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Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development

Panel discussion on menstrual hygiene management, human rights and gender equality

Report of the Office of the High Commissioner for Human Rights

Summary

In accordance with its resolution 47/4, the Human Rights Council convened a panel discussion at its fiftieth session on menstrual hygiene management, human rights and gender equality in order to address the implementation of States' obligations under relevant provisions of international human rights law and to discuss challenges and best practices in this regard. The summary of the discussion, contained in the present report, is being submitted in accordance with the above resolution.



I. Introduction

1. On 21 June 2022, at its fiftieth session, pursuant to its resolution 47/4, the Human Rights Council convened a panel discussion on menstrual hygiene management, human rights and gender equality in order to address the implementation of States' obligations under relevant provisions of international human rights law and to discuss challenges and best practices in this regard.¹

II. Menstrual hygiene management, human rights and equality

2. The panel discussion was opened by the United Nations High Commissioner for Human Rights, followed by opening remarks by the Executive Director of the United Nations Population Fund (UNFPA), Natalia Kanem. The panellists were Vanessa Zammar, youth representative and co-founder of Jeyetna; Melissa Upreti, Chair of the Working Group on discrimination against women and girls; Thorsten Kiefer, founder and chief executive officer of WASH United; and Welhemina Shoki Tshabalala, Deputy Director-General of the Department of Women, Youth and Persons with Disabilities of South Africa.

A. Opening statements

3. In her opening statement, the High Commissioner for Human Rights acknowledged the vibrant and diverse menstrual movement that has emerged across the world and its critical role in breaking the silence around menstruation and its recognition as a human rights, gender equality and public health issue. In every region of the world, young feminist activists have been leading grass-roots campaigns and initiatives, including on social media, to challenge stigma, taboos, gender inequality and period poverty.² They have made clear that menstrual experiences are not homogenous but shaped by intersecting factors such as age, gender, race, disability, economic, social, migration and other status and contexts, be it in peace, conflict, disaster or within a health crisis situation.

4. The High Commissioner also referred to concrete steps taken by the United Nations and States to address menstrual health. In the context of the Sustainable Development Goals set out in the 2030 Agenda for Sustainable Development, a first global set of indicators to monitor progress on menstrual health and hygiene was recently introduced by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) Joint Monitoring Programme for Water Supply, Sanitation and Hygiene. At the national level, States have adopted different measures, including by: reducing or eliminating taxation on menstrual products; improving women and girls' access to information and knowledge about menstrual hygiene; supporting access quality menstrual products; and introducing paid menstrual leave for women experiencing painful periods.

5. The High Commissioner noted that, despite such progress, women and girls and other people who menstruate continue to face barriers impacting their menstrual health. Those barriers are deeply rooted in stigma and in harmful stereotypes regarding menstruation, reinforcing patriarchal and discriminatory systems and societies and resulting in denial of human rights and further gender inequality. The High Commissioner described how the stigmatization of menstruation as being something shameful and to be hidden often resulted in women and girls experiencing menstruation negatively, affecting their ability to make informed choices related to their menstrual health – from seeking to learn more about their

¹ The webcast of the panel discussion can be accessed at <https://media.un.org/en/asset/k1n/k1n7rezbmh>.

² According to the United Nations Population Fund (UNFPA), period poverty “describes the struggle many low-income women and girls face while trying to afford menstrual products. The term also refers to the increased economic vulnerability women and girls face due to the financial burden posed by menstrual supplies. These include not only menstrual pads and tampons, but also related costs, such as pain medication and underwear. Period poverty not only affects women and girls in developing countries, it also affects women in wealthy, industrialized countries. See UNFPA, [Menstruation and human rights – Frequently asked questions](#), May 2022.

menstrual cycle and accessing sexual and reproductive health services to understanding the use of menstrual products. Furthermore, the harmful belief and practice, in many societies, that girls are ready for marriage after their first menstrual cycle exposes them to a heightened risk of child, early and forced marriage, sexual violence and early and unintended pregnancies, jeopardizing their education and economic opportunities, violating their rights, and putting their lives in danger.

