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# UNDERSTANDING MENSTRUAL HYGIENE MANAGEMENT AND HUMAN RIGHTS





# **Understanding Menstrual Hygiene Management & Human Rights**

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## Understanding Menstrual Hygiene Management & Human Rights

<b>Introduction .....</b>	<b>1</b>
<b>What are Human Rights? .....</b>	<b>3</b>
<b>Menstruation, MHM and Human Rights .....</b>	<b>5</b>
The human rights to water and sanitation .....	6
The human right to health.....	7
The human right to education .....	8
The human right to work .....	13
Right to non-discrimination and gender equality .....	14
<b>Recommendations.....</b>	<b>17</b>
<b>Resources .....</b>	<b>19</b>
Papers.....	19
UN treaty body documents.....	19
Other documents.....	20
International human rights treaties .....	21

# Introduction

Almost every woman and girl (from menarche to menopause) will menstruate on average every 28 days for about 5 days—a completely normal biological process. Just as normal as the fact that many men will grow a beard.

Yet menstruation is steeped in silence, myths, taboos and even stigma. Women and girls the world over face numerous challenges in managing their menstruation. They may not have the means to do so, or face discriminatory cultural norms or practices that make it difficult to maintain good hygiene. Together, these challenges may result in women and girls being denied basic human rights and can turn a simple biological fact into a barrier to gender equality.

This document sets out how the biological fact of menstruation, the necessity of managing menstruation, and society's response to both is linked with women's and girls' human rights and gender equality. It explains how ensuring that women and girls enjoy certain human rights can in turn help ensure that they can manage their menstrual hygiene<sup>1</sup> adequately, with normalcy and dignity. Likewise, when women and girls face difficulties with managing their menstruation, it negatively impacts the enjoyment of human rights and gender equality.

This document is primarily intended for practitioners, both at country level and internationally, who work directly or indirectly on menstrual hygiene management (MHM). Practitioners, particularly those in development, work in spaces where human rights are highly relevant, and they often adopt human rights language. This document is intended to support them and to explain the human rights framework relevant to MHM.

Using the framework of human rights and gender equality when working on MHM may engage local, municipal, provincial and national government actors not typically attuned to

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<sup>1</sup> The focus of this paper is on the human rights issues related to managing menstruation. The paper therefore uses the more narrow term menstrual hygiene management that relates only to the management of menstruation, rather than the broader term menstrual health, which also includes health issues such as, for example, endometriosis.

MHM concerns, and can support powerful policy arguments as to why governments should give the topic the importance that it deserves.



# What are Human Rights?

People or organizations often invoke human rights as a rhetorical tool to bring weight and gravity to situations of injustice. When Hillary Clinton uttered “Women’s rights are human rights,” at the Beijing Conference in 1995, it was a rallying cry for women’s rights activists around the world. But the power of human rights rhetoric comes from the fact that these terms are grounded in a framework that has the force of international law, under which governments have obligations.

International human rights define the relationship between a state (the government) as a “duty-bearer” of rights and people living in that state as “rights-holders.” This means that the primary responsibility for making sure that people can enjoy their human rights rests with the government. States have voluntarily decided to accept the obligations contained in international human rights treaties to which they have agreed to become a party.

Thinking of development work, such as programming on MHM, in human rights terms has implications for practitioners. While States are the primary duty-bearers, non-state actors like nongovernmental organizations (NGOs) should operate in a manner that respects and promotes human rights.<sup>2</sup> Respect for the human rights of those affected by any direct

## INTERNATIONAL HUMAN RIGHTS TREATIES

Most countries have ratified the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights. These treaties are legally binding—meaning enforceable. The covenants, along with the Universal Declaration of Human Rights, are what is known as the “International Bill of Human Rights.” The Convention on the Elimination of all Forms of Discrimination against Women, the Convention on the Rights of the Child, and the Convention on the Rights of Persons with Disabilities are other important human rights treaties highly relevant for practitioners working on MHM.

Each treaty has its own committee of experts, based at the UN in Geneva, which periodically reviews countries’ compliance with their obligations, and some allow individuals to file cases against state parties for violations. In addition, the UN Human Rights Council conducts general reviews of countries’ human rights record, called the Universal Periodic Review (UPR). Human rights can also be enforced domestically through national human rights mechanisms or through court systems, when these rights are incorporated into domestic law.

