

Menstrual Health and Human Rights: Laws, Policies, and Practices

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Abstract

This research paper provides an analysis of the laws, policies, and practices related to menstrual health and human rights in India. It looks at the difficulties that women and girls encounter in getting menstrual health products, information, and support because of social and cultural barriers, as well as the potentially harmful behaviours that can result. The study examines the existing legal and policy frameworks, including more recent initiatives like the Menstrual Hygiene Scheme and the Swachh Bharat Abhiyan, and identifies areas that require further action. In India, issues with menstrual health and human rights include restrictions imposed by laws and policies, a lack of access to sanitary products and facilities, and stigma and shame associated with menstruation. The paper concludes by highlighting the necessity of a sustained and integrated effort from the government, civil society organisations, and other stakeholders to address these issues and enhance menstrual wellness for all women and girls in India.

Introduction

Human rights and menstrual health have long been prominently discussed issues in India. Particularly in rural areas, menstruation is frequently viewed as a taboo topic and is connected to shame, secrecy, and discrimination. Inadequate sanitation facilities, limited access to menstrual products, and social stigma are just a few of the issues that women and girls deal with when it comes to menstrual health and hygiene.

According to National Library of Medicine, In India, 71% of girls report that they did not know they were menstruating before their first period, and 70% of mothers believe that menstruation is "dirty," which contributes to taboos being perpetuated. Menstrual injustice, which contributes to women's health inequity from birth to death, has been identified as the denial by the Indian state's health policies of women's gendered experience of health.¹ In India, menstrual health remains a persistent social and health issue because many girls and women lack access to reliable and adequate information about menstruation and menstrual hygiene products.

The Menstrual Paid Leave Policy indirectly supports women's emancipation, which is important. India does not have a legal framework that permits female employees to take paid time off for menstruation or menstrual discomfort, in contrast to South Korea, Japan, Indonesia, and Taiwan.

According to the United Nations Population Fund (UNFPA), menstrual health is often overlooked by decision-makers, policymakers, educators, and even the medical establishment, despite the fact that menstruation, along with pregnancy, childbirth, postpartum changes, and menopause, are health issues particular to women's and girls' bodies.² In addition to providing

¹ https://health.factly.in/Health%20Misinformation%20Report_Factly.pdf

² <https://www.unfpa.org/menstruationfaq>

access to menstrual products and adequate sanitation facilities, it is critical to address these issues through education and awareness-raising campaigns.

Laws and Policies Related to Menstrual Health in India

Menstrual hygiene and health are fundamental human rights issues that go beyond concerns for individual well-being. Unfortunately, millions of women and girls in India experience severe violations of their human rights related to menstrual health. The consequences of the human rights violations in this situation are extensive, ranging from a lack of access to menstrual hygiene products to social stigmatisation and discriminatory practices. Half of the world's population experiences the natural biological process of menstruation. But in many nations, including India, it continues to be shrouded in shame, silence, and misunderstanding. In addition to denying women and girls their right to health and dignity, violations of menstrual health human rights also perpetuate gender inequality and impede their overall development.

The Indian government has launched a number of initiatives in recent years to address menstrual health and hygiene issues and to promote menstrual health as a fundamental human right. In India, there are a number of laws and policies pertaining to menstrual health, including:

1. **Menstrual Hygiene Scheme:** In order to encourage menstrual health and hygiene among adolescent girls in rural areas, the Indian government introduced the Menstrual Hygiene Scheme in 2011. The programme offers girls free menstrual products as well as educational and awareness-building campaigns. One key criticism is the limited reach and effectiveness of the scheme, particularly in rural areas where access to sanitary products and proper sanitation facilities remains a challenge. The scheme's implementation and distribution mechanisms have faced logistical hurdles, resulting in inadequate coverage and inconsistent supply. Additionally, the focus on providing free or subsidised sanitary pads often neglects the importance of comprehensive menstrual health education, which is crucial for empowering women and girls to manage their menstrual health effectively.
2. **Swachh Bharat Abhiyan:** The Swachh Bharat Abhiyan is a nationwide initiative that was started in 2014 with the goal of promoting cleanliness and hygiene throughout the nation. Initiatives to enhance sanitary conditions and encourage menstrual hygiene are part of the campaign. It has come under fire for concentrating on building toilets rather than adequately addressing the bigger problems of behaviour change, upkeep, and sustainability. The campaign has been criticised for failing to give attention to underserved communities, using poor waste management techniques, and failing to hold itself accountable for meeting its lofty objectives.
3. **Beti Bachao, Beti Padhao:** In order to address gender-based discrimination and violence against girls in India, the Beti Bachao Beti Padhao (Save the Girl Child, Educate the Girl Child) campaign was introduced in 2015. Initiatives to improve education access and menstrual health and hygiene among girls are part of the campaign. Despite the program's good intentions, there have been a number of complaints about how it has been carried out. First off, the programme

neglects other important factors like health, safety, and empowerment in favour of addressing the skewed sex ratio and promoting education for girls. Second, because of insufficient funding, a lack of efficient monitoring systems, and a failure to address ingrained socio-cultural norms that uphold gender inequality, the program's impact has been constrained. Additionally, there is a need for a comprehensive strategy that addresses the intersectionality of gender with other forms of discrimination as well as for greater inclusion of marginalised communities.