6. The High Commissioner emphasized that menstrual health was an integral part of sexual and reproductive health and rights and an important determinant in the realization of all human rights of women and girls in all their diversity, the achievement of gender equality and the Sustainable Development Goals set out in the 2030 Agenda. To achieve these goals a comprehensive, multi-sectoral and full-life cycle approach to menstrual health, grounded in human rights was required. She stressed that such an approach requires the implementation of the international human rights obligations by States, in particular those related to: (a) addressing the stigma, harmful stereotypes and gender-based discriminatory social norms and practices impacting the menstrual experiences of women and girls, including groups of women and girls facing multiple and intersecting forms of discrimination; (b) creating an enabling environment where women and girls in all their diversity are empowered to exercise their autonomy to make informed choices about their lives and bodies, including their menstrual health, free of stigma, violence and discrimination; and (c) ensuring that women and girls have access to justice and remedies for violations of their sexual and reproductive health and rights, including rights related to menstrual health.

7. Natalia Kanem underlined that menstruation was a normal biological process in the life cycle of women and girls in all their diversity, who experience menstruation for a significant part of their lives. She noted that besides being a human rights and public health issue, menstruation was also a development issue. Women and girls require access to sexual and reproductive health services and menstrual products without legal, economic, social or cultural barriers. They also need access to clean water and sanitation facilities, which are underlying determinants of health.

8. Ms. Kanem stressed the importance of focusing on prevention, which starts with access to comprehensive sexuality education, a wise governmental investment to ensure that women and girls understand their bodies and learn how to manage their menstrual cycles safely. Furthermore, sexuality education was also crucial for men and boys, teaching them to challenge discriminatory social norms and negative stereotypes around menstruation, including those that portray women and girls as weak or unfit for decision-making. She emphasized the commitment of UNFPA to ensure that menstrual health was integrated into a comprehensive package of sexual and reproductive health services under the umbrella of universal health coverage and to address menstrual health products and service needs across all of its humanitarian operations so that they are not overlooked.

9. Ms. Kanem referred to the UNFPA flagship initiative related to the distribution of “dignity kits” as an important way to reach women and girls directly with menstrual supplies and as an example of how women and girls can participate in the design of the services they themselves need. The dignity kits contain essential hygiene supplies for displaced women and girls and are a pillar of the UNFPA humanitarian response. In her closing remarks, she stressed the importance of an all-of-society approach to normalizing menstruation and dispelling myths that exclude women and girls who menstruate from school, from better job opportunities and from participation in public life, and emphasized that Governments must uphold their human rights obligations so that women and girls can enjoy their right to health, education, work and bodily autonomy, without discrimination of any kind.

B. Overview of presentations

10. Vanessa Zammar stressed that menstrual stigma was a deep-rooted challenge that was still present in society. She stated that menstrual health concerns need to be addressed under the umbrella of sexual and reproductive health and rights. Ms. Zammar shared concrete challenges faced in advancing the rights of women and girls with regard to period poverty in Lebanon and explained how the current socioeconomic crisis and the extreme currency

devaluation had reduced people's purchasing power, leaving 80 per cent of the population facing food insecurity and impacting the ability of women, girls and people who menstruate to access sexual and reproductive health services. She also referred to the disproportionate impact that pre-existing gender stereotypes and harmful practices and taboos around menstruation have on marginalized communities, such as migrants and refugees. She highlighted that the lack of prioritization of sexual and reproductive health services during crises leads to various human rights violations, including violations of the rights to sexual and reproductive health, education and freedom of expression and equality and non-discrimination.

11. Ms. Zammar welcomed the initiative of the Human Rights Council to include menstrual health on its agenda and stated that period poverty was a human rights concern that required a comprehensive, gender-responsive and human rights-based approach. In this regard, she explained that her organization, Jeyetna, addressed period poverty from a holistic and intersectional perspective, which considers the menstrual cycle as a human rights and health issue, as well as a collective experience, not limited to sanitation and hygiene. Jeyetna's interventions were focused on raising awareness on menstruation, including on reusable and disposable menstrual products and their distribution, while facilitating safe spaces to discuss a wide range of topics related to menstrual health. She also shared some of the findings Jeyetna had documented, demonstrating the harmful stereotypes, stigma and taboos surrounding menstruation in Lebanon, for example, in a particular community, the fact that a girl has started to menstruate is perceived as an indication of her readiness to get married.

