

Menstrual Health and Hygiene Policy Brief

DASTAK Women Rights and Awareness Foundation

Introduction:

Menstrual Health and Hygiene (MHM) management is a critical aspect of public health that directly impacts the well-being, dignity, and equality of women and girls. In Pakistan, the lack of knowledge and awareness around comprehensive Menstrual Health and Hygiene Management (MHM) exacerbates existing inequalities, particularly among women and girls from marginalized communities. The absence of adequate MHM education and resources not only affects their health and hygiene but also contributes to school absenteeism, reduced economic participation, and diminished self-esteem. Cultural taboos and misconceptions surrounding menstruation further reinforce these inequalities, leading to silence and shame around a natural biological process.

Despite the significance of MHM in everyday life of millions of young girls and women in Pakistan, it remains an under-addressed issue within the national health and education policies, leaving women and girls vulnerable to health risks, period poverty, social exclusion and stigma. This situation underscores the urgent need for a national policy that centralizes MHM within the country's health, education, and gender policies. A dedicated Menstrual Health and Hygiene Management Policy would ensure that MHM is no longer a neglected issue but is instead addressed as a fundamental aspect of gender equity and human rights.

Menstrual Health Management - Statistical Overview of Pakistan:

- More than 42 million (roughly 22%) girls aged between 10 to 19 years (menstruation age) in Pakistan
- 44% of girls do not have access to basic menstrual hygiene facilities at home, school, or work. (UNICEF)
- Approximately 40% of multiple (direct/indirect) taxes are applied to period products. For instance, if a product costs Rs.100 PKR, Rs.40 goes to taxes(UNICEF).
- 49% experiencing their period for the first time will NOT know anything about menstruation (UNICEF)
- 79% do not have access to the required facilities to manage their menstrual cycle hygienically whether it is access to proper products, or access to proper sanitation and disposal facilities. ([Afshan Bhatti, SACOSAN 7](#))
- Only 17% of Pakistani girls have access to sanitary napkins, with 66% using cloth, 49% of whom rewash and reuse this cloth according to a study by WaterAid and UNICEF on schoolgirls in South Asia.

DASTAK Foundation's Menstrual Health Management Journey:

DASTAK Foundation, initiated as a social media campaign in 2018, has worked extensively on menstrual health and hygiene in Pakistan. Our work includes meaningful and effective grassroots advocacy and awareness-raising around MHM, including intergenerational dialogue between mothers and daughters around menstruation, Taleem-e-Mahwari workshops with boys in schools, effective and meaningful policy-advocacy around menstrual leave, grassroots and indigenous research and knowledge development around myths surrounding menstruation and other relevant programs. The collective experience of working with young girls, women and menstruators in-general around MHM and during climate crisis/extreme weather events has revealed the following:

- Culture of silence around the subject of menstruation; often to an extent that menstruation is deemed impure or a disease in many communities and localities.
- Little to no access to basic and essential information in order to practice menstruation in a safe and dignified manner.

- Plethora of myths and taboos surrounding the subject of menstruation that risk the health of young girls, women and menstruators and prevent them from practicing menstruation with safety and dignity.
- Inadequate access to menstrual products and Water, Sanitation, and Hygiene (WASH) facilities, poor hygiene practices and lack of awareness on sexual and reproductive health rights at household and community level and society in general.
- Inhibitions surrounding the subject of menstruation that prevent intergenerational conversations or healthy dialogue between mothers, daughters/other household members.
- Drop out rates of girls are significantly high when they start menstruating, particularly due to absence of proper WASH facilities and period products.
- Lack of essential information and appropriate mechanisms in schools to initiate dialogue around menstruation, especially between teachers and students.
- Unavailability of safety and privacy for working women in offices (private as well as government) to practice menstruation in a healthy and dignified manner.
- Absence of safety, care and well-being structures within schools and workplaces to accommodate the needs of menstruators, including menstrual leave, mental health concerns, physical disabilities associated with menstruation etc.
- Colonised and top-bottom reinforcement of period product options (i.e., tampons, menstrual cups, plastic pads) on rural communities.
- Exclusion of diverse menstrual experiences of women/menstruators in the national-level policy making, including their choice of product, impact on health/well-being and other associated needs.
- Inadequate WASH and menstrual hygiene management during disasters leading to increase in cases of reproductive diseases and infections.
- Women are the primary caregivers during and after crises, placing additional burdens of responsibility on them. Responsibility coupled with socio-cultural expectations can contribute to adverse mental and physical health and well-being outcomes for women and their children.
- Absence of healthy dialogue with young boys and men around the subject of menstruation.