4. **GST Exemption:** The Goods and Services Tax (GST) on sanitary napkins was eliminated by the Indian government in 2018, making them more accessible and affordable for women.
5. **Right to Menstrual Health:** Menstrual health was deemed a fundamental human right under the Right to Health in 2020 by the National Commission for Women (NCW). The NCW also released recommendations for enhancing menstrual health and hygiene, including expanding access to menstrual products, enhancing sanitation, and fostering awareness and education.
6. **Ministry of Human Resource Development:** The Sarva Shiksha Abhiyan (SSA, 2000-01) and Rashtriya Madhyamik Shiksha Abhiyan (RMSA, 2009), which aim to provide elementary education for all and enhance access to secondary education, respectively prioritise sanitation infrastructure in schools as a way to improve school retention. Additionally, Swachh Bharat: Swachh Vidyalaya, India's national guidelines for sanitation in schools, emphasise Menstrual Hygiene Management (MHM) facilities in schools (e.g., incinerators).

7. The Shuchi Scheme:

The Shuchi Scheme was launched by the Central Government in 2013–14 with the goal of providing free sanitary products. It asserts that every girl student will receive a pack of pads on a regular basis. Adolescent girls received 4.82 billion "Freedays" packs, according to the Ministry of Health and Family Welfare under the Shuchi Scheme. However, 'The Hindu', India's leading newspaper outlet, reported in 2017 that only 48.26 crore rupees of the 97.22 crore rupees needed to provide sanitary napkins to 36.59 lakh teenage girls were allocated from the budget.³ Further, two claims were raised, the first of which was that the pads were only distributed for five months of the twelve months promised.

The following are some failures of the Shuchi Scheme:

Limited impact: In rural areas, the Shuchi scheme has only had a limited impact, with only a small proportion of adolescent girls benefiting from it. This is as a result of insufficient outreach and promotion of the programme among the target population.

Inadequate funding: The Shuchi scheme has struggled with funding, which has hindered its ability to give adolescent girls in rural areas education and menstrual hygiene products.

³https://ijpsl.in/wp-content/uploads/2021/06/Delving-into-Indias-Abysmal-Menstrual-Health-Management_Avika-Singh-Pratishtha-Budhiraja.pdf

Poor menstrual hygiene product quality: There have been reports of girls receiving low-quality pads when using menstrual hygiene products provided by the programme. This has prompted questions about the program's effectiveness in promoting menstrual health.

Lack of sustainability: The Shuchi scheme has experienced a lack of sustainability, which has prevented many of the scheme's advantages from being maintained over time. This is a result of inadequate follow-up and evaluation of the program's results.

Swachh Bharat Mission guidelines for Menstrual Hygiene Management (MHM)

The government's first significant effort to end the stigma associated with menstruation, Swachh Bharat Mission, aims to manage menstrual hygiene. A study was conducted by Manorama S. & Desai R. in 2020, however, and it reveals two critical gaps regarding the Swachh Bharat Mission, namely (1) absence of culturally embedded gender-specific understandings of menstruation and (2) links with public health. It was claimed that the program's MHM guidelines failed to make a connection between the menstrual cycle and basic health according to its views. This restrictive management of menstrual hygiene ignores the psychological and other sanitary needs of women during their menstrual cycle. Psychological needs during the menstrual cycle may include emotional support and stress management, while sanitary needs may involve access to menstrual hygiene products and proper disposal facilities.

As a result, the guidelines for managing menstrual hygiene under Swachh Bharat need to be reviewed and need to be more inclusive of other factors rather than limiting to just one aspect of the problem. Instead of just sticking to providing sanitary napkins, the policy should aim to provide individuals with psychological assistance and other necessary infrastructural facilities.

The National Guidelines for Menstrual Hygiene Management, which were published in December 2015 by the Ministry of Drinking Water and Sanitation with assistance from UNICEF India, highlighted the need for an integrated strategy to improve MHM for adolescent girls and women in India. The Swachh Bharat Mission, a national initiative to promote sanitation, incorporates these recommendations. However, the recommendations stress the contribution of different Ministries to bettering MHM and urge greater convergence, i.e., agreement on the roles and responsibilities, and better coordination. It describes the functions of state governments, district managers, community and front-line health care providers, engineers, schools, and communities. The recommendations place a strong emphasis on including boys and men in addition to girls. Additionally, it offers guidelines for MHM product standards, sanitation infrastructure requirements, and MHM education standards.

The Jan Aushadhi Suvidha Sanitary Napkin

The launch of the "Jan Aushadhi Suvidha Oxo-Biodegradable Sanitary Napkin" for Indian women was proudly announced by the Indian government on the eve of World Environment Day on June 4, 2018. According to the National Family Health Survey-4 reports for FY 2015–16, about 58% of young women between the ages of 15 and 24 continue to use cloth to protect themselves during their periods. Accordingly, NFHS-4 also reveals that 16% of local-manufactured pads are used by young women, while 42% of them use sanitary napkins. Additionally, only 48% of women in rural areas use clean sanitary napkins, compared to about 78% of women in urban areas.

The Indian government has launched an initiative called Jan Aushadhi Suvidha Sanitary Napkin to give women all over the nation access to inexpensive sanitary napkins. At designated Jan Aushadhi Stores, Suvidha Sanitary Pads are sold at discounted prices. Since these sanitary napkins were sold in packs of 4, a packet will only cost Rs. 4. These oxo-biodegradable pads are a huge help in promoting women's hygiene. There are 6,300 Jan Aushadhi Kendras nationwide that sell the subsidised, oxo-biodegradable sanitary napkins known as Suvidha for Rs 1.