12. Ms. Zammar stated that, despite the ongoing efforts of her organization and other grass-roots organizations to address menstrual health needs, it was ultimately the responsibility of States to ensure that the right to health, including the right to sexual and reproductive health, were respected, protected and fulfilled. Ms. Zammar urged the Human Rights Council to continue addressing menstruation in its work by supporting the full realization of sexual and reproductive health and rights, including access to menstrual products and services and comprehensive sexuality education. She also recommended that States and the Council prioritize the voices, demands, priorities, needs and choices of women, girls and people who menstruate, as they are the experts of their own contexts and menstrual experiences.

13. In her introduction, Melissa Upreti highlighted how existing social and cultural practices related to menstruation have subjected women and girls to harmful patriarchal gender stereotypes that discriminate against them on grounds of sex and gender. She added that nonbinary persons who menstruate are also negatively impacted and may be exposed to extreme violence, fuelled by hatred. She reported that the Working Group on discrimination against women and girls has sought to address misconceptions related to menstruation while promoting respect for the human rights of women and girls through, for example, a statement issued on International Women's Day in 2019. On behalf of the Working Group, she welcomed the recognition of menstrual health and hygiene as a human rights concern through a series of important resolutions aimed at safeguarding the rights of women and girls.

14. Ms. Upreti raised concern about the rights of women and girls in crisis settings and highlighted that, in these settings, the menstrual health needs of refugees, internally displaced and stateless women and girls were not being adequately met. She referred to women in detention as a high-risk population and shared that, in country visits, the Working Group had met women in prison who were forced to spend a significant portion of their meagre financial resources on menstrual hygiene products, contributing to their lack of savings and limiting their ability to rebuild their lives once released. She referred to period poverty as a crisis affecting low-income populations worldwide and mentioned that in some contexts, girls in situations of deep impoverishment and precarity may resort to transactional sex to afford menstrual products. With respect to menopause, which correlates with menstruation, Ms. Upreti stated that it was a neglected issue that negatively impacted older women. It was necessary to extend the conversation on safe and dignified menstruation by taking a life-cycle approach and to refrain from addressing these issues in silos.

15. Ms. Upreti drew attention to the positive steps taken by some countries through the banning of discriminatory practices linked to menstruation and the introduction of policies to

support access to menstrual hygiene products by eliminating sales tax. She noted, however, that a range of neglected human rights concerns related to menstruation requiring systemic change remained. She underscored that major shifts in law, policy and practice are needed, with menstrual health framed as an integral and essential element of sexual and reproductive health, and with rights being an important step in that direction. She recalled that women's and girls' rights to equality and to the highest attainable standard of health, including sexual and reproductive health, are enshrined in international and regional human rights instruments, reaffirmed in international consensus agreements related to women human rights and recognized by international, regional and national mechanisms and jurisprudence.

16. In closing, Ms. Upreti stressed that the elimination of discrimination and stigma around menstruation cannot be achieved without the political will of States to implement a range of measures and investments. She stated that the upcoming review of Sustainable Development Goal 5 of the 2030 Agenda, in which States committed to ensuring universal access to sexual and reproductive health-care services, should provide an additional opportunity for a closer examination of the adequacy of measures to promote menstrual hygiene and health for all women and girls.

17. Thorsten Keifer elaborated on four barriers faced by around 500 million women and girls around the world who lack the resources and support to manage their periods safely, hygienically and without shame every month. The first barrier relates to the persistence of taboos and stigma surrounding the menstrual cycle, the root cause of women and girls' exclusion, stigmatization and disempowerment. He noted that campaigns, such as Menstrual Hygiene Day, celebrated annually on 28 May, represent an opportunity for States to engage in raising awareness and to tackle menstrual stigma. He also highlighted that over generations, men had played a role in sustaining menstruation-related taboos and stigma and called on them to speak openly and respectfully about menstruation, to be allies and to provide support to women and girls while setting an example for other men.

