



STIGMA, AWARENESS, AND THE ROLE OF LAW IN MENSTRUAL EQUITY

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Abstract

Menstrual health remains a critical yet under-addressed issue, deeply influenced by social stigma, lack of awareness, and insufficient legal protections. In India, millions of women and girls face discrimination, inadequate access to menstrual hygiene products, and limited education on menstruation, severely impacting their dignity and well-being. Despite constitutional guarantees under Articles 14, 15, 21, and 21-A, as well as the directive principles emphasising public health, menstrual inequity persists due to societal taboos and economic barriers.

This research explores the intersection of law, stigma, and awareness in achieving menstrual equity. It examines India's legal landscape, including landmark judicial pronouncements which have reinforced menstrual dignity and workplace protections. The study further evaluates government initiatives, such as the National Commission for Women's recommendations, state-led menstrual leave policies, and legislative efforts like the Right to Menstrual Hygiene and Paid Leave Bill, 2019 and the Right of Women to Menstrual Leave and Free Access to Menstrual Health Bill, 2022.

By analysing these legal frameworks and policies, this study aims to highlight gaps in implementation and advocate for comprehensive legal reforms. It argues for the recognition of menstrual health as a fundamental human right, the removal of economic barriers to menstrual products, and the institutionalisation of workplace protections, including paid menstrual leave. Ultimately, this research contributes to the broader discourse on gender equality by



emphasising the role of law in dismantling menstrual stigma and ensuring dignity, health, and education for all.

Keywords: Menstrual Equity, Menstrual Stigma, Menstrual Health, Menstrual Leave, Legal Framework, Menstrual Awareness.

Research objectives

1. To analyse the historical development of menstrual stigma and its impact on menstrual health and hygiene.
2. To evaluate the effectiveness of existing legal frameworks in addressing menstrual equity.
3. To assess the role of awareness and education in dismantling menstrual stigma.
4. To examine government policies on menstrual hygiene, workplace accommodations, and access to sanitary products.
5. To propose legal and policy reforms to strengthen menstrual equity.

Research methodology

This research adopts a doctrinal methodology, primarily focusing on legal analysis and the examination of existing frameworks related to menstrual equity. It involves an in-depth study of national and international legal provisions, judicial precedents, policies, and constitutional mandates addressing menstrual health, hygiene, and workplace accommodations. The research relies on secondary sources, including statutes, government reports, legal commentaries, scholarly articles, and case law, to evaluate the effectiveness of current legal frameworks. A comparative analysis of different jurisdictions helps identify best practices and potential legislative improvements. By critically analysing the role of law in addressing menstrual stigma and promoting equity, this study aims to provide legal insights and policy recommendations for a more inclusive and rights-based approach to menstrual health.



Research problem

Despite growing recognition of menstrual health as a human rights issue, social stigma, lack of awareness, and inadequate legal protections continue to hinder menstrual equity. Does India lack comprehensive legal frameworks addressing menstrual leave, access to hygiene products, and workplace accommodations? This research explores these gaps and the role of law in promoting menstrual justice.

Research questions

1. How has the historical perception of menstruation contributed to stigma and discrimination?
2. What are the existing national and international legal frameworks for menstrual equity?
3. How do menstrual stigma and lack of awareness affect access to hygiene and education?
4. What challenges exist in implementing menstrual policies, and how can they be addressed?
5. What legal and policy recommendations can enhance menstrual equity globally?

Expected outcomes

The study is expected to highlight the gaps and limitations in existing legal frameworks governing menstrual equity while providing a comprehensive understanding of how the law can be used as a tool for social change. It aims to contribute to policy discussions by offering recommendations for legislative reforms and improved implementation of menstrual health policies. Additionally, the research seeks to enhance awareness about the legal dimensions of menstrual equity, advocate for stronger legal protections, and promote the recognition of menstrual health as a fundamental human right within legal and policy framework.



INTRODUCTION

Menstruation is the monthly shedding of the uterine lining in the female genitalia.¹ In India, women face societal stigma, societal condemnation, lack of education about menstruation, and limited access to menstrual products, affecting their dignified lives, with around 355 million out of the 1.4 billion population.²

Over 30% of Indian women aged 15-24 lack proper menstrual hygiene products, with rural India having only 42% using such products.³ Traditional clothes are used, and 23% of girls drop out of school during puberty.⁴ Millions lack access to comfortable and dignified menstrual hygiene experiences.

The Indian government aims to improve menstrual hygiene in line with SDGs 3, 4, 5, and 6, addressing factors such as social stigma, inaccessibility to hygiene products, lack of education, and social inequalities. Over 500 million women suffer from period poverty, and sanitary pads remain prohibitively expensive in India.⁵ These issues are not uncommon worldwide, particularly in poor and developing countries.

1. Ancient Perspectives on Menstruation

In India, the topic of menstruation remains taboo even in the 21st Century. Culturally, a menstruating girl is considered to be unsanitary or “impure” and is ousted from joining the daily chores, family gatherings, and entering the kitchen. Society in India is driven by the age-old religious practices and their preachings. The Vedas are the sacred holy scriptures of

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1 professional, C.C. medical (2025) Menstrual cycle (normal menstruation): Overview & Phases, Cleveland Clinic.

