Making Periods Political: Evaluating the Effectiveness of International Human Rights Frameworks in Promoting Good Menstrual Hygiene Management in the Global South

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Abstract

Good menstrual hygiene management (MHM) faces many barriers – lack of access to sanitary products, clean water, and sanitation facilities; taboo and stigma; and unequal education opportunities due to absenteeism among many others. The needs of menstruating people are consistently overlooked, and, in some cases, these oversights constitute human rights violations. Using a feminist theoretical framework, my research evaluates whether international human rights (IHR) frameworks protect menstruating people and promote good MHM. I compare the findings of two studies of absenteeism in Indian schoolgirls and a similar study in northeast Ethiopia to establish contributing factors in poor MHM and thus highlight where IHR frameworks fall short. My research reveals that the rights to water, sanitation, health, and education were all violated to some extent and confirms that the needs of menstruating people are overlooked, with dire consequences. However, I also conclude that IHR frameworks themselves are not to blame: these violations are mostly the result of poor implementation. Ultimately, MHM and IHR are unavoidably intertwined making future research on this relationship is essential. Menstruating people evidently struggle to manage their menstruation when external factors do not enable good MHM practice. Without adequate water, toilets, and disposal facilities, it is unsurprising that education and health are also affected. The specific needs of menstruating people require explicit international protections which signatory states are truly dedicated to upholding.

Introduction

Though menstruation is a natural bodily function, the safe management of which is essential, necessary provisions are not always made. This results in menstruating people – many, though not all, cisgender girls and women, transgender men, intersex people, and non-binary people – facing barriers to their menstrual hygiene management. This involves 'using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary […] using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials' (WHO/UNICEF JMP, 2012: 16).

Many menstruating people in the Global South – 'low- and middle-income countries, the so-called developing world' (Bobel, 2018: 6) – and low-income individuals in wealthier states face challenges that prevent good MHM. Challenges include limited access to clean water, sanitation facilities and sanitary products, or the use of unsafe and unhygienic alternatives (Clark and As Sy, 2020). This is turn results in unequal education opportunities and managing menstruation in ways that violate privacy and dignity. Cultural and symbolic perceptions can also present issues, for instance exclusion from religious practices and rituals (House, Mahon and Cavill, 2012: 25-26), restrictions on water/washing, expulsion from family homes, perception as 'dirty, contaminated and impure' (Walker, in O'Hagan, 2015), embarrassment or shame due to the widespread silence and stigma, as well as a lack of knowledge surrounding menstruation (House, Mahon and Cavill, 2012: 22).

These barriers also prevent proper implementation of International Human Rights (IHR) frameworks such as the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW, 1979), the Convention on the Rights of the Child (CRC, 1989), the International Covenant on Civil and Political Rights (ICCPR, 1966) and the International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966). Ignoring or failing to cater to menstruating people's needs impacts their everyday lives and their mental and physical health – including serious, or potentially life-threatening, health conditions (House, Mahon and Cavill, 2012: 23, 32-37). These also constitute violations of several IHR laws, which put 'women and girls at a huge disadvantage to men and contribute to their subordination and exclusion…on a global scale, denying them access to schools and the workplace, and preventing them from being equal members of society' (Boosey and Wilson-Smith, 2014: 11). Rights that may be violated by poor MHM provision include the rights to water, sanitation, and education.

Methodology

Evaluating the research question 'Do international human rights frameworks protect menstruating people and promote good menstrual hygiene management in the Global South?', I first set out the theoretical framework, then analyse two studies of Indian schoolgirls to establish a link between MHM and school absenteeism, employing a comparative design to determine common causal factors of MHM. I compare these findings to a similar study in northeast Ethiopia, in order to conclude more generally about the contributing factors of MHM and their links to IHR. These factors are established and discussed alongside the rights to water, sanitation, and education, evaluating their effectiveness in ensuring good MHM. Both India and Ethiopia are signatories of the above IHR frameworks, so in theory are bound by

law to uphold them (UNICEF, 2019). Ultimately, I evaluate whether IHR frameworks protect menstruating people and promote good MHM.