18. The second barrier concerned education. Millions of girls around the world lack information and education about menstruation, negatively affecting their ability to manage their first period. Mr. Keifer urged States to ensure that all girls receive education about menstruation before menarche by integrating the issue into the curricula of national schools. He noted that low-cost solutions were available that could be implemented to address this barrier and stated that education should provide a comprehensive understanding of menstruation. As the third barrier, Mr. Keifer highlighted the reality of women and girls who cannot afford menstrual products and must resort to using unsafe alternatives such as rags, leaves or mattress fillings, putting them at risk of infection and other serious complications. He encouraged States to take action to ensure that all women and girls have access to affordable quality menstrual products, recommended providing free menstrual products in schools and in public buildings and urged that consideration be given to reducing or eliminating the value added tax (VAT) and other taxes on menstrual products.

19. The fourth barrier mentioned by Mr. Keifer related to the lack of access to a period-friendly sanitation infrastructure. He referred to new research showing that the lack of adequate water, toilet facilities and sanitation often results, in a variety of contexts, in women and girls staying at home during their menstrual cycle. He recommended that States and employers take action to ensure that schools, public buildings and institutions have period-friendly sanitation infrastructure enabling women and girls to manage their period safely and to dispose of used products in privacy.

20. To conclude, Mr. Keifer acknowledged the critical role of human rights in addressing the above-mentioned barriers, although progress in eliminating them was hindered due to insufficient funding. Funding institutions and Governments continued to consider menstrual health and hygiene interventions as a "second-class" issue. He emphasized the impact menstrual health and hygiene have on the overall social and economic development of States and called on key stakeholders to: (a) define clear measurable goals about menstrual health interventions and to make them public; (b) set aside the budgets required to achieve these goals; and (c) continuously monitor progress to ensure success across all established goals.

21. Welhemina Reshoketswe (Shoki) Tshabalala provided an overview of the initiatives undertaken by South Africa to provide comprehensive menstrual health services for women

and girls. She reported that, since 2019, the Sanitary Dignity Implementation Framework has been in place to ensure that women and girls in situation of extreme poverty in South Africa have reasonable and free access to menstrual products while protecting, restoring and maintaining their dignity. The framework provides an enabling environment for increasing the supply of products and advancing knowledge and awareness about menstrual health. A monitoring and evaluation framework has also been developed to monitor the implementation of and compliance with the framework. Furthermore, in 2019, the Government eliminated the VAT on menstrual products, making them more affordable. She also referred to initiatives targeting students, such as the National Student Financial Aid Scheme, which provides a monthly allowance for girls and young women in technical and vocational education, training colleges and public universities to cover expenses for menstrual products.

22. Ms. Tshbalala acknowledged the importance of multisectoral collaboration among government departments and provincial governments as well as partnerships with the private sector and civil society to support the implementation of the Sanitary Dignity Implementation Framework. In this regard, she mentioned that the South African Coalition on Menstrual Health, launched in March 2020, provides a platform for different stakeholders to collaborate on issues related to menstrual health management. A concrete example of collaboration between the Government and the South African Coalition on Menstrual Health was the adoption of the South African National Standards on washable, reusable sanitary pads by the South African Bureau of Standards. Efforts have been made to enhance the capacity of a variety of actors, including local manufacturers and women members of cooperatives, to ensure compliance with national standards in the manufacture of sanitary pads. Ms. Tshbalala also reported that UNFPA South Africa had partnered with the Government and UNICEF to pilot a comprehensive menstrual health programme in 10 schools in the Eastern Cape and KwaZulu-Natal Provinces in 2021.

C. Statements by representatives of States and observers

23. There was a strong consensus among speakers that women and girls continued to be exposed to harmful gender stereotypes, stigma and taboos associated with menstruation. Rooted in gender-based discrimination and inequality, such forces undermine the realization of human rights for millions of women and girls in all their diversity around the world, inter alia, their rights to education, health, including their sexual and reproductive health, water and sanitation, work, freedom of religion or belief and participation in cultural and public life. Speakers from all regions agreed that menstrual stigma, along with poverty and various environmental, conflict, humanitarian and health crises, exacerbate barriers to provision of the menstrual health and hygiene needs of women and girls. Access to affordable and quality menstrual products, including information about them, and safe access to toilet facilities, water and sanitation were essential. It was underscored that women and girls facing multiple and intersecting forms of discrimination were particularly affected in this regard.