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<sup>2</sup> There are existing standards that address the role of, among others, NGOs. For example, Guiding Principles on Internal Displacement, U.N. Doc. E/CN.4/1998/53/Add.2 (1998), and the Recommended Principles and Guidelines on Human Rights and Trafficking, U.N. Doc. E/2003/68/Add.1 (2002). The evolving status of NGOs and human rights responsibilities has been

assistance or development activity is central to planning and operationalizing rights-based development activities. This approach recognizes beneficiaries of aid as rights-holders with legal entitlements and identifies governments and their partners as duty-bearers with obligations to meet those entitlements. Adhering to human rights principles requires particular attention to the needs of vulnerable and marginalized groups, the impact of programs on their rights, and the establishment of procedures to ensure non-discrimination and equality, accountability and participation in an organization's operations. Human rights standards should guide all stages of programming and any direct or indirect discrimination on any grounds should be eliminated immediately.

Working on MHM through a human rights lens will often require looking at systemic problems, as these most often constitute the barriers to the realization of human rights. Human rights provisions and guarantees can be found in many constitutions, laws and policies. However, the real test is whether in everyday life people can enjoy their human rights. In practice, regulations, local by-laws or even administrative procedures can act either as enablers or barriers to enjoying human rights. Understanding these barriers and identifying how and why they unjustifiably interfere with human rights can inform programming decisions and how to advocate more effectively for change. Human rights also provide an objective standard against which practitioners can hold governments accountable.

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the subject of significant study. See, for example, Andrew Clapham, *Human Rights Obligations of Non-State Actors* (Oxford: Oxford University Press, 2006)

## Menstruation, MHM and Human Rights

Women and girls encounter difficulties in managing hygiene during menstruation when there is not an enabling environment to do so. Notably, when they have difficulty in accessing water, sanitation, and/or healthcare, they will likely have difficulty managing their menstruation. When women and girls cannot manage their menstrual hygiene, it can negatively impact the extent to which they enjoy certain rights including those to education, work, and health.

### AN EXAMPLE OF PRACTICAL BARRIER TO THE ENJOYMENT OF HUMAN RIGHTS

In many developing countries, schools lack funds to adequately maintain water, sanitation and hygiene (WASH) facilities, in part because budgets are often too low. However, it is not just the funding itself that matters, but the process through which schools receive it. Often, budget allocations to individual schools are made based on outdated enrollment numbers, as updates may not be processed fast enough at higher levels of administration. With a growing number of students from year to year, schools then do not receive the funds they are, in principle, entitled to. Then, at the local level, school administrators must make difficult decisions on how to allocate the limited funds. Often, grounds and building maintenance, particularly WASH, suffer as a result. While this affects all students, girls will have difficulty managing their menstruation at school when WASH facilities are inadequate, and they may miss class during that time.

Knowing that these rights exist and what corollary obligations states have can equip practitioners to better advocate for state support to address obstacles women and girls face to managing their menstruation with dignity.



Menstrual Hygiene Day demonstration in India seeking to reduce stigma and taboo around menstruation.  
 © 2016 Ecofemme/Sustainable MENstruation

## The human rights to water and sanitation

Realizing the human rights to water and sanitation for women and girls is an important precondition for enabling good MHM. The human right to water entitles everyone to have access to sufficient, safe, acceptable, physically accessible, and affordable water for personal and domestic use. The human right to sanitation entitles everyone to have physical and affordable access to sanitation, in all spheres of life, that is safe, hygienic, secure, socially and culturally acceptable, and that provides privacy and ensures dignity.<sup>3</sup>

Access to water and sanitation facilities that meet the definition above, in all spheres of life, including at home, work, school, or in institutions, is necessary to enable women and girls to practice good MHM. The existence and adequacy of water and sanitation services

<sup>3</sup> This definition of the human rights to water and sanitation as components of the human right to an adequate standard of living was recognized by all UN Member States in 2015 in UN General Assembly Resolution 70/169. The right to an adequate standard of living is guaranteed in Article 11 ICESCR.

for managing menstruation therefore has a specific importance for women and girls as compared to men and boys. Sanitation facilities that do not allow women and girls to change menstrual materials and to wash put women and girls at a disadvantage based on their gender, as has been highlighted in resolutions on the human rights to water and sanitation by both the UN Human Rights Council and General Assembly.<sup>4</sup>