Theoretical Framework

Feminist International Relations (IR) theory provides an ideal framework for my research due to its use of a gendered lens, which includes recognising the role and place of both women *and* men, as well as the 'feminine' *and '*masculine', in world politics. Though both men and women are included by feminist IR theory, 'feminists have politically chosen to take a self-awarely "biased" view of the world to compensate and hopefully transform traditional ways of seeing the world that occlude women and femininities' (Weber, 2005: 99). Feminist IR theory therefore enables and encourages the study of issues specifically concerning women, which remain unacknowledged elsewhere. Feminist IR theory challenges mainstream IR's silence on gender and women's absence in world politics – instead, it presents a gendered vision of the world and makes women visible (Smith, 2017: 62). The exclusion of women is clearly gendered, as the crucial contributions of women to global politics are, like their everyday experiences, often overlooked and undervalued as irrelevant or unimportant. Feminist theorists posit that to fully understand world politics, gender must be considered a core mode of analysis – one that is 'every bit as legitimate and important as IR's classical approaches' (Weber, 2005: 82).

Feminist IR theory considers the role that norms and identities play in shaping world politics, and how gender fits into this. It analyses the socially constructed nature of gender and identity, and how everyday life and world politics have been built around and perpetuate these constructions (Peterson, 1992: 9). Feminist theory challenges assumptions about the 'masculine' and 'feminine', as well as the impact these gendered assumptions have on the political, economic, social and cultural positions of men and women. It deconstructs power and gender relations and, in turn, demands a space for women in society and in world politics. Due to the widespread acceptance of the the patriarchy – the privilege and power of men and 'the masculine' over women and 'the feminine' – and the unbalanced power and gender relations this propagates, 'nowhere in the world do women share equal social and economic rights with men' (True, 2012: 5) nor do they have the same access to resources and opportunities. Weber's point that feminist IR theory is 'self-awarely "biased"' (2005: 99) highlights this disciplinary choice to represent the unrepresented and works to correct the disparity between the rights enjoyed by men and those *not* enjoyed by women.

A feminist theoretical framework highlights that the experience of menstruation has been actively *gendered*. Feminist scholars argue that menstruation is not simply a biological

phenomenon but exists ‘within a broader socio-cultural context’ (Mondragon and Txertudi, 2019: 358). As part of this socio-cultural context, menstruation has often been highly stigmatised, labelling menstruating people as impure, dangerous, cursed, and dirty, and restricting their freedoms as a result – this is seen in religious texts and practices, and in literature dating back to the Roman era (House, Mahon and Cavill, 2012: 22; O’Hagan, 2015). This stigmatisation and the framing of menstruation as taboo continues today and has been perpetuated by unbalanced gender relations and political preoccupation with men and 'masculine' issues globally. When menstruation *is* acknowledged and discussed, it is often in a derogatory way (Mondragon and Txertudi, 2019: 359), although in some contexts this can be more closely linked to beliefs about blood symbolism than gendered ideology (Skultans, 1970). Conversely, there is ‘no comparable collection of beliefs and theories surrounding the male sexual life cycle’ (ibid.: 639), illustrating the implicitly gendered element of such practice. I propose that silence around menstruation is linked to the exclusion of women from world politics and masculinist discourses in general (Hooper, 1999: 476). Since it is a phenomenon exclusive to (some, but not all) individuals with uteruses, menstruation and MHM does not fit into the normative male-centrism, which has had, and continues to have, a devastating impact on menstruating people's rights.

A feminist theoretical framework also allows for an intersectional approach, as ‘gender intersects with racial, class, ethnic, sexual, and regional modalities of discursively constituted identities’ (Butler, 1990: 3). In order to research MHM, the differences in experience among menstruating people based on the various relevant factors which constitute identity must be acknowledged. MHM concerns every possible variation of who a “menstruating person” might be. Every individual’s experience will be different, even if only slightly, due, for example, to gender identity, to wealth or poverty, to belonging to a religious family or community, or to geographical location. A feminist approach is able, and actively desires, to consider structures of privilege that act alongside sex and gender to affect gendered experiences of menstruation.

