For example, MKK donated menstrual pads to young girls in Korogocho, a “slum” neighborhood of Nairobi,²⁰⁴ and this “mobilization has helped fill gaps in the Kenyan government-funded sanitary towel program.”²⁰⁵ Further, during the COVID-19 pandemic, product sales of the Days for Girls washable and reusable pad increased in Kenya.²⁰⁶ Specifically, between 2016 and 2019, Days for Girls Kenya Enterprise sales totaled 15,820 washable pad kits; during 2020, sales increased to 41,131 washable pad kits; and during 2021, sales increased to 79,777 washable pad kits.²⁰⁷ This highlights that such solutions may be the most successful path forward in this space.

Mexico

Mexico recognizes menstruation as a public health matter;²⁰⁸ however, stronger public policies are required to address persisting discriminatory practices. According to a study

by Universidad Nacional Autónoma de México (UNAM), in 2020, poverty in Mexico affected 38 million people, of which approximately 14.2 million were women.²⁰⁹ In Mexico, 40% of women live in poverty and men are paid at a higher percentage than women.²¹⁰ Mexico's National Council for the Evaluation of Social Development found that 42% of menstruating individuals are forced to choose between buying food or purchasing menstrual hygiene products.²¹¹ Yet the high cost of period products affects 50% of the population.²¹² In 2019, the poorest households in Mexico City spent up to 8% of their income on menstrual hygiene products.²¹³ Adding to product inaccessibility, in January 2021, Mexico City became one of the largest cities to ban single-use plastics, but the law does not ban plastic bags that may be needed for hygiene or to prevent food waste.²¹⁴ As such, the ban left more than four million women without access to certain menstrual products, such as tampons with plastic applicators.²¹⁵

According to the UNDP, the COVID-19 pandemic is expected to further push 9.1% of women worldwide into extreme poverty.²¹⁶ This means that an added 47 million women are going to experience hardship in managing their periods and period poverty is going to rise not only in Mexico, but worldwide over the next few years.²¹⁷ As a consequence of this social context, Mexico faces significant problems, such as limited access to period products, poor infrastructure in schools, lack of menstrual education and negative impacts on the economic and social relationships of menstruating individuals.

SCOPE OF MENSTRUAL HEALTH IN MEXICO

Only in recent years have menstruation, period poverty and menstrual health started to be considered part of public policies and the political agenda in Mexico. In 2019, a civic movement, #MenstruacionDignaMexico, was launched with the aim to include menstruation in the political agenda.²¹⁸ To achieve this purpose, the movement has focused on three main objectives: (1) guaranteeing free period products; (2) eliminating the VAT on period products and collecting data and promoting research; and (3) promoting menstrual hygiene management.²¹⁹

Since 2019, the movement has fought for the abolition of taxes on menstrual products, and in December 2021 Congress approved the repeal to take effect as of January 2022.²²⁰ This represents a significant step toward advancing menstrual health and relieving period poverty in Mexico; however, there is still a lot to be done, especially in terms of increasing period product accessibility, data collection and menstrual hygiene management for all individuals.

In May 2021, also at the federal level, Mexico's lower chamber in Congress approved a law to make period products like tampons, pads and menstrual cups free in schools.²²¹ The law intends

to reinforce menstrual education to fight misinformation and bullying of menstruating girls, but still requires the Mexican Senate's approval. At the state level, Michoacán passed a law to ensure free availability of the same period products listed under federal law in all public schools. This same legislative initiative was followed by other state legislatures in Tamaulipas, Oaxaca, Puebla and Aguascalientes.

SUPPORT FOR MENSTRUAL HEALTH IN EDUCATION

In Mexico, talking about menstruation is socially rejected. Menstruation is considered "disgusting" or something that people should be ashamed or embarrassed about. Families do not speak with their children about menstruation and it is not a subject included as part of school curricula.²²² According to official data from the UNFPA, only 5% of parents talk to their children about menstruation, and health providers only reach just over 5% of minors to provide this same type of information, which results in a high percentage of adolescents and children not having access to menstrual information and education.²²³ Only 16% of girls and women have adequate knowledge about menstruation.²²⁴ This lack of information and education creates insecurities and fears in menstruating individuals and reinforces social taboos.

Negative Impacts on Students

According to UNICEF, 43% of girls and adolescents in Mexico prefer to stay at home during their periods rather than go to school.²²⁵ A national survey published in 2020 shows that one in five schools lack adequate washrooms and 58% lack water.²²⁶ Many schools do not even have private restrooms for girls to change their period products. In 2018, about 36% of Mexico City residents lacked daily water supply, 17% did not have a flush toilet and almost 10% shared one.²²⁷ All of these problems lead girls to skip school during their periods because they cannot afford to buy period products or because they are afraid of staining their clothes. According to Anahí Rodríguez, Founder of Menstruación Digna, in some states "the communities do not have toilets with all the services or with doors."²²⁸ Beyond the lack of available menstrual products and missing school, girls who live with period poverty may also experience poor mental health. Inability to obtain menstrual products due to poverty can lead to anxiety, depression and feelings of embarrassment.²²⁹

Laws, Policies and Government-Funded Programs in Schools

At the federal level, Mexico's lower chamber in Congress approved a law which imposes an obligation on the local educational and health authorities of each state to implement menstrual health programs.²³⁰ The programs are aimed at assisting local educational institutions and schools to provide free access to menstrual products to all students. This law is currently under review by the Senate and is yet to be approved.

At the state level, in March 2021, Michoacán was the first state to approve a law that guarantees free access to period products in schools and training to local teachers to provide menstrual education to local students.²³¹ Other Mexican states have approved bills with the same elements, but to date, only Michoacán has been able to implement its program, whereas the other states have not yet assigned public resources for implementation.²³²

Nongovernmental Organizations and Interventions

In recent years, activists have been holding protests and massive marches against gender-based violence nationwide. The largest acts of resistance have taken place in Mexico City, including an 80,000-people march on March 8, 2020, which called for justice for the victims of femicide, as well as the accompanying “A Day Without Women” protest.²³³ Feminist organizations and politicians in Mexico have been pushing for better conditions for women in schools, in line with the recently approved law by the lower chamber in Congress. It is known that gender-based violence, education, menstruation and health, among other psychosocial facets of a woman’s life, are interconnected and triggered by each other. While these public demonstrations have achieved significant progress, only one state has implemented a project to specifically deliver menstrual education and free menstrual products to schools.²³⁴

The work done by NGOs such as Menstruación Digna has been key to achieving change and creating social awareness in Mexico. Since 2019, Menstruación Digna has fought to remove the VAT on period products, only achieved at the end of 2021. Menstruación Digna has also led important efforts to achieve apportionment of public funding and expenditure to grant free access to period products. This initiative has focused mainly on granting free access to products in schools and prisons. According to Rodríguez, “It is important to monitor not only the approval of state laws but to work towards public funds to be apportioned in each state for such purposes.”²³⁵ Menstruación Digna has also developed projects to educate teachers on how to address and talk about menstruation in schools. Other organizations, such as The Hunger Project México, are teaching women how to build bathrooms with showers so that they can wash themselves safely.²³⁶

COVID-19 DISRUPTIONS

Progress in Mexico has stagnated as a result of the COVID-19 pandemic, which deferred attention on menstrual health and assignment of federal and state budgets to approved programs. There is an evident lack of menstrual health and SRH programs due to taboos surrounding menstruation. Due to budget considerations, there is also a significant absence of sanitary infrastructure for girls to maintain menstrual health practices and safely dispose of period products. This lack of

public funding perpetuates period poverty. Without access to safe products, clean water, proper facilities and other management supplies, menstruating individuals will continue to choose school absenteeism over risking humiliating situations in school.²³⁷

Nepal

Discrimination affects almost all menstruators living in Nepal.²³⁸ While the degree of menstrual stigma may vary by region, religion or caste, menstruation is widely perceived as a curse.²³⁹ Oppressive practices are deeply rooted in the belief that menstruation is related to sin, making menstruating persons unclean and untouchable.²⁴⁰ These beliefs carry over into the school setting, impacting the education of young children. Menstrual taboos and restrictive practices make it more difficult for young menstruators to attend school and may prevent students from receiving accurate and complete information about menstruation at school. Nepal’s government is working to address these issues in a variety of ways, along with NGOs and other organizations. However, a major earthquake that Nepal experienced in 2015 and the COVID-19 pandemic have hampered the implementation of school-based interventions.

SCOPE OF MENSTRUAL HEALTH IN NEPAL

Though menstrual discrimination in Nepal manifests in a variety of ways, international media outlets have focused on *chhaupadi*, which is the cultural practice of exiling menstruating women and girls to huts or livestock sheds for the duration of their menstrual cycles.²⁴¹ Women have died from smoke inhalation, animal attacks, and exposure to cold while sequestered during their periods, and also face increased susceptibility to sexual violence.²⁴² *Chhaupadi* is an ongoing problem, primarily in rural, western Nepal, posing a serious risk to the safety and welfare of women and girls, but *chhaupadi* is only one example of the oppression and discrimination menstruators endure daily across Nepal.²⁴³ Isolation is culturally enforced, even in the capital Kathmandu where land is scarce, as menstruating women may be relegated to the corner of a one-room apartment.²⁴⁴ Menstruating women may also be prohibited from touching male family members, eating dairy, milking cows, using the toilet, handling food, tending to plants, using communal water sources, entering places of worship and touching religious objects.²⁴⁵

Menstrual discrimination is indicative of sociocultural patriarchal norms in Nepal.²⁴⁶ Religious leaders, traditional healers and male family members enforce and perpetuate restrictions, but so do mothers and grandmothers.²⁴⁷ Menstruating women are also known to self-impose restrictions.²⁴⁸ Deeply internalized beliefs of impurity and myths of causing harm to family and community members may explain why women are among the perpetrators of menstrual discrimination.²⁴⁹ Women may feel like there is no



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choice but to continue upholding menstrual taboos in order to protect their families. It is common for women who break menstrual taboos to be blamed for sickness, accidents or deaths in the community.²⁵⁰ Furthermore, many Nepali girls receive little menstrual health education prior to menarche.²⁵¹ Instead, they are taught that breaking taboos and having contact with menstruating women will bring bad luck; they observe their mothers and other women experience confinement and shame as a result of having a period, reinforcing the isolation rituals across generations.²⁵² Stories and rumors abound, like losing sight after inadvertent contact with a menstruating person.²⁵³ This stigma is devastating for the mental health of menstruators, resulting in fear, shame, anxiety and even suicide.²⁵⁴

While Nepali law prohibits discrimination against menstruating women,²⁵⁵ the Nepali government's practical efforts have focused on the distribution of free menstrual products in schools, discussed below, and the eradication of *chhaupadi*.²⁵⁶ In 2005, the Nepali Supreme Court declared the practice of *chhaupadi* illegal.²⁵⁷ But it was not until 2018 when it became a crime for a person to force a woman to practice *chhaupadi*.²⁵⁸ The first arrest occurred in December 2019 and there have been repeated police and government initiatives to demolish menstrual huts since then. However, the demolition of huts is known to result in women sleeping outside.²⁵⁹ Many villages have reconstructed their huts but made structural changes so that the government will not realize the huts are being used for *chhaupadi*. Further, the law does not address the underlying social and cultural characteristics of *chhaupadi* or the power structures that perpetuate menstrual restrictions.²⁶⁰ When government officials visited villages to destroy the huts, they did not provide any education about menstrual health or implement any programming to encourage behavior change.

Researchers have identified the lack of national policies aimed at protecting the dignity, self-respect and reproductive health

rights of menstruators.²⁶¹ Human rights activist and menstrual discrimination survivor, Radha Paudel, uses the term “dignified menstruation” and emphasizes the importance of resolving more than just the logistical challenges surrounding the biological process.²⁶² Recent research has moved beyond *chhaupadi* and menstrual hygiene management to consider the impact of menstrual restrictions on the overall well-being and dignity of menstruators in Nepal.²⁶³ One group of researchers explained: “Framing the issue as being about the right to safe, healthy and dignified menstruation moves it from being a negative problem to be solved, and instead an affirmative principle through which the facts of women and girls’ lives are acknowledged and validated.”²⁶⁴ Still, policies protecting the dignity of menstruators will not alone end discrimination. Success is more likely when policy change is accompanied by education and conversations to equip community members with accurate information about menstruation.

SUPPORT FOR MENSTRUAL HEALTH IN EDUCATION

The challenges faced by menstruators in the school setting illustrate the pervasive negative impact of cultural attitudes towards menstruation on people who menstruate. As described more fully below, students may miss school due to menstruation, may face practical obstacles to using menstrual products at school, and may also receive inadequate menstrual health education at school. The government of Nepal and nonprofit and other organizations are working to improve these issues through a variety of interventions, including through the government’s provision of free pads in schools, but some programs have faced obstacles in implementation.

Chhaupadi is the cultural practice of exiling menstruating women and girls to huts or livestock sheds for the duration of their menstrual cycles.

Negative Impacts on Students

Menstrual taboos and restrictive practices negatively impact students at school in multiple ways. Menstruating students may miss school, though estimates of the prevalence of school absenteeism vary. A 2019 survey of 3,495 menstruating girls from around Nepal found that 26.7% had missed school within the past year due to menstruation.²⁶⁵ In Accham, Bajura and Parsa, three rural districts in central and western Nepal, menstruating

students often missed up to a week of school the first time they menstruated.²⁶⁶ A study published in 2018 by UNICEF (“UNICEF 2018”) of the WASH in Schools (“WinS”) Programme in these districts found that 15.3% of menstruating girls at WinS schools and 22% of menstruating girls at non-WinS schools reported having missed school over the past three months due to menstruation.²⁶⁷ A survey published in 2022 by Sadhana Shrestha, et al., of 126 girls from several schools in the peri-urban area around Kathmandu, found that 84% had missed school in the past three months due to menstruation—2.6 days on average.²⁶⁸ By contrast, an older study conducted from 2006-2008 by economists Rebecca Thornton and Emily Oster of 198 seventh- and eighth-grade girls in four schools in Chitwan, Nepal, assessed whether providing free menstrual cups impacted school attendance and found that 47% of girls reported missing school over the past year due to menstruation.²⁶⁹ However, the amount of school missed was low—between 0.35-0.6 days per year among girls in the group that did not receive menstrual cups.²⁷⁰

In the Shrestha survey and the UNICEF 2018 study, which included a survey of 600 girls in three rural districts, menstruating students explained that the primary reasons they missed school were due to pain, fatigue, and concerns about leaking or staining clothes.²⁷¹ Further, schools may not provide pain medication to menstruating students.²⁷² Some schools lack separate sick rooms where menstruating students can rest if they feel fatigued.²⁷³ In addition, compounded by inadequate supports and facilities, menstruating students may be less able to fully participate in school activities when they do attend. In the UNICEF 2018 study, most girls felt uncomfortable playing sports at school or being in a class with boys while menstruating.²⁷⁴

Menstruating students may also face practical challenges in the use of menstrual products at school. According to a 2019 survey of adolescent girls in Nepal, disposable pads and reusable pads are the most commonly used products.²⁷⁵ Only 55% of respondents said they were able to change their menstrual product as often as they wanted to at school; those who could not do so primarily cited a lack of privacy, lack of discreet disposal, and feelings of embarrassment.²⁷⁶ Menstruating students who wanted to use reusable pads or cloths needed a secure place to wash and dry the materials at school, and adequate soap and water, which some schools lack.²⁷⁷ As of 2016, 81.3% of public schools in Nepal had toilets, 67.6% had separate toilets for boys and girls and 79.7% had adequate drinking water facilities.²⁷⁸ Some schools may also lack adequate waste disposal facilities for menstruating girls: of the 12 rural schools in Acham, Bajura and Parsa involved in the UNICEF 2018 study, only two had designated waste disposal facilities in the girls’ restrooms.²⁷⁹ However, 94% of students in the Shrestha study

of three peri-urban schools near Kathmandu reported that they had a secure dustbin to dispose of pads in schools.²⁸⁰

