



© mite.org

Advancing Menstrual Health, Education and Economic Progress: Executive Summary



New Perimeter
OUR GLOBAL PRO BONO INITIATIVE



Executive Summary

Roughly 30% of the global population is of reproductive age.¹ On average, a woman experiences over 400 menstrual cycles in her lifetime,² yet this normal biological process is far from reaching societal normalization. At least 500 million women and girls lack adequate supplies and facilities to safely menstruate.³ In addition, the lack of timely, age-appropriate, and accurate biomedical information surrounding menstruation negatively impacts those experiencing periods on a global scale.

DLA Piper and its nonprofit affiliate, New Perimeter, in collaboration with Days for Girls International, researched and published “[Advancing Menstrual Health, Education and Economic Progress](#)”—a multi-country study that highlights the scope of menstrual health in the education sectors of 12 countries. The countries were selected for their diversity in geography, governance, and sociocultural and economic status and include India, Kenya, Mexico, Nepal, New Zealand, Rwanda, South Africa, Tanzania, Uganda, United Kingdom, Scotland, and the United States. The 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.

The study is divided into three parts. Part I discusses the international instruments that underpin menstrual health and hygiene (MHH) as a matter of human rights. Part II reviews select national and local laws, policies and programs that address relevant curricula; product distribution; water, sanitation and hygiene (WASH) facilities; product disposal; and behavior change interventions in schools and for school-aged girls. The research incorporates insights from local subject-matter experts on implementation, monitoring and evaluation efforts, and a view into how the COVID-19 pandemic has disrupted the delivery of needed supports. Part III offers transferable recommendations to multi-sectoral stakeholders working on similar reforms.

Across cultures, menstruation is shrouded in shame and stigma, yet it is closely linked to personal and public health, education, gender equality and poverty or economic growth. As the United Nations Population Fund (UNFPA) has emphasized, misinformation about periods makes women and girls more vulnerable to gender discrimination and sexual violence.⁴ Poor menstrual health can also result in school and workplace absenteeism, due to fears of bullying, leaking without adequate period products and the absence of private toilet facilities. This, in turn, can lead to unequal professional opportunities and women’s economic dependence, among other concerns.⁵

This report adopts an expansive view of “period poverty,” recognizing that a truly supportive menstrual environment is one in which sociocultural taboos and seclusion practices, inadequate education, poor hygiene facilities and absent psychosocial support no longer persist.

Moreover, this report advocates for states to uphold recognized international human rights to water and sanitation, health, education, work and non-discrimination, in order to further bolster menstrual health.⁶ Three instruments, in particular, underpin MHH: (1) the Convention on the Rights of the Child (CRC);⁷ (2) the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW);⁸ and (3) the International Covenant on Economic, Social and Cultural Rights (ICESCR).⁹ Limitations exist, however, in that these instruments cannot enforce state action and compliance. In addition, when culture and religion may themselves perpetuate discriminatory practices, adhering to these instruments is a balancing act that is difficult to strike. States must self-align with these instruments by facilitating legislation, policies and programs that expand access to accurate and age-appropriate MHH education for all genders; improve health care delivery and hygiene infrastructures; increase access to period products; and eliminate exclusionary practices.

Analysis and Recommendations

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, calls for distinct but collaborative strategies at the local and national levels. Nevertheless, interdisciplinary stakeholders can learn from ongoing global interventions to understand how best to plan, develop and implement reforms. Based on research and discussions with local experts, the report identifies and describes four valuable targets to achieve sound implementation—(1) centralized governance, (2) sustained funding, (3) public-private and NGO partnerships, and (4) nuanced behavior change.

CENTRALIZED GOVERNANCE.

When MHH governance is held by separate ministries (such as 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 track various policy documents. For example, in Tanzania, multiple ministries tasked with MHH have not been able to coordinate efforts to effectively allocate financial and human resources to meet the objectives of Tanzania’s National Health

Policy, specifically in schools.¹⁰ The Tanzanian government has not been consistent in implementation, and government officials frequently shift to other pressing priorities, move between jobs, or transfer MHH stewardship between ministries.¹¹ In contrast, in India, the Ministry of Health and Family Welfare holds regulatory power over the majority of health policy decisions. This provides an example of a way to centralize MHH governance by housing all relevant policies and programs within a single national entity that delegates to and oversees action at localized levels.¹² While the federalist structure may lead to significant variation in resource distribution and policy implementation,¹³ working groups or ministry subgroups may be formed to fully focus on MHH and coordinate programs together. Alternatively, national governments may achieve enhanced coordination through formal partnerships with intergovernmental agencies.

SUSTAINED FUNDING.