Findings & Discussion

Two studies of school absenteeism in adolescent girls in India give some insight into driving factors behind the impact of menstruation and MHM on everyday life (Vashisht et al., 2018; Bodat, Ghate and Majumdar, 2013). Both studies found a link between school absenteeism and menstruation, with 40.8% (Vashisht et al., 2018) and 43.2% (Bodat, Ghate and Majumdar, 2013: 213) of participants absent during menstruation. Most students missed only one day: 78.06% in Pune (Bodat, Ghate and Majumdar, 2013: 213) and 68.6% in Delhi (Vashisht et al., 2018). However, Vashisht et al. also reported that 31% of students missed three to seven days.

Reasons for absence were also similar: MHM materials used, lack of privacy, embarrassment or shame, restrictions imposed by society or family, pain or discomfort, poor water, sanitation and disposal facilities, and inadequate toilet facilities. The top reason for absence in the Dehli study was a lack of or inadequate water supply (76.7%), while the most common reason in the Pune study was the lack of separate toilet facilities for girls (2013: 214). Vashisht et al. (2018) support this finding: the only Delhi school with no separate toilet reported 65% absenteeism compared to the overall figure of 40.8%. They concluded that 'girls in schools with no water, separate toilets, and other facilities for MHM' were 5.6 times more likely to be absent than in schools with those facilities.

This demonstrates the importance of the right to water and sanitation. Neither the UDHR (1948) nor the ICESCR (1966) explicitly mentions it, but General Comment 15 (CESCR, 2002: 2) stated that the right to water 'clearly falls within the category of guarantees essential for securing an adequate standard of living' and is therefore implied within Article 11 ICESCR (1966), the right to an adequate standard of living. CEDAW (1979: 11-12) provides a similar right but is aimed specifically at rural women (Article 14.2). The right to water and sanitation was not made official until 2010, when states and international organisations were urged to increase efforts to provide 'safe, clean, accessible and affordable drinking water and sanitation for all' (UNGA, 2010: 3). That both studies found inadequate water and sanitation to be major factors in absenteeism suggests that this right has not been ensured – at least not in these two locations – by the time the research was carried out. Human Rights Watch (2017: 7) writes that the right to sanitation should allow for affordable access that is socially acceptable and hygienic, and ultimately enables private and dignified MHM. These studies demonstrate that facilities in Indian schools do *not* meet these criteria. The failure of the Indian state to adhere to IHR frameworks in providing adequate facilities and clean water, and the impact this has on education is clear: absenteeism would be much lower if menstruating students were provided with access to adequate sanitation, enabling them to enjoy a complete education without hygiene concerns.

The two studies differed in their findings about the MHM material used and its effect on absenteeism. In the Dehli study, 62.5% of girls using cloth for MHM were absent during menstruation, whereas the figure for girls using sanitary pads – the more popular material – was much lower, at 36%. In focus group discussions, girls said they 'cannot always afford' sanitary pads; a key factor of absenteeism as most avoided costs by staying at home and using cloths. The Pune study, meanwhile, found that absenteeism was *higher* among girls using sanitary pads (47.8%) than girls using cloths (39.1%). The proportion of cloths users was slightly higher than sanitary pads users (51.9% and 48% respectively) despite

recommendations against the use of cloths for health reasons (Bodat, Ghate and Majumdar, 2013: 214). Given the financial burden of MHM materials, the poorest are likely to suffer most.

One of the main reasons for absence from school during menstruation is the pain or discomfort it causes for some. This was cited as a reason by 76.3% of participants in the Dehli study. Bodat, Ghate and Majumdar approached this differently by identifying girls who had 'menstrual disorders' and only included pain that inhibits daily activities rather than all pain (2013: 214). 66.8% of girls in the Pune study experienced abdominal pain, but only 41.8% of those who had started menstruating were deemed to have a menstrual disorder. Furthermore, absenteeism was 56.6% higher in girls with a recognised menstrual disorder compared to those without. Overall, however, it was found that *any* kind of menstrual pain or discomfort can result in absenteeism, as 'girls avoided going to school even when pain was mild' (Bodat, Ghate and Majumdar, 2013: 214).