Menstrual health education in Nepali schools has not adequately supported the needs of students, though the government of Nepal is working to enhance the curricula. Teachers, who are rarely trained to deliver menstrual health education, may feel uncomfortable discussing the topic with their students and instead request that students “self-study” at home.²⁸¹ In most schools, menstruation is only covered briefly as part of the Health & Physical Education course, and only after eighth or ninth grade—later than many girls begin to menstruate.²⁸² Menstrual health education may also only be provided to girls separately from boys or in workshops that are not open to male students.²⁸³ However, in the UNICEF 2018 study, both boys and girls interviewed said they preferred to have classes on menstrual health together.²⁸⁴ The majority of girls in the study said they preferred to have menstrual health classes with boys, even though some girls also felt boys in the classes were disruptive, which the study authors interpreted as a sign of how important it was to the girls that boys learn about menstruation.²⁸⁵ Including boys in menstrual health classes helps to destigmatize menstruation and supports boys in becoming allies in the effort to eliminate menstrual taboos.²⁸⁶

The content of some menstrual health textbooks also fails to meet students’ needs. According to Nishi Rungta, who reviewed textbooks and spoke to students as part of a research project on menstrual health education in Nepal conducted by nonprofit Pad2Go, menstrual education in schools is limited to an overview of biology and an introduction to pads.²⁸⁷ Moreover, some textbooks contain unsafe, inaccurate information, such as instructions to replace menstrual pads and soft cloths every 24 hours and to wash the vagina with anti-bacterial solutions.²⁸⁸ Another textbook Rungta reviewed, written and published by the Nepal government’s Curriculum Development Center and intended for ninth grade students, used words like *‘para sarnu’* and *‘na chune hunu’* to refer to menstruation, which Rungta explained loosely translate to ‘staying apart’ and ‘untouchable’ in English—terminology that perpetuates sociocultural stigmas.²⁸⁹

Laws, Policies and Government-Funded Programs in Schools

The government of Nepal’s policies to improve the lives of menstruators at school have focused on: (1) facilitating access to menstrual products through the provision of free pads to students; (2) enhancing WASH in schools; and (3) strengthening menstrual health curriculum and teacher training. In addition, on a broader scale, multiple federal ministries have worked together for several years to create a National Dignified Menstruation Policy, but as of September 2021, it was still in draft form.²⁹⁰ The policy is intended to support dignified menstruation by “providing menstrual

health facilities, raising awareness to break misconceptions, and increasing participation of menstruating girls[] in daily activities.”²⁹¹ However, according to Gunaraj Shrestha, National Convener of Menstrual Health and Hygiene Management, the policy had been “sidelined by the political sphere” due to Nepal’s “relentless political instability since 2017.”²⁹²

Provision of Free Menstrual Pads to Students. On May 3, 2019, as part of a broader presentation of governmental policies for fiscal year 2019-2020, President Bidhya Devi Bhandari announced that the government of Nepal would provide free menstrual pads to girls in school.²⁹³ The program, referred to as the Sanitary Pad (Distribution and Management) Procedure, made its first distribution of pads on December 29, 2019, at a secondary school in Mahalaxmi Municipality.²⁹⁴ Speaking at the program’s launch, Minister for Education, Science and Technology, Giriraj Mani Pokharel, explained that the program was intended to “reduce absenteeism among girl students during menstruation” and help “boost the quality of education.”²⁹⁵ Local governments are responsible for ensuring that pads are available to students, while the federal government provides funding.²⁹⁶ On May 28, 2020, the government of Nepal announced the allocation of 1.82 billion rupees (approximately \$16 million) for the purchase and distribution of free pads to over 1.3 million girls across 29,000 public schools.²⁹⁷ Each girl will be allocated 16 pads per month. In addition, teachers in Kathmandu will receive technical support and training on menstrual hygiene management, and students will be trained on how to make pads. To promote sustainability, the purchased pads are intended to degrade within six months of disposal; if local governments make the pads themselves, they must use at least 95% cotton cloth.²⁹⁸

Yet the program has faced some complications in implementation. At the time of the program’s launch in early 2020, the federal government had not yet released the funds to the municipal governments, leading one municipal leader to complain that the program had been rushed, though federal officials stated the funds were in the process of being transferred.²⁹⁹ Then, beginning in March 2020, Nepal closed schools due to the COVID-19 pandemic, reopening in late 2020 but subsequently closing them during periods of COVID resurgence.³⁰⁰ More recent sources from late 2021 indicate that, likely complicated by these pandemic-related school closures, the free pads program had not yet reached all schools.³⁰¹

In addition, some schools must overcome practical barriers in order for the program to work as intended. In Bajura, a district in western Nepal, the program’s implementation was delayed because, although the school could distribute pads for menstruators to use at home, the schools lacked “proper facilities,

clean water and female friendly toilets” to enable their use at school.³⁰² To address the problem, in 2021 Bajura partnered with the Korea International Cooperation Agency and Good Neighbours International to make facilities at 40 community schools more “female hygiene friendly,” including by building 22 “female friendly toilets.”³⁰³ But since approximately 18% of schools in Nepal lack toilets, the logistical challenges encountered in Bajura may arise elsewhere. To meet this need, the Ministry of Education has also allocated funds to make “girls-friendly toilets in all public schools.”³⁰⁴ Local governments have also worked to improve access to menstrual products in schools. As of February 2020, three schools in Dipayal Silgadhi had piloted a program to utilize menstrual pad vending machines, even before the federal government had implemented its national free pad program.³⁰⁵

WASH in Schools. The government of Nepal has long been committed to improving WASH in schools. For instance, Nepal’s Child-Friendly Schools Initiative, launched in 2002 and supported by UNICEF, incorporates “access to child-gender-disabled friendly water and sanitation” among its goals.³⁰⁶ In 2010, the government of Nepal allocated \$15 million to build 5,500 “girl-friendly toilets” in schools throughout the country,³⁰⁷ and in 2019/2020, the government supported the construction of 1,554 “separate toilets for girls with WASH facilities.”³⁰⁸ In 2018, the Ministry of Education’s School WASH Procedure was adopted, which includes “a ranking to measure standards across different schools.”³⁰⁹ Nepal’s 2016-2023 School Sector Development Plan (“SSDP”) identified as a goal “for all schools to have functional water and sanitation facilities that are environmentally sound and user-friendly for children, boys and girls and differently-abled students and teachers. To strengthen participation and learning outcomes, minimizing the drop-out rate of adolescent girls by fulfilling their privacy and menstrual hygiene management related needs.”³¹⁰

However, making the infrastructure improvements necessary to implement these policy goals remains an ongoing challenge. As the government of Nepal explained in the 2016 SSDP, “[u]ntil recently, the environment in most schools in Nepal, both basic and secondary, was not conducive to effective learning. Schools in most cases have been built by communities without following any standards in terms of size, appropriateness for learning activities or safety.” The government further explained that “challenges remain and schools, particularly in rural areas, still struggle to provide an appropriate learning environment.”³¹¹

The government’s response and inadequate infrastructure is partially due to the devastating Gorkha earthquake and multiple aftershocks that ravaged Nepal in 2015.³¹² Over 9,000 people were killed, thousands more were injured, and more than 600,000 structures were destroyed.³¹³ This toll included damage to over

9,000 schools.³¹⁴ By April 2021, 6,246 schools had been fully rebuilt and 1,307 were under construction, but approximately 1,500 had not been repaired, and further reconstruction faced budget constraints.³¹⁵ According to the *South Asia Monitor*, despite Nepal's plans to the contrary, as of 2021, "lack of funds is now leading to just erecting school buildings without any facilities."³¹⁶

Curriculum and Teacher Training. To address deficiencies in menstrual health education in schools, the Curriculum Development Center of the Ministry of Education, Science and Technology, advised by the Menstrual Health and Hygiene Management Partners Alliance (the "MHMPA"), is working to revise the official school curriculum and textbooks to begin teaching girls and boys, starting at grade four, about menstruation and to counter menstrual taboos and stigmas.³¹⁷ A menstrual health "training package manual," developed in coordination with the Nepal Fertility Care Centre (NFCC), is being rolled out along with the menstrual pad distribution program.³¹⁸ Curriculum revision has been in progress for several years; as of 2019, according to Suman Adhikari Silwal, Curriculum Officer at the Ministry of Youth and Sports, the government of Nepal had committed to enhancing the curriculum and textbooks "for children aged six to 16 that include content on MHM and reproductive health," including discussion of *chhaupadi*, as well as teacher training.³¹⁹

Nongovernmental Organizations and Interventions

According to the nonprofit Maverick Collective, "for the last three decades, there have been several organizations working on [menstrual health] in Nepal, mostly in close collaboration with the government. Despite their long-standing efforts, the national focus on [menstrual health] gained momentum only after the 2015 Gorkha Earthquake, as a component of reproductive health services in disaster areas."³²⁰ Of the 28 NGOs working on menstrual health issues that the Maverick Collective reviewed in 2017, the vast majority worked to increase education and awareness of menstrual health issues, including with adolescent girls in school settings.³²¹ A few also worked on producing or distributing menstrual products; 14% worked to develop policies, guidelines, and programs; and nearly one-third focused on making improvements to school sanitation facilities.³²²

In addition, as Nepal's menstrual health movement has gathered momentum, organizations to coordinate efforts in this space have been formed. The Radha Paudel Foundation formed a global network, the Global South Coalition for Dignified Menstruation, whose objectives include building a movement "for dignified menstruation at local, national, regional and global" levels.³²³ The MHMPA is an alliance of many INGOs, NGOs, bilateral agencies, private sector partners, and others, to "extend collaboration... through evidence-based policy advocacy, by providing learning

resources and technical assistance to create an enabling environment for Dignified Menstruation."³²⁴

COVID-19 DISRUPTIONS

COVID-19 is disrupting access to menstrual products, especially in rural Nepal, and exacerbating menstrual stigmas.³²⁵ Girls who rely on the distribution of free menstrual products no longer have access due to school closures.³²⁶ Even menstruators who have access to a pharmacy or store where menstrual products are available for purchase may be unable to afford them as the economic crisis has inflated prices.³²⁷ The government does not consider menstrual products on par with other essentials, like food, so it does not include menstrual products in relief packages or provide them to menstruators in COVID-19 quarantine facilities.³²⁸ Some menstruators have resorted to using rags, old pieces of cloth or even leaves to manage their periods, which increases the risk of reproductive tract infections and cervical cancer.³²⁹

Sisters for Sisters and ActionAid are two organizations that have adapted to continue supporting Nepali menstruators during the pandemic. Sisters for Sisters focuses on the mentorship of young girls, which includes providing advice on menstruation.³³⁰ During the pandemic, the organization has continued to communicate with mentees by phone and text to provide encouragement and support.³³¹ ActionAid provides menstrual products to ensure young menstruators are still able to attend school.³³² During the pandemic, the organization has distributed menstrual products in conjunction with its humanitarian efforts in Nepal.³³³

Beyond menstrual health concerns, the pandemic and associated lockdowns have reportedly caused an increase in household chores and a sharp rise in child marriage, serving as additional barriers to the education of young girls.³³⁴ Incidents of gender-based violence have also increased during the pandemic.³³⁵ In response, Nepal's Supreme Court ordered the government in September 2020 to allow virtual case registration and hearings for victims of gender and domestic violence.³³⁶

Going forward, the Nepali government should enact policies to address the root causes of menstrual discrimination, rather than just the symptoms. There is an opportunity for the government to implement behavior change initiatives that enable access to accurate information on menstruation and to emphasize dignity and self-respect. Sound policy coupled with clear education increases the likelihood of successfully combatting discriminatory thought patterns and behavior.

New Zealand

While most restrooms provide toilet paper, running water and soap, it is commonly recognized that these products, though they come at a cost, are services necessary to preserve basic hygiene. Left out, however, is a material piece of basic hygiene that impacts half of the population in New Zealand—accessible, free menstrual products. This issue becomes acutely problematic for school-aged children.

SCOPE OF MENSTRUAL HEALTH IN NEW ZEALAND

In New Zealand, a KidsCan survey with more than 5,000 responses found that almost 25% of respondents missed school or work because they have been unable to afford sanitary items and over 50% of respondents found it difficult to access period products due to cost.³³⁷ In particular, almost 33% of respondents under the age of 17 have missed school or work due to lacking access to menstrual products.³³⁸

New Zealanders have taken action to alleviate period poverty through working with corporate partners, donation schemes and charitable entities, including the Red Cross and Salvation Army.³³⁹ While such efforts are impactful, these initiatives create siloed solutions that fail to strike at the heart of addressing period poverty and leave many people, specifically those living in rural areas, without access to menstrual products. The New Zealand government, with the help of advocacy organizations like Dignity NZ, a women's wellness initiative with a mission to champion period health,³⁴⁰ realized that to cement change, there must be an elevated approach for a national, governmental strategy. This would help bring together resources to ensure a comprehensive, efficient approach to address period poverty in New Zealand.

SUPPORT FOR MENSTRUAL HEALTH IN EDUCATION

Negative Impacts on Students

The Ministry of Education in New Zealand has found that even minimal access to period products can “affect students’ attendance and engagement at school.”³⁴¹ It also recognizes impacts to students’ achievement and well-being as “students also miss out on sporting and cultural activities and can feel embarrassed and ashamed about not being supported to manage their periods.”³⁴² New Zealand’s Prime Minister, Jacinda Ardern, stated that “providing free period products was one way the government could address poverty, increase school attendance, and make a positive impact on children’s wellbeing.”³⁴³

A Youth19 Survey found 12% of year 9-13 students who menstruate reported difficulty getting access to products due to cost, and recent research from the University of Otago found that 94,788 girls aged 9-18 years from the country’s poorest households may be unable to afford to buy products and could

be missing school when they have their period.³⁴⁴ In addition, 8% of people who menstruate have reported missing school due to lack of access to period products; for Māori and Pasifika students, 19% reported missing about 3-5 days of school on average every month.³⁴⁵ This is a significant amount of time for students to miss school in any country and at any level, which is avoidable by opening up the conversation and increasing access to period products. As an example, in a 2019 survey, 72% of schools mentioned that a core outcome of having free period products meant that students were able to stay in school during their period.³⁴⁶ This is compounded with the disparities that Māori (an indigenous group in New Zealand) and Pasifika (referring to people from Pacific groups, including Sāmoa, Tonga, the Cook Islands, Niue, Tokelau, Tuvalu and other smaller Pacific nations now living in New Zealand)³⁴⁷ students already face in educational opportunities, as a research study from the Ministry of Education found that racism toward Pasifika students “both overt and less conspicuous forms pervades the education system and is a significant barrier to the wellbeing, belonging and achievement of Pacific learners and their families.”³⁴⁸

Laws, Policies and Government-Funded Programs in Schools

After recognizing the difficulties and harms that period poverty creates in school-aged children by seeking public input and listening to advocacy organizations, New Zealand created a six-month pilot program involving 3,200 students across 15 schools in the country’s Waikato region. After receiving positive feedback from the program, in June 2021, New Zealand launched a nationwide initiative that offers free menstrual products to students in primary, intermediate, secondary and kura, or Maori-language immersion schools.³⁴⁹ The program is slated to run until 2024,³⁵⁰ and is expected to cost 25 million New Zealand dollars (\$17.96 million).³⁵¹ The program is run on an opt-in basis; as of February 2022, almost 7,000 schools have opted to participate in the period product program.³⁵² However, the program has faced issues with COVID-related shutdowns, as students are unable to access menstrual products, education, and support.

Nongovernmental Organizations and Interventions

Charitable organizations are assisting in the mission to reduce period poverty. Dignity, a New Zealand organization, has two impact initiatives aimed at achieving this goal: ‘Buy-one, Give-one’ partnerships for businesses and gifting initiatives for the benefit of workplaces and youth and community groups. The ‘Buy-one, Give-one’ initiative is a partnership with private businesses whereby, for each box of period products a business buys, Dignity matches the equivalent number of boxes and gifts them to community groups throughout New Zealand. Dignity also offers gifting packages by direct financial contributions. Charitable organizations are able to connect with individual

communities to understand where access is needed the most and direct the appropriate amount of resources among the community to see maximum benefit. It is these charitable-private partnerships that serve an important role in addressing period poverty.

