

Human Rights Framework on Menstrual Health and Hygiene

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ABSTRACT--A discussion regarding menstruation among girls from an early age still being regarded as a taboo. The stigma that surrounds it held menstruation as something unclean, shameful, and impure. But it cannot be denied that such process is a natural and inextricable part of women's growth. Therefore, we must acknowledge the pressing issue of Menstrual Health and Hygiene (MHH) familiarly in regard to adolescent students. It is necessary to have a holistic approach to understand MHH within the context of human rights, including women's and girl's human rights. When women and girls cannot manage their menstrual hygiene, it can negatively impact their rights, including the rights to education, work and health. Against this background, the article is aiming to examine MHH in the context of human rights and gender equality that may engage local, municipal, provincial and national government actors who are not attuned to MHH concerns. Education regarding MHH should also be a priority and being included into the school curricula, and such aim could only be fulfilled with the aid from the local government, as the policy-maker, to create a definite legal framework that support gender equality and fulfillment of women's rights.

Keywords: menstrual health, education, gender equality, women's rights

I. INTRODUCTION

The uneasiness, taboo, embarrassment, shame and stigma around menstruation not only affect how women and girls feel and speak about menstruation, but also make it difficult for women and girls to cope at a very practical level.[1] Menstrual Health and Hygiene (MHH) refers to a condition where women and adolescent girls are using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary, the availability of soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials. The term was coined by UNICEF in its MHH guidance published back in March 2019. Not to be confused with another term, Menstrual Health Management (MHM), MHH served as the umbrella definition which include MHM and to link it with broader systemic factors. Efforts to close the gender gap in education drove the initial formulation of MHH as a public problem.[2].

In framing MHH as human rights issue, it draws attention to the pleas of women and girls who have been hindered in managing their menstruation safely and adequately by recognizing the failure of states and other actors in fulfilling their obligations with respect to MHH. The challenges that girls and women are facing, such as inadequate water, sanitation, and materials, could be framed a human rights' violations, as immoral realities in need of intervention.[3] This strategy would also help in advancing an open discussion regarding menstruation, since even when women and girls are not facing much restrictions, the idea to discuss menstruation in public is still socially unacceptable. No one was supposed to know when a woman or girl is menstruating, and if she is facing a problem or suffering pain, she is expected to cope in silence.[4]. Women and girls should refrain from discussing menstruation, certainly in public and in mixed company, but often even in family circles.[5].

Knowing that these rights exist and what corollary obligations states have, can equip for better advocacy and call for action for state to support and address obstacles women and girls face to manage their menstruation with dignity. The first discussion will explore the position of MHH within the international human rights frameworks including several UN conventions, reports by UN human rights bodies, as well as to draw a red line between MHH and Sustainable Development Goals (SDGs). The second part of the discussion will talk about the implementation of MHH practice within public policies and to enabling systemic awareness of the issue, especially in school setting.

II. RESEARCH METHOD

This research builds on literature review related to specific topics. Extensive literature review has been conducted about two main issues: i) the discussion regarding MHH in relation to the human rights framework, including UN bodies reports and findings, ii) related literature on the obligation of states' and non-state actors in implementing MHH agenda, especially in a school setting and work environment.

These desk review has provided guidance and foundation for this article to observe MHH issue through human rights lenses.

III. FINDINGS AND DISCUSSION

A. The Discourse of Menstrual Health and Hygiene under the Human Rights Framework

In approaching MHH through human rights context it means to act effectively and thoroughly in improving conditions for women and girls. The need for a global standard regarding menstrual hygiene was being mentioned through a joint report by UNICEF and Columbia University.[6] But, it must be acknowledged that before 2014 it is very rare for UN bodies to touch upon the subject of MHH and portray it as a human rights issue. The very first time that MHH was being discussed explicitly was by UN human rights council in which the council said that the lack of menstrual hygiene management and the stigma associated with menstruation have a negative impact on gender equality.[7]. The benefit in framing MHH as a human rights issue is the ability to identify and address the underlying and multifaceted challenges that women and girls are facing, as well as to identify the responding strategy and to restrict those challenges.

