



Pandemic Periods
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Menstrual health for all requires wider high level commitment

Access to affordable period products is not nearly enough

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In August 2022, the Scottish government declared that local authorities must provide access to free period products such as menstrual pads and tampons through their facilities.¹ Globally, the menstrual health movement has achieved considerable milestones over the past two years, including the first panel discussion on menstrual health at the 50th session of the Human Rights Council and the publication of the consensus definition of menstrual health in 2021.² These achievements are a result of over 20 years of activism and political action, beginning in 2004 when the government of Kenya committed to removing the sales tax on period pads.³

Over the past two decades, menstrual health campaigns have mobilised support among grassroots advocates and the media to challenge dominant narratives that perpetuate menstrual stigma, bringing the conversation to global stages and gatherings. Such public and visible activism have helped establish commitments by governments and multilateral agencies to uphold the rights of women, adolescent girls, and people who menstruate to menstrual health.⁴

Menstrual health refers to “a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity, in relation to the menstrual cycle.”² Conversely, period poverty occurs when there is limited access to affordable, safe, and appropriate period products or hygienic and private spaces to change or dispose of used products. Period poverty also results from environments where menstrual periods are stigmatised or where women and adolescent girls feel shame because of their period.

While the Scottish legislation is welcome, making menstrual health accessible is not just about the provision of affordable period products. The fuller dimensions of period poverty were reported by many countries before the covid-19 pandemic⁵ and were exacerbated by the lockdowns.⁵⁻⁷ For example, the pandemic has resulted in increased prices for period products because of supply chain issues, with national shortages reported across Africa,⁸ Latin America,⁹ and the US.¹⁰

Period poverty often affects the most vulnerable groups, so in a bid to improve mobility and prevent absenteeism and school dropouts, governments in Kenya (2018), Botswana (2017), Uganda (2016), Zambia (2017), Nepal (2020), New Zealand (2020), and France (2020) enacted policies that distribute free period pads through public schools.¹¹ Some studies have shown, however, that provision of products is not enough to significantly improve school attendance among girls.¹²⁻¹³ Furthermore, although these policies represent an important step

in support of gender equality, such policies are usually limited to the provision of period pads, with no menstrual education for girls or boys, often because of deeply rooted myths and taboos that code menstruation as bad, unclean, and to be hidden.¹⁴

A further dimension for education and policy involves environmental waste, which will increase with greater access to disposable pads. Education about the environmental impact of different period products could help people make informed choices about the products they need, reduce menstrual stigma, and build reproductive health literacy and agency.¹⁵ This could decrease the demand for period pads in some settings and increase demand and accessibility for reusable products such as period underwear, washable pads, and menstrual cups when appropriate.

By making period products available, however, we also run the risk of curtailing the broader dialogue needed about menstruation.¹⁶ It is therefore essential that we continue to push for accessibility to menstrual health for women, adolescent girls, transgender men, and non-binary people who menstruate, including those living with disabilities, experiencing homelessness or displacement, or who are incarcerated, as well as within the workplace.

Comprehensive programmes that address the full scope of menstrual health are required. They should be tailored to respond to each context to avoid creating a demand for period pads in settings where they are not available. This could be seen as unethical and an attempt to universalise menstrual health needs through the translation of the high income countries' perception of menstrual health into low to middle income contexts. To decolonise and diversify the menstrual health narrative, programmes should be developed with target populations so that intersectional needs, including socioeconomic status, geography, gender, race, and ethnicity, reflect their reproductive health priorities.

We need commitment from multilateral organisations at the global level. We call on the International Labor Organization to amend article 3 of the Convention on the Elimination of all Forms of Discrimination (CEDAW)¹⁷ to add reproductive rights to the list of human rights. Reproductive health and rights beyond pregnancy, which include menstrual health and menopause, need to be protected in the workplace and should be covered by CEDAW. Employers should be encouraged to make menstrual health accessible in the workplace.

Finally, we need recognition from global leaders that accessibility to menstrual health is not just about the affordability of products, it is about creating enabling

environments that address psychosocial and physical constructs so that everyone who menstruates has the information, education, hygiene facilities, and body autonomy to manage it. We need them to allocate funding for further national data collection and research that can inform integrated approaches to reduce the specific inequalities related to menstruation. Until we have reached that point, we must continue to drive the global menstrual health narrative.

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