

MENSTRUAL HEALTH & HYGIENE A CRITICAL OPPORTUNITY TO
ADVANCE GENDER EQUITY



Menstrual health and hygiene (MHH) is deeply intertwined with the Beijing Platform for Action priority areas, from the girl child to women in power and decision making



The MHH community urges stakeholders working on these priority areas to incorporate attention to MHH in their agendas to meaningfully and sustainably advance gender equality for all.

#### During and after CSW-69, we ask you to:

- Explore integrating MHH into the priority area you work on
- Highlight the interlinkages between MHH and the priority areas during CSW sessions
- Amplify insights and learnings on integration on social media
- Make the case for integrating MHH into your focus areas in policies, programs, and investments when you return from CSW-69



### 1. Menstruation matters for 2 billion girls, women, and others who menstruate

More than 2 billion girls, women, and gender-diverse individuals menstruate, yet this natural biological process—an essential sign of health—remains shrouded in stigma and silence. The onset of menstruation marks a pivotal moment in adolescence, shaping health and bodily autonomy. However, for many, it deepens gender inequality. Throughout their lives, millions of menstruating individuals face systemic barriers, from discriminatory policies and social norms to inadequate access to menstrual products, facilities, information and healthcare. These inequities take a toll on physical, mental, and social well-being, reinforcing cycles of disadvantage and exclusion.

The consequences of poor menstrual health and hygiene (MHH) extend far beyond personal discomfort. It undermines **reproductive** and sexual health, diminishes psychosocial well-being, and restricts engagement in schools and the workforce, and full participation in daily life. Without urgent, cross-sector action—including responsive policies, targeted programs, and sustained funding—progress toward gender equality will be undermined. Recognizing this, the World Health Organization has underscored menstrual health as both a fundamental health and human rights issue, calling for coordinated global efforts to ensure dignified, safe menstruation for all.

Yet, despite the scale of this challenge, menstrual health remains largely absent from major global agendas, including the Beijing Platform for Action and the Sustainable Development Goals. It is time to make menstrual health a global priority.

# 2. Menstrual health and hygiene are intimately linked with priority areas for gender equality

MHH requires that people who menstruate have access to information and education; materials, facilities and services; care for discomforts and disorders; a supportive social environment; and freedom to participate without discrimination. When these MHH requirements are neglected and unmet, it affects progress on vital aspects of gender equality outlined in the Beijing Platform for Action.

This brief links MHH with the priority areas outlined in the Beijing Platform for Action, and urges relevant stakeholders to incorporate attention to MHH in their agendas to meaningfully and sustainably advance gender equality for all.



# 3. Key interlinkages between MHH and Beijing Platform for Action priority areas, and recommendations to strengthen intersectoral action

**Beijing Platform** for Action **Priority areas** 

**Interlinkages with MHH** 

Key recommendation to strengthen intersectoral action for MHH



**SDGs 3, 4, 5** 

Globally, around 2 out of 5 schools provide menstrual health education.

Menarche—the first menstruation—is a key milestone in puberty, yet many girls struggle due to limited access to information, menstrual products, WASH facilities, and social support. These barriers can disrupt education, impact health, and have lasting effects into adulthood. Ensuring menstrual health is essential for dignity, well-being, and opportunities for adolescents.

Incorporate attention to MHH in adolescent-relevant policies and programs especially those addressing adolescent health and nutrition, girls' education, ending child marriage and female genital mutilation, and gender equality.



**Education** and training of women

SDG 4 Targets 4.1 Nearly a third of female students in sub-Saharan Africa have missed school during menstruation.

Lack of menstrual products, sex-segregated toilets, and disposal facilities—combined with stigma, discrimination, and menstrual pain severely affects girls' school participation. This leads to lower attendance, poorer academic performance, and a reduced likelihood of completing their education, with long-term consequences for their future.