Indonesia, as a party to several international human rights treaties namely the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Rights of the Child (CRC) and Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is obliged to take action on the menstrual hygiene and health issue. The lack of proper practice in managing menstrual hygiene for women and girls has affecting a wide arrange of rights that they have, such as the right to health, right to sanitation, right to education, right to work, as well as right to non- discrimination and gender equality.

The human right to health

It is crucial to recognize that the right to health does not only encompass the right for healthcare and medicine. But also, to have “access to health-related education and information, including on sexual and reproductive health.”[8] Many girls expressed their fear and worry when they first experience menstruation because the lack of knowledge regarding the condition.[9] The stigma that surrounds menstruation may held back those girls in seeking proper information therefore carrying inadequate information on how managing health and hygiene during menstruation.

On the other hand, article 12 of the ICESCR has guaranteed for every person to have the right to the highest attainable standard of health. Further, it has been emphasized by CEDAW in article 12 that “States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.” Further point was elaborated by the CEDAW Committee by recognizing the distinctive biological features and factors between women and men, “distinctive features and factors which differ for women in comparison to men, such as: (a) [b]iological factors which differ for women in comparison with men, such as their menstrual cycle.”[10]

Therefore, enabling women and girls to have a safe, healthy and effective access in managing their menstrual health is crucial. It is their right to feel and be as healthy as possible and to have control over their body with dignity. The legal obligation goes to the state to ensure that every woman and girls are able to enjoy their right to health to the fullest.

The human right to water and sanitation

The right to water and sanitation has a closed link with MHH since the campaign in advancing this issue would be followed by the practice of WASH (Water, Sanitation, and Hygiene). Together, those terms established a clear link between hygiene and the right to water and sanitation. Although the right to water and sanitation is not being listed explicitly under UN human rights framework, it was being recognized as the component of article 11(1) ICESCR regarding the right to an adequate standard of living. The Human Rights Council explicitly recognized the right to water and sanitation in 2010 through Resolution 27/7.[11]

In an effort to draw a correlation between water, sanitation, and menstrual hygiene Resolution 27/7 had elaborated, “the lack of access to adequate water and sanitation services, including menstrual hygiene management, and the widespread stigma associated with menstruation have a negative impact on gender equality and the human rights of women and girls.”[12] In regards to sanitation, it serves as the standard for the facilities to enable women and girls managing their menstruation. It is necessary for women and girls to gain access to the right to water and sanitation in various sphere of life, including at home, school, work, and other institutions, in order for them to be able to practice adequate MHH.

The human right to education

The right to education is encompassed in several human rights framework such as article 13 ICESCR and article 10 CEDAW, it advocate free and compulsory primary school as well as accessible secondary education for all. CEDAW has elaborated that, “States Parties shall take all appropriate measures to eliminate discrimination against women in

order to ensure to them equal rights with men in the field of education.” Another mission is to reduce the female school dropout rate. Education is one of the crucial tools to empower girls. Since there has been correlation where girls stay longer in school it leads to the decrease rate of maternal death, HIV infection, and increasing wider economic benefits.[13]

In this field, educational institute, either public or private would have an important role to play. MHH practice in relation to the right to education is not only meant for advancing girls’ opportunities to do their finest at school. But, it also challenge the school itself to be able to provide an effective education on menstruation in forms of guidelines or an extra course. One of the suggestions would be involving school’s organization such as the *Palang Merah Remaja* (PMR) to aide with the socialization of basic menstrual education.