While the Jan Aushadhi Suvidha Sanitary Napkin initiative's efforts to promote menstrual health and hygiene have received widespread praise, there have also been some criticisms of the programme. Among the criticisms are:

1. **Issues with availability:** Despite the initiative's goal of improving women's access to sanitary napkins nationwide, there have been reports of shortages of the Jan Aushadhi Suvidha Sanitary Napkin in some regions. Women now have a harder time getting the product when they need it as a result.
2. **Lack of knowledge:** Despite the initiative's goal of raising awareness of menstrual health and hygiene, there have been issues raised regarding women's lack of knowledge, particularly in rural areas. The Jan Aushadhi Suvidha Sanitary Napkin initiative may not be widely known to women, and they may not be aware of how to use them.

Identification of gaps in the existing legal framework

Despite recent government initiatives in India to address menstrual health and hygiene, there are still a number of legal gaps that require attention. A few of the gaps are:

1. **Lack of comprehensive menstrual education:** Despite efforts to increase menstrual education and awareness, there is still a dearth of thorough menstrual education in schools and other academic institutions. The knowledge necessary to manage their periods safely and hygienically may not be available to many girls and women as a result.

2. **Limited access to menstrual products:** Due to financial constraints or a lack of availability in their communities, many women still struggle to access menstrual products, despite the fact that the removal of GST on sanitary napkins has made them more affordable.
3. **Stigma and Discrimination:** Many girls and women continue to experience stigma and discrimination because of menstruation, despite efforts to eradicate it. In addition to other detrimental effects, this may result in social isolation and fewer opportunities for employment and education.
4. **Lack of Implementation and Enforcement:** Although there are laws and policies to support menstrual health and hygiene, they are frequently not implemented or enforced at the local level. This implies that many women and girls might not have access to the tools and assistance they need to handle their periods in a healthy and respectable way.

Menstrual Paid Leave Policy

Policies governing menstrual leave are rules that allow employees or students to miss work or school while they are menstruating, typically for pain or discomfort. Menstrual leave policies are those that let women take time off from work or school while they are having their period. With the help of these policies, women will be able to take the time off they need to take care of their health and well-being while also acknowledging the difficulties that menstruation can present. Women are permitted to take paid or unpaid time off from work or school during their menstrual cycle under policies governing menstrual leave. Depending on the policy, the length of menstrual leave can range from one to several days per month.

During Menstruation, the uterus is impacted by the medical condition adenomyosis. It happens when the myometrium, the uterine muscle, merges with the endometrium, the tissue that lines the uterus. The uterus may enlarge due to this abnormal growth, which can result in a number of symptoms. Some women with adenomyosis also experience severe period pain in addition to heavy menstrual bleeding. And for a woman who is not only a regular woman but also a working woman, those two days turn into a terrible experience.

Recognising the difficulties menstruation can cause for women in the workplace, some businesses have taken the initiative to implement these policies. Zomato announced a 10-day paid vacation policy in 2020, and businesses like Swiggy and Byjus soon followed suit.

Only two states—Bihar and Kerala—have yet implemented menstrual leave policies for women. The 1992 implementation of Bihar's policy gave workers two days of paid menstrual leave each month. Some states, such as Kerala, have adopted similar laws that grant female employees one day of menstrual leave each month, following in the footsteps of Bihar. Recently, On January 19, 2023, Kerala Chief Minister Pinarayi Vijayan posted on social media that all state universities

under the Department of Higher Education will allow female students to take menstrual leave. The announcement came shortly after the Cochin University of Science and Technology (CUSAT) made the decision, in response to a request from the students' union, to grant menstrual leave to all of its female students. The social stigma associated with menstruation has caused fewer women to take advantage of the menstrual leave policy. Additionally, there is a chance that medicalizing a typical biological process could reinforce pre-existing biases against women. Additionally, there is a chance that employers may become even less willing to hire women as a result of the perceived financial and productivity costs of mandatory period leaves.

A petition calling for menstrual leave for workers and students nationwide was denied by the Supreme Court of India on the grounds that it is a matter of policy. The court also pointed out that menstrual pain leave might have a number of effects and might make employers less likely to hire women. The "Right of Women to Menstrual Leave and Free Access to Menstrual Health Products Bill, 2022" has recently been introduced as a proposed piece of legislation.

The Right of Women to Menstrual Leave and Free Access to Menstrual Health Products Bill, 2022 is a proposed legislation that aims to provide free access to menstrual hygiene products and menstrual leave for women. The bill was first introduced in the US Congress on March 26, 2019, but it did not receive a vote. The bill would allow homeless people, incarcerated people, students, and federal employees free access to menstrual hygiene products. Menstrual equity and access to menstrual products have become a global issue that has gained attention in recent years. The World Health Organization has recognized menstrual health as a human right. In the US, several states have passed laws that require schools to provide free menstrual products to students.

Approximately 40% of girls miss school while having their periods, and nearly 65% report that it affects their daily school activities,⁴ according to research cited in the bill, which suggests that menstruation has an impact on girls' educational outcomes. Menstrual leave regulations are becoming more well-known as a crucial measure that will promote women's health and well-being at work and in the classroom, even though they have not yet been widely adopted globally.

Menstrual leave is supported by a number of nations, including Spain, Japan, Indonesia, the Philippines, Taiwan, South Korea, Zambia, South Korea, and Vietnam. Women in Spain now have the option to take up to five extra days of leave beyond the standard three days per month. With the implementation of this policy in March 2021, Spain became the first nation in Europe to have a national menstrual leave policy. Whether they work full- or part-time, all female employees are subject to the policy. Female employees must present a medical certificate stating they are in menstrual pain or discomfort in order to request menstrual leave.