Hiring and training teachers, drafting MHH curricula, monitoring and evaluating programs, distributing free or subsidized period products, and building private toilets and washing facilities all require funding. While pilot programs and opt-in schemes are commonly used, they are often dissolved at the end of the pilot phase because of funding restraints. For example, New Zealand's government launched a nationwide initiative to distribute free period products to students in certain schools upon seeing the success of a six-month pilot program in 15 Waikato region schools,¹⁴ but the initiative is funded to run only until 2024¹⁵ on an opt-in basis. Similarly, Mema Tanzania worked with the US Embassy to install pad vending machines in schools, but only four schools were reached between the defined term, 2018–2020—the future of the program is now unclear.¹⁶ The manner in which stakeholders advocate for MHH funding is important, as demonstrated in New York. After enforcement lags with a pilot program to provide free period products and disposal bins in Brooklyn schools,¹⁷ MHH advocates got an annual line item in New York's state budget starting in 2018—the first state to do so—to provide free period products to students in grades six through twelve by likening their provision to essentials like toilet paper.¹⁸

PUBLIC-PRIVATE AND NGO PARTNERSHIPS.

When government cannot reach all sectors, civil society, NGOs and private agencies 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 support with the help of private donors. For example, in India,

the Desai Foundation's Asani Sanitary Napkin Program works in more than 568 villages to deliver MHH trainings and teach local women how to produce affordable pads. In the process, Asani also created more than 2,000 jobs.¹⁹ Similarly, Mexican NGO Menstruación Digna has successfully advocated for free period products in schools and prisons and developed projects to educate teachers on how to discuss menstruation.²⁰ Public-private partnerships like Dignity New Zealand operate “buy one, give one” models with commercial businesses to donate period products to communities in need.²¹ Organizations may also sell products for profit to support their other MHH aims, such as Rwanda's Sustainable Health Enterprises which locally produces and sells environmentally conscious pads at more affordable prices than commercial products in addition to providing other MHH programming.²² While COVID-19 lockdowns added greater barriers to funding, access, and services for public agencies, many still managed to reach communities in need in innovative ways. The Scottish charity, Perth and Kinross Association of Voluntary Service, launched a “Tampon Taxi,” also publicized by the Scottish government, that delivered free period products to over 8,000 people and now offers a monthly subscription service.²³

BEHAVIOR CHANGE.

The most challenging objective may be changing knowledge, attitudes and practices in communities that associate menstruation with shame, religious and cultural taboos or social exclusion. Encouraging positive and safe environments for menstruating individuals requires sensitivity, empowerment and persistence from 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 counseling services that delve into bullying, shame, fear of leaking, sexual violence or other psychosocial consequences; launching public advocacy campaigns via popular media; engaging in evidence-based research and events that gather multisectoral stakeholders; and enacting legal and policy action, where possible, for continued change. For example, although the Nepali Supreme Court has outlawed and criminalized the practice of *chhaupadi* (segregating menstruating girls and women to outdoor huts), it 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.²⁴ However, the nonprofit Pad2Go, is drafting unique textbooks to teach Nepali students about menstruation as a normal biological function and about how to use different types of menstrual products. Pad2Go's curricula also encourages students to refrain from reinforcing exclusionary practices such as *chhaupadi* and from using Nepali words that traditionally refer to menstruating women and girls as "untouchable."²⁵ Bodyform, a media firm in the United Kingdom, is similarly trying to change cultural norms by producing the country's first period product television advertisement to feature a red blood-like stain rather than the usual blue liquid. This depiction attempts to normalize women's realistic experiences of menstruation instead of hiding behind sanitized images.²⁶ South Africa Sanitary Dignity Implementation Framework provides another example of reframing language around menstruation. The policy emphasizes dignity and respect with regard to menstruation right in its name.²⁷

DLA Piper/New Perimeter and Days for Girls International's final report is meant to be used as a guide by multisectoral stakeholders working to inspire creative solutions and bring about sustainable change in other contexts. Globally, we are still far from achieving comprehensive menstrual health. Yet this report demonstrates that progress can be seen in the innovative ways that diverse communities are prioritizing menstruation 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. Looking forward, strong, centralized national support, sustained funding, robust public-private and NGO involvement, and nuanced approaches to behavior change are key strategies to continue to mobilize and increase momentum around MHH and menstrual rights.