<sup>1</sup> MHH educational resources tested and used across diverse contexts

Support comprehensive programming in schools that includes MHH education, period-friendly and inclusive water, sanitation and hygiene (WASH) and disposal facilities, access to menstrual products, and an enabling environment among peers, teachers and within the community<sup>1</sup>.

include WASH United MHM Educational Guide and UNICEF OKy app. Four girls carry their Days for Girls washable pads, 3.5 million which have been distributed over the past 13 years along with health education. Days for Girls/eMite

Red Alert: Menstrual Health & Hygiene – A critical opportunity to advance gender equity

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Priority areas

#### **Interlinkages with MHH**

# Key recommendation to strengthen intersectoral action for MHH



Women and health

SDG 3 Target 3.7 Premenstrual syndrome (PMS) affects 20–40% of women of reproductive age. Endometriosis affects one in 10 women between the ages of 15 and 45 years.

From menarche to menopause, menstrual health is intricately linked with sexual and reproductive health and overall health. These connections have significant implications for various aspects of women's health and wellbeing related to family planning and contraceptive use, risk of reproductive tract infections, the timely diagnosis and treatment of menstrual concerns and disorders (such as heavy bleeding, endometriosis), and the management of the menopause transition and associated risk for non communicable diseases. This highlights the need for investments and actions in health care to provide comprehensive menstrual health care at every stage of life.

Identify opportunities to incorporate MHH into existing sexual and reproductive health interventions, with a focus on adolescent health, family planning and contraceptive use, diagnosis and treatment of reproductive tract infections and menstrual disorders, cancer screening, and menopause.



Women and the economy

SDG 8 Target: 8.5 **27% and 30%** of women in worksites in Kenya and Nepal respectively missed a part of the workday due to menstruation.

Insufficient access to menstrual products, inadequate WASH facilities, and unsupportive work environments hinder women's full participation in the workforce. These challenges contribute to higher absenteeism, reduced productivity, and lower job satisfaction, ultimately impacting wages and career progression. Beyond individual consequences, this results in economic losses for employers and society, underscoring the need for inclusive workplace policies that support menstrual health.

Approach MHH in the workplace in a holistic manner that includes improving gender-responsive WASH facilities, ensuring access to menstrual products, enhancing MHH knowledge (for all employees), and fostering supportive attitudes while simultaneously addressing broader structural barriers to gender equality at work.

#### Beijing Platform for Action Priority areas

#### **Interlinkages with MHH**

#### Key recommendation to strengthen intersectoral action for MHH



Women and poverty

SDG 1 Target: 1.3, 1.4 and 1.b Period poverty is acute for **109 million and 241 million** menstruators from low-income and lower-middle countries respectively who use old cloth/rags and tissue paper during their periods. Girls and women in high income countries also experience period poverty.

Poverty across low, middle and high income countries severely limits girls' and women's access to essential menstrual health resources. Financial constraints make it difficult to afford menstrual products, access healthcare, secure safe and private WASH facilities, or obtain reliable information on menstrual health, compromising their dignity, well-being, and overall quality of life.

For the most economically vulnerable, interventions can support/enable:

- Access to free or subsidized menstrual products, including removing tax from menstrual products.
- Gender responsive WASH and disposal facilities at the community and institutional levels.
- Access to public health services for menstrual concerns and disorders.



Violence against women

SDG 5 Targets: 5.1, 5.2, 5.3 Millions of girls and women experience menstrual restrictions related to religious worship, social interactions, and even food intake. Some communities continue to practice menstrual seclusion (e.g., menstrual huts in **Nepal** and India), endangering girls' and women's lives.

Limitations on girls' and women's mobility, social interactions, and participation in daily life—along with menstrual stigma and discrimination—are forms of gender-based violence (GBV).

The risk of GBV is further heightened when individuals who menstruate lack access to safe, private WASH facilities, exposing them to~greater vulnerability and harm.

- Recognize menstrual stigma and discrimination as a form of GBV.
- Incorporate actions to address menstrual stigma and discrimination with influencers and gatekeepers (men, boys, religious and community leaders) in efforts to address and end GBV.
- WASH facilities in schools, institutions, worksites, and public spaces to be gender-responsive and inclusive (safe, accessible and private.