2 TOI Lifestyle Desk / etimes.in / May 26, 2024 Empowering change: Breaking the silence on Menstrual Health and hygiene in India - Times of India, The Times of India.

3 Bansal, A. et al. (no date) Period poverty and public policy: Challenges and solutions, SPRF.

4 *Id*

5 World Bank Group, Menstrual Health and hygiene World Bank (2023)



Hinduism.⁶ The scriptures mention menstruation in Chapter V of the Vashistha Dharmasutra (4, 5, 6) (Rig Veda), which refers to them as:

1. For month by month, her menstruation takes away her sins.⁷
2. A woman in her courses is impure during three (days and) nights.
3. (During that period) she shall not apply collyrium to her eyes, nor anoint (her body), nor bathe in water; she shall sleep on the ground; she shall not sleep in the day-time, nor touch the fire, nor make a rope, nor clean her teeth, nor eat meat, nor look at the planets, nor smile, nor busy herself with (house-hold affairs), nor run; she shall drink out of a large vessel, or out of her joined hands, or out of a copper vessel.

The Garuda Purana, Preta Khanda 32.7-10⁸ states, “*The first four days of menstrual flow of blood shall be avoided when the sin of a Brahmin’s slaughter resides in her. Brahma had removed this sin from Indra and apportioned a fourth to women. A woman becomes pure on the fourth day. After seven days, she becomes pure enough to take part in the worship of the ancestors and deities. If conception takes place within seven days, the progeny is impure.*” This ideology has been derived and passed down to society for centuries and is utterly unacceptable. The rationale of the cultural reference is not passed, but its mere existence is often acknowledged with pride. This has played a pivotal role in the slow development of the de-stigmatisation of menstruation.

It is not just Hinduism that refers to the act of menstruating as a way to let go of sins. Islam in Surah Al-Baqarah (2:222) ⁹advises, “*Beware of its harm! So, keep away, and do not have intercourse with your wives during their monthly cycles until they are purified. When they purify themselves, then you may approach them in the manner specified by Allah. Surely Allah loves those who always turn to Him in repentance and those who purify themselves.*” The third

⁶ Manu-smriti, Verse 5.65

⁷ Aastha Tiwari, Comparing the text of Manusmriti and Vedas on Menstruation, (2020), Dhara Magazine, <https://dhaaramagazine.in/2020/11/18/comparing-the-text-of-manusmriti-and-vedas-on-menstruation/>

⁸ Dharmasūtras: The Law Codes of Āpastamba, Gautama, Baudhāyana, and Vasiṣṭha. (2000). India: Motilal Banarsidass Publishers.

⁹ Concept of Women’s Reproductive Health in Al-Quran as a Basis for Studies on Animal Embryos. (n.d.). (n.p.): Zifatama Jawara.



book of torah (Christianity- Leviticus 15:19) states that a woman undergoing menstruation is perceived as unclean for seven days, and whoever touches her shall be unclean until evening.¹⁰

Hence, it is undeniable that religious texts and sentiments have driven “impurity” into the minds of people and have led them to believe that menstruating women are impure, unclean, and must be marginalised during such a period.

2. Legal Framework & Development

Indian society has come a long way since the Vedas, the Quran, and Leviticus. Religious freedom was upheld because of the rule of law. The Covenant on the Elimination of All Forms of Discrimination Against Women (CEDAW), 1979, is the United Nations' landmark treaty marking the struggle for women's rights.¹¹ The basic structure of the Constitution of India speaks volumes about equality.¹² Article 14 forms the foundational ground for equality in the Constitution. Article 14 & 15¹³ ensure equality before the law and prohibit discrimination based on sex, allowing challenges against menstrual-related discrimination¹⁴. Article 21¹⁵ guarantees the right to life¹⁶ and dignity,¹⁷ interpreted to include health, sanitation, and menstrual hygiene.¹⁸ Article 21-A¹⁹ ensures free and compulsory education, emphasising menstrual

10 Guzik, D. (2021). Leviticus. (n.p.): Enduring Word Media.

11 Women Welfare and Empowerment in India: Vision for 21st Century. (2008). India: New Century Publications.

12 Kesavananda Bharati v. State of Kerala 1973 4 SCC 225

13 Article 15(3) recognises the fact that the women in India have been socially and economically handicapped for centuries and, as a result thereof, they cannot fully participate in the socio-economic activities of the nation on a footing of equality.

14 Abdul Khan v. Chand Bibi, AIR 1956 Bhopal 71

15 Municipal Corporation of Delhi v. Suraj Ram (1995) 2 Cr. L.J. 571- Article 21 of the Constitution has incorporated the right to health into the right to life, allowing it to be enforced through judicial activism.

16 It is vital to give importance that ‘right to life’ includes the right to lead a healthy life to enjoy all faculties of the human body in their prime conditions.