Access the full report here: <https://www.newperimeter.com/our-work/economic-development/advancing-menstrual-health.html>.

daysforgirls.org

newperimeter.com

ENDNOTES

- 1 *Fast Facts: nine things you didn't know about menstruation*, UNICEF (May 25, 2018), https://www.unicef.org/press-releases/fast-facts-nine-things-you-didnt-know-about-menstruation#_edn1.
- 2 Kelly Blanchard, *Life without menstruation*, OBSTETRICIAN & GYNAECOLOGIST 34, 35 (2003), <https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1576/toag.5.1.34>.
- 3 *Progress on Sanitation and Drinking Water: 2015 Update and MDG Assessment*, UNICEF, 45 (June 2015), <https://www.unicef.org/reports/progress-sanitation-and-drinking-water>; Tanya Barron, *800 Million Women and Girls Are on Their Period Right Now—Let's Talk About It*, IBT (Oct. 11, 2017), <https://www.ibtimes.co.uk/800-million-women-girls-are-their-period-right-now-lets-talk-about-it-1642606>.
- 4 *Menstruation and human rights - Frequently asked questions*, UNFPA (June 2021), <https://www.unfpa.org/menstruationfaq>.
- 5 *Id.*
- 6 *Id.*
- 7 *Convention on the Rights of the Child*, UNITED NATIONS, https://treaties.un.org/pages/ViewDetails.aspx?src=IND&mtidg_no=IV-11&chapter=4&clang=en.
- 8 *Convention on the Elimination of All Forms of Discrimination against Women* New York, 18 December 1979, UNITED NATIONS HUMAN RIGHTS OFFICE, <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women>.
- 9 *International Covenant on Economic, Social and Cultural Rights*, UNITED NATIONS HUMAN RIGHTS OFFICE, <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights>.
- 10 Video Interview with Hyasintha Ntuyeko, Founder and CEO of Kasole Secrets (Feb. 4, 2022).
- 11 *Id.*
- 12 International Health Care System Profiles: India, COMMONWEALTH FUND (June 5, 2020), <https://www.commonwealthfund.org/international-health-policy-center/countries/india#:~:text=The%20constitution%20of%20India%20obliges,India%20has%20been%20chronically%20underfunded>.
- 13 *Id.*
- 14 Rachel Treisman, *New Zealand Will Offer Free Sanitary Products At Schools To Fight Period Poverty*, NPR (Feb. 18, 2021), <https://www.npr.org/2021/02/18/969129496/new-zealand-will-offer-free-sanitary-products-at-schools-to-fight-period-poverty>.
- 15 Natasha Frost, *New Zealand to Roll Out Free Period Products to All Students*, NY TIMES (Feb. 18, 2021), <https://www.nytimes.com/2021/02/18/world/asia/new-zealand-period-schools.html>.
- 16 *Menstrual Hygiene Day 2020: Raleigh Tanzania and Mema supporting young girls to stay in schools*, RALEIGH INT'L. (May 28, 2020), <https://raleighinternational.org/blog/menstrual-hygiene-day-2020-raleigh-tanzania-and-mema-supporting-young-girls-to-stay-in-schools/>.
- 17 Margaret L. Schmitt, et al., *A Policy for Addressing Menstrual Equity in Schools: A Case Study From New York City, U.S.A.*, FRONT. REPROD. HEALTH, (Jan. 28, 2022), <https://www.frontiersin.org/articles/10.3389/frph.2021.725805/full>.
- 18 *Id.*; NY Pub. Health § 267 (2018).
- 19 ASANI, <http://www.asaninapkins.org/>.
- 20 *Case Study - Mexico*, PERIOD TAX, <https://periodtax.org/case-studies/case-study-5.html>; Telephone Interview with Anahí Rodríguez, Menstruación Digna (Feb. 22, 2022).
- 21 DIGNITY NZ, <https://www.dignitynz.com/>.
- 22 *Our Work*, SUSTAINABLE HEALTH ENTERPRISES, <http://sheinnovates.com/our-work/>.
- 23 *PKAVS Tampon Taxi*, TAMPONTAXI, <https://www.tampontaxi.org/>.
- 24 Dipendra S. Thakuri, et al., *A harmful religio-cultural practice (Chhaupadi) during menstruation among adolescent girls in Nepal: Prevalence and policies for eradication*, PLOS ONE (Sept. 1, 2021), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8409632/>.
- 25 Nishi Rungta, *Menstrual Health is Everybody's Business*, THE RECORD (Dec. 14, 2021), <https://www.recordnepal.com/menstrual-health-is-everybodys-business#:~:text=Each%20school%20in%20Nepal%20follows%20its%20own%20guidelines,part%20of%20the%20Health%20%26%20Physical%20Education%20course>.
- 26 Camilla Mørk Røstvik, *Adventures in menstruation: how period product ads have changed to reflect a more realistic experience for women*, THE CONVERSATION (Mar. 9, 2018), <https://theconversation.com/adventures-in-menstruation-how-period-product-ads-have-changed-to-reflect-a-more-realistic-experience-for-women-91417>.
- 27 Sanitary Dignity Framework, DEPARTMENT OF WOMEN, YOUTH, AND PERSONS WITH DISABILITIES (June 2019), https://genderlinks.org.za/wp-content/uploads/2017/06/Menstrual-Hygiene_South-Africa_SanitaryDignityFramework_2019.pdf.