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Women and armed conflict

SDG 16 Targets: 16.1, 16.10, 16.a **Gaza has an estimated 700,000 people who menstruate**, facing immense challenges to menstrual management in the war affected region.

Conflict affects MHH by severely constraining access to essential menstrual products and WASH services, and enhancing existing social, economic, and gender inequalities.

- Strengthen humanitarian responses in conflict zones to include a comprehensive MHM response, including culturally appropriate hygiene or dignity kits, safe WASH facilities and basic information to support hygienic management of menstruation.
- Strengthen the capacity of health services to provide basic care for menstrual concerns.



Women and the environment

SDG 13 Targets: 13.3, 13.b Women face greater health risks from climate change than men, especially their sexual and reproductive health and menstrual health.

Climate change impacts MHH in both immediate and long-term ways. Rapid-onset extreme events, such as cyclones, heavy rainfall, and floods, can disrupt access to clean water and sanitation, making menstrual hygiene difficult to manage. Slower-onset, long-acting climate events, like salinization, rising sea levels, rising temperatures and air pollution affects MHH directly (e.g., water scarcity affects menstrual hygiene practices) and indirectly (e.g., chronic exposure to air pollutants can affect hormonal disorders).

- Facilitate cross-sectoral collaboration across stakeholder groups, to advocate for the inclusion of MHH in relevant climate and disaster risk reduction policies and plans, while also considering climate resilient MHH as an important component of climate resilient health services, WASH, and other relevant sectoral initiatives.
- Invest in research and innovation to make menstrual products more sustainable across the value chain (from sourcing of raw materials to end of life treatment of products).

#### Beijing Platform for Action Priority areas

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Human rights of women

**Across all SDGs** 

In 2021, the UN Human Rights Council, for the first time ever, adopted a dedicated resolution focusing on menstrual hygiene management, gender equality and human rights. The **2024 resolution** reaffirmed the centrality of MHM in advancing the human right to health and gender equality.

The resolution calls for universal access to affordable, safe menstrual products, improved infrastructure like water and sanitation facilities, economic support to make menstrual products more affordable, and awareness-raising initiatives to promote menstrual health education.

- Incorporate MHH into human rights resolutions on allied issues such as the right to health, right to water and sanitation, and the right to education, right to work in just and favorable conditions.
- Popularize the Human Rights Council resolution at country level, working with those responsible to implement the recommendations of the resolution.



**SDG 17** 

Despite approximately 2 billion people menstruating every month around the world, there are **no unified global standards for menstrual products** – yet

Laws, policies, regulations in support of menstrual health (explicitly and indirectly) help advance menstrual health for all. Measures include quality standards for menstrual products, tax reforms for affordable menstrual products, laws that prohibit all forms of violence and discrimination against women, policies on MHH or those that incorporate attention to MHH (e.g., policies on education, SRHR, gender equality, WASH).

- Ensure that menstrual health is incorporated into relevant national policies, with allocation of sufficient budgets to support policy rollout, and measures to track progress.
- Collaborate with international organizations to establish and enforce global standardized guidelines for menstrual product safety, effectiveness, and environmental sustainability. This includes joining and contributing to ongoing efforts by the International Standards Organization **Technical Committee** for Consumer Product Standards for Menstrual Products (ISO TC 338), and the Reproductive Health Supplies Coalition's work on HS Codes<sup>2</sup>.

<sup>&</sup>lt;sup>2</sup> Learn more **here**.

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Women and media

SDG 16 Target: 16.10 Nigerian singer and activist, Yemi Alade, partners with PSI for a powerful song to break menstrual stigma

Menstruation stigma is further perpetuated by the media through, for example, menstrual product advertisements which emphasize secrecy, avoidance of embarrassment, and freshness, and the use of images (e.g., flowers) and colors (i.e., blue rather than red) to euphemistically describe menstruation and promote secrecy and delicacy

Media can normalize menstruation, break the silence to address harmful social norms and discrimination, draw attention to the status of MHH to spur actions and investments, and highlight positive stories of change. At the same time, advertisements can stigmatize menstruation, or present a narrow and poorly informed narrative of this multi-facted issue.