Washroom facilities that is not up to WASH standard, the unavailability of sanitary pads and pain medication in the school ground, fear of staining uniforms because the lack of menstrual materials, those are few challenges that make most girls stay out of school during their menstruation. A preliminary research on WASH studies also associates school absenteeism with MHH challenges, which could lead to school drop outs.[14] The human rights perspective puts particular emphasis on the need to ensure that schools and other learning institutions are structural environments that do not discriminate against girls, so that girls do not fall behind their male peers simply because of biological differences.[15]

The human right to work

There are two elements encompassed in the right to work, to accept or choose work without being entailed by fear or intimidation and the right to safe and healthy working conditions or environment. Both rights is guaranteed by ICESCR in article 6 and 7. The Committee on Economic, Social and Cultural Rights specifically highlighted the importance of the facilities in work to “meet women’s specific hygiene needs.”[16] Which means that employer must provide adequate water and sanitation facilities in the workplaces.[17]

States’ obligation rooted from the article in ICESCR and CEDAW is to ensure that women in work place have access to a private, safe and hygienic facilities in order to manage their menstruation. If the state itself acts as an employer, the duty to ensure safe and healthy working conditions applies to the state itself. In many occasions, women workers, especially those who work at a factory, found it difficult in finding a hygiene and safe washroom to change their menstrual materials. With such poor standard their health would be affected and unable to go

to work, thus their ability of earning income would lessen.

Non-discrimination and gender equality

The aspect of non-discrimination and gender equality is the cornerstone in framing MHH through human rights lenses. There is a strong relation in discussing both non-discrimination and gender equality, since the problem is rooted from the existence of discriminatory law that failed the goal of gender equality. But the focus in this discussion would be the substantive approach of equality, which will be able to give protection in a scenario where a law or practice formally distinguishes between men and women, impermissibly treating them differently, and also extending to situations in which facially neutral laws, policies, or actions that are neutral on paper have the practical effect— actual results—of disadvantaging women and girls without adequate justification.[18]

In the above-mentioned situation, CEDAW article 3 has ordered for States to take “all appropriate measures, including legislation, to ensure the full development and advancement of women, for the purpose of guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on a basis of equality with men.” The key point is to understand that equal does not mean the ‘same’ or identical treatment. To achieve equality States would need to take different actions or measures for each groups and individuals that would help them in achieving substantive equality. To emphasize the point in gender equality the CEDAW Committee has elaborated its point:

“It is not enough to guarantee women treatment that is identical to that of men. Rather, biological as well as socially and culturally constructed differences between women and men must be taken into account. Under certain circumstances, non-identical treatment of women and men will be required in order to address such differences.”[19]

In relation to MHH, the discussion must continue past forward the biological needs of women and girls. A change is needed to eliminate the underlying stigma surrounding menstruation itself, which means to transform institutional and societal structures. The topic of menstruation often followed by prejudice and embarrassment, the purpose in fighting for substantive equality is to eliminate those predicament. Article 5(a) of CEDAW requires state “[t]o modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women.” In this regard, State must take all appropriate measures to banish law and policies that still cause indirect

discrimination towards girls and women, especially in relation to MHH practice.

The right to non-discrimination in term of MHH means that recognizing women in minorities and their challenges in managing their menstrual hygiene. To name a few, women with disabilities, women living in rural area, prisoners, in school setting, students who goes to school in rural setting is also included. States' obligation to exercised and implement human rights without discrimination is encompassed in article 2(2) ICESCR and article 2(1) ICCPR.

MHH and Sustainable Development Goal(s)

The SDGs consists of 17 goals with targets and indicators for achieving sustainable development and equality by 2030. Like in life, many issues (such as menstrual hygiene) intersect with several SDGs simultaneously. The blatant one would be to connecting the dot between SDG 3 (Health to MHH, but it is also connected to SDG 4 (quality of education), SDG 5 (gender equality and participation), SDG 6 (clean water & sanitation), SDG 8 (decent work and economic growth), and SDG 12 (responsible consumption and production).

SDG 3 - Good Health and Well-Being

Often girls and women manage their menstruation in an unhygienic way, especially those who situated in rural areas. Some indigenous women would also taking care of their menstruation according to their cultural beliefs which sometimes not up to the health standards.[20] The use of unsuitable absorption materials and inadequate cleaning practices could expose women and girls to Reproductive tract infection (RTI).[21] In keeping the SDG agenda it is a reminder for States' and other responsible actors to ensure healthy MHH practice for girls and women everywhere at all age.