Companies are not only opening their pocketbooks to help increase access and reduce stigma but are proactively engaging customers regarding menstrual products. A New Zealand grocery store, Countdown, aims to reduce stigma around the semantics of menstruation. Countdown is now renaming pads, tampons and menstrual cups “Period and Continence Care” instead of “Personal Care and Sanitary Products.”³⁵³ Countdown recognized that “words like ‘personal hygiene’ and ‘sanitary products’ give the impression that periods—which are an entirely natural part of life—are somehow something to hide to yourself, or that they’re unhygienic,” and Countdown found that it can have a hand in moving away from this notion to “normalise the language around periods.”³⁵⁴ It is through the coordination of charitable organizations and private companies that meaningful social change can take place to address the overt and less-overt impacts of period poverty, such as accessing products to the social aspects and ways in which we talk about periods.

COVID-19 Disruptions

While it is still difficult to fully understand the massive ramifications COVID-19 had on New Zealand residents, early research indicates that COVID-19 exacerbated financial distress, one of the most significant barriers to accessing period products. COVID-19 has disproportionately impacted women. In New Zealand, of the 11,000 New Zealanders who lost their jobs over the COVID-19 pandemic, about 10,000 were women.³⁵⁵ In an already stressful time, this made access to period products, especially for school-aged people, even more necessary. In addition, needs have also increased given the lockdown and instability in employment. One New Zealand charity, the Mum’s Clique, provided over 4,000 boxes of products in the first nine weeks of lockdown, but was previously able to distribute 12,000 boxes over a period of 1.5 years.³⁵⁶

Moreover, the COVID-19 pandemic also changed funding, donations and sponsorships for charitable organizations. For example, Period Place, a New Zealand organization aimed at reducing period poverty, had many impact partners that were not able to provide donations during the COVID-19 lockdown. However, the organization pivoted and was able to find other partnerships that targeted the most vulnerable. For example, Period Place donated 11,124 individual period products to Mahitahi Trust’s network.³⁵⁷ The Mahitahi Trust is an organization focused on assisting people to achieve wellness based on ngā Tikanga Māori (Māori cultural beliefs and practices).³⁵⁸ Mahitahi

Trust noted that “we are ever so grateful for this donation and have seen this really makes a difference, wahine (women in Māori) having dignity during their normal natural part of womanhood and them knowing that they are not a liability on their whanau” (extended family in Māori). Securing and maintaining funding and furthering educational curricula will need to be key items on the menstrual health agenda post-pandemic in New Zealand to continue the momentum and ensure dialogue remains ongoing and inclusive for all New Zealanders.

Rwanda

While there has been more focus on menstrual health and hygiene in Rwanda in recent years, significant work remains to achieve adequate menstrual supports. Based on findings from localized research efforts in 2021, carried out by Jean Felix Muhire from the Rwanda Biomedical Center of the Ministry of Health, menstruation has been and still is a taboo dealt with in secrecy, with knowledge of menstruation remaining low.³⁵⁹

SCOPE OF MENSTRUAL HEALTH IN RWANDA

According to Olivier Habimana, Executive Director of the Dorcas Consolation Family (a nonprofit devoted to the sustainable development and empowerment of women and girls), the biggest challenge to increasing menstrual health awareness in Rwanda has been the sociocultural perception that menstruation is dirty and taboo, such that it is not even discussed within families.³⁶⁰ According to Muhire’s survey of 363 menstruating primary schoolgirls in the Musanze District, this resulting lack of accurate knowledge surrounding menstruation leads to 58.1% of girls changing their pads only once per day, 96.7% of girls using paper to make pads, and 3.3% using plastics.³⁶¹ In 2018-2019, the Rwandan Ministry of Education, along with the Ministries of Health and Local Government, introduced an initiative called *Icyumba Cy’umukobwa* (The Girl’s Room) to attempt to prevent girls from dropping out of school at menarche. This initiative slightly improved menstrual health in the country, however, equitable implementation of the policy across all schools has been a challenge due to inadequate resources.³⁶²

SUPPORT FOR MENSTRUAL HEALTH IN EDUCATION

Negative Impacts on Student

It appears that inadequate menstrual supports significantly impact school absenteeism in Rwanda. UNICEF has found that an estimated 25% of menstruating individuals globally miss school every month while on their cycles.³⁶³ Research from Sustainable Health Enterprises, a Rwandan social enterprise that locally produces and sells environmentally conscious menstrual pads, confirms that 18% of menstruating individuals in Rwanda miss school and work because they cannot afford to buy menstrual pads.³⁶⁴ Schoolgirls miss up to 50 days of school each year due to

menstruation-related issues.³⁶⁵ Moreover, misconceptions from boys and even adults often lead to teasing, misinformation and harm to girls.³⁶⁶ For instance, based on local research efforts, the most common reasons for missing school have been feeling physically unwell during periods and lacking menstrual pads; however, other reasons have been reported as fear of leaking, fear of being teased by others and feeling ashamed.³⁶⁷

Based on Muhire's research efforts, menstruation management practices, including the frequency of changing pads in a day, pad-making methods, disposal of pads and modes of cleaning external genitalia were found to be unsatisfactory among the majority of primary schoolgirls, which signals a need to educate them about menstrual hygiene.³⁶⁸ As a consequence, menstruating individuals are at risk of getting genitourinary tract infections, which may lead to further reproductive tract complications if left untreated.³⁶⁹

Laws, Policies and Government-Funded Programs in Schools

To address school absenteeism and dropout rates, the Rwandan Ministry of Education, along with the Ministries of Health and Local Government, introduced an initiative called Icyumba Cy'umukobwa (The Girl's Room) in the country's schools back in 2018-2019.³⁷⁰ These rooms are safe havens for schoolgirls who have unexpectedly started their period or have period related issues. Such girls are equipped with pads, uniforms to change into, towels, pain killers, a bed, water and soap. These products are all provided free of charge and the girls are helped by an adult who has access to The Girl's Room, usually a teacher or a female staff member.³⁷¹

This initiative has had mixed impact on the dropout rates and absenteeism of young girls in school, depending on the school and availability of resources. Perhaps due in part to creative interventions and the effective implementation of national strategies, the number of students enrolling in secondary education more than doubled from 288,036 in 2008 to 658,285 in 2018, and the number of girls and boys enrolled in secondary schools is now almost equal, with slightly more girls enrolled than boys.³⁷² It must be noted, however, that many Rwandan schools have not yet implemented a Girl's Room and materials vary by region.

In December 2019, Rwanda announced its decision to remove the VAT from period products to make such items more affordable.³⁷³ While viewed as a positive step forward, many Rwandan women still have difficulty affording menstrual products. Each pack of menstrual pads costs \$0.325; this is a high price for many Rwandan women, especially those that must buy multiple packs to manage one menstrual cycle.³⁷⁴

Nongovernmental Organizations and Interventions

NGOs play an important role in Rwanda in achieving menstrual health, but the scale and reach of NGOs are limited. The iMatter Initiative is an NGO registered under the Rwanda Governance Board to help provide access to feminine hygiene products and reproductive justice education.³⁷⁵ Sustainable Health Enterprises (SHE) is a for-profit business with a direct social impact that locally produces and sells go! pads, environmentally conscious menstrual pads made as an affordable solution to expensive and inaccessible commercial period products.³⁷⁶ World Vision supported a few schools in Rwanda to construct better-equipped menstrual hygiene rooms—for example, Groupe Scolaire Banda secondary school, which has more than 650 school girls in attendance.³⁷⁷

Companies are not only opening their pocketbooks to help increase access and reduce stigma but are proactively engaging customers regarding menstrual products.

COVID-19 DISRUPTIONS

Based on research by the Ministry of Gender and Family Promotion of the Republic of Rwanda in 2020, the use of period products among female respondents has changed since the onset of COVID-19 because, prior to the pandemic, needs for such products were mainly addressed at school.³⁷⁸ The majority of female respondents (32.1% from urban and 29.2% from rural areas) reported a decline in the use of washing supplies, disposable pads and reusable pads linked to a decline in income and accessibility to supplies due to the closure of shops where these products are sold, among other reasons.³⁷⁹ Based on an interview with a local expert, there have been improvements in 2022 after pandemic restrictions eased and school girls were back to school.³⁸⁰ Looking ahead, the menstrual health movement in Rwanda requires further attention, program development and sustained resources, devoted by the national government, local entities and nonprofits that can reach further sectors of civil society.

South Africa

While there has been demonstrated progress in advancing menstrual health in South Africa, there are continuing challenges in the country, including limited educational opportunities for students and teachers on issues of menstruation, financial resources to purchase period products and access to clean

facilities in schools. Persisting cultural, social and economic issues, as well as the ongoing COVID-19 pandemic, have also slowed the progress made over the past few years, including in the provision of free period products in schools.

SCOPE OF MENSTRUAL HEALTH IN SOUTH AFRICA

In 2018, the Stellenbosch University Law Clinic published a report stating that 30% of school-aged girls in South Africa do not attend school during menstruation due to the lack of affordable period products.³⁸¹ As a result, “a girl could effectively lose about 90 days of schooling a year as a direct result of issues relating to menstruation.”³⁸² In October 2018, the former finance minister, Tito Mboweni, announced two important measures to promote menstrual health.³⁸³ The first was the elimination of the 15% VAT on commercial pads starting in April 2019.³⁸⁴ The second was Mboweni’s announcement that the Department of Women, Youth, and People with Disabilities (“DWYPD”) will distribute free menstrual products, including pads, in public schools within the poorest economic brackets through the National Sanitary Dignity Implementation Framework.³⁸⁵

Regarding elimination of the VAT, while this is an important step in the right direction, this measure is not without its flaws. To date, it remains unclear whether the tax exemption applies to all period products, or only to pads.³⁸⁶ Draft government regulations included pads but explicitly excluded tampons and menstrual cups.³⁸⁷ Further, the removal of the VAT on commercial pads only addresses taxes within South Africa and does not remove the 20% import tax on commercial pads paid by consumers in South Africa.³⁸⁸

Mboweni’s pilot project to distribute free menstrual products included the provinces of Kwa Zulu Natal, Mpumalanga, and the Eastern Cape.³⁸⁹ Through the program, the Department of Women delegated responsibility to the selected provinces to purchase and provide menstrual products to students.³⁹⁰ Prior to this measure, several other provinces already provided free pads to students in schools.³⁹¹

SUPPORT FOR MENSTRUAL HEALTH IN EDUCATION

Support for menstrual health in educational institutions is critical to promoting the health and wellbeing of women and girls and to reducing misconceptions surrounding menstruation. A lack of support for menstrual health within schools negatively impacts students by increasing absenteeism, reinforcing gender and economic inequality, and strengthening the stigmatization of menstruation. Continued support and resources from governmental and non-governmental entities and institutions are crucial in promoting menstrual health.

Negative Impacts on Students

An estimated 30% of South African school girls do not attend school while on their period.³⁹² A number of reasons account for school absenteeism due to menstruation, including “physical symptoms, shame, secrecy and fear of leakage, access to products and/or ability to manage menstruation at school,” all of which can significantly impact and reinforce gender and economic inequality.³⁹³ Many challenges in school settings are linked to inadequate water and sanitation facilities, a lack of privacy, disparate access to menstrual products, barriers to accurate menstrual education and societal and cultural influences.³⁹⁴

Many students in South Africa face disparate access to menstrual products. About 60% of women and girls in South Africa do not have access to traditional menstrual products.³⁹⁵ Rather, many report using alternatives such as rags, toilet paper, newspapers, leaves, “recycled” tampons and pads and disposable nappies.³⁹⁶ Further, students often obtain menstrual products from a number of different sources, frequently dependent on their families’ financial abilities. In a 2020 study, 66.7% of students reported that “their family could always afford to buy sanitary materials” while 32.2% reported only sometimes being able to afford commercial period products.³⁹⁷ Only 33.7% of students reported receiving their products from school, either through a public sector distribution program or NGO initiatives.³⁹⁸

Many students also choose to stay home during menstruation due in part to the lack of clean facilities at school.³⁹⁹ Managing menstruation safely requires clean, functional, and private toilets with appropriate methods of waste disposal for used period products and methods for handwashing. A 2020 study found that many school facilities in South Africa had leaking toilets or basins, muddy water covering the floor, and used pads or other trash items on the floor.⁴⁰⁰ Although certain schools made efforts to clean their toilets and restock period products, they often did not have adequate resources and supplies to maintain upkeep throughout the school day.⁴⁰¹ As a result of these conditions, students in the study repeatedly remarked that “home” is synonymous with clean facilities while “school” is synonymous with dirty ones.⁴⁰²

Further, many students do not receive accurate education about menstruation and the use of period products. Comprehensive education about menstrual health is often limited for a variety of reasons, including the prevalence of social taboos around female health and sexuality. Although some girls have reported learning about menstruation in schools, “there [is] clear variability in scope, timing and frequency of these lessons with both learners and educators calling for greater depth and application over the issue.”⁴⁰³ Notably, South Africa instituted a program, “Life

Orientation,” through the Department of Basic Education, to teach high school students about various topics, including sexual and physical education⁴⁰⁴ and future career options. Despite the program, however, all students noted significant gaps in the quality and consistency of the delivery of sexual education in the Life Orientation program.⁴⁰⁵

Outside of the formal school setting, many girls report discussing menstruation with female family members or community members. However, often the topic of menstruation is discussed in “hushed tones” with a focus on appropriate behavioral conduct, not menstruation itself. Renjini Devaki, the Monitoring and Evaluation Research Manager at MIET Africa, and Sonwabise Mzinyathi, Senior Manager of Global Policy and Government Affairs at Global Citizen, both emphasized disparate education measures about menstrual products, which is sometimes dependent on where a girl resides. Devaki stated that those in rural areas “have no exposure [and] do not know what is happening” relative to their bodies and how to properly care for themselves during menstruation.⁴⁰⁶ “Information shared by female relatives tends to focus on appropriate behavioral conduct, [such as staying away from boys] rather than on developmental or biological processes.”⁴⁰⁷ In some instances, menstruation is considered a social taboo and girls are locked in a room without community contact for the duration of their menstrual cycle.⁴⁰⁸ Mzinyathi confirmed that “there are some areas in South Africa where [menstruation] is considered to be a sin,” and related to an assumption that a female is engaging in sexual activity.⁴⁰⁹

Laws, Policies and Government-Funded Programs in Schools

In 2019, the DWYPD developed the National Sanitary Dignity Implementation Framework (the “Framework”) to promote menstrual dignity and to address challenges around menstrual health in South Africa.⁴¹⁰ The Framework acknowledges that, while significant progress has been made for women in the country, menstrual health has not been fully addressed, particularly for indigent girls and women.⁴¹¹ The Framework is based on a progressive plan that addresses the needs of the most vulnerable first, but depends on budget and provincial readiness for implementation.⁴¹² The Framework endeavors to ensure that every indigent girl and woman has reasonable and easy access to free basic menstrual products and to institute successful and sustainable WASH measures. The Framework requires wide-ranging implementation efforts and the participation of multiple stakeholders, including governmental agencies, community or traditional leaders, civil society organizations, private sector entities and NGOs and their donors.⁴¹³ Although implementation of the Framework has slowed due to the COVID-19 pandemic, the program is still ongoing.⁴¹⁴

Any national or provincial department responsible for the implementation of the Framework is required to continuously monitor program implementation and submit reports to the DWYPD.⁴¹⁵ In turn, the DWYPD is required to review the Framework at least once every three years and maintain a database on all reports and information relating to implementation; but to date, the DWYPD has not finalized its full monitoring and evaluation strategy.

Although Devaki and Mzinyathi note that the Framework has been a launch pad for other initiatives, such as the National Coalition on Menstrual Health Management, comprehensive implementation of the Sanitary Dignity Framework is slow and incomplete.⁴¹⁶ In 2019, the South African National Treasury disbursed funds directly to nine provinces to implement the Framework. However, implementation was delayed in three provinces (Eastern Cape, Limpopo, and Mpumalanga); one province used only 25% of its allocated budget (North West) and one province did not use any of its allocated budget (Northern Cape).⁴¹⁷ Two provinces (Gauteng and Free State) appointed women-led and owned suppliers of pads in schools, although it is unclear if any products were actually distributed to students.⁴¹⁸ Progress was further hampered by the COVID-19 pandemic.⁴¹⁹ In fact, period products were not delivered to any schools in any province in the first quarter of 2020.⁴²⁰ It remains unclear whether products are currently being distributed to any provinces through the Framework.