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6130156/>

Menstrual Health Practices in India

Taboo and Lack of knowledge regarding supplies

In India, women are traditionally taught to keep their menstrual cycles private and to avoid bringing up the subject in conversation. As a result, there is a lack of access to crucial knowledge, materials, and healthcare services regarding menstruation. In addition, many women in India lack access to adequate hygienic resources, which increases the risks to their health related to menstruation. However, a growing movement to end the taboo surrounding menstruation in India has emerged in recent years. Non-governmental organisations, activists, and policymakers have been working to improve access to menstrual hygiene supplies and facilities, raise awareness about menstrual health, and confront cultural taboos.

Poverty, menstruation and products

The term "poverty menstruation" describes the difficulties and problems faced by people who menstruate in underprivileged environments where they do not have access to sanitary products, clean restrooms, or menstrual health education. Negative effects such as health risks, social stigma, and constrained educational opportunities may result from this. Implementing comprehensive solutions is critical to addressing menstruation in poverty. For example, increasing access to clean water and sanitation facilities, promoting menstrual hygiene education, empowering women and girls, and encouraging partnerships between the public and private sectors to develop long-lasting programmes that lift people out of poverty and ensure their menstrual health are among these.

Even though sanitary pads are widely accepted and preferred and have quickly replaced cloths as an absorbent material, adolescent girls from low-SES families still struggle with the cost of pads. These girls are consequently reliant on the government's free and subsidised pad distribution programmes, the sustainability and viability of which are essential. In addition, girls who have left school are more likely to be economically vulnerable, making it harder for them to buy pads even at reduced prices.

Eco friendly Approach

According to a study by Muralidharan and WaterAid India (2018) that discusses the negative effects of using sanitary pads, the sanitary pads may take more than 500 years to decompose. Water Supply and Sanitation Collaborative Council (WSSCC) and Youth Ki Awaaz (2020) conducted a study in which they discovered that 80.7% of menstruating people wanted to switch to eco-friendly sanitary products because of the negative environmental effects of disposable sanitary napkins, provided that the alternative options are affordable.

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⁵ <https://act.youthkiawaaz.com/mhmsurvey/>

A growing trend known as "green menstruation" has seen women switch from disposable sanitary napkins to eco-friendly options in recent years. Some substitutes for single-use sanitary napkins are:

- **Menstrual Cups:**

Menstrual cups have been around for a while, but they are not commonly used in India and other cultures around the world because it is considered inappropriate to insert the cup into the vagina. Menstrual cups were discovered to be an efficient and secure alternative to sanitary napkins, and they are relatively conventional in that they must be emptied every 4 to 12 hours depending on menstrual flow and the cup's capacity, with a typical lifespan of ten years. The same study also came to the following conclusion: "Participants (and families) cited monthly cost savings from not needing to purchase pads or soap for laundry. An economic advantage of a menstrual cup emerged in qualitative studies. Depending on the company, a menstrual cup can cost anywhere between 150 and 2500 rupees in India. Menstrual cups may have a higher initial cost for some people, but compared to other products, they have the highest long-term benefits. Other biodegradable pads and tampons may be more expensive than plastic sanitary napkins, but they have the potential to be healthier and more environmentally friendly. There is a need to raise consumer awareness of these products and their advantages; if this is done in conjunction with subsidised prices for these products, consumers will be more likely to choose them.

- **Cotton Pads:**

Cloth pads were typically used by women in the past before the use of disposable sanitary napkins, and over time, the choice is regaining popularity. Many small-scale startups and NGOs are promoting reusable sanitary pads, including Goonj and their "MYPad" initiative, through which they have reached 150,000 women and given them cloth pads. Although there has frequently been debate regarding the affordability and accessibility of cloth pads, it is important to remember that the majority of cloth sanitary napkins are reusable and machine washable. A pack of 7 cotton pads by the company Eco Femme costs around Rs1,500. The pads can be washed 75 times and can be used for up to 5 years if cared for properly. When comparing costs and benefits, cotton cloth pads are preferred because they are more environmentally and healthfully friendly than disposable plastic sanitary napkins. Moreover, compared to the production of plastic sanitary napkins, the production of cloth cotton pads creates more employment opportunities.

Economical and Technological Analysis:

The economic analysis includes that according to Greetze et al. (2016), 70% of Indian women claim that their family cannot afford to purchase sanitary napkins.⁶ The Government completely misunderstands that menstrual products are a basic necessity for all people who menstruate and instead views them as a luxury. According to a technical calculation of the costs, a person uses roughly 15 pads per cycle, and each pad costs a minimum of INR 10, making the minimum monthly cost INR 150. Let's assume that rural women receive free pads even then; the cost would be about INR 50. Thus, most people choose to buy food products over menstrual hygiene products. They always put the needs of the family first. Furthermore, because the government's guidelines are not consistently enforced, the quality of products receiving subsidies varies greatly.

Due to their high costs, the majority of menstruating people in India are unable to access menstrual hygiene resources. People are forced to use the conventional method of using clothes, newspapers, ash, hay, etc. due to the unaffordability of such products. Even though certain organisations offer free sanitary napkins, their operational areas are more limited.

More environmentally friendly, affordable products like cups and tampons could be offered to the underprivileged strata, but most women do not feel comfortable using products that must be inserted. It is a less acceptable choice due to the social stigma that a woman loses her virginity while inserting the product. Although there are a few brands that are developing them, there is still another option for cloth pads.