The human right to education is set out in Article 13 ICESCR (1966: 7), Article 10 CEDAW (1979: 8-9) and Articles 28 and 29 CRC (1989: 12-14). These two Indian studies clearly show the causal link between MHM issues and violations of the right to education: if menstruating students are not provided with the facilities they need, their education will suffer and their other rights inhibited. Indeed 65.5% of those surveyed in the Dehli study claimed that menstruation affected their daily school activities, with 12% missing tests and 58.5% unable to participate in sports. Reduced concentration and reduced participation in class (academically and socially) were also reported. This demonstrates that students' education is significantly affected even when they are not absent, although the high rate of absenteeism remains extremely detrimental to the education of menstruating people.

These studies reflect a limited cross-section of menstruating people, restricted by age and location, but other studies show similar results. The situation is, for example, similarly troubling in northeast Ethiopia. Tegegne and Sisay (2014) explored MHM and school absenteeism in the region, finding that:

- 35.38% of participants used sanitary pads while the rest used homemade cloth alternatives and underwear.
- 91.84% reused materials, but only 37.04% washed them properly.
- Absenteeism was 5.37 times more likely in students not using disposable sanitary pads.

- Main reasons for not using sanitary pads were limited knowledge of how to use them (53.06%), high cost (44.22%), shame of buying them (40.14%), and unavailability (36.39%).
- 85.48% did not change sanitary materials at school.
- The most common reasons for failure to change materials were no separate girls' toilet (45.50%), fear of other students (39.07%), inadequate water sources (18.77), limited sanitary provisions (15.77%).
- 54.51% were absent during their last period.
- Main reasons for absence were shame and fear of leakage/staining (82.26%), no sanitary pads/cloths (56.05%), nowhere private to manage menstruation (31.45%).

As in the Indian studies, a key contributing factor to absenteeism among menstruators was the lack of privacy and sanitary materials. Such factors contributing to absenteeism clearly correlate with poor MHM in general, highlighting that the failures of IHR frameworks in ensuring adequate conditions for good MHM, rights to health and rights to education are not unique to India.

However, IHR frameworks themselves remain limited. The implementation of these rights is ultimately the responsibility of signatory states, in these cases India and Ethiopia. This is where the real problem lies. The similarities between the studies in India and northern Ethiopia are undeniable and hint at a much wider problem. These issues negatively affect the lives of menstruators internationally and across a range of age groups. While the scope of this research paper has necessitated a narrow focus on school-age individuals in two case study regions, it does show that MHM and IHR are unavoidably intertwined and that future research on the full scope of this relationship is essential.

Conclusion

Though the studies analysed in this paper reflect only a small cross-section of menstruating people, they are indicative of issues throughout the Global South and indeed the world. Many menstruating people struggle to manage their menstruation when external factors do not enable good MHM practice. When there is insufficient access to water sources, separate toilets, and suitable disposal systems, it is unsurprising that there are also implications for education and health. Not only have states failed to provide what is promised in the IHR frameworks, but menstruating people also face social barriers in the form of taboos

rooted in spiritual, religious, and sexist ideologies. Moving forwards, patriarchal international politics and law must abandon its uncomfortable near-silence on the needs of menstruating people – these needs must henceforth be met with explicit international protections aimed *specifically* at this already disadvantaged group (Boosey and Wilson-Smith, 2014: 61-2). Rejecting social and political stigma and silence can allow for future research to be situated within IHR frameworks, which at present fall short in the areas where people need them most. Menstrual education in schools could alleviate barriers to good MHM by reducing anxiety and stress, promoting good hygienic practice, and breaking this dangerous silence and stigma. It would also increase awareness of problems or abnormalities, such as excessive bleeding or missed periods – if menstruating people have the knowledge to recognise symptoms, they may feel more comfortable approaching relevant professionals and thus avoiding serious harm (Sood et al., 2020: 14). Literature linking MHM to the issues of water, sanitation, health, and education can provide an excellent starting point. However, researchers in this field must now bring these ideas into the context of IHR frameworks to establish if and to what extent they help to reduce negative impacts on menstruating people, proposing ways to rectify the situation if they, or their signatory states, do not go far enough to protect those in question.

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