About 60% of women and girls in South Africa do not have access to traditional menstrual products.

Nongovernmental Organizations and Interventions

Several NGOs are actively involved in promoting menstrual health in South Africa through educational programs and the provision of menstrual supplies. For example, in 2021, Sumitomo Rubber South Africa (“SRSA”) partnered with Elle International, a menstrual health and education NGO, to provide free menstrual cups to high schools.⁴²¹ Through this partnership, teachers were also trained to support students using the products and to provide education about menstrual health via an interactive training program.⁴²² Other NGOs, such as Project Dignity, Qrate, and the Siyasizana Foundation, are also actively involved in raising awareness

about menstruation, providing educational programming, and distributing products to girls and women.

COVID-19 DISRUPTIONS

Beyond hampered implementation of the Framework, the COVID-19 pandemic significantly impacted menstrual reforms in South Africa. Access to social services declined during the pandemic, limiting access to education and resources that would typically aid women and girls in managing menstruation. In May 2020, in recognition of the hardships the pandemic imposed on those in period poverty, the DWYPD announced the formation of “solidarity partnerships” with the UNFPA, Water Aid Southern Africa, Footprints Foundation, and the Langelihle Youth Foundation to ensure that “menstrual and hygiene products are made available for vulnerable women and girls in indigent households, shelters, informal settlements and quarantine spots during the lock-down period and beyond.”⁴²³ As a result of these partnerships, period products were provided to the Department of Social Development to distribute to women and girls in shelters who are victims of crime and gender-based violence, in facilities for persons with disabilities, in shelters for the homeless, and to girls who live in communities that participate in programming with certain NGOs.⁴²⁴ The Department of Social Development in turn used a food parcel distribution system during the lockdown to provide period products to beneficiaries in all provinces. The Department plans to continue these solidarity partnerships post-pandemic to advance menstrual health in South Africa.⁴²⁵

Changing school schedules during the COVID-19 pandemic also impacted the continued implementation of menstrual supports. Devaki explained that, due to lockdowns, “schools went into a rotating system” where the students were not in school each day.⁴²⁶ As a result, program implementation was difficult. Previously Devaki’s organization sponsored menstrual health clubs in numerous schools throughout South Africa to educate both male and female students.⁴²⁷ However, some schools no longer permitted outside programs during COVID-19 because the teachers’ primary focus was to ensure fulfillment of the general curriculum and preparation for testing. Similarly, Mzinyathi noted that, prior to the pandemic, “a lot of school feeding schemes [started] to include menstrual health products in their nutritional packages.”⁴²⁸ Thus, COVID-19 not only impacted the ability of NGOs to reach students, but also limited the amount of donations received by school feeding schemes.⁴²⁹ Even though lockdowns have now ended in South Africa, Mzinyathi notes that the “rhythm that built has been disturbed quite a bit.”⁴³⁰

Several policies and programs led both by the South African government and various NGOs incited a movement towards measurable progress in menstrual health. However, continued

cultural and socioeconomic influences, as well as challenges posed by the COVID-19 pandemic, stalled progress previously achieved. Many students in South Africa still face increased difficulties in accessing period products, clean facilities and adequate information regarding menstruation. Moving forward, further implementation of the Framework is a crucial step towards recognizing the importance of menstrual health and dignity for all in South Africa.

Tanzania

Despite a greater focus in Tanzania on menstrual health in recent years, significant work remains.⁴³¹ Menstruators in rural areas, especially, consistently face obstacles to managing menstruation in a safe, private and dignified manner. These barriers include lack of access to clean water,⁴³² adequate disposal systems, safe and affordable menstrual products and basic menstrual health information—all of which are vital to protect menstrual and reproductive health.⁴³³

SCOPE OF MENSTRUAL HEALTH IN TANZANIA

Poverty in Tanzania exacerbates menstrual health. More than half of the female population (60%) lives in extreme poverty⁴³⁴ and many women and girls from low-income areas cannot afford menstrual products. In Tanzania, 91% of shops in rural areas do not sell disposable menstrual pads.⁴³⁵ When sold in retail, the price of disposable pads is often prohibitive and most parents report that the cost far exceeds what they are able to pay.⁴³⁶ As a result, menstruators have no choice but to use unsafe alternatives such as rags, leaves, pieces of mattress filling or used scraps of cloth to manage menstruation. These unhygienic materials are not only uncomfortable and prone to leakage, but they also leave menstruators susceptible to urinary tract infections and other reproductive health issues. The inability to access menstrual products, combined with the problem of unaffordability, forces some young girls and women to trade sex with men twice or three times their age in exchange for pads, which exposes them to early and unwanted pregnancies, unsafe abortions and sexually transmitted infections including HIV/AIDS.⁴³⁷

To assist with affordability, the government of Tanzania removed the VAT from menstrual products on July 1, 2018.⁴³⁸ The Tanzania Menstrual Health and Hygiene Coalition (MHH Coalition) was instrumental in educating various Tanzanian ministries on the benefits of removing the VAT. Formed in 2018, the MHH Coalition, is an active non-governmental coalition comprised of advocates, government officials, NGOs, producers, wholesalers, retailers, faith-based organizations and corporate representatives who are dedicated to improving menstrual health in Tanzania. As of 2020, the Coalition had more than 170 members and operated an active WhatsApp and email group.⁴³⁹ Despite the MHH

Coalition's successful lobbying, however, Tanzania's government reintroduced a tax on menstrual products in 2019 and replaced the VAT exception with a temporary reduction in corporate taxes for menstrual product producers. The Tanzanian government defended the VAT by claiming there was no benefit to tax-free tampons and pads because retailers were not passing the cost reduction through to consumers and the exemption had a limited impact on the prices of pads in the market.⁴⁴⁰ The public reacted with a hashtag campaign, #PediBilaKodi ("pads without tax") which helped to raise public awareness and opportunities for action through social media.⁴⁴¹ Some menstrual health advocates believe the VAT was reimposed due to a lack of knowledge around menstruation.⁴⁴² Advocates have also suggested that some retailers and politicians view menstrual products as a discretionary consumer good rather than a medical necessity.⁴⁴³

In addition to access issues, menstruators must also contend with deeply entrenched cultural beliefs and social taboos. Menstruation is a taboo subject rarely discussed publicly in many Tanzanian communities because it is perceived as a shameful, private and dirty event that must be kept secret as a female issue; menstrual blood is also associated with beliefs about impurity and contamination.⁴⁴⁴ These negative associations lead to burning, burying or directly dropping menstrual waste into latrines⁴⁴⁵ and to a broad range of prohibitions related to social engagement, exercise and touching (SET taboos),⁴⁴⁶ based on the perception that menstruation is a "curse," further restricting women and girls' mobility. In some areas of the country, menstruating girls are not allowed to touch water sources or plants, cook, wash dishes or pass via planted fields for fear of negative consequences like killing or withering vegetables.⁴⁴⁷ Religious beliefs also play a major role in menstruation. For instance, some Islamic practices in Tanzania restrict menstruating girls and women from entering the mosque for prayers, reading holy books and fasting during the month of Ramadan due to the belief that menstrual blood is "dirty," or *najisi* (impure) and *haram* (forbidden).⁴⁴⁸

According to Hyasintha Ntuyeko, Founder and CEO of Kasole Secrets, a private company based in Dar es Salaam, silence is most responsible for menstrual health misinformation and cultural stigmas.⁴⁴⁹ Women and girls are not allowed to speak about menstruation in front of men and, in some cases, even other women. Consequently, women and girls lack an adequate understanding of their bodies to manage their menstrual cycles. Ntuyeko believes that the only way to break the silence and change perceptions and behaviors related to menstruation in Tanzania is through MHH education.⁴⁵⁰

SUPPORT FOR MENSTRUAL HEALTH IN EDUCATION

Increasing access to accurate information on menstrual and reproductive health and proper management is essential to improving the educational outcomes of menstruators who attend school in Tanzania. Many key stakeholders, including but not limited to local school districts and NGOs in Tanzania are dedicated to destigmatizing menstruation and in recent years have played a pivotal role in addressing the comprehensive menstrual needs of students and in raising awareness through community outreach, various MHH school programs, MHH coalitions and legislation.

Negative Impacts on Students

In Tanzania, girls who attend school while menstruating are confronted with an array of challenges that negatively impact their education. While primary school enrollment among girls and boys is nearly equal in Tanzania, the enrollment changes dramatically in secondary school as girls reach puberty.⁴⁵¹ Prior to menarche, girls generally perform better in school than their male peers, but academic performance drops significantly when they get their first period; some girls drop out of school altogether.⁴⁵² On average, girls miss two to four school days during each monthly cycle, adding up to approximately 30-40 missed school days per year.⁴⁵³ According to a cross-sectional exploratory study of 8,012 adolescent girls conducted in 19 districts in Tanzania between February-September 2019, about 16.8% reported that their periods keep them out of school.⁴⁵⁴ The same study revealed several reasons for school absenteeism during menstruation, including pain and discomfort (74%); lack of menstrual materials (42%); fear of embarrassment from visible stains on clothes (34%); lack of changing rooms (34%); and lack of clean and suitable toilet facilities (26%).⁴⁵⁵ Being teased about menstruation is another frequent occurrence in schools negatively affecting girls' education, mental health and well-being, potentially carrying into adulthood.^{456, 457}

Ntuyeko believes that once girls are empowered to realize that they should not miss school due to the lack of toilets, clean water, disposal facilities and period products, they will begin to demand changes to the infrastructure, so she teaches girls to advocate for themselves by approaching school administrators and headmasters to ask for the accommodations they need in order to stay in school during menstruation.⁴⁵⁸ Without adequate sanitation and menstrual products in schools, 85% of girls use unhygienic materials such as strips of cloth,⁴⁵⁹ which can spread fungi and infection.⁴⁶⁰ Water facilities are not available in 38% of Tanzanian schools, the water facilities are not operational in 46% of cases, and 64% of school latrines do not have a place to dispose of pads.⁴⁶¹ As of 2018, only 44.2% of schools in Tanzania had teachers trained on WASH issues, with only 50.8% of those teachers providing some type of menstrual products to young girls.⁴⁶² In

addition to these barriers, a MHH research report published by UNICEF in 2020 revealed that girls frequently lack privacy because the toilets in schools are most often built without doors, door bolts or roofs.⁴⁶³ In some cases, toilets are even shared with boys.⁴⁶⁴ As a result, girls often wear pads longer than they should or change pads outdoors behind bushes.⁴⁶⁵ These unhygienic practices and conditions put them at high risk of developing bacterial infections and even toxic shock syndrome (TSS). Moreover, because safe disposal facilities typically do not exist in schools, menstrual waste is often burned, thrown into pit-latrines, or buried in the ground—practices that raise environmental and safety concerns.⁴⁶⁶

Laws, Policies and Government-Funded Programs in Schools

Tanzania does not have a national stand-alone policy that specifically addresses menstrual health or provides free or subsidized menstrual products in schools.⁴⁶⁷ Over the past decade, the country's educational policy and government programming have focused primarily on improving WASH facilities and waste management in primary and secondary schools.⁴⁶⁸ However, in 2017, Tanzania's Ministry of Health agreed to incorporate menstrual hygiene management as a specific issue in the revised National Health Policy, which serves as the government's overarching blueprint for health-related resource prioritization.⁴⁶⁹ The National Health Policy discussed challenges faced by women and girls in managing their menstruation in both public and private spaces and a statement that the government will ensure efficient menstrual health services through public-private partnerships, systems improvements, and coordination with law enforcement.⁴⁷⁰ Although a step in the right direction, there is still an urgent need for a more coordinated effort among the various ministries to allocate financial and human resources dedicated to MHH in order to meet the objectives of the National Health Policy and to improve the lives of menstruators in Tanzania, specifically in schools.⁴⁷¹

To bridge these financial and human resource gaps, government ministries across all sectors have collaborated with numerous NGOs and private organizations. For example, the Tanzanian government recently partnered with Raleigh International to build safe and clean toilet blocks in schools with menstrual hygiene management facilities.⁴⁷² In 2019, they worked in nine communities to construct 33 gender-specific toilets for students.⁴⁷³ They also delivered 23 hygiene facilities and 45 murals to reinforce safe WASH behaviors and practices.⁴⁷⁴ Raleigh International's volunteers use guidelines and materials approved by the Tanzanian Ministry of Education to safely teach about the types of materials that menstruators may safely use, how to dispose of them, and how to engage the surrounding community.

Mema Tanzania, a youth-led organization that provides pads to students in schools, worked on a campaign launched in 2018 called *Sauti Ya Binti* with the US Embassy of Tanzania to break the silence around menstruation and install pad vending machines in schools. The project pilot reached four schools in Dar es Salaam, with more than 400 students benefiting from menstrual hygiene training and more than 1,400 girls gaining access to pads through vending machines.⁴⁷⁵ The vending machines allowed girls to purchase pads at a subsidized cost; between 2018 and 2020, the organization sold more than 18,000 pads.

Nongovernmental Organizations and Interventions

Educating women and girls about menstrual health can significantly improve school attendance and help remove the stigma and misinformation surrounding menstruation. The UNFPA, WomensChoice Industries, Made With Hope, and Kasole Secrets are just a handful of local and international NGOs that have played an integral role in promoting menstrual health in primary and secondary schools. Kasole Secrets recently partnered with Kibaha Municipal and the Tanzania National Institute for Medical Research, the largest public health research institution in Tanzania, to implement an Integrated Menstrual Health project in six public schools.⁴⁷⁶ The project ran from January 2020–April 2021 with financial support from Grand Challenges Canada and the Duke-UNICEF Innovation Accelerator and addressed access and affordability issues to quality pads, poor WASH facilities and information on puberty and menstrual health among schoolgirls.⁴⁷⁷ The project increased student access to quality and affordable pads by 12%; reduced the use of old cloth as period products by 9%; and increased knowledge on puberty and menstruation among adolescents in schools by 52% and 57%, respectively.⁴⁷⁸ In addition, improved school WASH facilities caused an 8% reduction in absenteeism among menstruating girls.⁴⁷⁹

More recently, UNICEF Tanzania partnered with Tai Tanzania, R-Labs and Mingati, to localize Oky, a period tracking application (app) for girls in Tanzania.⁴⁸⁰ The goal of the partnership was to provide a user-friendly period tracking app for young girls that not only assists in predicting menstrual cycles, but also aids with informal knowledge on MHH and Sexual Reproductive Health.⁴⁸¹ The application was tested by 18 young girls for the first time on May 12, 2022 during Innovation Week Exhibitions in Dar es Salaam. Through this program, Tanzanian girls will now have access to accurate information on MHH practices and proper management.⁴⁸²

COVID-19 DISRUPTIONS

In March 2020, the closing of schools in Tanzania due to the COVID-19 pandemic had an enormous impact on girls' school attendance and highlighted inadequate WASH facilities and

resources. UNFPA responded to these challenges by maintaining open access to its centers, information, and services during the pandemic.⁴⁸³ Nonetheless, a 2021 report looking at the effect of COVID-19 on girls' education in East Africa found that the lack of essential facilities and resources, such as sanitizer, soap and menstrual health products, disincentivized students from returning to school, particularly girls.⁴⁸⁴ Key informants from Tanzania noted in the report that, when schools reopened, many girls did not return and linkages were made between school closures and the traumatization of girls.⁴⁸⁵

In addition, many menstrual health clubs,⁴⁸⁶ a critical source of information and discounted menstrual products for students, could not finish their curriculum in December 2020 as anticipated and delayed MHH education until March 2021.⁴⁸⁷ As a result of these delays, trainers from Kasole Secrets' MHH programs were overwhelmed by newly enrolled students who were inundating the menstrual health clubs and had missed 75% of the training that was deployed in 2020.⁴⁸⁸ Furthermore, due to school closures, the timetable for teachers to complete the regular curriculum was shortened, which reduced menstrual health club time from 60 minutes weekly to 45 or 30 minutes weekly.⁴⁸⁹ Another challenge during school lockdowns was the inability of school MHH programs to communicate with students during the pandemic. The lack of virtual and digital technology in many households made it difficult to contact and connect with female students about their needs because they were isolated at home and most families in remote areas do not have access to mobile phones, the internet, or electricity.⁴⁹⁰

Even though there is clear momentum and enthusiasm among government officials to improve menstrual health in Tanzania, there is still a need for the government to prioritize MHH initiatives and policies so that menstruating individuals can stay in school, feel empowered to speak up about their needs, and experience educational and professional growth in line with their peers.