17 In Charu Khurana vs. Union of India, this Court declared that dignity is the quintessential quality of personality and a basic constituent of the rights guaranteed and protected under Article 21. Dignity is a part of the individual rights that form the fundamental fulcrum of collective harmony and interest of a society.

18 Sunil Batra v. Delhi Administration, AIR 1978 SC 1675

19 INDIA CONST. art. 21A – “Right to education. – The State shall provide free and compulsory education to all children of the age of six to fourteen years in such a manner as the State may, by law, determine.”



health awareness in schools to combat taboos and promote dignity. Article 47 directs the state to improve public health, including menstrual health, as part of its welfare responsibilities.²⁰ While not legally enforceable, Directive Principles guide policy-making to ensure access to menstrual health services.²¹ Judicial interpretations and government policies further reinforce the need for menstrual health rights, ensuring dignity, education, and safe hygiene for all. The National Commission for Women (NCW) urged the recognition of menstrual health as a fundamental human right in 2020, recommending improvements such as increased access to menstrual products, improved sanitation, and increased awareness.²²

The *Sabarimala judgment*²³ acknowledged that this exclusionary practice “*has the impact of casting a stigma on women of menstruating age for it considers them polluted and thereby has a huge psychological impact on them which resultantly leads to violation of Article 17, as the expression ‘in any form’ in Article 17 includes untouchability based on social factors and is wide enough to cover menstrual discrimination against women.*” This is one of the landmark judgments that set the cornerstone of equality in Indian society. “*The heart of the matter lies in the ability of the Constitution to assert that the exclusion of women from worship is incompatible with dignity, destructive of liberty, and a denial of the equality of all human beings.*”²⁴

The menstrual status of a woman cannot be a valid constitutional basis to deny her the dignity of being and the autonomy of personhood. The menstrual status of a woman is deeply personal and an intrinsic part of her privacy.²⁵ “*Appropriate work conditions should be provided in respect of work, leisure, health and hygiene to further ensure that there is no hostile*

20 *AIIMS Students' Union v. AIIMS*, AIR 2001 SC 3262, the Supreme Court observed that the improvement of public health being one of the primary duties of the State, public health can be improved by having the best of doctors, specialists and super specialists.

21 *Minerva Mills Ltd. v. Union of India*, AIR 1980 SC 1789– The Supreme Court held that harmony and balance between Fundamental Right and Directive Principles of State Policy, is an essential feature of the basic structure of the Constitution. It has been observed that the Indian Constitution is founded on the bedrock of the balance between Parts III and IV. To give absolute primacy to one over the other is to disturb the harmony of the Constitution.

22 https://prod-newwebsitescdn.digitalindiaincorporation.in/wpcontent/uploads/2025/01/AnnualReport_2021_2022_Eng_Full.pdf

23 *Indian Young Lawyers Association v. State of Kerala* AIR ONLINE 2018 SC 243

24 *Id.*

25 *Justice K.S.Puttaswamy(Retd) vs Union of India*, 2019 (1) SCC 1



environment towards women at work places and no employee woman should have reasonable grounds to believe that she is disadvantaged in connection with her employment.” was stated by the Supreme court in the case of the *Vishaka v. State of Rajasthan*.²⁶

In *Padman case*²⁷, the Supreme Court of India addressed menstrual hygiene, focusing on the availability and accessibility of sanitary products. While not exclusively about menstruation, the judgment emphasised menstrual health management and raised public awareness about the challenges women face during their menstrual cycle. India lacks a uniform menstrual leave policy, unlike Japan, Taiwan, and South Korea. Bihar and Kerala have only recently introduced a menstrual leave policy.²⁸

In 2019, one private bill was introduced in the Lok Sabha with the name, The Right to Menstrual Hygiene and Paid Leave Bill, 2019, which seeks to recognise menstrual hygiene as a fundamental right and ensure access to sanitary products, proper sanitation facilities, and awareness programs. It also proposes paid menstrual leave for women in workplaces to promote dignity, health, and gender equality. By addressing both accessibility and workplace rights, the bill aims to combat menstrual stigma and ensure comprehensive menstrual health management.²⁹

The Government of India introduced the Right of Women to Menstrual Leave and free Access to Menstrual Health Bill, 2022³⁰ aiming to grant paid leave during menstruation, menstrual leave for female students, and free access to menstrual health products. The Central government has introduced a bill aimed at regulating menstrual products, ensuring uniform pricing and accessibility for women. The bill also promotes menstrual hygiene products and acknowledges the physical and psychological pain women experience during menstruation. Similar legislation was introduced in the Lok Sabha in 2019, indicating the government's awareness of the need for menstruation leave and free hygiene products.

26 *Vishaka v. State of Rajasthan*, (1997) 6 SCC 241

27 Hemmige, Bhargavi. (2018). The social media campaign: A case study of film #PADMAN. *International Journal of Social and Economic Research*. 8. 134. 10.5958/2249-6270.2018.00033.8.

28 (2024). Exploring Menstrual Leave in India: Moving Beyond Legal Framework [Online]. The Amikus Qriac.

