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Menstrual health is a public health and human rights issue



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Before the COVID-19 pandemic, of the 1.9 billion individuals who menstruate, an estimated 500 million were unable to attain menstrual health.¹ Achieving menstrual health is fundamental to the equality, rights, and dignity of all individuals who menstruate. Nonetheless, menstrual health is still not considered a priority by all. As the COVID-19 pandemic puts additional pressure on existing resources, we risk leaving behind the individuals who menstruate. We advocate for the prioritisation of menstrual health as an integral part of sexual and reproductive health programmes, and for holistic approaches that address menstrual health, given that it is affected by the social determinants of health and is not just a sexual and reproductive health issue.

Menstrual health is defined as complete physical, mental, and social wellbeing in relation to the menstrual cycle.² This definition reflects the multifaceted nature of menstruation and the many ways the lives of those who menstruate can be affected by their ability to properly manage their menstrual health.

Achieving good menstrual health is not just a matter of ensuring access to menstrual products but also relies on individuals having the resources they need to participate fully in all spheres of life during their menstrual cycle. These resources might illustratively include information, supplies, sanitation facilities, supportive environments (including sensitised teachers and work supervisors), and accessible health-care workers trained in menstrual health disorders.

Millions of women and girls worldwide experience period poverty, described as limited access to period products, menstrual education, or adequate water sanitation and hygiene facilities.³ In addition, cultural norms, stigma, and taboos surrounding menstruation create further barriers to achieving menstrual health. Although people's experiences of period poverty are varied and unique, the social determinants of health and structural determinants of gender inequality act as key drivers of period poverty across the globe.

Through experiencing these barriers to achieving menstrual health, all those who menstruate are being denied their basic human rights. Many of these human rights have shaped the development framework of the UN Sustainable Development Goals, including poverty, education, health, water and sanitation, and gender

equality; therefore, addressing menstrual health is crucial to reaching these goals by 2030.⁴

We propose four action points for achieving menstrual health for all. First, there is a strong need to provide an enabling sociocultural environment for those who menstruate to manage their menstrual needs with dignity and comfort. We can transform the social environment by creating structural level changes, such as promoting messaging to challenge societal norms by including men and boys, along with those who menstruate, towards reducing menstrual stigma, which is often a product of patriarchal norms.⁵

Second, shift the focus away from principally one of access in relation to period products. Across many countries seeking to address menstrual health, distributing period products is the priority; however, interventions should augment these efforts by providing affordable quality materials, and information on different types of products, so that individuals can make an informed choice about the product that best suits their needs. Additionally, menstrual health curricula should be available for all those who menstruate to promote understanding of the menstrual cycle within reproductive health, consideration of menstrual disorders, and reduce stigma and shame through normalising discussion of menstruation.

Third, we need to ensure the provisioning of adequate sanitation facilities, water, changing and bathing spaces, and work with governments to support the development of waste management systems that support the disposal of used menstrual materials.^{6,7}

Fourth, health workers should be better trained on menstrual health, menstrual disorders, and gender-responsive approaches to understanding the needs of all the individuals who menstruate, including girls and women, people with disabilities, transgender people, and gender non-binary individuals. We need health-care systems that treat menstruation as an important sign of health and wellbeing and a key indicator of population health.⁸

Lastly, individuals who menstruate are often neglected, including those in emergency contexts, which directly affects their rights to health, education, non-discrimination, and gender equality. There is a need to recognise menstrual health as a key right within the

right to health. This has never been clearer than during the COVID-19 pandemic, as those who menstruated faced barriers to safe, hygienic, private places to manage their menstruation, along with shortages of menstrual products, an essential item for health and dignity.

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