Uganda

In 2015, Uganda's Ministry of Education and Sports ("MoES") introduced its landmark policy, the "Menstrual Hygiene Management Charter," to stop girls from dropping out of school due to menstruation and to improve overall menstrual health in the country.⁴⁹¹ The government has been working with several NGOs, including Days for Girls International, iRise Institute East Africa, AfriPad, Rotary Club International, and Plan International, among others, to provide resources, period products, hygiene facilities and supplies, and menstruation training for students and teachers, while also monitoring the standard of hygiene facilities in schools.⁴⁹²

According to experts, the biggest challenge in improving menstrual health awareness has been the general perception that menstruation is a private issue for girls.⁴⁹³ Many teachers, religious leaders and elders do not consider menstruation a serious issue and it is not discussed in public. As of 2022, 65% of Ugandan girls are unable to meet their MHM needs.⁴⁹⁴ Much progress has been made since the implementation of the 2015 policy and the MoES is already preparing a comprehensive new policy for 2022 that will spearhead further progress in the years to come.⁴⁹⁵

SCOPE OF MENSTRUAL HEALTH IN UGANDA

In central Uganda, it is tradition for aunties and mothers to take on the responsibility of discussing menstruation at home. However, the topic is often shrouded in shame due to the many harmful taboos about menstruation in Ugandan cultures.⁴⁹⁶ For example, menstruating girls are believed to have the power to stop crops from growing in some parts of Uganda, as they are perceived to be "dirty." According to Diana Nampeera, Global Director of Country Programs at Days for Girls International, in some Ugandan cultures, girls sit in a hut during menstruation.⁴⁹⁷ Other Ugandan cultures hold superstitious beliefs that the number of building bricks a menstruating person counts when their period starts is the length of their period, or that if a father ever saw a girl's menstrual blood, the father would die.⁴⁹⁸ These cultural beliefs are more widely held in rural Uganda than in the urban areas.

A 2019 study conducted by the MOES indicated that about 23% of Ugandan girls aged 12-18 drop out of school at menarche. Those who remain in school often miss an average of one to three days per month.⁴⁹⁹ Hence, much of the work to improve menstrual health in Uganda has focused on reducing the impact of poor menstrual health management on the engagement of girls in school. A 2015 study in rural Uganda, in which 37 schoolgirls were provided with homemade reusable pads, found that the girls missed fewer school days than they did prior to receiving the products and parents could apply the amount saved toward other educational needs for the girls.⁵⁰⁰ But when asked if better infrastructure connecting rural and urban regions, such as for increased distribution of period products, would be more effective for achieving menstrual health progress, Nampeera said that tackling harmful cultural norms would instead have the biggest impact in supporting menstrual health in Uganda.⁵⁰¹

SUPPORT FOR MENSTRUAL HEALTH IN EDUCATION

Since January 2015, the MoES has been proactive in improving MHH education. The 2015 Charter instructed primary and secondary schools to provide separate toilet facilities for girls, boys, children with disabilities, and male and female teachers; adequate water tanks and soap near the toilet facilities; emergency changing uniforms, pads, and pain medications; and

mandated training for senior female and male teachers to support girls through the process of maturation, including menstruation. A 2018 study conducted by the MoES assessed the impacts and level of implementation of the 1/2015 MoES Directive.⁵⁰² The main challenges identified were: (i) lack of adequate MHM facilities; (ii) lack of adequate and emergency MHM materials; (iii) insufficient water supply and poor sanitation; (iv) high absenteeism; (v) inadequate funds; and, notably, (vi) low participation of parents.⁵⁰³

Overall, the 2018 study found positive changes in several areas addressed by the 1/2015 Directive. More than 90% of schools demonstrated increased awareness and education about menstruation and offered counselling to avoid trauma. Support from NGOs has been an important component of implementation.⁵⁰⁴ Some of the factors that led to improved outcomes included availability of menstrual products, proliferation and improvement of menstrual facilities provided by the government and NGOs, and a heightened willingness from parents to play an effective role in MHM education and care in comparison to the statistics from the 2015 study, although the overall participation of parents remained low.⁵⁰⁵ The MoES initiative likely stimulated heightened participation among parents in the MHM discussion, and towards providing reusable pads and sewing facilities for making homemade pads.⁵⁰⁶

Elsewhere, the study found limited progress and implementation. Only 43% of schools were raising awareness among boys to understand and support girls during their periods. More than 70% of schools did not provide MHM training to girls on how to make their own menstrual products and soap, as instructed to do so by the 1/2015 Directive, which was mainly attributed to the lack of skilled trainers.⁵⁰⁷ The 2018 study found that the main deterrents to effective MHM in schools are the school environment, including bullying and the lack of clean facilities, unavailability of statistics and monitoring, and limited or no budget to support MHM activities.

The results showed that knowledge about MHM remains limited among students, teachers, and parents, and the lack of knowledge was found to be significantly more pronounced among men and boys. The 2020 MHM Study found that 50% of young girls in Uganda are not adequately prepared for their first menstrual cycle and that almost 80% of women do not know how to manage the struggles and pain surrounding menstruation.⁵⁰⁸ To that end, since 2020, MoES has been developing a National MHM Strategic Plan 2021-2025.⁵⁰⁹ During August and September 2020, MoES carried out a study across 14 Ugandan districts to assess the overall progress of the implementation of MHM policies since issuing the 2015 Charter (the “2020 MHM Study”).⁵¹⁰ Some focal points of the National MHM Strategic Plan include standards for WASH

in schools, female-friendly toilets, sustained access to hygiene, facilities and education.⁵¹¹

Negative Impacts on Students

In Uganda, menstrual education for students starts at the age of nine.⁵¹² Schools are the primary resource for menstrual information and menstrual products, because teachers are adequately positioned to speak to young girls, their parents, male peers, and other community members, as they typically enjoy a high level of trust and confidence. One expert noted that schools have been found to be a safe place for many young girls and women otherwise experiencing shaming, harassment, violence and sexual advances in their homes, suggesting that schools are the primary safe spaces for students to learn about menstruation.⁵¹³

Still, hundreds of girls in Uganda drop out of school directly or indirectly due to poor MHM, for reasons including lack of privacy, lack of access to menstrual products, bullying from peers and lack of menstrual education.⁵¹⁴ One study found that of 205 Ugandan school girls aged between 10-19 years, a staggering 90% could not maintain a menstrual hygiene regimen, vastly increasing their risk of infection and other complications.⁵¹⁵ Psychosocial consequences including shame, insecurity, anxiety and fear of stigma are well-documented correlates.⁵¹⁶ A study on MHM in Uganda from 2014 further showed that while menstruation alone is not necessarily the leading cause for skipping school, over 50% of girls reported not standing in class to answer questions and finding it difficult to concentrate when menstruating due to discomfort, fear of soiling and menstrual pain.⁵¹⁷

Laws, Policies and Government-Funded Programs in Schools

The fundamental principles supporting MHM in Uganda are found in the Uganda Constitution of 1995.⁵¹⁸ The amended Uganda Constitution from 2006 (the “Constitution”) creates an affirmative duty on the part of the government to undertake measures that indirectly assist with MHM, including to: 1) take all practical measures to promote a good water management system at all levels; 2) promote responsible parenting; 3) create and protect a clean and healthy environment; and 4) ensure the rights of women to full and equal dignity. Other national laws dealing with MHM (directly or indirectly) include the 2005 National Gender Policy, the 2008 Children’s Act, the 2008 Education Act, Universal Primary and Secondary Education Policies, Revised 2016 Gender in Education Sector Policy, Uganda National Development Plan III and others.⁵¹⁹

To be able to reach all schools and students, education in Uganda is decentralized and there are District Education Officers (“DOEs”) who report and are funded by the MoES.⁵²⁰ The MoES does not have direct oversight but relies on DEOs to implement their

curriculum facility requirements, and funding. Accordingly, further legislative support for MHM is found in the Local Government Act of 1997 (the “LG Act”).⁵²¹ The LG Act empowers local governments to plan for service delivery of WASH programs in schools, which includes MHM. The LG Act further tasks local governments with the responsibility to plan, budget, implement, and monitor the work and delivery of WASH programs.

At the government and institutional level, the main policy stakeholders are government bodies such as the MoES, Ministry of Water and Environment (“MWE”); Ministry of Health; Ministry of Gender Labour and Social Development; and the Equal Opportunities Commission. The MoES leads the policy debate by funding the majority of educational services and hygiene infrastructure.⁵²² The MWE and Ministry of Health provide water supply and public health services (such as access to medical professionals and medicine), whereas the Ministry of Gender Labour ensures that families can provide and care for their members, by funding materials for pads and sewing machines in homes.⁵²³

At the school level, headmasters and senior teachers are responsible for the implementation of planned activities under the MHM policies, whereas school management is responsible for policy and development planning.⁵²⁴ The parent-teacher association is responsible for socializing ideas and resources with the parents. While these divisions of roles might seem appropriate, they are not operating in a cohesive fashion and the lack of coordination and prioritization may be stalling the effective implementation of MHM policies.⁵²⁵

The MoES started working on a new MHM policy in 2020 but had to put the project on hold due to the COVID-19 lockdown. Rosette Nanyanzi confirmed that MoES is developing a new 2022 strategy under which MHM will be more directed and targeted.⁵²⁶ An intra-ministerial task force will be able to address the issue from multiple angles and multiple types of platforms, harmonizing and improving the current processes. While the 2022/2023 strategy is still in the consultation phase, the MoES has already started mobilizing funding resources for the new policy.⁵²⁷ In May 2022, MoES held a technical working meeting with all the ministries whose work intersects with the National MHM Strategic Draft Plan to get buy-in and feedback from the various ministries.⁵²⁸ They recently shared an itemized budget for review and will be holding a validation meeting to present the budget and draft to all stakeholders and to have the draft completed by August 2022.⁵²⁹

Nongovernmental Organizations and Interventions

In recent years, the Ugandan government has been working with a number of international NGOs that help monitor the standard

of hygiene facilities in schools to provide resources, menstrual products, hygiene facilities and supplies, and menstruation training for students and teachers.⁵³⁰ NGOs are crucially important in MHM advancement in Uganda, as they provide up to 30% of information dissemination as well as movable hands-free washing facilities and funding.⁵³¹ There are several Ugandan NGOs working in the menstrual health space. For example, WoMena Uganda engages in academic and policy research and conducts trainings and facility assessments on menstrual product usage, among its initiatives.⁵³² I Am A Girl is another Ugandan nonprofit that teaches girls how to sew reusable pads so that they stay in school, hosts community care groups and mental health first aid workshops to combat gender-based violence, and promotes social enterprises through female-led community lending circles.⁵³³ Femminae Uganda is a United Social Venture that sells menstrual cups at subsidized costs, alongside training on how to use them, in order to prevent girls from dropping out of school and contracting unnecessary infections.⁵³⁴

COVID-19 DISRUPTIONS

School closures and lockdown measures in Uganda, in response to the COVID-19 pandemic, began on March 31, 2020. Uganda did not fully remove its restrictions until January 2022. While this seems to have had a positive effect on limiting the spread of COVID-19, there have been adverse consequences on school attendance and MHM delivered through schools.

The approach taken to address the issue of MHM in Uganda has been a two-pronged approach: 1) information dissemination and 2) measures focused on reducing school dropout rates in school-aged girls. All three experts interviewed for this research reported that both approaches faced significant setbacks during lockdown, albeit to varying degrees.

Information Dissemination. Much of the information usually delivered in schools and youth centers was either completely halted or limited during the pandemic, including programs targeted at educating both male and female students, parents, teachers, and other community stakeholders.⁵³⁵ This is significant given that work done to dispel harmful taboos through these programs is impactful in improving MHM in Uganda. Furthermore, access to information from professional health care providers was also limited during this time (including contraception and other female health management).⁵³⁶ For example, Nampeera noted that during lockdown, if a girl needed access to a gynecologist, she needed to obtain an official exemption to leave her home for this purpose. Girls were often deterred due to the fear of judgement that may come from requesting such an exemption from the local authorities, who are most often men.

School Absenteeism. The closure of schools also meant that resources usually available at school were no longer accessible.⁵³⁷ For example, the MoES previously provided schools with free emergency period products, further supplemented by various NGOs. Lilian Bagala, Regional Director at iRise, reported that, although her organization was successful in continuing to distribute menstrual products to all the girls within their programs at the start of lockdown, this was not without difficulty.⁵³⁸ Without access to period products, several girls reported asking men for money to buy them in exchange for sex, and by the end of lockdown, Uganda reported an approximate 22.5% increase in the number of teenage pregnancies.⁵³⁹ Despite the easing of lockdown in January 2022, many girls have not returned to school. Both

Cultural narratives on periods generally perpetuate a stigma around the subject, whether through television, films, advertising or social media campaigns.

Bagala and Nyanzi explained that some of the reasons why girls are not returning to school include early marriage for girls who have reached menarche, taboos surrounding student mothers in the classroom, and poor facilities for student mothers such as the lack of breastfeeding rooms in schools. This is significant given that all three interviewees for this study consider schools to be safer spaces for girls to manage their menstrual health.

Any new policies that can address the complex issue of menstrual health in Uganda will be welcomed by all stakeholders. However, much of the progress made to promote MHM in Uganda has been significantly hampered by the COVID-19 pandemic. Achieving menstrual health in Uganda will require coordinated multi-sectoral efforts to plan and implement MHM interventions across the country.

United Kingdom

In 2019, England's Department of Education announced that menstrual health will be a compulsory part of school curriculum for children of all genders, starting in primary school.⁵⁴⁰ The group of children that started secondary school in September 2021 is the first to benefit from having been taught about menstruation in primary school. Implementation is unclear, however, as 15% of young people still report being taught nothing in the classroom.⁵⁴¹ Plan International UK polled 14-21-year-olds who menstruate and

found that 20% had experienced bullying around their periods, with 67% of this behavior taking place at school.⁵⁴² Studies also show that about 27% of girls in the UK have missed school at least once while on their periods.⁵⁴³ Therefore, the UK announced a scheme in 2019 to provide pads and tampons for free across all primary and secondary schools. Colleges joined the effort.⁵⁴⁴ But school shutdowns during the COVID-19 pandemic have prevented access and almost 33% of surveyed students said they struggled to access or afford period products during the pandemic.⁵⁴⁵

SCOPE OF MENSTRUAL HEALTH IN THE UNITED KINGDOM

Cultural narratives on periods generally perpetuate a stigma around the subject, whether through television, films, advertising or social media campaigns.⁵⁴⁶ These narratives impact perceptions of menstruation and generally stress the need for secrecy around periods, infer dirtiness around it and disseminate a sense of social embarrassment.⁵⁴⁷ For example, it was only in 2017 that the UK had its first television advert that depicted a red blood-like stain rather than a sanitised blue liquid.⁵⁴⁸ The firm responsible for the advert, Bodyform, undertook research that found that 74% of those interviewed wanted to see more realistic representations of periods in advertising.⁵⁴⁹ Before the COVID-19 pandemic, there had been a growing movement of menstrual advocacy and activism in the UK, with the British government adopting a strategy aimed at making period products more affordable and accessible. However, the COVID-19 pandemic has stalled the progress of implementation and uptake of the strategy.