Coming to the technological analysis, one of the main causes of it is the high cost of production brought on by the lack of domestic technological advancements. The cost of the high-cost machines used to manufacture the sanitary napkins ranges from 75 lakhs to 2.5 crore rupees (MSME GOI, 2020). As a result, the pads are expensive as well. Additionally, these machines are typically run by multinational corporations that control the largest share of the market for menstrual products. In India, the menstrual market is dominated by several companies, including Procter & Gamble Hygiene and Healthcare Limited, Johnson & Johnson Private Limited, Unicharm Private Limited, and Kimberly-Clark Lever Private Limited; all are large MNCs houses using the aforementioned big-budget machines.

Arunachalam Muruganantham, also known as the "Padman" of India, invented two models of machines to produce pads at a low cost. Depending on how well they worked, the machines ranged in price from 1.37 to 2.37 lakhs. The two models are:

- **Manual Pad Making Machine:** The first Padman model is a hand-operated sanitary pad maker that can create inexpensive pads. The device is made up of a metal frame, a mould

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<https://timesofindia.indiatimes.com/india/70-cant-afford-sanitary-napkins-reveals-study/articleshow/7344998.cms>

for the pad, and a raw material mixing bowl. The raw materials must be mixed manually in this machine by turning a wheel before being poured into the mould. The machine, which can be operated by unskilled workers, can produce 120 to 150 pads per day.

- **Semi-Automatic Pad Making Machine:** The second pad-making machine from Padman can produce 200 to 250 pads per hour and is semi-automatic. The device is made up of a metal frame, a hydraulic press, and a raw material mixing component. A hydraulic press is used to press the mould after the raw materials have been combined and poured onto it. Two people can operate the equipment, and it can make inexpensive, high-quality pads.

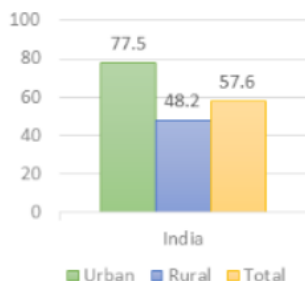
Menstruation In Rural India


Due to a lack of resources, education, and cultural taboos, menstruation for women and girls living in rural India is frequently a difficult issue. Many girls in rural India are compelled to use unhygienic materials during their periods, such as old clothes, rags, or even leaves because they lack access to sanitary pads or tampons. Health problems like infections and diseases may result from this. Menstruation remains widely taboo in rural India due to cultural stigmas. Girls and women are frequently instructed that they are impure or unclean during their periods and should refrain from touching certain items, going to religious gatherings, or even going into the kitchen. These taboos may be deeply ingrained in the culture, which could cause women to feel ashamed and embarrassed.

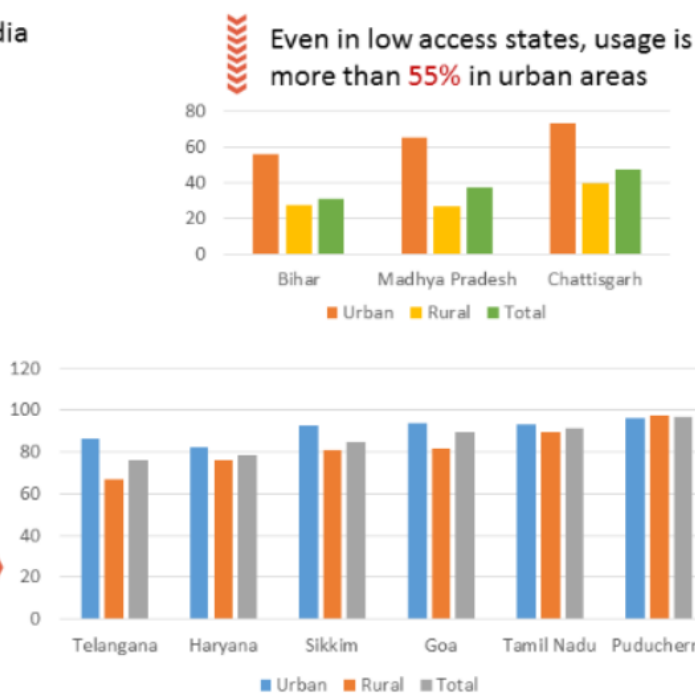
According to the NFHS 2015–16 survey, 78% of women in urban areas, 48% of women in rural areas, and 58% of women overall in India use hygienic methods to manage their periods even though almost six in ten Indian women now have access to disposable sanitary napkins. Locally produced napkins, sanitary napkins, and tampons are regarded as hygienic forms of protection, per this survey. The terminology suggests that single-use disposables are regarded as hygienic. 'Hygienic products' are used in a variety of ways depending on the state, with rural Bihar using only 30% and urban Tamilnadu, Kerala, and Delhi using up to 90%. This depicts that rural areas are trying to switch to more hygienic products irrespective of various constraints.

Access to Disposable Sanitary Napkin has increased!