29 The Right to Menstrual Hygiene and Paid Leave Bill, 2019, Bill No. 292 of 2019

30 THE RIGHT OF WOMEN TO MENSTRUAL LEAVE AND FREE ACCESS TO MENSTRUAL HEALTH PRODUCTS BILL, 2022, Bill No. 276 of 2022



3. Stigma Surrounding Menstrual Health

Menstrual taboos and misconceptions have historically excluded women and girls from various roles, including leadership and space travel, due to concerns about potential harm to plants, food, and livestock. Historically, communities believed menstruating women could cause harm to plants, food, and livestock. In the 1930s, Western scientists hypothesised menstruating women produce "menotoxins".³¹ Some communities still hold beliefs that women and girls can spread misfortune during menstruation, leading to restrictions on their daily activities, including prohibitions on attending religious ceremonies, visiting religious spaces, handling food or sleeping in the home.³² Further, as per the National Family Health Survey (NFHS 5) 2019-21, only 23 per cent unmarried women discuss menstrual hygiene with health workers.³³ According to the National Library of Medicine, in India, 71% of girls and 70% of mothers are unaware of menstruation, contributing to the perpetuation of taboos.³⁴

In western Nepal, the chhaupadi tradition forbids women and girls from cooking and forces them to spend the night outside their homes. Similar rules exist in India and other countries, leading to dangerous isolation and exposure to extreme cold, animal attacks, and sexual violence.³⁵

Menstrual stigmas impact women's health and hygiene, with some cultures prohibiting touching or washing genitals during menstruation, leading to infections or infertility³⁶. Fears of polluting water sources and toilets also influence disposal practices. Some cultures burn

31 Chrisler, J. C. (2011). Leaks, Lumps, and Lines: Stigma and Women's Bodies. *Psychology of Women Quarterly*, 35(2), 202-214. <https://doi.org/10.1177/0361684310397698>

32 Major, B. (2006). New perspectives on stigma and psychological well-being. In S. Levin & C. van Laar (Eds.), *Stigma and group inequality: Social psychological perspectives* (pp. 193–210).

33 Meher T, Sahoo H. Dynamics of usage of menstrual hygiene and unhygienic methods among young women in India: a spatial analysis. *BMC Womens Health*. 2023 Nov 6;23(1):573. doi: 10.1186/s12905-023-02710-8. PMID: 37932760; PMCID: PMC10629021.

34 Nandi, S., Joshi, D., Gurung, P., Yadav, C., & Murugan, G. (2018). Denying access of Particularly Vulnerable Tribal Groups to contraceptive services: a case study among the Baiga community in Chhattisgarh, India. *Reproductive Health Matters*, 26(54), 84-97

35 Jaishankar, K. (2013). *Second International Conference of the South Asian Society of Criminology and Victimology (SASCV)*. Kanyakumari, Tamil Nadu, India: South Asian Society of Criminology and Victimology. p. 142. ISBN 9788190668750.

36 Benki S, Mostad SB, Richardson BA, Mandaliya K, Kreiss JK, Overbaugh J (2004) Cyclic shedding of HIV-1 RNA in cervical secretions during the menstrual cycle, *Journal of Infectious Diseases*, vol 189, no 12, pp 192-201.



pads, others bury them, and some believe improper disposal can cause lifelong menstruation³⁷. Though it doesn't imply maturity, a girl's menarche, or first period, is sometimes interpreted as an indication that she is ready for marriage, sexual activity, and childbearing. Rarely, girls may experience abuse if they menstruate before the age of seven.³⁸

Menstruation is often viewed as limiting women's physical and mental abilities, leading to degrading comments, exclusion from roles, and stigma. Nineteenth-century physicians, for example, believed that periods “*render it extremely doubtful how far they can be considered responsible beings.*”³⁹ Women may be perceived as "not real women," causing reluctance to use contraceptive methods that affect menstrual cycles.

Schools often lack private, hygienic spaces for students to change menstrual products, affecting their right to sanitation and privacy. Access to water and soap is also disparate, with urban, private, and girls-only schools having better facilities. Millions of adolescent girls are unprepared for menstruation due to a lack of prior knowledge, negatively impacting their mental health and school attendance.

A significant data gap exists, with only 30 countries monitoring menstrual health indicators. Despite progress in countries like Zambia and the Philippines, stronger legislative frameworks, targeted policies, and increased investments are needed to uphold schoolgirls' rights to education, health, and dignity.⁴⁰

37 Campbell OMR and Harlow SD (2004) Epidemiology of menstrual disorders in developing countries: A systematic review, *British Journal of Obstetrics and Gynaecology*, vol 111, pp 6-16.

38 Thomas, F.; Renaud, F.; Benefice, E.; De Meeüs, T.; Guegan, J. F. (2001). "International variability of ages at menarche and menopause: Patterns and main determinants". *Human Biology*. 73 (2): 271–290. doi:10.1353/hub.2001.0029

39 Lewis, Philip. (2022). Book Review: *The Gendered Brain: The new neuroscience that shatters the myth of the female brain* by Gina Rippon. *Physiology News*. 14-15. 10.36866/pn.25.14.