24. Referring to the Committee on the Rights of the Child general comment No. 20 (2016) on the implementation of the rights on the child during adolescence, concerns were expressed with respect to the intensification of discrimination, inequality and stereotyping based on age and gender against girls during adolescence. Such manifestations, compounded by beliefs and stereotypes linked to menstruation, such as girls' readiness for marriage after their first menstrual cycle, exposed them to a heightened risk of child, early and forced marriage, sexual violence and early and unintended pregnancies, with serious consequences on their health, educational and economic opportunities.

25. Speakers shared initiatives at the national and international levels to address the menstrual health and hygiene needs of women and girls, such as the adoption by Governments of legislation, policies and programmes, including those aimed at: addressing period poverty, targeting marginalized women and girls, such as low-income students or women in prison; and eliminating discriminatory menstrual-related harmful practices, such as the imposition of the isolation of menstruating women and girls. Other initiatives referred to joint efforts between Governments and civil society organizations to develop awareness-raising materials on menstruation for adolescents; partnerships between Governments and

United Nations entities, for example, to improve access to quality information about menstrual health and hygiene and the distribution of free menstrual products by civil society organizations to women and girls from low income backgrounds, single mothers, people living with disabilities and other populations in need. United Nations entities shared that in 2020, the UNICEF-WHO Joint Monitoring Programme for Water Supply, Sanitation and Hygiene found that only 42 countries had nationally representative data related to menstrual health and associated water, sanitation and hygiene services, with half of them located in sub-Saharan Africa. They also reported that while overall investment in menstrual health and hygiene was difficult to quantify, it was clear that funding remained limited as it often comprised only a small component of sanitation or education programmes.

26. Some speakers recognized the need to address the broader menstrual experiences and contexts of women and girls, beyond hygiene management during the menstrual cycle. This would mean the recognition of menstruation as a health issue with physical, psychological and social dimensions that should be addressed from a life-course perspective, from before menarche to after menopause. Other speakers stressed that the enjoyment of menstrual health was central to the human rights of women and girls and other people who menstruate. It was also emphasized that menstrual health falls within the scope of sexual and reproductive health and rights. As such, human rights and gender-based approaches, along with social and other determinants of health, should be taken into account in order to ensure the rights of women and girls to dignity, equality, non-discrimination, freedom of choice and bodily autonomy in addressing menstrual health.

27. Speakers recognized that addressing menstrual health comprehensively required the participation of numerous sectors, each with equally important roles to play through a variety of initiatives, including policies, programming and financing. For example, they recommended that States: undertake measures to ensure affordable and tax-free menstrual products and to improve the quality standards of those products; provide access to comprehensive sexuality education, including information about the menstrual cycle and menstrual products for adolescent girls and boys and in programmes targeting women and girls; and ensure that water and sanitation facilities meet women and girls' menstrual needs, whether they are private or public, in schools, health facilities or other settings.

28. More broadly, speakers called on States and other stakeholders to: make stronger, actionable commitments to tackle discriminatory gender norms, practices and stigma around menstruation while ensuring that the voices and needs of women, girls and other people who menstruate are heard and drive responses; significantly increase funding and resources for menstrual health and hygiene, in particular for those most marginalized and experiencing multiple and intersecting forms of discrimination; and set targets for menstrual health and hygiene and track progress in their achievement by incorporating relevant indicators into national monitoring systems. Calls were also made for the exchange of best practices and for the strengthening of collaboration with relevant United Nations entities to address national challenges on menstrual health.

29. Questions addressed to the panellists centred around ways in which taboo and stigma could be dismantled in local communities, as this was noted to be one of the largest barriers to comprehensive menstrual health management services. Speakers also asked how women and girls facing other challenges, such as those with disabilities and those in humanitarian crises settings, could be better supported in gaining access to comprehensive menstrual health education and services.