DASTAK Foundation's Policy-advocacy Call to Action:

- ***Right to information*** - the right to access accurate and comprehensive information about menstruation is undermined when there is a lack of communication, language, education and awareness, contributing to misinformation and perpetuation of myths.
- ❖ Train local health workers and teachers to foster and organize community workshops where mothers, daughters, and other family members can come together to discuss menstruation openly in order to foster
- ❖ Create culturally sensitized educational materials in regional and local languages (booklets, radio programs, videos) that provide clear, factual information regarding the menstruation cycle, periods and period disorders which can be disbursed within households, schools and health care facilities for awareness raising.
- ***The right to non-discrimination and gender equality*** - Stigmas and norms related to menstruation can reinforce discriminatory practices. Menstruation-related barriers to school, work, health services and public activities also perpetuate gender inequalities.
- ❖ Menstrual hygiene and period products are basic necessities for managing menstruation safely and hygienically, these are essential items for all menstruators and hence luxury tax should be removed altogether.

- ❖ Conduct participatory research that involves community members, particularly women and girls, in identifying and documenting local myths and taboos surrounding menstruation. The research can be used to develop culturally appropriate interventions to deconstruct existing stigmas and taboos.
 - ❖ Collaborate with universities and research institutions to produce and disseminate knowledge on menstruation that is scientifically backed and grounded within the religious-social contexts of different communities to address stigma, taboos and misinformation regarding menstruation.
 - ❖ Provide menstruation education workshops specifically designed for boys in schools, teaching them about menstruation in a respectful and informed manner, and how they can support menstruators at house-hold level.
- ***The right to Education*** - Inadequate menstrual facilities and products in schools contribute to higher dropout rates among girls, violating their right to education.
 - ❖ Work with all relevant Ministries (health, education etc.) to develop age-appropriate and evidence-based curriculum on comprehensive life-skills and reproductive health education, including menstrual health, which can be integrated into the national curriculum for all schools and are taught to both boys and girls.
 - ❖ Training programs for teachers on MHM knowledge dissemination can equip them with the knowledge and skills needed to teach menstrual health in a sensitive and effective manner. This can include modules on how to create a supportive classroom environment for first-time menstruators, and how to address common myths and misconceptions about menstruation.
 - ❖ Improve WASH facilities in schools, especially in rural and underserved areas by constructing gender-segregated toilets, ensuring a regular water supply, availability and access to period products, and providing handwashing facilities.
 - ❖ Ensure Availability of a certified Lady Health Worker or Nurse in all Government schools, provision of medication to treat menstruation-related pain which can all contribute to higher rates of school absenteeism and poor educational outcomes.
- ***The right to work*** - poor access to safe means of managing menstrual hygiene and lack of medication to treat menstruation-related disorders or pain also limit job opportunities for women and girls. They may refrain from taking certain jobs, or they may be forced to forgo working hours and wages. All menstruators experience menstruation differently, however, for some menstruators premenstrual symptoms (PMS) can be more severe than for others. Menstruation-related needs, such as bathroom breaks, may be penalized, leading to unequal working conditions, and face workplace discrimination related to menstruation taboos.
 - ❖ Introduce a standard 2-day paid Menstrual Leave for menstruators working in private and government offices, or introduce mechanisms that allow menstruators to work in a way that caters to their health needs. This can include flexible working hours, remote work options and additional break times can be designated for menstruators experiencing menstrual pain or disorders.
 - ❖ Improve WASH facilities in workplaces, especially in rural and underserved areas by constructing gender-segregated toilets, ensuring a regular water supply, availability and access to period products, and providing handwashing facilities.
- ***The right to a healthy environment*** - ensuring the dignity, health, and well-being of all individuals, including menstruators. This encompasses the need for safe, sanitary, and sustainable environments.
 - ❖ Government's commitment to subsidize or provision of free and climate-friendly period products in schools and workplaces across the country.

- ❖ Integrate menstrual hygiene management into disaster preparedness and response plans at the national and local levels. This should include the provision of menstrual products, WASH facilities, and safe spaces for menstruators in emergency shelters/relief camps.
- ❖ Provision of menstrual products in emergency relief kits distributed during disasters, ensuring that the products distributed are environment-friendly and culturally-appropriate to the local context.
- ❖ The right to the highest attainable standard of physical and mental health is compromised when menstruators have access to menstrual products, safe WASH facilities, and adequate health education. Whereas, the denial of menstrual products or privacy during menstruation impinges on an individual's dignity, often leading to embarrassment and stigma.

Note: Since 2021, DASTAK has been actively running an online petition to ensure menstrual leave in Pakistan. Research shows that 28 percent of women and girls in Pakistan miss school or work due to extreme menstrual pain, who are forced to either take unpaid leave while menstruating or lose their jobs. Recognizing the challenges, DASTAK is advocating for a policy that would provide paid menstrual leave as a basic right. Please sign the petition at the following link and help us in garnering meaningful support towards ensuring provision to paid menstrual leave in workspaces across Pakistan.