40 Kumari S, Muneshwar KN. A Review on Initiatives for Promoting Better Menstrual Hygiene Practices and Management in India. *Cureus*. 2023 Oct 16;15(10):e47156. doi: 10.7759/cureus.47156. PMID: 38021741; PMCID: PMC10651805.



4. Menstrual Awareness and Education

Education is crucial in de-stigmatising menstruation in India, where it is often taboo in rural areas. Menstrual pads are used to prevent visibility, and girls are often taught about their periods in seclusion. Education can help create awareness and decrease gender disparities in India by educating children about menstruation from a young age.⁴¹

Regarding the source of information, the mother is the most common and first source of information among adolescent girls, with a percentage ranging from 5 to 89.6%. In contrast, friends are the second most, with a percentage ranging from 1.5 to 85%.⁴² The National Council for Educational Research and Training (NCERT) prepares textbooks and curriculum for students, focusing on menstruation, hygiene, reproductive health, and sanitation hygiene during puberty, with dedicated chapters in various schooling classes.⁴³

The curriculum is inclusive, responsible, and educational. While more than 95% of students attend primary education, only 40% attend higher education.⁴⁴ 23% of girls drop out of school after puberty due to NCERT's menstrual education curriculum, limiting access to quality education for early puberty girls.⁴⁵

Boys often joke about reproductive hygiene, while girls are embarrassed. Education is regulated by the Seventh Schedule of the Constitution, but many states lack Sexual Reproductive Health (SRH)⁴⁶ in their curricula. Private bodies can choose to incorporate SRH into their curricula. India's students lack SRH, leading to reliance on pornography and a lack of social awareness.

41 Alhelou N, Kavattur PS, Olson MM, Rountree L, Winkler IT. Menstruation, Myopia, and Marginalization: Advancing Menstrual Policies to "Keep Girls in School" at the Risk of Exacerbating Inequalities. *Health Hum Rights*. 2022 Dec;24(2):13-28. PMID: 36579303; PMCID: PMC9790947.

42 Joshi, Priyanka; Sharma, Rakesh; Jain, Geeta; Kaur, Gunjot; Jelly, Prasuna; Status, Gaps and Challenges in Menstrual Health in India: A Systematic Review, *Preventive Medicine Research & Reviews*

43 Sharma S, Mehra D, Brusselaers N, Mehra S. Menstrual Hygiene Preparedness Among Schools in India: A Systematic Review and Meta-Analysis of System-and Policy-Level Actions. *Int J Environ Res Public Health*. 2020 Jan 19;17(2):647. doi: 10.3390/ijerph17020647. PMID: 31963862; PMCID: PMC7013590.

44 Ministry of finance, press release 2023

45 <https://www.theswaddle.com/period-bullying-keeps-indian-girls-away-from-school>

46 A. Singh, (2022). Menstrual hygiene practices among adolescent women in rural India: a cross-sectional study [Online].



NGOs like Goonj, Pinkishe Foundation, Humanify Foundation, CRY India, and Myna Mahila Foundation are promoting SRH in local villages and government schools. Education promotes inclusivity, knowledge, skills, and opportunity, aiming to create an aware, inclusive, and developed society in India.

A landmark resolution adopted at the 56th session of the UN Human Rights Council in 2024 recognised menstrual health as a public health and human rights issue, emphasising its importance in policy-making and standard-setting.⁴⁷ Countries like Nepal, the United States, Canada, and Kenya have taken significant steps to advance women's rights by eliminating discriminatory menstrual practices and improving hygiene provisions. In India, the Odisha government introduced a menstrual leave policy for women in state-run institutions, highlighting the growing recognition of menstrual health in workplace policies.⁴⁸ Integrating such judicial rulings with state policies can further strengthen efforts to safeguard women's rights and improve menstrual health management.

5. Menstrual Hygiene Schemes, Menstrual Leave and Other Policies

According to a report by the United Nations published in 1980,⁴⁹ “Women constitute half of the world population, perform nearly two-thirds of work hours, receive one-tenth of the world income and own less than a hundred per cent of the world’s property.”⁵⁰ India's Ministry of Health and Family Welfare is implementing schemes to promote menstrual hygiene among adolescent girls, especially in rural areas, aiming to improve public health and gender equity by raising awareness, improving sanitary napkin access, and ensuring safe waste disposal. As per the Mission Steering Group (MSG) decision in 2012, the scheme was mandated for nationwide implementation by incorporating provisions in the State Program Implementation Plan (PIP) through National Health Mission (NHM) funding.

47 A/HRC/56/L.26, United Nations General Assembly, (2024), Menstrual hygiene management, human rights and gender equality.

