MENSTRUAL HYGIENE
AND THE HUMAN RIGHTS TO WATER AND SANITATION

A COMPILATION BY THE SPECIAL RAPPORTEUR ON THE HUMAN RIGHTS TO WATER AND SANITATION, LÉO HELLER
In 2016, the Special Rapporteur presented a report on gender equality and the human rights to water and sanitation to the Human Rights Council (A/HRC/33/49), in which he outlined recommendations to challenge social norms, stereotypes and intra-household patterns, to address women's material needs by improving access to affordable menstrual products, and to formulate gender-responsive interventions that prioritize the implementation of women's specific needs.

**Menstruation is a natural and unavoidable part of the lives of women and girls.**

**Addressing menstrual needs is a central part of the human rights to safe drinking water and sanitation**

In a joint statement on 5 March 2019, the Special Rapporteur along with several other UN human rights experts* called on the international community to break the taboo around menstrual health and take concrete action to ensure that discriminatory mindsets are changed, and women's and girls' menstrual health protected.

“Persistent harmful socio-cultural norms, stigma, misconceptions and taboos around menstruation, continue to lead to exclusion and discrimination of women and girls,” the experts said in a joint statement to mark International Women’s Day on 8 March.

A woman’s right to sanitation is not assured if she is forced to avoid going to the toilet during her period. A girl who drops out of school at the start of puberty because of a lack of adequate access to water and sanitary products to manage her menstrual cycle does not fully enjoy her human rights.

Girls all over the world grow up with an understanding that they should keep their menstruation secret, and be embarrassed by this natural process. Teachers in Bolivia have noted that simply introducing the topic of menstruation embarrassed girls and increased teasing from boys (Report on gender equality, A/HRC/33/49, para. 23). As a result, the lack of access to toilets and water during menstruation is a hugely detrimental experience to women's lives and to their ability to fully enjoy their rights. In a world where the human rights to water and sanitation are enjoyed by all, a woman would be able to menstruate in safety and dignity: with access to toilets, hygienic products, privacy and a safe and continuous supply of water.

In order for all women and girls to enjoy their rights, we must focus on safeguarding the normative content of the human rights to water and sanitation: Availability, Accessibility, Acceptability, Affordability, Safety and Privacy and Dignity.
Are there enough appropriate products for menstrual hygiene?
Are there sufficient available toilets?
Is there access to enough water to cover specific menstrual needs?

Facilities meeting hygiene requirements must be available wherever there are toilets or latrines.

Many girls are unable to manage their menstruation alongside their studies and are forced to drop out of school entirely because toilets in schools are not equipped with menstrual hygiene facilities or not properly maintained. Workplaces without adequate sanitation facilities expose women to the same problem, exacerbating economic and social inequalities.

How far do women and girls need to travel to access toilets? Are they safe while doing so?
Is anyone denied access to hygiene facilities for discriminatory reasons?
Does the stigma around menstruation stop women from using hygiene facilities during their period?

Hygiene facilities must be physically accessible for everyone within or in the immediate vicinity of each household, health or educational institution, public institutions and places, and the workplace. Hygiene facilities need to be accessible on a reliable and continuous basis, to satisfy all needs throughout the day. Access to hygiene facilities should be secure and convenient for all users, including persons with disabilities, women, including pregnant women, and chronically ill people who may have particular hygiene requirements.

When women and girls lack adequate access to water and sanitation, they might at the same time suffer from poverty, live with a disability, suffer from incontinence, live in remote areas, lack security of tenure, are imprisoned or are homeless. In these cases, they will be more likely to lack access to adequate facilities, to face exclusion or to experience vulnerability and additional health risks. Social factors such as caste, age, marital status, profession, sexual orientation and gender identity can further aggravate and multiply the barriers faced by people who menstruate in fulfilling their human rights to water and sanitation.
As discovered during the previous Special Rapporteur’s visit to Kiribati in July 2012, it is common for adolescent girls to miss three days of school per month because sanitary pads are unaffordable for many families. On top of this, sanitary products are expensive and often not available for free in poor and rural communities. In Kiribati, it was increasingly common for women and girls to use disposable baby nappies during menstruation because they last longer and are cheaper (Report on the 2012 visit to Kiribati, A/HRC/24/44/Add.1, para. 36). In water-scarce areas and slums in Kenya, girls were unable to wash their single pair of underwear during menstruation (Report on the July 2014 visit to Kenya, A/HRC/30/39/Add.2, para. 81).

Use of hygiene facilities and services must be available at a price that is affordable to all people. The main costs, other than for installation, are associated with supplying water, soap and cleaning products for hand-washing, food hygiene, personal hygiene and washing clothes, and for sanitary napkins or other products required for menstrual hygiene. Assistance should be provided to households or individuals who are unable to afford soap and cleaning products, or sanitary products for women and girls.