The disadvantage of, for example, a sanitation facility that does not enable women and girls to manage MHM also impacts women's and girls' enjoyment of other human rights, such as the rights to health, education, or work. Under international human rights law, laws, policies, or practices which appear neutral at face value but have a disproportionate impact on the exercise of rights by a particular group constitute indirect discrimination and should be addressed. This requires paying attention to groups of individuals who have suffered persistent prejudice, and adopting measures to prevent, diminish, and eliminate the conditions and attitudes that cause or perpetuate substantive discrimination.<sup>5</sup> For the purposes of addressing discrimination "equal" does not mean "same," and sometimes to achieve equality in the substantive enjoyment of human rights, differential treatment—for example in the context of MHM, sanitation facilities that meet women's and girls' specific needs for managing menstruation—can be required.<sup>6</sup>

## The human right to health

Realizing the human right to health is another important precondition to enable women and girls to practice good MHM. Importantly, the human right to health not only entitles everyone to have access to healthcare and medicine. It also includes an entitlement to the so-called "underlying determinants of health," which include having "access to health-related education and information, including on sexual and reproductive health."<sup>7</sup> The

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<sup>4</sup> See UN Human Rights Council Resolution, "The human right to safe drinking water and sanitation" Resolution 27/7, and General Assembly Resolution 79/169, adopted in December 2015. Also see General Recommendation No. 34 on the rights of rural women, para. 85, which highlights the importance of adequate sanitation and hygiene, and sanitary pads, to enable menstrual hygiene (2016).

<sup>5</sup> Committee on Economic, Social and Cultural Rights (CESCR). (2009). General Comment No. 20, Non-Discrimination in Economic, Social and Cultural Rights. E/C.12/GC/20. Retrieved January 8, 2013, from <http://www2.ohchr.org/english/bodies/cescr/comments.htm>

<sup>6</sup> See Winkler & Roaf, "Taking the bloody linen out of the closet: Menstrual hygiene as a priority for achieving gender equality," *Cardozo Journal of Law & Gender*, vol. 21, No. 1.

<sup>7</sup> See UN Committee on Economic, Social and Cultural Rights, General Comment No. 14, The Right to the Highest Attainable Standard of Health, E/c.12/2000/4 (2000) para. 11. The human right to health is guaranteed in Article 12 ICESCR and, specifically for women, in Article 11 CEDAW.

right to health thereby aims to ensure that each person has the means to take care of his or her own health and, when needed, to seek medical assistance. The state, as the duty bearer under international human rights law, has the legal obligation to ensure that women and girls can enjoy their right to health to the fullest extent possible.

Often because of stigma and taboo, many girls know nothing about menstruation when they get their first period, or rely on scant information from their mothers or peers.<sup>8</sup> At best, they will seek information and begin managing menstruation as best they can – often inadequately. At worst, girls report fear and worry.<sup>9</sup> Understanding menstruation as a completely normal biological process, how it works and how to manage it, including symptoms such as cramps, tiredness or menstrual disorders, is therefore extremely important to enable women and girls to manage their menstruation adequately, safely, and with dignity and to thereby ensure that girls and women can both feel and be as healthy as possible.

When women and girls do not have this information and manage menstruation inadequately, for instance by using unhygienic absorbents for menstrual blood, they may experience negative health impacts or, in other words, may not fully enjoy their right to health. In addition, taboos or stigma around menstruation may prevent women and girls from seeking or receiving timely medical treatment related to abnormal bleeding or pain, and lack of knowledge around menarche and menstruation may increase anxiety or psychosocial stress, in particular for adolescent girls.

## The human right to education

The human right to education<sup>10</sup> encompasses the right to free and compulsory primary education and “generally available and accessible” secondary education for all.<sup>11</sup>

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<sup>8</sup> For example, the Bangladesh National Hygiene Baseline Survey, in one of the first comprehensive studies of MHM at the national level, found that “just over a third of the adolescent females and adult women knew about menstruation before menarche, mostly told by their female relatives” (p. 31).

<sup>9</sup> See, for example, Tazeen Saeed Ali & Syeda Nagma Rizvi, “Menstrual knowledge and practices of female adolescents in urban Karachi, Pakistan,” *Journal of Adolescence*, vol. 33 (2010), pp. 531-541.

<sup>10</sup> The human right to education is guaranteed in Article 13 ICESCR and, specifically for children, in Articles 28 and 29 CRC and, specifically for women, in Article 10 CEDAW.