D. Concluding remarks from panellists

30. Monica Ferro, Director of the UNFPA Office in Geneva, provided concluding remarks on behalf of Ms. Kanem. She stated that taboo, stigma and discrimination were key points raised by all panellists and speakers at the panel. Those key points, which represented the main obstacles to the achievement of the highest standard of menstrual health, had led to numerous human rights violations, notably child marriage and teenage pregnancies. She acknowledged the call for data collection on menstrual health and the need to invest in prevention and transformation, including through comprehensive sexuality education. She

underscored the importance of ensuring that menstrual health was part of a comprehensive package of sexual and reproductive health and rights under the umbrella of universal health coverage, with a life-cycle approach. In 2021, to address this issue, UNFPA had launched a technical guidance on the integration of menstrual health into sexual and reproductive health and rights policies and programmes. On addressing menstrual health in humanitarian settings, Ms. Ferro stated that the international community was failing to meet the needs of women and girls in such settings, called on humanitarian actors to mainstream menstrual health and hygiene in all their interventions and encouraged States to dedicate funding to those services. She concluded by stating that menstrual health is a cornerstone for the realization of the right to bodily autonomy and dignity for all.

31. In her concluding remarks, Ms. Zammar emphasized the importance of having focused interventions for different challenges related to menstruation and stated that a “one-size-fits-all” approach towards menstrual health and hygiene was not sustainable. She added that it was fundamental that those who menstruate feel comfortable with the menstrual products they use, an issue which was disregarded in research and investments to develop menstrual products. She underscored that a collective perspective about menstruation was needed to move it out of the private sphere and closer to a transformative approach to address its challenges. She concluded by expressing her expectation that the panel discussion could contribute to bringing about transformative solutions to the challenges on menstrual health experienced by women and girls and other people who menstruate in the particular contexts in which they live.

32. Ms. Upreti complemented measures suggested during the panel discussion that could be undertaken to address barriers faced by women and girls with respect to their menstrual health. These included the introduction by States and relevant stakeholders of policies in the workplace ranging from paid menstrual leave to building adequate sanitation facilities and social protection policies and social welfare schemes, including subsidies for and access to a range of menstrual products to ensure dignified menstrual health management. She emphasized that menstrual products should be considered as essential items available at accessible prices and free for those in situations of precarity. She called on States to invest in and to encourage investment from the private sector for the manufacture and distribution of affordable menstrual products of good quality, as well as in research to develop environmentally friendly disposal systems, in cooperation with scientists and academic institutions. She urged States and other stakeholders to increase the supply of menstrual products in humanitarian settings and emphasized that every sphere where women and girls are present must have supportive menstrual health policies. These should be developed with the full participation of women and girls of all backgrounds and should be adequately funded by States. She recalled that States have the primary obligation to guarantee the sexual and reproductive health and rights of women and girls, including their right to menstrual health. She concluded by stating that, in convening the panel discussion, the Human Rights Council had broken barriers on the topic of menstrual health and had contributed to the transformation of the lives of women and girls with the continuing leadership of States and in collaboration with all participants in the discussion.

33. Ms. Keifer shared a brief overview of the resources created by WASH United, such as its menstrual hygiene management education guide, which could be used in a variety of settings such as schools, communities and emergency contexts. He called on States to participate in the Menstrual Hygiene Day, celebrated annually on 28 May, to raise awareness about menstruation and to dispel the myths and stigmas attached to it. He stressed that progress on menstrual health and hygiene was held back by insufficient institutional resources and called on gender equality champions participating in the panel discussion to prioritize and step up funding for menstrual health and hygiene. He concluded by expressing his hope that the panel discussion would contribute to catalysing action and investment so that, by 2030, the menstrual health of all women and girls could be ensured.

34. Ms. Tshabalala concluded by reiterating the need for strong policy frameworks focused on menstrual health that can support awareness-raising and education to ensure behavioural and social change. She also highlighted the need to: integrate menstrual hygiene management in school curricula through comprehensive sexuality education; mobilize society to play an advocacy role in breaking the silence around menstruation; and ensure that

parents, men and boys are part of such meaningful conversations. In addition, she mentioned the need to invest in human and financial resources for programming on menstrual health and hygiene. In closing, she stated that strategic investments needed to be directed towards communication, with a focus on harnessing mainstream media and social media to address the stigma attached to menstruation and to advance long-term behavioural change.