SUPPORT FOR MENSTRUAL HEALTH IN EDUCATION

Negative Impacts on Students

A poll in 2019 found that schoolgirls take an average of three days off each school term due to period-related issues.⁵⁵⁰ One in ten of the 52% of girls surveyed who missed school because of their period said it was because they could not access or afford menstrual products and 14% felt they could not talk to staff at school about it.⁵⁵¹ Girls who miss school because of their period cite a number of reasons for this, with 66% citing physical symptoms, 34% citing worries around leaking and 22% citing anxiety linked to their periods.⁵⁵²

Although in September 2020 it became compulsory for menstrual health education to be taught in primary and secondary schools in the UK,⁵⁵³ Plan International found that menstrual education in schools is still inconsistent and fails to effectively educate girls on how to achieve and maintain menstrual health (the stated aim of the program).⁵⁵⁴ Of the teachers surveyed for a research project published in the journal, *Frontiers in Global Women's Health*, 37% reported that either menstrual health education was not provided in their school or they were not aware that it was available.⁵⁵⁵ This lack of education resulted in Plan International finding that 14% of

girls did not know what was happening when their periods started and 26% did not know what to do about it.⁵⁵⁶ Teachers interviewed most commonly cited barriers to the provision of menstrual health education as being a lack of time (40%), lack of resources or teacher confidence (35%) and parents' reactions (with some teachers stating parents would be "mortified") (9%).⁵⁵⁷ The teachers interviewed generally agreed that the education needed to have more time dedicated to it and should also be delivered earlier (for example, from the penultimate year of primary school).⁵⁵⁸ It was noted that the programs focused mainly on the biology of the menstrual cycle and on period products, and frequently did not cover the emotional and social aspects of menstruation, menstrual symptoms and their management, irregular menstrual symptoms and cycles or what to do when experiencing such irregularities.⁵⁵⁹

The lack of bins for menstrual products has been cited as an issue by study focus groups, with some secondary school age girls mentioning that there were between none and two sanitary bins at their schools.⁵⁶⁰ Yet the Workplace (Health, Safety and Welfare) Regulations Act 1992, The Water Industries Act 1991 and The Environmental Protection Act 1990 legally require all businesses and industries in the UK that have female employees, students or visitors to their premises, to provide suitable facilities for disposing of period products.⁵⁶¹ Any failure to comply with these requirements can result in high fines. However, implementation of these measures is lacking.

A 2021 research project by the Youth Sport Trust found that 29% of school aged girls surveyed had been prevented from participating in sports or physical education classes at school because of their periods.⁵⁶² Being unable to attend lessons or extracurricular activities, such as sports, can create social isolation and increase feelings of depression and anxiety.⁵⁶³ Of the girls surveyed, 56% said that they had received negative comments about their periods, such as that they are "dirty" or "disgusting" or that they have been mocked about menstrual blood leaking.⁵⁶⁴ Most of those surveyed said that the bullying mainly occurred at school and nearly half had not reported the bullying to anyone.⁵⁶⁵ This is likely linked to the undertone of shame and secrecy that is still pervasive around the topic of periods. For example, Plan International has found that nearly 70% of female pupils are not allowed to go to the bathroom during lessons—this increases the chances of leaking and perpetuates anxiety around even attending school during one's period.⁵⁶⁶

An internalized sense of shame around menstruation, perpetuated by advertising and the media, can lead to poor mental health and body image, and has an impact on physical health too.⁵⁶⁷ A 2016 survey by the charity, The Eve Appeal, found that 20% of women surveyed thought that there was an association between

sexual promiscuity and gynecological cancers and 25% said that they would be less likely to visit their doctors about gynecological issues that might be related to menstruation, as they would not want to discuss their sexual history.⁵⁶⁸ It is also well documented that pain suffered by women is taken less seriously by medical professionals.⁵⁶⁹ For example, the 2020 All Party Parliamentary Group on Endometriosis Inquiry Report found that, on average, it takes eight years for endometriosis to be diagnosed, despite over 58% of sufferers going to their doctor with symptoms over 10 times and 53% attending the accident and emergency department of the hospital with symptoms.⁵⁷⁰ This often means that girls and women do not seek help or advice from their doctors when suffering pain and other gynaecological symptoms that might be associated with menstruation.

This sense of shame also impacts women in the workplace. YouGov conducted a survey in 2017 which found that period pain impacted 57% of employed women's ability to work.⁵⁷¹ Of the women surveyed, 35% had previously needed to go home early or take a whole day off due to period pain, but only 27% said they had ever admitted that period pain was affecting them to their employers.⁵⁷²

Laws, Policies and Government-Funded Programs in Schools

On March 1, 2017, an amendment to the Children and Social Work Act made Relationships and Sex Education compulsory in all English secondary schools, and Relationships Education compulsory in all English primary schools.⁵⁷³ As a result, a central support program for teachers went live in the spring of 2020, which includes a guide to implementation, case studies and training materials.⁵⁷⁴ Since the curricula is not publicly available, it is uncertain what "Relationships Education" entails.

In 2019, the UK government made period products free to all hospital patients who need them.⁵⁷⁵ Soon thereafter, in January 2020, the government announced a fully-funded scheme to provide free period products in English public primary and secondary schools and colleges.⁵⁷⁶ Schools can access an online portal and order period products to be delivered free of charge.⁵⁷⁷ In 2021, the UK government spent £3.4 million on period products to be used for the scheme.⁵⁷⁸ However, data from January 2021 shows that 60% of primary schools and 24% of secondary schools had not yet signed up to participate in the scheme.⁵⁷⁹ The government has cited the closures of schools and colleges during the COVID-19 pandemic as the reason for this.⁵⁸⁰ The scheme is delivered by the private company, Personal Hygiene Services Limited, which regularly reports on the number of orders, value of orders and types of products ordered.⁵⁸¹ Schools and colleges can order anytime but are encouraged to wait until their supplies are running low before re-ordering.⁵⁸²

The government estimates that smaller organizations will make one or two orders per year, with larger organizations ordering more frequently.⁵⁸³ The lower rate of uptake means that only 48% of the funds allocated to the program by the government had been spent⁵⁸⁴ and the amount allocated for the scheme was reset in December 2020, so the remaining money was lost to those schools which did not sign up. Additionally, a survey conducted by Plan International found that only 49% of girls aged 14-18 in England and Scotland said their schools or colleges have provided free period products.⁵⁸⁵ Some teachers have also noted that, even where period products are provided in schools, pupils are too embarrassed to request them at school, as they often have to go to a teacher or to the reception to ask for them.⁵⁸⁶

During the COVID-19 pandemic, in September 2020, the government mandated that menstrual health education be taught in primary and secondary schools in the UK.⁵⁸⁷ Adherence to this mandate remains to be seen as schools reopen post-pandemic. More recently, in January 2021, the government abolished the 5% VAT on commercial period products to relieve concerns with affordability and accessibility.⁵⁸⁸

Nongovernmental Organizations and Interventions

Besides Plan International UK, one of the largest charities in the world working towards girls' rights and sustainable development, several other nonprofits have been formed in the UK to tackle the taboos associated with menstrual health and increase access to safe products, facilities, and accurate information. Freedom4Girls UK is one charity fighting period poverty via product donations from the public, small business and larger corporations that it then distributes to marginalized women and girls in Leeds, West Yorkshire, and other regions of the UK; via education workshops that build self-esteem and confidence surrounding periods and how to treat menstrual cramps and premenstrual syndrome; and via monthly sewing workshops on how to make reusable, washable pads at home.⁵⁸⁹ Hey Girls is a buy-one-give-one social enterprise that creates plant-powered, chemical-free period products made from organic cotton, bamboo and corn starch, and since launching in 2018, has donated over 25 million period products to communities in need across the UK.⁵⁹⁰ Among its other initiatives, Hey Girls launched the #Pads4Dads campaign that provides a guide to fathers on how to have positive conversations with their kids about periods, finding that, of 1,500 surveyed men in 2019, 40% never learned about periods in school, nearly 50% have not discussed periods with their daughters, and 33% have never purchased period products.⁵⁹¹ A last example of many is The Cambridge Period Project, which was launched by Cambridge University students in partnership with Hey Girls and a local charity called StreetCramps to increase access to products across all Cambridge colleges because a survey of 600 Cambridge students

found that 55.1% could not find free access to products on campus and 51.6% found purchasing commercial products to be a financial burden.⁵⁹²

COVID-19 DISRUPTIONS

Since the start of the pandemic in March 2020, there have been growing concerns that the implementation of the UK government's measures to tackle menstrual health has faltered and that progress previously made may even be undone as menstrual health is deprioritized in the context of COVID-19.⁵⁹³ As noted above, the UK government implemented the provision of free period products in English public primary and secondary schools and colleges from January 2020. However, during the COVID-19 pandemic, schools in the UK were mostly closed for physical attendance, with the rate of in-person attendance falling to between 1-10% from March to July 2020.⁵⁹⁴ According to a survey by Plan International, 36% of girls aged 14-21 in the UK experienced difficulties in affording or accessing period products during the COVID-19 pandemic, which was up by 20% on the previous year.⁵⁹⁵ Of the girls surveyed, 73% had to use toilet paper as an alternative, but 20% also referenced a lack of toilet roll being available as a factor in making managing their periods harder.⁵⁹⁶ Around 50% of those who experienced these difficulties could not afford period products for at least one point during the pandemic, with some noting that they had to forgo other essentials like food (30%) and clothing (39%) to be able to afford period products.⁵⁹⁷ The charity, Bloody Good Period, reported in November 2020 that it had also received an increased number of requests for menstrual products from university students who were finding it difficult to access them due to self-isolation or to afford them due to the loss of their jobs in the hospitality industry.⁵⁹⁸

School and community center closures during the COVID-19 pandemic led to increased difficulty in accessing period products. Plan International found that 20% of girls struggled to obtain them (64% of whom reported they could not find them in the shops, 17% reported they did not want to leave their house to get them for fear of catching coronavirus and 15% reported being unable to leave their house due to lockdown).⁵⁹⁹ The Economics Observatory found that these supply issues have led to the majority of schools it surveyed reporting an increase in requests for period products from female students.⁶⁰⁰ These schools have, therefore, adapted their methods of distributing the products; pupils are now able to make requests for products to their teachers, tutors or central wellbeing teams, who then arrange for them to be sent to the pupils—although, it is unknown how many students actually make such requests due to feelings of embarrassment or shame.⁶⁰¹

Teachers' menstrual health education training has also adapted to the COVID-19 pandemic and been moved online, to which

teachers have responded positively with increased session attendance.⁶⁰² While a positive step in the right direction, this has not necessarily meant that menstrual health education from those teachers to their pupils has improved. Organizations working with schools to deliver menstrual health education have raised concerns that these training sessions will be deprioritized in the context of COVID-19 setbacks, as well as pressure on teachers to get their students caught up on more traditional subjects.⁶⁰³

In November 2020, Bloody Good Period reported that it had been supplying six times the amount of period products since the pandemic started in March as it had previously.⁶⁰⁴ Other charities, such as Freedom4Girls and Homeless Period, have reported similar increases, with Freedom4Girls recording that, pre-COVID, it distributed about 500 packs of period products per month, whereas from the start of lockdown in March 2020 to June the same year, it had provided around 7,500 packs monthly.⁶⁰⁵ Recipients of these supplies include food banks and homeless shelters, which have experienced significant difficulties in generally supporting those who need their services during the pandemic. From April 2019 to March 2020, the Trussell Trust network had 1,504 distribution centres operating in the UK, but this fell to 1,471 from April 2020 to March 2021, with the decrease being particularly significant in certain areas.⁶⁰⁶ Food banks across the UK have had to implement measures, such as reducing opening hours, adopting a delivery model or increasing centralization.⁶⁰⁷ Many of them rely heavily on volunteers, but measures such as lockdowns, shielding, social distancing and changes to work and childcare have created difficulties in accessing volunteers.⁶⁰⁸

Scotland

Recognized as a country within the United Kingdom's territories, Scotland became the first country to pass legislation in November 2020 that would provide period products for free in public places. Members of the Scottish Parliament unanimously approved the Period Products (Free Provision) (Scotland) Act 2021 (hereinafter, the "Act"), mandating that local authorities provide tampons and pads to "anyone who needs to use them" in public places.⁶⁰⁹ Legal duties were not attached to the Act, however, until August 15, 2022, when the law enshrined that councils and education providers would be legally required to make period products available free of charge, enabling access in community centers, pharmacies, youth clubs and other public places.⁶¹⁰

In recent years, access to period products and menstrual education have improved in Scotland. Since 2017, the Scottish government has invested more than £27 million towards expanding access in public settings, which the new law will cement.⁶¹¹ Prior to the passage of the Act, a 2018 survey of more than 2,000 people found that 25% of respondents at school,

college or university in Scotland struggled to access period products.⁶¹² As a result, in 2018, Scotland became the first national government to make period products free for students by passing the Period Products in Schools (Scotland) Regulations, which in 2020 created a legal duty on local authorities and grant-aided schools to provide free products to pupils.⁶¹³ The Scottish government will provide £3.4 million in 2022-23 towards period products for students. A follow-up survey of the initiative found that 67% of respondents had indeed received the products from their school, college or university and 84% said the scheme had a positive impact on them.⁶¹⁴ Scotland is also funding an educational website for employers, an anti-stigma campaign, and improving menstrual health resources in schools.⁶¹⁵

Scotland previously enacted strong medical and non-medical state interventions for women, such as the Breastfeeding etc. (Scotland) Act 2005.⁶¹⁶ The recent complementary legislation is aimed at increasing access to period products so that people who menstruate are not forced to use unsafe products or bleed through their clothes. However, the COVID-19 pandemic has curbed the flow of progress. The sections below refer to similar studies conducted in the United Kingdom, due to limited research on menstrual health and COVID-19 impacts in Scotland specifically.

SCOPE OF MENSTRUAL HEALTH IN SCOTLAND

Scottish government statistics illustrate that period poverty in Scotland has been slowly rising since the recession in 2008. While there is no set definition for "period poverty," Dr. Jennifer Martin, (Founder and Global Director of Pandemic Periods), and Heather Knox (UK Advocacy Coordinator at Days for Girls International) believe the term extends past affordability of period products to access, more generally, of products, sanitation and healthcare, as well as information and education around menstruation.⁶¹⁷ Georgie Nicholson, of the social enterprise Hey Girls, told BBC Scotland that period poverty is when "you go to the supermarket and you have to actually choose whether you can buy a bag of pasta or a box of tampons."⁶¹⁸ Nicholson also shared that, in order to feed their children, she has heard of some mothers using newspaper stuffed into socks or bread for period protection because these makeshift items are cheaper than commercial products.⁶¹⁹

Figures from the Scottish government suggest that 19% of the Scottish population (representing approximately 1 million people each year) were living in economic poverty from 2014-2017.⁶²⁰ Furthermore, data from the Trussell Trust indicates that food bank use in Scotland is also on the rise, with 170,625 emergency supply parcels handed out in 2017-2018 (compared to 14,332 in 2012-2013), and that women in socioeconomic poverty are unable to afford period products.⁶²¹ Going to a food bank to ask for products is also a challenging reality for many people.⁶²² Data

from the Trussell Trust reveals that, due to the stigma associated with menstruation, period products are provided in food banks ten times more often in response to a volunteer's question than in response to a client's request. This has led food bank volunteers to use discreet methods of offering period products to those who menstruate to protect their dignity (i.e., through discreet questioning of clients and including period products in every parcel for households with females).⁶²³ Research by Plan International United Kingdom of over 1,000 girls aged 14-21 found that girls unable to afford period products were instead using toilet rolls (54%), socks (11%), newspapers (6%) and other fabrics such as handkerchiefs (8%).⁶²⁴

Moreover, according to Knox, young people in Scotland do not feel that they have access to adequate menstrual care, either due to their inability to set up a general practitioner appointment (due to National Health Service system pressures and the lack of doctors) or due to feeling as though their needs are not heard and met during such appointments. Further, Knox noted that the curriculum for excellence (the education syllabus for primary and high school students in Scotland) only mentions menstruation once and only in the context of sexual health—a lack of menstruation-specific information and related complications means that people are unsure of how to get help and support.⁶²⁵

SUPPORT FOR MENSTRUAL HEALTH IN EDUCATION

Menstruation and menstrual health have a particularly profound impact on girls of school age as they begin to experience menstruation for the first time. The social stigma and lack of access to education, support and appropriate products often cause female students to miss school or university days, which has the potential to seriously impact their education. Fortunately, the Scottish government and voluntary groups in Scotland have begun taking steps to address these issues and reduce their impact on female students.