SDG 4 - Quality Education

The lack of proper facilities that in compliance to WASH at school standard would create a difficulty for girls in managing their menstrual hygiene. In turns, this condition will affecting their education. Unavailability of sanitary absorbents, social and cultural taboos, lack of water, sanitation, bathing and laundering facilities forces many girls to miss class or drop out school altogether.[22] On a side note, school community, including teachers and staffs, should have been taking a more active role in educating its pupils regarding MHH, by doing so it shown an engagement in advancing SDG 4.

SDG 5 - Gender Equality

The goal to achieve gender equality could not be achieved if the stigma regarding menstruation still

available, which hinder women and girls participation in living society. Gender inequality at higher governance levels further excludes women from making the policy decisions about the inclusion of MHM.[23]. Often menstrual hygiene issue is being cast aside or seen as a neglected issue.

If women and girls gain resourceful knowledge and materials that would aide them in managing their menstruation safely and effectively, they would be able to explore more possibilities and invest themselves within the community. Furthermore, the goal is being dedicated in recognizing women's empowerment.

SDG 6 - Clean Water and Sanitation

The goal to achieve clean water and sanitation would be wasteful if it does not take into consideration the issue of MHH. Without considering needs for safe and dignified menstruation, the world cannot achieve the vision for sanitation and hygiene under Goal 6. A research done by Water Aid has mentioned that "Improving sanitation would make 1.25 billion women's lives both safer and healthier".[24]

The progress achieving the goal to make water and sanitation accessible for all must include women and girls from every dimensions. Point 6.2 in SDG 6 has emphasized the importance to pay special attention to the needs of women and girls who are in vulnerable situations. As well as to ensure that the facilities in all setting have obliged to the WASH standard.

SDG 8 - Decent Work and Economic Growth

The goal's objective is to encourage sustainable economic growth, full and productive employment, as well as decent work for all. Menstrual hygiene facilities at workplace impact on absenteeism, affecting livelihoods, productivity levels and ultimately the economy.[25] The lack of MHH practice in workplace could lead to social exclusion, distraction, and disengagement of women which resulting to their decreasing productivity and income. In short, menstrual hygiene is affecting the lives of women and girls in various degrees and aspects, it also relies heavily on the success of Sustainable Development Goals.

B. Implementing Menstrual health and Hygiene in Policies and Education

It goes without saying that the lack of attention of MHH in policy level contributed to the fact that public discussion regarding menstruation being regarded as a taboo issue. Admittedly, very few countries have established national goals in implementing MHH as a common practice. [26] At national level, policies and strategies must be designed by integrating menstrual hygiene in WASH program, as well as policies dealing with education, and health. Regional campaign on hygiene are commonly known to promote hand-washing behavior, adding its objective such as menstrual hygiene would be an effective strategy. The

campaign should also promote the normality in discussing menstruation, dissuading the inherent negative stigma.

Robust monitoring, evaluation, and evidence-based gathering is needed to build an effective MHH program. The way information is presented is equally important as the information itself, it is necessary to present menstruation as a natural and normal phenomenon that does not warrant secrecy. Therefore, opening the gate for a public discussion without any fear or embarrassment.

States' efforts to fulfill their obligation regarding MHH issue could be observed step by step. First, by respecting their commitment and accepting the international human rights standards. Second, to draw policy or other actions that meet the obligations rooted from those standards. Lastly, to have the expected results from the previous efforts. Such progress could be identified as structural indicators, process indicators, and outcome indicators.[27] Currently, Indonesia lacks policy specifically tailored to improve the practice of MHH, including the policy to provide necessary facility and infrastructure. Base regulation has been issued by the Ministry of Education and Culture No.24/2007 which regulates the construction of facilities and infrastructure for Primary School/*Madrasah Ibtidaiyah* (MI), Junior High School/*Madrasah Tsanawiyah* (MT) and Senior High School/ *Madrasah Aliyah* (MA) regarding minimum standards of toilet. Unfortunately during its practice, the female students still ran into problems such as the lack of water, hand soap, and waste disposal. Which means that a systematic review should be done. Other than the facility, the government should also take note in providing and promoting safe and affordable options for menstrual products, with materials that are acceptable, adequate, and accessible.