<sup>11</sup> See Article 13 ICESCR, Article 10 CEDAW, Article 28, 29 CRC, and Article 26 UDHR.



Men take the lead ride organized by “Break the silence “campaign with organizer Urmila Chanam on the backseat for MH Day 2017. © 2017 Roshini Miraskar

Furthermore, the Committee on the Rights of the Child has pointed out that the “initiating and supporting measures, attitudes, and activities that promote healthy behaviour by including relevant topics in school curricula” is particularly important in the context of adolescent health and development.<sup>12</sup> States party to the Convention on the Rights of the Child and the Convention on the Elimination of Discrimination Against Women are obliged to take all appropriate measures to reduce school drop-out rates and to eliminate discrimination against girls that may exacerbate female drop-out rates.

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<sup>12</sup> UN Committee on the Rights of the Child, General Comment No. 4, Adolescent health and development in the context of the Convention on the Rights of the Child, (2003) para. 17.



Girls in Kenya laugh during an information session on menstruation and menstrual hygiene. © 2017 Tosh Juma/WASH United

Education is not just a human right. It is also one of the principal means to empower girls. Girls staying longer in school is associated with reduced maternal death, increased contraceptive uptake and child vaccination rates, decreased HIV infection rates, and wider economic benefits.<sup>13</sup>

The onset of menstruation, a lack of adequate WASH facilities at school, fear of staining due to inadequate menstrual materials, or not having access to medication against period

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<sup>13</sup> Sumpter C., Torondel B. "A Systematic Review of the Health and Social Effects of Menstrual Hygiene Management." *PLoS ONE* 8(4) (2013).



pains can all be factors that make girls stay out of school during their menstruation.<sup>14</sup> The Committee on the Elimination of Discrimination against Women has pointed out that in rural areas in particular, the lack of adequate water, toilet facilities, and sanitation in schools that meet the needs of menstruating girls contribute to girls missing school or dropping out altogether. In interpreting the human right to education, the Committee recommends that states ensure adequate facilities, hygiene education, and resources for menstrual hygiene are provided.<sup>15</sup> The Committee explicitly set out the link between menstruation and the human right to education.

## EDUCATION ON MENSTRUATION AND MHM

As mentioned above, the right to health includes having “access to health-related education and information, including on sexual and reproductive health” and the inclusion of relevant topics in school curricula is an important aspect of adolescents’ right to health and development. This aspect of the right to health is closely interrelated with the right to education, which in turn plays a crucial role in enabling good MHM. School curricula—guiding instruments for what is taught at school—and teachers’ capacity to address menstruation and associated reproductive health topics in a factual manner and without stereotypes are crucial elements to realizing the rights to education and health for girls. Yet, many teachers, especially but not only in developing countries, are themselves ill-equipped to address menstruation and MHM in the classroom.

While more research is needed, WASH sector studies also clearly associate challenges with MHM at school with absenteeism,<sup>16</sup> which can ultimately lead to school drop outs.

Some societal perceptions of menstruation and womanhood can also interfere with girls continuing their education. Since menarche is often seen as the beginning of adult womanhood, a girl’s education may end in communities/societies where menstruation is linked to sexuality, and where societal pressure to marry girls early leads to a discontinuation of schooling.

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<sup>14</sup> The factors that, together, constitute a ‘girl-unfriendly school environment’ are described for example in Sommer, M., “Putting menstrual hygiene management on to the school water and sanitation agenda,” *Waterlines*, vol. 29 No. 4 (2010).

<sup>15</sup> Committee on the Elimination of Discrimination against Women, “General recommendation No. 34, On the rights of rural women,” U.N Doc. CEDAW/C/GC/34 (2016).

<sup>16</sup> Crofts, T., “Menstruation hygiene management for schoolgirls in low-income countries, Fact Sheet 7,” *WEDC*, University of Loughborough, 2012.



Children in Kenya exploring a range of menstrual hygiene products at an event in honor of Menstrual Hygiene Day 2017. © 2017 Brighter Communities

As the evidence about the impact of menstruation on girls' education increases, practitioners should seek to understand those links better and consider using human rights based arguments in their advocacy. This may be especially powerful because almost all states have ratified either or both the International Covenant on Economic, Social and Cultural Rights and the Convention on the Rights of the Child, which guarantee that the right to education and policy commitments for universal (primary) education exist in most countries. Girls facing difficulties at school or missing school due to challenges with managing their menstruation have a claim that they face discrimination in education, and states therefore have an immediate duty under international human rights law to investigate and address such effects.