Negative Impacts on Students

Scottish women and girls, including female students, still experience a social stigma associated with menstruation and many remain embarrassed to discuss the subject. Further, students of families with limited income are among those most likely to suffer from period poverty. Consequently, the over-utilization of disposable products or unsuitable alternatives causes infection and, in extreme cases, toxic shock syndrome, which can be life-threatening. Compounding the problem is that lack of access to appropriate period products can lead to anxiety, embarrassment and fear of leaving home without needed products.⁶²⁶ A survey conducted by Plan International UK in 2019 found that, among girls aged 14-21 years, 48% were embarrassed by their periods and 22% were not comfortable discussing their period with their

teacher.⁶²⁷ As a result, 49% of girls surveyed missed an entire day of school because of their period but 59% of these girls did not disclose this reason for their absence to school officials.⁶²⁸

Monica Lennon, Member of Scottish Parliament elected in 2016, was keen to address stigma around menstruation. She made the point that “when women and girls are not fully participating in the labor market or in the classroom [due to their periods], society misses out as a whole. It is not right that people feel so excluded that they can't go to work or school because of their periods.”⁶²⁹

Most people in Scotland have a basic understanding of menstruation, but a lack of education and information on the subject discourages discussion. The Educational Institute for Scotland acknowledged the lack of education and information on menstruation in its 2017 published guidance, “Distributing period products in schools and colleges,” that emphasized the health and wellness benefits of appropriate support around menstruation to enable girls to focus on learning at school and not worry about their periods.⁶³⁰ Around the same time, the Scottish government launched its trial of free period products in schools.

Laws, Policies and Government-Funded Programs in Schools

Scotland has generally been progressive in promoting access to period products and facilities for disposing of used products over time. The School Premises (General Requirements and Standards) (Scotland) Regulations 1967 outlined requirements for schools with pupils over the age of eight to provide period product facilities, including minimum safety standards, means for safe disposal of period products and clean washrooms. In 2017, consultations to the regulations suggested several revisions, including that female toilets should be considered more than just a clean facility but also a safe place for women and girls “to deal with developmental issues such as menstruation.”⁶³¹ For this reason, respondents to the consultation expressed great concern about the idea of gender-neutral toilets in schools.⁶³² These 2017 consultations paved the way for further developments.

For example, Monica Lennon MSP, carried out a consultation exercise on a draft proposal on August 11, 2017, which received 1,753 responses.⁶³³ Of the respondents, 96% supported provisions for free period products that would help tackle period poverty and the notion that menstruation is a natural bodily function; therefore, those who menstruate should not be penalized by having to purchase period products. Responses also acknowledged the stigma associated with menstruation and the use of period products. The Scottish government then carried out a six-month trial from September 2017 to February 2018 during which it offered free products to low-income women in Aberdeen. Following the trial's success, in May 2018, the pilot

scheme was extended to the rest of Scotland. On August 24, 2018, the Scottish government confirmed that it would provide access to free period products in schools, colleges and universities. Prior to this commitment, some Scottish education providers in South Lanarkshire and East Kilbride were already providing free period products. Lennon believed that legislation was still needed to ensure a full commitment from educational establishments.⁶³⁴

Against this backdrop, Lennon first introduced the Period Products (Free Provision) (Scotland) Bill (Bill), now enshrined in the Act, to the Scottish Parliament in April 2019 with three key aims: (1) to ensure that period products are made available free of charge on a universal basis; (2) to require education providers to make period products available free of charge in on-site toilets; and (3) to place a duty on other specified public service bodies to provide free period products. Other key aims included the reduction of stigma around menstruation, empowerment of people who menstruate and an increased awareness of the issue.⁶³⁵

As a result of the Act, there is now a legal right in Scotland to access free tampons and pads in public buildings, which are bound to provide them. This includes libraries, courts, hospitals, and educational institutions. The Act also intends for the Scottish government to work with trade unions to “improve period dignity in all workplaces.”⁶³⁶ Scotland has also seen pockets of voluntary provision of free products by private sector businesses such as pubs and gyms. Lennon hopes to encourage other private businesses to follow suit.⁶³⁷ The Act operates on an ‘opt-in’ basis, meaning that menstrual products would be available to anybody in Scotland upon request, regardless of age, gender or income, including homeless people or those without a fixed address.⁶³⁸ As a result of the Act, most community buildings in Scotland now display posters encouraging people to access the free products available.⁶³⁹

While the Act has had an overwhelmingly positive impact in Scotland by increasing access to and visibility of period products, there is a misguided sense from some that period poverty in Scotland is now fixed.⁶⁴⁰ Since the Act came into force, conversations around period poverty and menstruation in Scotland have quieted, but inadequate menstrual health provisions remain.⁶⁴¹ While publicly funded establishments are now required to provide free products with visibility, this requirement does not extend to private places. Further, there are still uncertainties about future efforts to increase menstrual health awareness and education, such as requiring explanatory information to accompany free products or encouragement for people to use these products.⁶⁴²

Nongovernmental Organizations and Interventions

Fortunately, implementation of the Act and the publicity surrounding it have had a positive impact on reducing stigma at the school level. Among several NGOs in the menstrual health space, a group of teenage girls at one high school in Scotland runs a group called “Code Red,” which organizes talks and makes regular announcements on the school public address system to notify students that they can access free period products at school.⁶⁴³ Lennon sees this as a hugely positive development for reducing social stigma of menstruation, acknowledging that “MSPs can lead on legislation but the wider cultural change needs everybody.”⁶⁴⁴

COVID-19 DISRUPTIONS

In May 2020, Plan International conducted a survey of health professionals in 30 countries that found that the COVID-19 pandemic left many girls and women worldwide struggling to manage their periods due to shortage of products, price hikes and an increased lack of access to basic information and services.⁶⁴⁵ Another survey by Plan International UK found that 30% of girls struggled to afford or access period products during lockdowns and 54% of these girls had to use toilet paper as an alternative. The pandemic had serious financial consequences for lower-income households across Scotland. In November 2020 alone, the number of people in Scotland claiming benefits due to unemployment was 210,750, about 4% of the country's population.⁶⁴⁶ Lockdowns and other restrictions resulting from the pandemic forced community and non-profit initiatives in the UK, such as in schools, health clinics and community centers, to close. Consequently, these initiatives were unable to provide access to menstrual health services to those most in need.⁶⁴⁷ Additionally, waves of stockpiling and hoarding, as well as restrictions on quantities that consumers can purchase, also led to limited period product supplies. Food banks and other organizations that provide period products also struggled to obtain and distribute period products due to the lack of volunteers because of social distancing, shielding and travel restrictions.⁶⁴⁸

Schools that provided free period products before the pandemic received an increased number of requests for products during the pandemic.⁶⁴⁹ While some Scottish universities, such as Glasgow and Edinburgh, had already been supporting students by providing free period products in the institutions' bathrooms, university closures from national lockdowns made these products inaccessible to those who needed them during the pandemic. Fortunately, alternatives were provided through initiatives like the “Tampon Taxi” that operated in Perth and Kinross, provided by the charity “Perth and Kinross Association of Voluntary Service,” which delivered free period products during lockdown to women who were unable to access them.⁶⁵⁰ The initiative has engaged with

over 8,000 people and now offers a free monthly subscription in some instances.⁶⁵¹

Schools also faced a challenging transition to online menstrual education. The provision of online menstrual health education training for teachers and staff during the pandemic was well-received. However, while such trainings may have been easier to attend due to the flexibility of online learning, it is not clear whether teachers attending these sessions have been able to deliver consistent menstrual health education sessions to their students. Furthermore, a shift to using online platforms is not necessarily a solution for those experiencing period poverty, as they are likely to also suffer from what has been termed “digital poverty,” used to describe individuals who have limited access to a smart phone, Wi-Fi or a computer.⁶⁵² Online-only access also makes it difficult for students to discuss their periods privately with the trainer.

The Scottish government attempted two creative solutions to combat shame and increase product access during the COVID-19 pandemic. In March 2020, the government launched its “Let’s call periods, periods” campaign to reduce shame and stigma around menstruation through tackling the language used to talk about it.⁶⁵³ Shame and stigma often lead people to use euphemisms when broaching the subject. The campaign messaging was visible on bus shelters and in other public places around Scottish city centers. However, due to the unfortunate overlap with national lockdowns, the campaign did not have the reach and impact that was intended.⁶⁵⁴ Most recently, in January 2022, the government announced that it had launched a mobile app, “PickupMyPeriod,” to allow users to identify locations across Scotland where period products are freely accessible. The core goal of the app is to raise awareness of, and ultimately eradicate, period poverty in Scotland and to provide support to those who need it. PickupMyPeriod is now operational across more than 1,000 locations countrywide.⁶⁵⁵

The pandemic exacerbated issues that existed pre-pandemic. Lockdowns and school closures meant further lack of access to products, menstrual education and social support. However, as Knox noted, the pandemic’s impact was softened by the Act’s implementation in 2021: “Even if nothing else was done, there would still be free products.”⁶⁵⁶ As Lennon stated, while the Act’s implementation has not eradicated the stigma surrounding menstruation in Scotland, “we have made huge strides to ensure period dignity is something everyone can experience.”⁶⁵⁷

United States

The United States is not immune to the global issue of inadequate menstrual health. Menstruators of all ages and backgrounds around the country struggle with period poverty on a daily basis. A

cross-sectional 2019 survey in St. Louis, Missouri found that 64% of women were unable to afford menstrual hygiene products at some point during the prior year and 21% could not afford them each month.⁶⁵⁸ Period poverty places menstruators at a higher risk of experiencing harmful reproductive tract issues, including urinary tract infections and toxic shock syndrome. The lack of menstrual education and accessible healthcare often leads menstruators to suffer from other reproductive health problems, such as endometriosis, polycystic ovarian syndrome or blood clotting disorders.⁶⁵⁹ There are promising legislative developments at the federal level and in a number of states, however there is still a long way to go in terms of education, access and affordability.

SCOPE OF MENSTRUAL HEALTH IN THE UNITED STATES

Media and other societal messaging in the US reinforce a negative view of menstruation as shameful, undesirable and dirty.⁶⁶⁰ Historically, advertisements for period products have been imbued with messages pertaining to secrecy, freshness, delicacy and avoidance of embarrassment, such as using images of flowers, hearts and blue liquid rather than reddish liquid.⁶⁶¹ Similarly, attempts to combat menstrual stigma on social media often face criticism. For example, Instagram twice deleted artist, Rupī Kaur’s, 2015 photograph of herself lying in a bed with her back to the camera with a visible menstrual stain on her pants and another on the sheet for allegedly violating Instagram’s Community Guidelines.⁶⁶² Additionally, “period shamers” responded negatively to Janelle Monáe’s 2017 “Menstrual Period blood. #WomensHistoryMonth” Tweet claiming “Menstrual blood is gross tbh” and “I just don’t like bodily fluids.”⁶⁶³

In addition to being confronted with social stigma, menstruators encounter barriers to accessing adequate supplies. A 2021 study of Americans who regularly experience a period over 18 years of age found that “more than two in five people with periods say they have struggled to purchase period products due to lack of income at some point in their life.”⁶⁶⁴ Menstruating people who experience homelessness have reported stealing products; using products for longer than recommended; or resorting to using socks, paper towels or cotton balls in place of commercial menstrual products.⁶⁶⁵ Further, menstruating individuals who are incarcerated often have been left to bargain with corrections staff to obtain menstrual products.⁶⁶⁶ A 2021 national study of 1,010 US students who menstruate, ages 13 to 19, found that 23% of students struggle to afford period products, 59% rarely or never find free period products in school bathrooms and 62% rarely or never find them in public bathrooms.⁶⁶⁷

In recent years, there have been a number of initiatives in both federal and state legislatures aimed at supporting menstrual health. One such initiative that has rippled through many states

is the elimination of the “tampon tax.”⁶⁶⁸ To date, menstrual products are tax-free in 26 states, due to either no sales tax or tax exemption.⁶⁶⁹ Even the federal government has provided support. The First Step Act, a bipartisan prison reform law passed in December 2018, includes a mandate for the provision of menstrual products at all federal facilities.⁶⁷⁰ Further, in 2019, Representative Grace Meng (D-NY) introduced the Menstrual Equity for All Act, which would give states the option to use federal grant funds to provide students with free menstrual products in schools, as well as incentivize colleges and universities to implement pilot programs that provide free menstrual products.⁶⁷¹ This Act stalled in committee and Representative Meng reintroduced the Act in 2021.⁶⁷² Most recently, and prompted by the COVID-19 pandemic, the US government classified pads and tampons for the first time as medical expenses that are eligible for flexible spending account (FSA) and health savings account (HSA) reimbursement in the Coronavirus Aid, Relief and Economic Securities (CARES) Act.⁶⁷³ The future of these provisions post-pandemic, however, is uncertain.

SUPPORT FOR MENSTRUAL HEALTH IN EDUCATION

A large number of menstruating students in the US find themselves unprepared for their periods as a result of insufficient access to period products and a lack of menstrual health and hygiene education.⁶⁷⁴ In fact, a 2021 national study found that 42% of students say their health teacher appears to be uncomfortable discussing menstruation, 43% say periods are openly discussed at school, and 76% feel they are taught more about the biology of frogs than the human female body in school.⁶⁷⁵ With the implementation of policies and legislation at the state levels and involvement and advocacy from non-profit organizations, the inadequacies in formal education around menstruation and the female body can begin to change and become more holistic.

Negative Impacts on Students

When students who menstruate feel unprepared for their periods, it directly impacts their ability to meaningfully participate in school.⁶⁷⁶ For example, a national survey of 471 college-attending students found that struggles with accessing period products were associated with experiences of depression.⁶⁷⁷ In addition, students are confronted with pervasive period stigma.⁶⁷⁸ According to a 2021 national study of 1,010 US students who menstruate, ages 13 to 19, 65% of students agreed that society teaches people to be ashamed of their periods and 70% said the school environment made them more self-conscious about their periods.⁶⁷⁹ Such challenges can hinder students’ abilities to concentrate in class and contribute to reduced classroom participation.⁶⁸⁰

Laws, Policies and Government-Funded Programs in Schools

Among the varied federal and state legislative advocacy initiatives, a consistent strong focus is on mandating free menstrual products

in schools. Seventeen states and Washington, D.C. currently have legislation in place ensuring school-aged menstruators have free access to period products in schools.⁶⁸¹ Many of the state-based initiatives cite studies demonstrating the cascading impacts of inadequate menstrual supports on school-aged menstruators.⁶⁸² However, the content of school legislation varies widely from state

Menstruators of all ages and backgrounds around the United States struggle with period poverty on a daily basis.

to state.⁶⁸³ Key differences include: age or class grades served; availability of free products in school districts meeting certain poverty thresholds; accessibility of free products in all bathrooms, in centrally located areas, or upon request (e.g., with the school nurse); the inclusion of a menstrual education component; and the attachment of state funding. A few state initiatives are discussed below, including particularly novel and noteworthy interventions towards achieving menstrual health that have been underway in New York, California, Utah, Oregon and Massachusetts.