Almost **58%** of women in India use either locally prepared napkins, sanitary napkins or tampons



States where usage is more than **80%** in urban areas and **65%** in rural 



Source: NFHS 2015-16

Menstruating teenage girls in rural India

Menstrual hygiene advocate and educator Shradha Shreejaya, who works with the Sustainable Menstruation Kerala collective and has previously worked in Assam, Odisha, Tamil Nadu, and Kerala, claims that girls miss school during their periods for two main reasons: period cramps and a lack of clean restrooms and private changing areas.⁷ Menstrual practices among teenage girls must be taken into consideration when discussing issues related to menstruation. According to statistics from a study done in 2012, "significantly more (60.6%) urban girls were using the sanitary pad as compared to rural (30.8%) girls."⁸ This raises concern with respect to cleanliness. In comparison to 58.1% of urban girls, 79.4% of rural girls found cleaning the external genitalia to be uncomfortable or inadequate. Teenage girls from rural areas had better hygiene than those from urban areas, which can be attributed to a lack of resources. However, due to a lack of accurate information, both groups of girls suffered in other ways like increased susceptibility to psychological and emotional distress resulting from poor hygiene practices or negative impact on self-esteem and confidence due to hygiene-related issues

⁷ <https://www.greenhered.in/single-post/2017/05/14/a-reality-check-of-menstruation-in-rural-india>

⁸ <https://www.amity.edu/gwalior/jccc/fighting%20the%20menstrual%20hygiene%20battle%20in%20rural%20india-%20a%20development%20communication%20perspective%20of%20the%20menstrual%20practices%20of%20rural%20india.pdf>

The Auroville Village Action Group (AVAG) produced a report in January 2011 (AVAG) that examines socioeconomic factors while addressing various aspects of managing menstrual hygiene and attitudes. Their findings imply that the main factors influencing women's decision to use cloth pads instead of disposable ones are costs, habitual familiarity, and to some extent comfort. It also shows that women are not encouraged to stick with cloth pads by worries about the environmental effects of disposable pads. In the AVAG study, about three-fourths of cloth users expressed concern about changing the cloth while away from home.

Reasons for using cloth



Source: AVG Menstrual Survey Report (January, 2011)

Women in Prisons and Homeless Shelters

Women in prisons and homeless shelters face unique challenges when it comes to menstrual health. Often overlooked, their access to proper menstrual hygiene products and facilities is limited, leading to compromised health and dignity. In prisons, women may encounter restricted availability and inadequate sanitary supplies, exacerbating the already difficult conditions. Similarly, homeless shelters often struggle to provide sufficient resources for menstrual care. Addressing the menstrual health needs of these vulnerable populations is crucial for upholding their human rights. Efforts should focus on increasing access to menstrual hygiene products, providing safe and private facilities, and implementing educational programs to promote awareness and empowerment. By prioritising their menstrual health, we can ensure that all women have the opportunity to manage their menstruation with dignity and without compromise.

A multifaceted strategy is needed to meet the menstrual hygiene requirements of women in prison and homeless shelters. It entails ensuring that menstrual products are consistently offered at no cost. In order to maintain an adequate supply of menstrual products, cooperation with regional organisations, neighbourhood initiatives, and government support can help secure funding and

donations. Additionally, access to sanitary and private areas for disposal and changing, as well as sufficient washing facilities, is essential to upholding hygiene and fostering dignity. The Spark Minda Foundation's Shakti Program provides free disposable sanitary napkins and menstrual hygiene supplies to female inmates through vending machines in 16 prisons in northern India. The lack of appropriate methods for disposing of used sanitary pads is another issue that affects menstrual management in prisons. During visits, it is discovered that some prisons lacked dustbins for the disposal of sanitary napkins. Prisons and the government hospital must work together to guarantee a gynaecologist visits every week. Sustained efforts and research is required to meet the Menstrual Health and Hygiene needs of the women in prisons.

About Incinerators: Some organisations have installed incinerators to address disposal issues, but these are neither environmentally friendly nor user-friendly. Waste-to-energy facilities, such as incinerators, have the potential to produce energy from waste while lowering the amount of waste sent to landfills. Their effect on the environment, however, is up for discussion. Incinerators emit pollutants like carbon dioxide, nitrogen oxides, and heavy metals into the atmosphere while also helping to reduce greenhouse gas emissions by diverting waste from landfills. Incinerators must adhere to strict emission control standards, use cutting-edge air pollution control techniques, and place a high priority on the secure disposal of ash and byproducts in order to be deemed eco-friendly. By putting these measures in place, incinerators' negative environmental effects can be reduced, but careful oversight and regulation are essential.

Recommendations

Implementation of a comprehensive menstrual leave policy that addresses psychological assistance and necessary infrastructural facilities can be done in the following ways:

A. Psychological assistance:

- a. Employee Support: Create a private network of support where people can turn for help with psychological issues related to menstruation, such as an Employee Assistance Programme (EAP).
- b. Education and Awareness: Hold seminars or training sessions to inform staff members and managers about the psychological effects of menstruation, encouraging compassion, comprehension, and a reduction in stigma.
- c. Communication Channels: Create a forum for open discussion where workers can discuss their emotional needs during their menstrual cycle, making sure they feel comfortable approaching managers, human resources, or other designated support staff for assistance.

B. Infrastructural Facilities:

- a. Menstrual hygiene products: Make a range of menstrual hygiene products, such as sanitary napkins, tampons, and menstrual cups, available without charge in restrooms, designated areas, or via a distribution system within the company.
- b. Disposal Facilities: To maintain cleanliness and hygiene, make sure that used menstrual hygiene products are properly disposed of, including in designated bins with lids and through routine disposal and hygiene maintenance procedures.
- c. Toilet Facilities: To support people's comfort and hygiene during menstruation, equip restrooms with the necessary amenities, such as clean and well-stocked supplies, disposal options, privacy, and accessibility.
- d. Flexibility in the Workplace: To accommodate women's physical and psychological needs during menstruation, employers should provide flexible working conditions, such as movable workstations, access to natural light, or climate control.