## The human right to work

The human right to work has two aspects: The right to freely choose or accept work, as well as the right to just and favorable conditions of work, which includes the right to safe and healthy working conditions.<sup>17</sup> Both aspects of the right apply to all workers, including those who work in the informal sector.<sup>18</sup> It is the latter aspect of the right to work that is most important when thinking about MHM from the perspective of human rights.

Adequate water and sanitation facilities in workplaces are necessary components of the right to safe and healthy working conditions.<sup>19</sup> The Committee on Economic, Social and Cultural Rights has specifically clarified that it is essential that these facilities “meet women’s specific hygiene needs.”<sup>20</sup> In short, international human rights law obliges states “to ensure that women have access to private, safe, and hygienic facilities for managing menstruation at the workplace.”<sup>21</sup>

Regarding the right to work and safe and healthy working conditions, it is particularly important to be clear that the state’s obligations applies to all workers at all workplaces, including both formal and informal work. The state’s role with respect to all these working relationships is to create, monitor, and enforce adequate standards at workplaces including those that require employers to provide safe and healthy working conditions, which meet women’s need during menstruation.<sup>22</sup> Where the state itself acts as an employer, the duty to ensure safe and healthy working conditions applies to the state itself – including in spaces such as markets that provide a “workplace” for informal and formal workers.

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<sup>17</sup> The right to work is guaranteed in Article 6 ICESCR. Article 7 ICESCR guarantees the right to just and favorable conditions of work, including safe and healthy working conditions. Article 11 CEDAW aims for the elimination of discrimination against women in the field of employment.

<sup>18</sup> Committee on Economic, Social and Cultural Rights, General Comment No. 23 on the Right to just and favorable conditions of work, U.N. Doc E/C.12/GC/23 para. 5, (2016).

<sup>19</sup> ILO Convention No. 161 of 1985 on Occupational Health Services, art. 5.

<sup>20</sup> Committee on Economic, Social and Cultural Rights, General Comment No. 23 on the Right to just and favorable conditions of work, U.N. Doc E/C.12/GC/23 para. 30, (2016).

<sup>21</sup> I. T. Winkler and V. Roaf, “Taking the bloody linen out of the closet: Menstrual hygiene as a priority for achieving gender equality,” *Cardozo Journal of Law & Gender*, vol. 21, no. 1.

<sup>22</sup> Committee on Economic, Social and Cultural Rights, General Comment No. 23 on the Right to just and favorable conditions of work, U.N. Doc E/C.12/GC/23 para. 47 and 59, (2016).

In reality, women workers may face little choice but to change menstrual materials in unsuitable locations or to not change materials frequently enough, thereby increasing the risk of vaginal infections or experiencing other negative impacts. They may not go to work while on their period, with consequences for their ability to earn an income. Such challenges may also amount to discrimination in seeking work and at the workplace and are one aspect of broader gender inequality, particularly in an economic context.