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Hygiene facilities, such as hand-washing stations or disposal units for sanitary products, must be safe to use and easy to clean. Sanitation facilities must ensure access to safe water for hand washing, menstrual hygiene, and anal and genital cleansing. They must also include mechanisms for the hygienic disposal of menstrual products.

This stigma around menstruation has powerful effects on the human rights of women and girls. Data collected in Senegal shows that, owing to shame, menstrual material, once washed, is mainly dried in secluded, private and dark locations, such as tiled rooms or even under pillows, instead of in direct sunlight, which would reduce the risk of infection by ensuring that pathogens do not grow (Report on the 2011 visit to Senegal, A/HRC/33/49, para. 23).
Practices and beliefs are different in every culture, but generally menstruation is considered to be something unclean or impure and contact between men and women during menstruation is viewed as something that should be avoided. Girls and women are sometimes not allowed to use the same toilets as men or are barred from certain locations.

In many cultures, girls are considered adults after their first menstruation and may drop out of school, marry and start having children. Poor menstruation management has far-reaching consequences for society as a whole and a lack of knowledge by both women and men reinforces the taboos on this topic.

Awareness-raising campaigns to inform and change the mindsets and attitudes of both men and women should be designed using all available means, including the media, at the community level and in schools, with the participation of civil society.

Girls all over the world grow up with the idea that menstruation is something they should hide and not speak about - an embarrassing event associated with shame. This powerful stigma and taboo surrounding menstruation translate into fear of leaking or staining clothes.
In some countries, menstruating women and girls are considered to be contaminated and impure, and restrictions are imposed on them, such as prohibitions from touching water or cooking, attending religious and cultural ceremonies or entering religious or cultural sites, or engaging in community activities. Menstruating girls can even be banished to outside sheds where they suffer in cold and isolation, often at risk of illness and animal attacks. When combined with the stigma and shame that women and girls are made to feel during that time, it is truly disempowering.

“A SPOTLIGHT ON CHHAUPADI

“Having visited communities in Nepal in which chhaupadi continues to be practised, the women and girls with whom I met clung to a deeply ingrained superstition that triggers the belief that, if they do not adhere to this practice, their family members may fall ill or come to harm”

Special Rapporteur on violence against women, its causes and consequences,
Ms. Dubravka Šimonovic

Country visit to Nepal (19 – 29 November 2018)

Chhaupadi is a traditional practice whereby menstruating women and girls, who are considered to be impure and untouchable, are banished from their family home and forced to live in a cowshed or a chhaupadi hut for from five to seven days every month. Women and girls living in chhaupadi huts are routinely exposed to cold and face a heightened risk of sexual violence, or death due to hypothermia, suffocation or attacks by animals.

Despite the explicit criminalization of chhaupadi in Nepal it continues to be practised in some regions. Such forms of gender-based violence against women are deeply ingrained at the societal level and should be tackled through education, targeting both girls and boys. Religious leaders also play an important role in informing communities about the new laws that prohibit this harmful practice.
In his report on forcibly displaced persons, the Special Rapporteur on the human rights to water and sanitation highlights how responses to emergency situations often fail to take into account gender-specific needs in addresses water and sanitation provision.

Although menstrual hygiene is not seen as a “life-saving” matter, it is a vital issue for adolescent girls and women who are forced to manage it during emergency situations, something that calls into play not only their dignity but also their safety. Studies have shown that quick and simple consultations can have a positive impact, without causing delays in the implementation of humanitarian interventions. Furthermore, certain issues can be addressed before the outbreak of an emergency if measures for participatory preparedness are taken; for example, Syrian refugee women in Za’atari camp in Jordan reported that the sanitary napkins originally supplied to them were not usable because of their inappropriate nature and inadequate quality (A/HRC/27/55/Add.2, para. 53). Such improvements could be made prior to the influx of forcibly displaced persons.

Forcibly displaced persons living outside organized camps are often dispersed or hidden in host communities, and therefore harder to reach. Identifying needs of individual level within a household (host community) is a challenge owing to the absence of intra-household data; for example, menstrual hygiene management specifically targeting adolescent girls living in a household poses a challenge that has not yet been properly addressed in terms of the development of guidelines or plans of action and implementation by actors involved in such situations.

Menstrual hygiene management is most behind in terms of the development of standards and of a comprehensive approach, which would comprise, inter alia, heeding the voices of adolescent girls, their privacy and dignity, and tackling taboos and discrimination. The issue therefore faces challenges similar to those faced by sanitation, but it complicated by the fact that it concerns women’s intimate privacy. It is no accident that access to sanitation and menstrual hygiene management do not receive due and priority attention in the humanitarian context.