For effective implementation of the Menstrual Hygiene Scheme, it is crucial to increase stakeholder coordination, strengthen monitoring and evaluation processes, and build relationships with NGOs and local communities. Additionally, promoting sustainable menstrual hygiene practices can be greatly aided by funding through menstrual health education and addressing social stigma. The menstrual hygiene programme in India can be strengthened by taking a multi-pronged approach that addresses these issues, ensuring greater impact and long-term success in enhancing menstrual health and hygiene for women and girls.

There are a lot of colleges and schools where the Sanitary Napkin Vending Machine has been installed but the problem lies in the proper administration of these machines. It is seen that teachers and other working staff tend to take these pads free of cost, in bulk. A proper register should be maintained keeping track of the stock of sanitary napkins. Anyone who takes a sanitary napkin must enter all their details in the register so that we make sure the sanitary napkins are utilised properly. Register should be checked weekly or monthly to see if the number of sanitary pads used match the number being taken by students or staff.

Implementing Menstrual Hygiene as a curriculum under the National Education Policy (NEP) requires a comprehensive plan that covers various aspects of menstrual health education. Here is a detailed plan for implementing the curriculum:

- Curriculum Development:
 - a. Establish a special committee made up of menstrual health, education, and child psychology experts to develop the curriculum.
 - b. Conduct a thorough analysis of the best practices, research, and international and national guidelines for menstrual health education.
 - c. Establish age-appropriate learning objectives for each academic level while taking into account students' emotional and cognitive growth.

- Integration into Existing Subjects:
 - a. Menstrual hygiene education should be integrated into a variety of classes, including biology, health and hygiene, social sciences, and life skills.
 - b. Create lesson plans and instructional materials that integrate discussions of menstrual health into already-covered subjects, ensuring a multidisciplinary approach.
- Age-Appropriate Approach:
 - a. Create a curriculum that is age-appropriate and is structured to accommodate different age groups.
 - b. Start with a foundational understanding of basic anatomy, puberty, and personal hygiene in the primary grades.
 - c. Move on to secondary grades gradually, covering subjects like managing menstrual hygiene, reproductive health, menstrual cycle, and emotional well-being.
 - d. Incorporate complex subjects into upper-level classes, such as contraception, menstrual disorders, and the social and cultural implications of menstruation.
- Practical and Experiential Learning:
 - a. Include active learning techniques like role-plays, group discussions, case studies, and practical exercises.
 - b. To improve comprehension and engagement, use visual aids, videos, and interactive tools.
 - c. Arrange workshops and guest lectures featuring medical professionals and menstrual health specialists to present real-world perspectives and address students' inquiries.
- Empowering Life Skills:
 - a. Include instruction in life skills, such as self-confidence, problem-solving, communication, and decision-making, in the menstrual hygiene curriculum.
 - b. Emphasise to students the value of respecting boundaries, having healthy relationships, and giving consent.
- Addressing Myths, Taboos and Teacher Training:
 - a. A specific lesson should be devoted to dispelling prevalent myths, taboos, and misconceptions about menstruation.
 - b. Inform students about the various cultural customs and conceptions surrounding menstruation while fostering cultural sensitivity.
 - c. Conduct thorough teacher training programmes on curriculum content, pedagogical strategies, and handling delicate menstrual-related issues.
 - d. Offer teachers tools, resources, and opportunities for ongoing professional development to help them learn more and feel more confident about effectively delivering the curriculum.

- Monitoring and Evaluation:
 - a. Create a thorough framework for monitoring and evaluating the curriculum to determine its efficacy.
 - b. Hold regular evaluations to gauge students' knowledge, attitudes, and changes in behaviour related to menstrual health.
 - c. Gather teacher, student, and parent feedback to continually update and improve the curriculum
1. The best practices which India can implement from the following countries are as follows:
 - a. Spain - In 2021, Spain implemented a menstrual policy allowing women to take paid time off if they experience excruciating menstrual pain. Women have the right to request a flexible work schedule, telecommuting, or time off during their period under the policy.
Best Practice: Take into account putting in place a similar clause that enables workers to ask for flexible schedules or time off for excruciating menstrual pain. Thus, they can maintain their well-being and productivity while managing their symptoms.
 - b. Indonesia - In 1945, Indonesia adopted a menstrual leave policy that gave women two days off per month. This policy aims to advance gender equality, support women's health, and acknowledge the difficulties women experience during menstruation.
Best Practice: To recognise the special needs of women during menstruation, think about allocating a certain number of days per month (two or three days) or year as menstrual leave. Make sure the plan encourages gender equality and fosters the welfare of women.
 - c. Japan- There is no national law in Japan that specifically addresses menstrual leave. To give women more freedom during their periods, some businesses and municipalities have adopted their own policies.
Best Practice: Encourage businesses in India to voluntarily adopt menstrual leave policies and foster a culture that supports women's health during their periods. Establish guidelines and resources to assist businesses in creating their own employee-focused policies.
 2. Data shared by the ministry with parliament shows consistent underspending. Over the past nine years – from the 2014-15 financial year to 2022-23 – the ministry has spent 60% of the total budget it was allocated – Rs 1,270 crore. In 2022-23, only Rs 35 crore has been utilised on the Beti Bachao Beto Padhao scheme, out of the revised budget of Rs 222 crore.