Despite being a trailblazer in passing menstrual health policies, New York has experienced shortcomings in implementation. In 2016, New York City participated in a pilot program that stocked free menstrual products in school bathroom dispensers and found that the rate of school attendance increased by 2.4% as a result.⁶⁸⁴ However, two years later, a Brooklyn-based group of Girl Scouts found that only 18% of Brooklyn schools were meeting these standards.⁶⁸⁵ Then, in 2018, New York became the first state to require the provision of free period products in school.⁶⁸⁶ Specifically, Section 267 of New York’s Public Health Code required all schools serving students in grades six through twelve to provide free menstrual products in restrooms.⁶⁸⁷ Custodial engineers were tasked with installing menstrual product dispensers in restrooms and refilling them.⁶⁸⁸ However, there was no educational component to this mandate and there was a lack of coordination with the sexual health education curriculum.⁶⁸⁹ Three years after the institution of the policy, staff of the Health Education unit of the New York Department of Education, which is responsible for the provision of sexual health education, recommended that “the Health Education unit could support the creation of educational signs or flyers to accompany the free product dispensers with

messaging on proper product usage and good menstrual hygiene practices, such as disposal.⁶⁹⁰

California passed A.B. 10, its initial menstrual products bill, in 2017, which mandated the provision of free menstrual products in schools meeting a 40% student poverty threshold.⁶⁹¹ More recently, California Governor Gavin Newsom signed A.B. 367 into law in 2021 (effective June 30, 2022) that will expand the availability to all schools serving grades six through twelve, as well as to community and state colleges.⁶⁹² The Bill requires the provision of period products, free of charge, in all women's and all-gender restrooms, and at least one men's restroom.⁶⁹³ The new bill also includes a requirement for a "prominent and conspicuous" notice in every restroom with the text of the applicable bill "and contact information, including an email address and telephone number, for a designated individual responsible for maintaining the requisite supply of menstrual products."⁶⁹⁴ Regarding funding, the Bill appropriates \$2,000,000 for school districts in the first year and \$1,300,000 for each year after.⁶⁹⁵

Similarly, advocates in Utah are pushing for access to menstrual products in schools. On April 14, 2022, Governor Spencer Cox signed H.B. 162, also called the "Period Products in School" Bill, into law.⁶⁹⁶ H.B. 162 requires that starting July 1, 2022, period products will be provided "free of charge to students in each female or unisex restroom within an elementary, middle, junior, or high school facility which students use."⁶⁹⁷ H.B. 162 also includes an educational component consisting of "inform[ing] public school students of the availability of the period products."⁶⁹⁸ This bill provides a unique mechanism for ensuring proper implementation since it focuses on empowering school-age menstruators to understand and advocate for their rights as student ambassadors.⁶⁹⁹ Regarding funding, the Bill requests that funds be incorporated into local ongoing capitol operations and maintenance budgets by July 1, 2025.⁷⁰⁰

The Menstrual Dignity Act was passed in Oregon in 2021 and requires all public schools to offer access to free menstrual products in at least two student bathrooms of every public school building.⁷⁰¹ The state also published a "Toolkit" for school districts to use to implement the changes established in the Act.⁷⁰² The Toolkit emphasizes four pillars of menstrual dignity: privacy, inclusivity, access, and education.⁷⁰³ The program requires at least one menstrual product dispenser in every student bathroom that is clearly marked as free in at least two languages; the Toolkit specifies different dispenser options including mechanical wall units, countertop baskets, freestanding storage drawers, and envelope or file affixed to the wall.⁷⁰⁴ This Toolkit also provides guidance on dispenser placement, types of menstrual products, and trash receptacles for disposal of the products,⁷⁰⁵ and on

menstrual education, requiring instructions on how to use menstrual products within the bathroom,⁷⁰⁶ and the health and sexual education curriculum to cover menstrual health in the classroom.⁷⁰⁷

On March 3, 2022, the Massachusetts Senate unanimously passed Bill S.2730, which will require all schools to provide free menstrual products "in a convenient manner that does not stigmatize the individual seeking such products."⁷⁰⁸ In addition to requiring schools to provide free menstrual products, this single bill also requires all shelters and jails to provide them as well and therefore, if enacted, this bill would be the "most comprehensive menstrual equity bill in the country."⁷⁰⁹

Nongovernmental Organizations and Interventions

While state legislatures around the US have been passing laws providing free access to period products in schools, similarly NGOs and grassroots organizations have been revolutionizing the way people talk and think about periods. PERIOD., the world's largest youth-run nonprofit, is leading the way in this movement, striving "to eradicate period poverty and stigma through service, education, and advocacy."⁷¹⁰ Through its network of over 270 campus chapters throughout the US, PERIOD. brings awareness to and educates about menstrual health and period stigma. Some of the educational materials that PERIOD. has created include the Glossary for the Global Menstrual Movement,⁷¹¹ the Period Talk Workshop Toolkit,⁷¹² and educational events and panels.⁷¹³ PERIOD. further assists in the distribution of free period products to menstruators in need and advocates for menstrual health policies at all levels of government.

The nonprofit Period Equity⁷¹⁴ brings expertise to the menstrual health movement as the group that spearheaded the national campaign to eliminate the tampon tax.⁷¹⁵ Many states have historically classified period products as "luxury" items and thus imposed a tax on them. However, by working to repeal taxes on period products in all states, and thus having states reclassify period products as medical products or necessities, Period Equity is reframing the way people understand periods. Since Period Equity launched its campaign in 2015, 18 states have repealed the tampon tax.⁷¹⁶ Period Equity continues to lobby for legislation change in the remaining 24 states that still tax period products by partnering with municipal and state legislators as well as members of Congress, in addition to bringing class action lawsuits in those states.⁷¹⁷

Alliance for Period Supplies is another leading organization that "helps ensure that individuals in need have access to essential period products required to fully participate in daily life."⁷¹⁸ Alliance for Period Supplies partners with allied programs and communities

to raise awareness of period poverty and advocate for law and policy changes that address period poverty at the local, state, and national level.⁷¹⁹ As part of its core initiatives, Alliance for Period Supplies works to collect, store, and distribute period products in local communities.⁷²⁰ For example, in conjunction with its sponsor U by Kotex, Alliance for Period Supplies has donated more than 40 million period products to help those in need around the country since 2018.⁷²¹

Several social groups, companies, and NGOs encourage the use of menstrual cups and reusable underwear as sustainable, environmentally friendly, healthier and less expensive alternatives to traditional period products.⁷²²

COVID-19 DISRUPTIONS

The COVID-19 pandemic exacerbated the barriers that menstruating individuals encounter when accessing period products around the country. First, menstruators in the US have had to deal with the fact that tampon shelves in stores have been nearly empty or depleted since 2020.⁷²³ However, unlike the shortages of toilet paper and hand sanitizer, which were resolved in a few months after the start of the pandemic, the tampon shortage is continuing two years later.⁷²⁴ Due to the lack of supply and high demand for tampons, the price of a box of tampons increased 10% over the past year.⁷²⁵ As a result, tampons have become inaccessible and unaffordable for a large portion of the

population (about 40% of people who menstruate in the US use tampons versus other period products during menstruation), which imposes further social, physical, and economic vulnerabilities on those who menstruate.⁷²⁶

Second, as students adapted to at-home learning, many students lost their only access to these menstrual products. In a 2021 survey, 18% of students found that COVID-19 made it more difficult for them to do their best schoolwork during their period and 27% thought being back at school has or will make it easier to access period products.⁷²⁷ Advocacy groups have pushed school districts to distribute menstrual products through alternative means. For example, on April 6, 2020, a local New York City group, Femstrate, petitioned the New York Department of Education to distribute period products during times of distance learning through meal hubs and at other sites.⁷²⁸ Likewise, student advocates in California worked to ensure that stockpiled menstrual products were distributed at school food distribution centers.⁷²⁹

While menstruating students across the country have worked hard to destigmatize menstruation and promote menstrual health literacy in schools, the crucial next steps are to ensure proper implementation of policies passed at each state level, and to conceptualize and implement a uniform movement towards achieving menstrual health at the federal level.

Analysis and Recommendations

As demonstrated by each country's varied approaches, it is not possible to define and implement a single model for success. Great heterogeneity among countries and diversity in social, economic and governance structures, even within country borders, call for distinct but collaborative strategies at the local and national levels. There is no standardized solution. However, interdisciplinary stakeholders can learn from ongoing global interventions to understand how best to plan, develop and implement reforms.

Some questions that stakeholders may wish to consider include: How and by whom are menstrual reforms being implemented? Which approach is best for the particular society and environment—laws, policies, objective-based programs alongside governments and NGOs, or a combination of the three? How is accountability ensured? Have sufficient and recurring financial and human capital been allocated to continue each program for a sustained period of time, such as for period product distributions, for generating creative menstrual health curricula or for training teachers and counselors on working with students of all genders? What are the cultural practices of the population at hand? Based on research and discussions with local experts, four targets to achieve sound implementation are described in detail below—(1) centralized governance, (2) sustained funding, (3) public-private and NGO partnerships, and (4) nuanced behavior change—and appear valuable to supporting menstrual health.

Centralized Governance. As UNICEF has stated, “clear government leadership and ministerial ownership of MHH is essential for reaching adolescent girls at scale.”⁷³⁰ When menstrual health governance is held by separate ministries of health, education, women and children, and divisions of labor and employment, it may become increasingly difficult to coordinate efforts among the governing bodies and multi-sector stakeholders; seek sufficient and sustained funding from all divisions; and keep track of various policy documents that, when pieced together, form a fuller picture of rights and supports.

For example, in Tanzania, the various ministries tasked with MHH have not been able to coordinate efforts to effectively allocate financial and human resources and meet the objectives of the National Health Policy, specifically in schools.⁷³¹ Hyacintha Ntuyeko, Founder and CEO of Kasole Secrets, commented that, although the Tanzanian government has shown an increased interest in MHH over the past few years, it is not consistent in implementation and government officials easily shift to other pressing priorities or transfer between ministries.⁷³² The MHH Coalition in

Tanzania spends significant time and energy advocating for menstrual health to parliamentarians, although there is great turnover.⁷³³ These siloed steps lead to further confusion on roles and responsibilities, specifically regarding who should track implementation and who should seek accountability, and from where funding and direct service are derived.

One way to centralize menstrual health governance is to house all relevant policies and programs in a single national entity that oversees action at further localized levels. As in India, the Ministry of Health and Family Welfare has regulatory power over the majority of health policy decisions and delegates the organization and administration of primary care to the state governments.⁷³⁴ Yet this approach is not without its shortcomings, as the federalist structure may lead to significant variation in resource distribution and policy implementation, especially for remote and rural areas.⁷³⁵ If the appropriate entity does not exist, a single division or working group may be formed to fully focus on MHH or ministry subgroups may be appointed and tasked specifically with coordinating situational analyses and programs among each other, such that all needs are addressed. These needs may be group-based (i.e., women or children, mothers, workers or students and other menstruating individuals lacking environmental supports) or issue-based (i.e., outlawing harmful exclusionary practices, enabling period product access and delivery, improving hygiene infrastructure, drafting educative and therapeutic curricula, and protecting environmental concerns with disposal, among others). A third method for enhanced coordination may be for national governments to formally partner with intergovernmental agencies, such as UN bodies including the World Bank or the World Health Organization or global-scale NGOs, such as Days for Girls International,⁷³⁶ WASH United,⁷³⁷ PERIOD.,⁷³⁸ and The Pad Project⁷³⁹ for effective strategy and service delivery.

Sustained Funding. Improving MHH requires devoted budgets, especially if focusing on schools and school-aged children. The school environment is a prime place to enhance accurate menstrual and SRH education from a young age for all genders, while responding to bullying, social stigmas and resulting mental health concerns associated with MHH. If educators are well-trained, they may also be able to reach children out of school through informal programs. Hiring and training teachers and drafting curricula require funds, as do monitoring and evaluating programs, distributing free or subsidized period products, and building private toilet and washing facilities. If laws or policies are

enacted, funds are similarly required to train and incentivize their enforcement and to educate communities about them.

While pilot programs and opt-in schemes are commonly used to assess need and uptake in the planning stages, the predetermined period and amount of funding often leads to their dissolution. New Zealand's six-month pilot program across 15 schools in the country's Waikato region received positive feedback, after which the government launched a nationwide initiative to distribute period products to students in certain schools,⁷⁴⁰ but because this program is funded to run only until 2024⁷⁴¹ on an opt-in basis, its future and how many schools will choose to opt-in are unknowns. New York City's 2016 pilot program stocked free period products in school bathroom dispensers, but two years later, a Brooklyn-based Girl Scouts troop found that only 18% of Brooklyn schools were actually providing products and disposal bins.⁷⁴² Then, in 2018, New York became the first state to require schools to provide free period products to students in grades six through twelve.⁷⁴³ To combat opposition, specifically to the cost of setting up product dispensers and committing to funding free products over the long-term, proponents of the bill likened the free provision of period products to toilet paper in order to garner a budget line-item.⁷⁴⁴

Public-Private and NGO Partnerships. When government cannot reach all sectors of civil society, whether that be due to insufficient funding or ineffective administration, NGOs and private agencies can help fill the gaps. These stakeholders are often most attuned to the cultural connotations surrounding menstruation in their communities and community-based resource needs, enabling them to effectively deliver and scale-up supports with the help of private donors. NGOs that each have different missions and expertise can also work simultaneously toward providing inclusive programming, such as serving disaster relief victims, individuals with disabilities or children out of school—all groups facing facets of period poverty.

In India, the Desai Foundation's Asani Sanitary Napkin Program works in more than 568 villages to deliver health and hygiene trainings and to teach local women how to produce affordable pads, having created more than 2,000 jobs in the process.⁷⁴⁵ Menstruación Digna in Mexico has advocated for free period products in schools and prisons and developed projects to educate teachers on how to discuss menstruation.⁷⁴⁶ During COVID-19 lockdowns, the Scottish charity, Perth and Kinross Association of Voluntary Service, launched a "Tampon Taxi" that delivered free period products to over 8,000 people and now offers a monthly subscription service.⁷⁴⁷ Additionally, Dignity

New Zealand operates a "buy one, give one" model with private businesses to donate period products to communities in need,⁷⁴⁸ whereas Sustainable Health Enterprises in Rwanda locally produces and sells environmentally conscious pads at more affordable prices than commercial products.⁷⁴⁹

Behavior Change. Changing knowledge, attitudes and practices in communities that associate menstruation with shame, religious and cultural taboos or social exclusion may be the most difficult of these four targets. Encouraging positive and safe environments for menstruating individuals requires sensitivity, empowerment and persistence by a range of professionals and platforms. Additionally, as communities that coexist in a single region may ascribe to diverse values, it is important to address each group with a nuanced understanding of their familiarity with menstruation, their existing access to physical and mental supports, and their practical needs. A wide range of approaches can help obtain behavior change, such as pairing menstrual education curricula with individual counseling or counseling circles that delve more into difficult discussions about bullying, shame, fear of leaking, sexual violence or other psychosocial consequences; public advocacy campaigns and media that mobilize the public; evidence-based research and events that gather multisectoral stakeholders; and legal and policy action, where possible, for continued change.

For example, the Nepali Supreme Court has outlawed and criminalized the practice of *chhaupadi*, segregating menstruating girls and women to huts outside the house. But, *chhaupadi* still persists in areas of rural western Nepal because neither the law nor its enforcement address or dismantle the underlying cultural notions and power structures that keep the practice alive.⁷⁵⁰ The nonprofit Pad2Go, however, has come up with unique textbooks to teach Nepali students about biology, how often to change pads, and to stop using the equivalent of "staying away" or "untouchable" in English to refer to menstruating women and girls.⁷⁵¹ Moreover, Bodyform, a media firm in the United Kingdom, created the country's first television advertisement with a red blood-like stain rather than the usual blue liquid to begin depicting women's realistic experiences of menstruation instead of hiding behind sanitized images.⁷⁵² South Africa Sanitary Dignity Implementation Framework provides a good example of reframing language around menstruation into policy, as the Framework emphasizes dignity and respect with regard to menstruation, especially for the most indigent, right in its name.⁷⁵³

Conclusion

This multi-country study outlines the state of menstrual health in the education sectors of 12 countries. It is meant to be used as a guide by multisectoral stakeholders working to inspire creative solutions and sustainable change in other diverse contexts.

Globally, we are still far from achieving comprehensive menstrual health, but this report demonstrates that progress can be seen in the innovative ways menstruation is being prioritized in the international development arena to improve access to education, products and facilities, and destigmatize and enshrine the basic biological practice as a human right. It cannot go unmentioned, however, that this report further demonstrates resource differences and scarcities—not only regarding the picture of period poverty across disparate communities and governance structures, but also in the availability of research and information on menstrual health interventions, which vastly differ between high-income, low-income, Western and Eastern countries.

Even with unlimited resources, menstrual rights cannot be realized without true behavior change. It is key to include all genders in the mission to positively support menstruating individuals, reduce bullying and gender-based violence, and desegregate the sexes for equal societal participation and achievement. Additionally key is the involvement of national, local, and community stakeholders across various positions of power, who should work in tandem to tailor long-term shifts in education, product delivery and menstrual messaging to the particular sociocultural, economic and political spheres in which they work. Numerous nonprofits, including Days for Girls International, help to bridge the gaps between government and civil society by empowering girls as individuals *and* supporting them at home, in school, and in their communities. Influential leaders in each country must target the attitudes and practices of greatest influence in order to mobilize more momentum around menstrual health and rights.

Endnotes

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