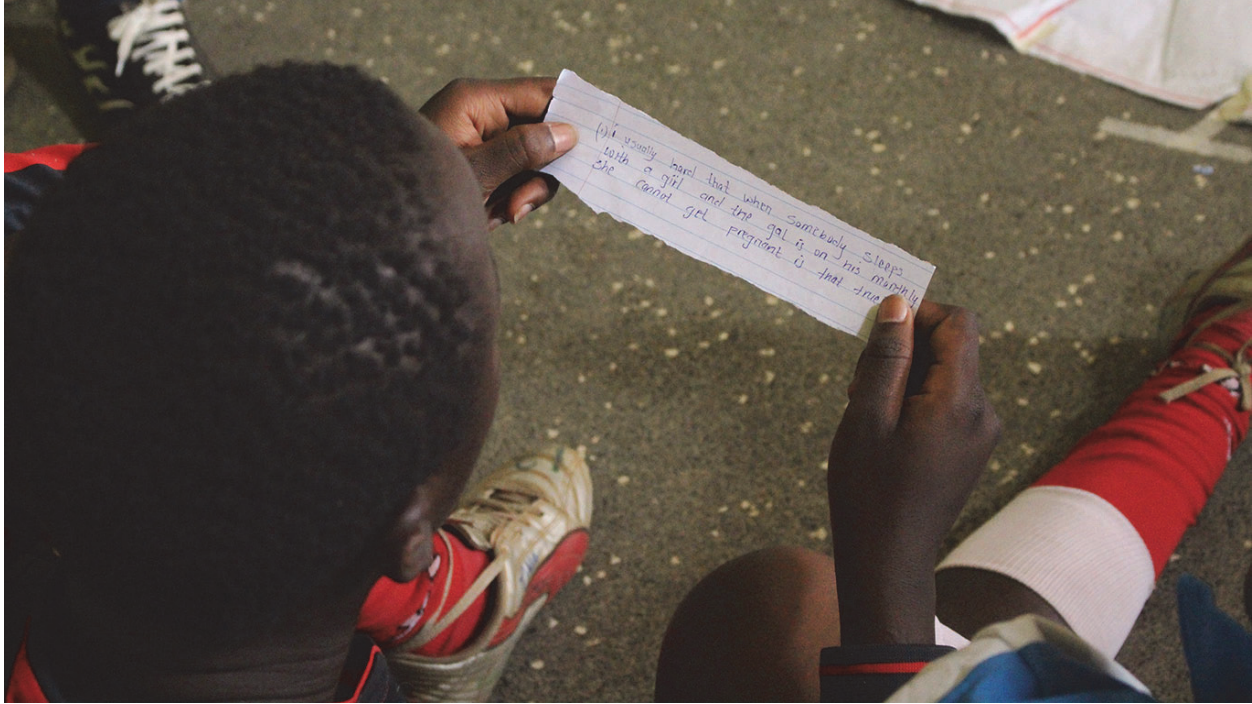
## **Right to non-discrimination and gender equality**

Equality and non-discrimination form the foundation of all human rights law. All major human rights instruments envision that human rights should be enjoyed on an equal footing by everyone and therefore require that existing inequalities be identified and removed. Any direct or indirect discrimination in the existing enjoyment of human rights amounts to a violation of human rights and should be addressed immediately.

States have the obligation to eliminate discrimination in the realization of human rights. Establishing discrimination in fact can be a difficult legal challenge. For practitioners, it is important to know that if they see a discriminatory impact—or a disproportionate impact on women and girls they are working with—then they may have additional advocacy leverage with the state by highlighting any potential discrimination and making recommendations on how the state may remedy it.

Practical barriers to managing menstruation may prevent equal enjoyment of human rights, as detailed above. However, cultural norms related to menarche and menstruation may also act to further entrench discriminatory practices, policies, or laws. Taboos and stigma around menstruation are rooted in perceptions that menstruation is something dirty, to be ashamed of, and to be hidden. This can create or reinforce discriminatory practices against women and girls, hampering gender equality and impacting women's and girls' dignity.

In many, if not in most countries, women and girls face imposed or self-imposed restrictions on their daily lives during menstruation, such as isolation, abstention from religious rituals, bathing, touching food for cooking, among others. Most of these are deeply rooted in cultural, religious, or societal beliefs and attitudes towards menstruation.



Boy in Kenya reading out a myth about menstruation during a game designed to increase adolescents' information about periods and reduce misinformation, stigma and taboo. © 2017 Tosh Juma/WASH United

Such practices are often justified by proponents, or at least condoned and tacitly accepted, precisely because they have been practiced for generations. Many women and men, boys and girls believe that underlying myths are true or that there are good reasons for such practices. They form part of the social fabric of a society or culture.

For example, the rights to water and sanitation can be violated or undermined when menstruating women and girls are prohibited from using water sources or sanitation facilities due to cultural perceptions of menstruation as something dirty or impure.<sup>23</sup>

Insofar as these practices impede women's and girls' full enjoyment of human rights, the state should work to end them. The Convention on the Elimination of Discrimination Against Women requires governments to take appropriate measures to address abusive gender norms—to “modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the

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<sup>23</sup> “Stigmatization in the realization of the human rights to water and sanitation,” Report of the Special Rapporteur on the human right to safe drinking water and sanitation, U.N. Doc. A/HRC/21/42 para. 22 and 25.

sexes or on stereotyped roles for men and women.”<sup>24</sup> Likewise, the Human Rights Committee, which monitors compliance with the International Covenant on Civil and Political Rights, affirms that governments “should ensure that traditional, historical, religious or cultural attitudes are not used to justify violations of women’s right to equality before the law and to equal enjoyment of all Covenant rights.”<sup>25</sup>

Therefore, human rights protect individuals not only from the state, but also from human rights violations committed by third parties, who may try to impose menstruation restrictions on women and girls. However, changes will only be successful if they are themselves done in culturally appropriate ways and with the full participation and consent of women and girls seeking to overcome the restrictions.