⁹To curb the limitations of Beti Bachao, Bet Padhao scheme, it is crucial to establish robust monitoring and evaluation mechanisms, and develop comprehensive policies that address the multifaceted challenges faced by girls in India. If the government is providing sufficient funds, then it must be allocated properly and utilised efficiently. The ministry should set up a committee which should mainly focus and research on various areas which are lacking and where the funds are actually required. For example: they should be utilised towards providing menstrual hygiene products to rural areas on a larger scale, where women are still using unhygienic means of menstrual products, like cloth. Funds should be utilised for education of menstrual hygiene across India, instead of under utilising the resources which are provided by the Government. Additionally, efforts should focus on engaging communities, changing societal attitudes towards gender, and promoting women's empowerment through education, healthcare, and economic opportunities

3. In order to improve menstrual health hygiene in India, it is important to ensure access to reproductive health services, including regular check-ups, screenings, and treatment for menstrual disorders, such as adenomyosis, endometriosis, and polycystic ovary syndrome (PCOS). It is necessary to train healthcare providers to offer sensitive and non-judgmental care for menstrual health issues, and provide counselling services to address emotional and psychological aspects related to menstruation and menstrual health.
4. To decrease the high cost of production of sanitary pads, several measures can be considered. Several actions could be taken to lower the high cost of sanitary pad production. First, encourage research and development to locate affordable raw materials without sacrificing quality. Secondly, promoting domestic raw material production can help cut back on reliance on imports. third, creating economies of scale by boosting production volumes and streamlining manufacturing procedures. The fourth is giving manufacturers tax breaks or subsidies to lower their production costs. Lastly, encouraging collaboration between government organisations, non-profits, and industry participants to take advantage of their combined knowledge and resources and ultimately reduce production costs.
5. The government should be responsible for implementing the Shuchi Initiative effectively. It is an important first step in improving menstrual hygiene in the country, but it's not the only step needed. We should also focus on ensuring the quality of sanitary pads. To create employment opportunities and provide high-quality pads to those in need, the government could consider distributing cotton cloth napkins. To increase the funding for the same, the government should explore collaborations with private businesses, both domestic and foreign, to draw in more funding. These collaborations could entail monetary investments, technological know-how, and operational support, which would ease the strain on public

finances. By providing tax advantages or other forms of appreciation, the government can entice businesses to make investments in rural electrification.

6. It is suggested that the Indian Government should set up a Central Committee. Moreover, the States should set up state wise committees altogether solely looking for managing Menstrual Health Hygiene in India. The Committee will consist of:

- **Chairperson/Coordinator:** Responsible for overseeing the committee's activities, coordinating meetings, and ensuring progress towards the goals of the MHM initiative.
- **Representatives from Government Bodies:** Include representatives from relevant government departments, such as the Ministry of Health, Ministry of Women and Child Development, and Ministry of Education. These individuals can provide insights into existing policies, regulations, and initiatives related to MHM and facilitate collaboration with government entities.
- **Public Health Experts:** Include experts in the field of public health, specifically those with knowledge and experience in women's health and menstrual hygiene.
- They can provide guidance on evidence-based practices, research, and strategies to improve MHM in India.
- **Gynaecologists and Women's Health Specialists:** Involve medical professionals specialising in gynaecology and women's health. Their expertise can contribute to addressing menstrual disorders, providing medical guidance, and ensuring accurate information is shared.
- **Representatives from Non-Governmental Organisations (NGOs):** Include members from NGOs working in the field of menstrual health and hygiene in India.
- NGOs often have grassroots experience, implement awareness programs, and have valuable insights into the challenges and needs of specific communities.
- **Education Experts:** Involve experts in the field of education, including representatives from educational institutions, curriculum developers, and teachers.
- Their input can contribute to incorporating comprehensive menstrual health education in school curricula and promoting awareness among students and teachers.
- **Community Representatives:** Include individuals from different communities, particularly those representing marginalised or disadvantaged groups.
- Their perspectives can help address specific challenges faced by different communities and ensure inclusivity in the committee's decision-making process.
- **Advocacy and Communication Specialists:** Include professionals with expertise in advocacy, communication, and behaviour change. They can contribute to

developing communication strategies, awareness campaigns, and initiatives to reduce stigma and promote positive attitudes towards menstruation.

- It's important to note that the size and structure of the committee can vary depending on the scope and objectives of the MHM initiative. Regular meetings, effective communication channels, and clear roles and responsibilities should be established to ensure smooth functioning of the committee.
7. Solid waste issues related to the disposal of menstrual products must be taken into account. A solution to this issue might be the creation of non-polluting substitutes for commercially available disposable pads, which are becoming more and more popular worldwide. Implementing Extended producer responsibility (EPR) policies would hold menstrual product manufacturers responsible for the end-of-life management of their products. This could incentivize them to invest in more sustainable and easily recyclable materials.

CONCLUSION

In conclusion, this research paper has explored the intersection of menstrual health and human rights in India by analysing existing laws, policies, and practices. The findings shed light on the challenges and progress in addressing the country's menstrual health issues. Menstrual health has become increasingly recognised in India as a human rights issue. Legislative initiatives like the Menstrual Hygiene Scheme show that there is growing awareness of the significance of menstrual health and how it affects people's rights to health, education, and dignity. But there are still a lot of gaps and difficulties. Menstrual health and human rights are still not fully realised due to a lack of affordable, hygienic menstrual products, inadequate sanitation infrastructure, stigma, and discrimination.

The paper also emphasises the importance of effectively enforcing and implementing current laws and policies. It emphasises the significance of monitoring and evaluation systems for determining gaps, gauging the effectiveness of interventions, and informing the development of fact-based policy. In the end, promoting menstrual health as a human right in India necessitates a comprehensive strategy that integrates judicial frameworks, political interventions, social change, and education. India can work to create an inclusive and supportive environment for all people to manage their menstrual health with dignity and without prejudice by incorporating it into the larger agenda of gender equality and human rights.

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