48 <https://www.indiatoday.in/india/story/odisha-announces-paid-menstrual-leave-for-women-employees-2582656-2024-08-15>

49 Dr. S.C.Tripathi and Mrs. Vibha Arora, Law Relating to Women and Children by (Page no- 5), Fifth Edition (2012)

50 Madhu Krishnan vs State of Bihar (1956) 5 SCC 148



The Free Days scheme, initiated in 2011 across 107 districts in 17 states, was designed to enhance menstrual hygiene management (MHM) by providing rural adolescent girls with a subsidised pack of six sanitary napkins at a nominal cost of ₹6 per pack.⁵¹ In furtherance of this initiative, since 2014, financial allocations have been made to States and Union Territories (UTs) under the National Health Mission (NHM) to facilitate decentralised procurement and distribution of these sanitary napkins. Accredited Social Health Activists (ASHAs) have been designated as the primary distribution agents, receiving an incentive of ₹1 per pack sold, along with one complimentary pack of sanitary napkins per month. Additionally, structured monthly meetings are conducted at Anganwadi Centres to discuss menstrual hygiene and broader sexual and reproductive health (SRH) concerns, ensuring community engagement and awareness. To further strengthen the initiative, a diverse range of Information, Education, and Communication (IEC) materials—including audio, video, and print resources—has been developed to educate adolescent girls on safe and hygienic menstrual health practices. These measures align with the government's constitutional and statutory obligations to uphold public health standards, gender equality, and access to essential health services while promoting the right to dignity and informed health choices among adolescent girls in rural India.

However, in the fiscal years 2014-15 and 2015-16, only a limited number of states allocated budgets for decentralised procurement of sanitary napkins.⁵² To address this gap, from the 2016-17 financial year onward, all states were directed to implement the scheme across all districts, with an initial phase covering 25% of rural adolescent girls.⁵³ Expansion of the scheme was to be based on the adoption and utilisation rates of sanitary napkins, allowing for a progressive increase in beneficiary coverage.⁵⁴

51 Bhattacharya, Sudip & Singh, Amarjeet. (2016). How effective is the Menstrual Hygiene Scheme? An evaluation study from North India. *International Journal of Community Medicine and Public Health*. 2584-2586. 10.18203/2394-6040.ijcmph20163077.

52 National Family Health Survey (NFHS - 4), 2015–16 INDIA REPORT

53 Babbar K, Garikipati S (2023) What socio-demographic factors support disposable vs. sustainable menstrual choices? Evidence from India's National Family Health Survey-5. *PLoS ONE* 18(8): e0290350. <https://doi.org/10.1371/journal.pone.0290350>

54 Menstrual Hygiene Scheme: National Health Mission, <https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1021&lid=391>



Additionally, the Rashtriya Kishor Swasthya Karyakram (RKSK)⁵⁵, implemented under the broader Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A) framework⁵⁶, has further strengthened menstrual health initiatives by enhancing awareness and ensuring greater access to sanitary products. These measures align with constitutional and international commitments to public health, gender equality, and the right to a dignified life, reinforcing the government's obligation to promote menstrual hygiene as an integral component of adolescent healthcare and sanitation policies.

In furtherance of its commitment to menstrual hygiene management (MHM), the Ministry of Health and Family Welfare issued comprehensive guidelines on MHM in 2011, followed by additional directives from the Ministry of Drinking Water and Sanitation in 2015.⁵⁷ Recognising the intersection of menstrual health and sanitation, the Government of India launched the Nirmal Bharat Yatra⁵⁸ in 2012 as a flagship sanitation initiative, incorporating MHM as a fundamental component of its agenda. Concurrently, programs under the Samagra Shiksha Abhiyan were introduced, including targeted measures to facilitate the installation of sanitary napkin vending machines and incinerators to ensure the safe and hygienic disposal of menstrual waste.⁵⁹

These coordinated policy efforts have resulted in a significant increase in menstrual product usage across the country, rising from 15% of menstruating women in 2010 to 57% in 2015–16,

55 Desai, Sapna. 2017. "Adolescent health: Priorities and opportunities for Rashtriya Kishor Swasthya Karyakram (RKSK) in Uttar Pradesh," Policy brief. New Delhi: Population Council.

56 Alam, N., Mamun, M., Dema, P. (2020). Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH): Key Global Public Health Agenda in SDG Era. In: Leal Filho, W., Wall, T., Azul, A.M., Brandli, L., Özuyar, P.G. (eds) Good Health and Well-Being. Encyclopedia of the UN Sustainable Development Goals. Springer, Cham. https://doi.org/10.1007/978-3-319-95681-7_52

57 Muralidharan, Arundati & Patil, Hemalatha & Patnaik, Sweta. (2015). Unpacking the policy landscape for menstrual hygiene management: Implications for school WASH programmes in India. *Waterlines*. 34. 79-91. [10.3362/1756-3488.2015.008](https://doi.org/10.3362/1756-3488.2015.008).