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<sup>24</sup> CEDAW, art. 5.

<sup>25</sup> Human Rights Committee, General Comment 28, Equality of rights between men and women (article 3), U.N. Doc. CCPR/C/21/Rev.1/Add.10 para. 5 (2000).

## Recommendations

Understanding good menstrual hygiene management within the context of human rights requires a holistic approach to women's and girls' human rights. This means asking whether a woman or girl has:

- Adequate, acceptable and affordable menstrual management materials to absorb or collect menstrual blood and, where needed, access to medicine for period pain.
- Adequate facilities, notably water and sanitation infrastructure, which enable women and girls to change menstrual materials in privacy, with dignity and in safety, as often as necessary, using soap and water for washing the body as required, and with facilities to dispose of used menstrual management materials.<sup>26</sup> These need to be

available wherever women and girls spend significant periods of time, most notably at home, in schools, the workplace, healthcare facilities and public institutions (including detention facilities).

### SQUARING EVIDENCE BASED PROGRAMMING WITH HUMAN RIGHTS

Practitioners and policy-makers should privilege evidence-based programming in their work. It is reasonable when some practitioners claim that more evidence is needed to fully understand the impact of menstruation and of problems with MHM on a range of women's and girls' human rights. Research will be important to enable evidence-based interventions that are targeted at the precise needs and challenges that women and girls experience. However, understanding menstrual hygiene management within the context of women's and girls' human rights and gender equality provides the framework by which evidence can be collected and understood.

Collecting basic evidence about MHM and its impact on a range of human rights can allow policy-makers to develop targeted interventions to eliminate menstruation as a barrier to gender equality. Currently, taboos around menstruation mean that many governments are ignorant about how women and girls manage their menstruation, and so lack baseline evidence for understanding the impact of menstruation on the enjoyment of women's and girls' human rights, and for monitoring successful interventions. The human rights perspective provides a more holistic lens for understanding the impacts of poor MHM and of menstrual taboos and stigma. Practitioners should be aware of such links with human rights law and consider using them in their advocacy work.

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<sup>26</sup> WHO-UNICEF Joint Monitoring Programme, 'Consultation on Draft Long List of Goal, Target and Indicator Options for Future Global Monitoring of Water, Sanitation and Hygiene', 2012

- Knowledge of the process of menstruation and of options available for MHM, to ensure that women and girls can exercise choice in managing their menstruation during daily life, without shame or extraordinary effort.

Practitioners engaged in programming or advocacy related to MHM should:

- Have an awareness of stigma and harmful practices related to menstruation in the specific cultural context where they are working, with an aim to enable women and girls to overcome menstruation-related restrictions.
- Support efforts to change harmful cultural norms and practices that stigmatize menstruation and menstruating women and girls.
- Address intersectional forms of discrimination, including against women and girls with disabilities, LGBTI and other gender non-conforming individuals, and other at-risk populations.
- Be aware of and incorporate human rights principles in their programming and advocacy, including human rights principles such as participation and access to information.



# Resources

## Papers

- V. Roaf & T. Winkler, *Human rights criteria explained: Hygiene*, unpublished paper on file with authors
- Mirza, S.Y. & Jahan, H., “Mainstreaming Menstrual Hygiene Management: Lessons from a decade of programme and policy work” Briefing Paper 2163, 38th WEDC International Conference, 2015
- “Stigmatization in the realization of the human rights to water and sanitation,” Report of the Special Rapporteur on the human right to safe drinking water and sanitation, U.N. Doc. A/HRC/21/42 para. 22 and 25.
- Sumpter, C. and Torondel, B., “A Systematic Review of the Health and Social Effects of Menstrual Hygiene Management” *PLOS One* (2013)
- Mishra, V.K., “Social and psychological impact of limited access to sanitation: MHM and reproductive tract infections,” Briefing Paper 2140, 38th WEDC International Conference, 2015
- Kirk, J. & Sommer, M., “Menstruation and body awareness: linking girls’ health with girls’ education” *Royal Tropical Institute (KIT), Special on Gender and Health* (2006)
- Sommer, M., “Putting menstrual hygiene management on to the school water and sanitation agenda” *Waterlines*, vol. 29 no. 4 (2010)
- Crofts, T., “Menstruation hygiene management for schoolgirls in low-income countries: Fact Sheet 7” *WEDC, University of Loughborough*, (2012)
- Winkler, I.T. & Roaf, V., “Taking the bloody linen out of the closet: Menstrual hygiene as a priority for achieving gender equality” *Cardozo Journal of Law & Gender* vol. 21 no. 1