Several research institutes such as SMERU and SurveyMETER has conducted research regarding MHM and WASH facility ranging from Java, Sulawesi, and Nusa Tenggara. Their reports found that at school level supporting facilities for MHM are inadequate, while students' knowledge, practice, and skills regarding MHM are still low.[28] Both institutes have designed an active plan of MHH practice but recognize that a continuity and partnership from school is needed to sustain the program. While parents, relatives and friends have a crucial role to play here, sex education, including on menstrual hygiene, should be part of school education and firmly embedded in curricula.[29] Teachers should also have been equipped with knowledge regarding the practice of MHH, to understand the needs of girls in puberty, and enable girls to manage their menstruation safely and without stigma. It is important to remember that adolescent girls during that stage would need a pragmatic and non-judgmental guidance, while also taking account of the student's social and cultural preferences.

Within the international community a partnership to advocate for MHH was being formed through the Joint Monitoring Program of the World Health Organization and UNICEF to add MHM in schools and health facilities as a global advocacy issue in the lobbying effort for the post-2015 sustainability goals was an additional important factor that has augmented the efforts to articulate and build support for public responsibility.[30] The agenda is to create a formally recognized definition of the menstrual hygiene and listing various essential components that would help women and girls in menstrual hygiene. This partnership is a powerful tool to advocate for MHH since it provides the focus and which efforts can coalesce.

Joint forces from government, local NGOs, research institution and other actors would be the ideal strategy in implementing nationwide MHH practice. The process of forming an MHH working group is an opportunity to carry out a mapping of different partners active in MHH, and other partners not active but with potential interest in MHH. Engaging a range of actors from across the national or sub-national sector will provide a solid basis for identifying programme partner. There should be continuous flow of information to create awareness through the use of various source of information like short films, booklets, story board on menstrual management for school girls.

IV. CONCLUSION

The issue of MHH and its poor practice threatens the human rights to health, water and sanitation, education, work, and gender equality. By putting MHH under the human rights framework, it creates an opportunity for the policy-makers to make their amends and to find solutions aiming for a good MHH practice. Also, this perspective would be able to provide a structured framework in addressing menstrual health and hygiene by relating it to various aspects of women's rights and girls' rights.

Talking about the practicality of MHH, the human rights lenses stood as the foundation in advancing further research and study on this issue. The key is for the policy-makers and other responsible actors to use evidence based programming in order to fully understand the challenge and impact of MHH for women's and girls' human rights. Nowadays, the stigma and taboo entailing menstrual discourse is still strong, which makes the government to be reluctant in making any progress. Improving girls' and women's menstrual health can contribute to larger efforts to reduce gender inequities and improve their health, confidence, and community engagement. In school, improvement of the MHH plan is needed in order to make the practice sustainable, such as intensifying the number of dissemination activities and widening its target to improve the understanding of various parties, especially male and female students, towards the issue of menstruation and menstrual hygiene. More comprehensive and perhaps

creative analysis will be essential to determine the most cost-effective and efficient means of addressing MHH in schools.

A partnership between various actor such as policy-maker, research institute, civil society and others would be crucial in realizing a well-executed MHH practice. For example the practical guidelines made by UNICEF together with local NGO that analyzed challenges in advocating for MHH that differ in each country then making a strategic planning in combating those barriers. Structured and multi- sectorial response combining the necessity of water, sanitation, education, and health would ensure that adequate, evidence-based, and cost-effective regulations and policy are developed and implemented, thus enabling women and girls to gain benefit from it. Through human rights framework every menstruating girl and woman should have a safe, clean, and private space in which to manage monthly menses with dignity.

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