58 Patkar A. Policy and Practice Pathways to Addressing Menstrual Stigma and Discrimination. 2020 Jul 25. In: Bobel C, Winkler IT, Fahs B, et al., editors. *The Palgrave Handbook of Critical Menstruation Studies* [Internet]. Singapore: Palgrave Macmillan; 2020. Chapter 38. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK565602/> doi: 10.1007/978-981-15-0614-7_38

59 Swargiary, Khritish and Roy, Kavita, A Systematic Review of the Samagra Shiksha Abhiyan: Evaluating Access, Quality, Inclusivity, Digital Education, and Implementation Challenges (June 01, 2024). Available at SSRN: <https://ssrn.com/abstract=4879121> or <http://dx.doi.org/10.2139/ssrn.4879121>



and further reaching 78% in 2019–21.⁶⁰ In Bihar, adolescent girls are given ₹300 under the Kishori Swasthya Yojana to buy sanitary pads.⁶¹ In fact, the Bihar government offers two days of menstrual leave to its female employees every month — women can take their days off on any day of the month with no justification. The Jan Aushadhi Suvidha Sanitary Napkin (JSSK), introduced in 2019, is a scheme under the Department of Pharmaceuticals that offers bio-degradable, eco-friendly pads at ₹1 at over 8,000 PMBJP Kendras across India.⁶²

These initiatives demonstrate the government's adherence to its constitutional and statutory obligations to promote public health, sanitation, and gender equity, aligning with international commitments under the Sustainable Development Goals (SDGs), particularly those related to health, sanitation, and gender equality.⁶³ India prioritises Menstrual Hygiene Management under the Swachh Bharat Mission, integrating it with sanitation, hygiene promotion, and waste management.⁶⁴ Kerala grants menstrual leave to female students, promoting a gender-just society. India aligns MHM with global SDG goals, collaborating with local governments, NGOs, health workers, and educational institutions for sustainable and equitable access.⁶⁵

Additionally, the joint UNICEF-WHO report, *Progress on Drinking Water, Sanitation, and Hygiene in Schools 2015–2023: Special Focus on Menstrual Health*⁶⁶, highlights significant legal and policy concerns regarding menstrual health and hygiene in schools. It reveals that

60 Babbar K, Garikipati S. What socio-demographic factors support disposable vs. sustainable menstrual choices? Evidence from India's National Family Health Survey-5. *PLoS One*. 2023 Aug 17;18(8):e0290350. doi: 10.1371/journal.pone.0290350. PMID: 37590271; PMCID: PMC10434932.

61 Ganguli, B. (2022). Menstrual Hygiene Management: Linking with Education and Development. *ANTYAJAA*, 6(1-2), 47-60. <https://doi.org/10.1177/24556327211068298> (Original work published 2021)

62 Srivastava, Diksha & Kumari, Arunima & Lal, Sudhanand. (2024). Factors Determining Awareness and Role of Community Mobilization vis-à-vis Bio- degradable Jan Aushadhi Suvidha Sanitary Napkins among Women in India. *Journal of Community Mobilization and Sustainable Development*. 19. 406-412. 10.5958/2277-8934.2024.00117.5.

63 K Karan Babbar and Manini Ojha, "Towards an Inclusive National Policy on Menstrual Health and Hygiene," <https://www.orfonline.org/research/towards-an-inclusive-national-policy-on-menstrual-healthand-hygiene#:~:text=In%202010%2C%20India%20initiated%20the,and%20access%20to%20sanitary%20pad%20s.>

64 Amita Bhakta, Aasim Mansuri, Jigisha Jaiswal, Mona Iyer; The need of the hour: Providing water in shared toilet facilities for menstrual hygiene management in urban India. *Journal of Water, Sanitation and Hygiene for Development* 1 February 2024; 14 (2): 113–121. doi: <https://doi.org/10.2166/washdev.2024.265>

65 National Health Mission (2024, May). Menstrual Hygiene Scheme. Ministry of Health and Family Welfare. Government of India. <https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1021&lid=391>

66 Progress on drinking water, sanitation and hygiene in schools 2015–2023: special focus on menstrual health. New York: United Nations Children's Fund (UNICEF) and World Health Organization (WHO), 2024.



only 39% of schools globally provide menstrual health education, with disparities between primary (34%) and secondary (84%) schools, particularly in Central and Southern Asia. The lack of adequate menstrual education undermines the right to comprehensive health education. Additionally, only 31% of schools worldwide have menstrual waste disposal facilities in girls' toilets, with even lower availability in Least Developed Countries (17%) and sub-Saharan Africa (11%), raising concerns about the right to sanitation and dignity. Economic barriers further restrict access, as only 12% of schools in sub-Saharan Africa provide menstrual products for free or purchase, highlighting a potential violation of the principle of non-discrimination in education.

6. Challenges And Way Forward

Lack of menstrual awareness leads to poor hygiene, increased health risks, and reproductive health issues such as infections, rashes, and foul odour. Approximately 70% of reproductive diseases in India are linked to inadequate menstrual hygiene practices. The existence of social taboos surrounding menstruation acts as a barrier to the development of an inclusive and aware society.⁶⁷

India is experiencing a period of rapidly increasing poverty, which is characterised by the lack of access to quality hygiene products. One in every ten girls below the age of 21 cannot afford period products. Over 500 million women globally face period poverty. The Essential Commodities Act of 1955⁶⁸ does not recognise sanitary pads, tampons, or menstrual cups as essential commodities. An average woman has to spend ₹300 monthly on menstrual hygiene products. The daily minimum wage of a woman in India is ₹180. Menstrual hygiene products have a 'pink tax' levied on them or a 'tampon tax'. Inequitable pay disparities are burdening the women of this country, in bleeding freely and comfortably. This is the root cause as to why 43 million women in India still do not have access to hygiene products.