## UN treaty body documents

UN treaty bodies are committees of experts that monitor the implementation of human rights treaties by states. In addition, they develop general comments or recommendations on human rights treaties that interpret and explain specific obligations. The committees

then draw on these general comments and recommendations in their assessment of a state's human rights record.

- UN Committee on Economic, Social and Cultural Rights (CESCR), General Comment no. 13: The Right to Education, U.N. Doc. E/C.12/1999/10 (1999)
- UN Committee on Economic, Social and Cultural Rights, General Comment no. 14, The Right to the Highest Attainable Standard of Health, U.N. Doc. E/c.12/2000/4 (2000)
- UN Committee on the Rights of the Child, General Comment no. 4, Adolescent health and development in the context of the Convention on the Rights of the Child, (2003)
- UN Committee on the Rights of the Child, General Comment No. 20, On the implementation of the rights of the child during adolescence, U.N Doc. CRC/C/GC/20 (2016), <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G16/404/44/PDF/G1640444.pdf?OpenElement>.
- Committee on the Elimination of Discrimination against Women, General recommendation no. 34, On the rights of rural women,” U.N Doc. CEDAW/C/GC/34 (2016)
- Committee on Economic, Social and Cultural Rights, General Comment no. 23 on the Right to just and favorable conditions of work, U.N. Doc. E/C.12/GC/23 (2016).
- Committee on Economic, Social and Cultural Rights, General Comment no. 22 on the right to sexual and reproductive health, U.N. Doc. E/C.12/GC/22 (2016) [http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fGC%2f22&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fGC%2f22&Lang=en)

## Other documents

- Office of the United Nations High Commissioner for Human Rights, “Frequently Asked Questions on a Rights-Based Approach to Development Cooperation,” 2006, p. 35, <http://www.ohchr.org/Documents/Publications/FAQen.pdf>

## International human rights treaties

- Convention on the Elimination of all Forms of Discrimination against Women (CEDAW)
- Convention on the Rights of the Child (CRC)
- International Covenant on Civil and Political Rights (ICCPR)
- International Covenant on Economic, Social and Cultural Rights (ICESCR)
- Convention on the Rights of Persons with Disabilities (CPRD)



# UNDERSTANDING MENSTRUAL HYGIENE MANAGEMENT AND HUMAN RIGHTS

Menstruation is steeped in silence, myths, taboos and even stigma. Women and girls the world over face numerous challenges in managing their menstruation. They may not have the means to do so, or face discriminatory cultural norms or practices that make it difficult to maintain good hygiene. Together, these challenges may result in women and girls being denied basic human rights and can turn a simple biological fact into a barrier to gender equality.

This document sets out how the biological fact of menstruation, the necessity of managing menstruation, and society's response to both is linked with women's and girls' human rights and gender equality. It explains that ensuring that women and girls enjoy certain human rights can in turn help them manage their menstrual hygiene<sup>1</sup> adequately, with normalcy and dignity. Likewise, when women and girls face difficulties with managing their menstruation, it negatively impacts the enjoyment of human rights and gender equality.

This document is primarily intended for practitioners, both at country level and internationally, who work directly or indirectly on menstrual hygiene management (MHM). Practitioners, particularly those in development, work in spaces where human rights are highly relevant, and they often adopt human rights language. This document is intended to support them and to explain the human rights framework relevant to MHM.

*(above) Children at school in Kenya receiving information on menstruation and menstrual hygiene, including the use of reusable underwear for periods.  
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*(front cover) Girls in India during a hygiene training as part of the Great WASH Yatra.  
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<sup>1</sup> The focus of this paper is on the human rights issues related to managing menstruation. The paper therefore uses the more narrow term menstrual hygiene management that relates only to the management of menstruation, rather than the broader term menstrual health, which also includes health issues such as, for example, endometriosis.