- Leverage national and global media as powerful allies for change to challenge menstrual stigma and discrimination.
- Support the use of accurate data in media to highlight the status of MHH.
- Encourage reportage of positive and inspirational stories of change.
- Work with prominent persons, public figures and goodwill ambassadors to break the silence on menstruation.



Women in power and decision making

SDG 5 Targets: 5.5, 5.c The **former first Lady of Liberia**, Clar Weah, launched the Girls' Health Initiative to improve MHH for girls.

**Amplifying youth voices** will only strengthen the global menstrual health movement.

Women and youth leaders can place girls' and women's health on global and national agendas, and draw attention to the need for intersectional action on MHH.

 Support women and youth leaders across relevant sectors to champion MHH and integrate it into sectoral agendas.



## **Country Progress in MHH against the Beijing Declaration of Action**

Several countries have incorporated MHH into their official reporting on the Beijing Declaration and Platform for Action. In these reports, they identify poor MHH as a significant barrier to progress. They highlight that policies and programs addressing MHH contribute positively to the agreed agenda. This is particularly evident in the area of expanded specific health services for women and girls, including sexual and reproductive health services, maternal health and HIV services.

#### Examples include:

Country	Priority area	Progress reported
Australia	Girl Child: Improving access to period products	Since January 2019, period products in Australia are no longer subject to the goods and services tax. Despite this, the cost of period products remains a barrier for many women and girls, especially those in remote areas. This issue particularly impacts First Nations women and girls, as the proportion of the First Nations population increases with remoteness (from 1.9% in major cities to 32% in remote and very remote areas).
Austria	Expanded specific health services for women and girls, including sexual and reproductive health services, maternal health and HIV services	Specific measures were also set out to improve women's health and promote equality of opportunity in health, such as a Vienna-wide project to prevent period poverty called "Rote Box" ("Red Box").
Brazil	Actions taken by the country to improve health outcomes for women and girls in your country	Another historic, albeit belated, victory is the inclusion of menstrual hygiene products in the list of medications with reduced taxation.  "Menstrual Dignity" Program (Law 14.214/2023). As the main measure in favor of the health of girls and women in Brazil, the regulation of the Menstrual Health Protection and Promotion Program (Decree 11,432/2023, which regulates Law 14,214) ensures the free provision of sanitary pads and other basic menstrual health care, aiming to promote menstrual dignity. The Program guarantees the free and continued distribution of sanitary pads to beneficiaries who do not have access to this essential item during the menstrual cycle.



Country	Priority area	Progress reported
Fiji	Gender & Health	In 2022 and onwards, the government introduced a policy in its national budget to charge a 0% value-added tax (VAT) on the supply of sanitary pads, including all types of sanitary towels (pads) and tampons. This change aimed to make these essential products more affordable and accessible to the population, aligning with efforts to address concerns about menstrual equity and affordability.
India	Quality Education for Women and Girls	The National Education Policy provides for targeted interventions including free boarding and suitable sanitation and hygiene to promote girls' attendance in schools. Under the Swachh Vidyalaya Mission (clean schools), it was ensured that all schools have at least one functional toilet for girls. As per the latest data, 97.48% Government Schools have separate girls' toilets.
Uganda	Actions to Increase Girls' Access to, Retention in and Completion of Primary and Secondary Education	The Ministry of Education and Sports promoted Water Sanitation and Hygiene (WASH) activities in school interventions and addressed menstrual health and hygiene challenges to encourage the retention and completion of girls. The WASH infrastructure designs were reviewed to include gender responsive facilities for girls during menstruation (incinerators, washrooms and changing rooms). Guidelines on managing menstruation in schools were developed. Emergency sanitary towels, education, and skills for making pads were provided to learners and teachers as part of the guidelines.





This brief has been prepared by members of the Global Menstrual Collective (GMC). The GMC is a global advocacy network driving action on and investments in menstrual health and hygiene.

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