67 Joshi, Sharma, Jain, Kaur, Jelly, Status, Gaps and Challenges in Menstrual Health in India: A Systematic Review. Preventive Medicine Research & Reviews ():10.4103/PMRR.PMRR_74_24, September 20, 2024. | DOI: 10.4103/PMRR.PMRR_74_24

68 THE ESSENTIAL COMMODITIES ACT 1955, ACT NO. 10 OF 1955



Furthermore, the discarding of these products is also another problem. The lack of knowledge amongst women is causing a problem in discarding sanitary pads after they are used. Women do not know the proper method of discarding them, nor has the government taken steps to place sanitary pad burner machines everywhere. It is leading to blocked sewage and micro plastics in the ocean and a rising environmental crisis. Products are thrown into nearby fields, wells, unused land or burned. They are flushed down the toilet or simply buried. Conventional pads, the most popular amongst hygiene products in India, are made up of 90% plastic, making them non-biodegradable. India estimates the disposal of 12.3 billion pads, or a solid 113,000 tons of pads, in its overall waste generated annually. These products are primarily made of plastic, take up space, release toxic chemicals, and take over 500-800 years to decompose.⁶⁹

India faces a plethora of problems regarding menstrual awareness. This is a social, cultural, and economic implication. Only through more dialogue and a stronger legal framework can this taboo be removed from Indian society.

7. Key Recommendations for A Holistic Menstrual Health Policy

- **Creating an inclusive curriculum for schools:** All schools must compulsorily include in curriculum and provide guidelines regarding menstrual health and hygiene. This curriculum should be implemented from a young age to normalise menstruation discussion and dispel myths since 15.5% of girls experience early menarche.
- **Accessible and affordable menstrual products:** The Government must mandate the availability of period products in all schools and workplaces and their disposal facilities. It must also recognise that menstrual products are essential commodities and standardise their prices to make sure they are in an affordable range.⁷⁰

⁶⁹ “UNICEF Guide to menstrual hygiene materials.” <https://www.unicef.org/wash/files/UNICEF-Guide-menstrual-hygienematerials-2019.pdf>. Accessed 27 March, 2025.

⁷⁰ In India, cloth-use is still prevalent, with 50% of menstruators abandoning it after sanitary napkins (64%). This one-size-fits-all approach deprives menstruators of comfort and safety. Under Maharashtra's Asmita Yojana, sanitary napkins were found unusable due to their low quality and small size. This highlights a gap in using sustainable alternatives to sanitary napkins.



- **Environmental Sustainability:** Promote reusable pads, period panties, menstrual cups, and other eco-friendly alternatives, subsidising them for everyone's availability.⁷¹
- **Inclusion of Trans & Non-Binary Individuals:** Provide gender-neutral period product access, appropriate infrastructure, and inclusive language in educational curricula to ensure equitable support.
- **Promotion of menstrual health:** By providing access to water, sanitation, and hygiene, and promoting healthy diets in women to reduce disorders like Polycystic Ovary Syndrome (PCOS) and Polycystic Ovary Disease (PCOD) in young girls.
- **Comprehensive National Policy:** Addressing the economic, educational, and social disparities by incorporating inclusive, evidence-based interventions for transformative menstrual health management. Ex: Menstrual Leave Policy.

Conclusion

India can adopt best practices from countries like Spain, Indonesia, and Japan to improve menstrual health. Spain implemented a menstrual policy allowing workers to request flexible work schedules or time off for excruciating menstrual pain. Indonesia adopted a menstrual leave policy in 1945 to advance gender equality and support women's health. Japan has no national law specifically addressing menstrual leave, but businesses can adopt their own policies. India's Beti Bachao Beto Padhao scheme has been underfunded, with only ₹35 crore used in 2022-23⁷². To address this, robust monitoring and evaluation mechanisms should be established, and funds should be used for providing menstrual hygiene products to rural areas and education of menstrual hygiene.

Access to reproductive health services, such as regular check-ups and treatment for menstrual disorders, is crucial. Healthcare providers should be trained to provide sensitive care and counselling services. To reduce the high cost of sanitary pad production, research and development on domestic raw material production, economies of scale, manufacturer tax

⁷¹ Ensuring environmental sustainability In India, an estimated 12 billion pads are used annually, resulting in an estimated 9,400 tonnes of menstrual waste per month (or 112,800 tonnes annually).

⁷² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4408698/>



breaks, and collaboration between government organisations, non-profits, and industry participants can be considered.

Moreover, the government should be responsible for implementing the Shuchi Initiative effectively, ensuring the quality of sanitary pads and distributing cotton cloth napkins. Collaborations with private businesses can also help draw in more funding. The Indian government should establish a Central Committee and state-wise committees to manage menstrual health hygiene in India.

Lastly, menstruation is a significant issue in India, with 355 million women out of the 1.4 billion population facing societal stigma, lack of education, and limited access to proper hygiene products. The Indian government aims to improve menstrual hygiene, but over 500 million women suffer from period poverty, and sanitary pads remain prohibitively expensive.
