**Forum:** Human Rights Commission

**Issue:** Addressing the lack of access to sanitary products for girls

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Introduction

“ When I am on my period, I cannot afford any products, so I cannot go to school, I just stay at home. Because of this I fall behind in school. I may have to leave school soon.”

This was a response given by an Indian schoolgirl during a survey on the effect of access to sanitary products for girls. She is not alone in her struggle; UNICEF estimated in 2016 that 330 million girls and women worldwide did not have access to proper means of menstrual management. The issue is most prevalent in developing countries in South Asia and Sub-Saharan Africa, where the World Bank estimated 1 in 10 girls regularly miss school during menstruation. In India, The Guardian estimates a shocking 23% of girls drop out of school when they start menstruating.

The lack of access to adequate products for menstrual management can greatly affect a girl’s life, reflected behind the phenomenon of “Period Poverty”: when girls are unable to attend school during menstruation and eventually leave school permanently. Seeing as the education for girls is a key element in breaking cycles of gender-based inequality and oppression as well as poverty, the lack of access to sanitary products is an issue rooted in wider matters such as poverty, gender-based violence and access to social capital resources, especially education.

Girls can also face other forms of exclusion because of this: in regions of South Asia and Sub-Saharan Africa, some girls that do not have the means to manage their periods in a satisfactory manner are isolated in their homes while they menstruate. This reinforces existing religious and cultural traditions of isolating women during menstruation.

The access to sanitary products is also important from a health perspective. Girls that are unable to access hygienic sanitary products are forced to opt for alternative methods of menstrual management. These are often unsanitary, resulting in a high rate of reproductive tract infections.

The causes of inadequate access to sanitary products are just as complex as the effects. While the most prevalent ones are poverty and wider gender inequality, factors such as taboos regarding menstruation and reproductive health, high prevalence of gender-based violence and sexual harassment as well as high taxes on commercially sold sanitary products all play a role.

In developing communities, issues regarding girls and women are still not a priority, resulting in much of the action being taken to combat the issue to come from NGO’s and central governments. As a result, previous solutions are found to be unsuccessful in implementation for local councils and communities. Furthermore, the solutions required to effectively solve the problem must be very multi-faceted, taking into account factors such as education, sanitation, and the sustainability of sanitary products being provided. At the same time, a “one-size-fits all” solution is also not the right approach for this issue – solutions must be tailored to communities and their needs. Although there are programmes in place to promote access to sanitary products for girls in developing countries, they fail to address the issue as a whole and are often unsustainable.

Definition of Key Terms

Sanitary Products

In this report, sanitary products refer to products used to absorb the flow of their menstrual period, such as pads, tampons etc.

**Sanitation**

Public health conditions related to clean drinking water and the treatment and disposal of human waste.

**Menarche**

The first occurrence of menstruation usually occurring in girls between the ages of 10 and 14.In some cultures and religions, menarche marks the entry into womanhood.

**Period Poverty**

Refers to the range of issues caused by a girl or woman having little or no access to sanitary products

**Chhaupadi**

A tradition practiced in some rural communities in Nepal. Girls and women are isolated in sheds while they menstruate. This is due to the belief that menstruating women bring bad luck upon the family and community.

**WASH**

A collective term, which stands for water, sanitation and hygiene and highlights their interdependence.

**Menstruation**

A biological process that occurs in women. Blood and other material is discharged form the lining of the uterus in intervals of about one month, except during pregnancy. This occurs from puberty to menopause.

**Menopause**

The time in a woman’s life, usually between the ages of 45 and 50, where menstruation stops, After this, women are no longer fertile to have children.

**South Asia**

The southern part of Asia, particularly India, Pakistan, Bangladesh and Sri Lanka.

**Sub-Saharan Africa**

All African countries that are fully or partially located South of the Saharan desert , excluding Sudan.

History & Developments

Causes of limited access

Poverty

The most direct cause of limited access to sanitary products is poverty. Girls that come from poor families in developing countries cannot afford to buy commercially produced sanitary products, which can be relatively expensive to buy. For example, disposable sanitary napkins can cost from $0.79- $1.45, however, the average daily income of a Kenyan is just slightly over $1 a day. Girls that cannot afford to buy them need to use other means to help themselves, such as rags and cloth. Not only can this be unhygienic and uncomfortable, but girls face barriers in school and at home as they feel they cannot wash the cloths with other people around. For very poor families, it can even be hard to obtain such cloths, and girls must use other materials such as paper or leaves, making them very prone to infection and discomfort.

The disposable nature of commercially produced sanitary products is also a matter of concern for girls from poorer families. Families with unstable incomes cannot guarantee that girls have regular access to these products. More sustainable sanitary products, such as menstrual cups or reusable napkins cannot be found in most rural shops. This exposes girls to constant uncertainty. When addressing this issue, it is important that delegates do not solely focus on those girls that never have access to sanitary products, but also aim to create stability for those with limited access.

Part of the reason that sanitary products are unaffordable for girls in developing countries is the taxing system. Up until the summer of 2018, India imposed a 12% tax on sanitary napkins along with other products. It was notable that sanitary products were taxed as luxury items, whereas condoms were labeled as essential items and were tax-free. Although sanitary products became tax-free in India after months of campaigning, the neighboring Nepal, still charges a 15% import tax on sanitary products. Developed countries, such as the USA and several EU countries impose “tampon-tax” on sanitary products, taxing them as “luxury items”, with taxes of over 20% in ten counties. While period poverty is much more prevalent in developing countries, these taxes in developed countries can also cause significant disparities.

There have also been studies that show girls in developing south Asian and Sub-Saharan African countries feel uncomfortable going to the shop to buy sanitary products, as the shopkeepers are usually male. In addition, there are often men lingering around the shops, and girls are told to steer clear of them in fear of sexual harassment.

Taboos surrounding menstruation

Particularly in communities following traditional customs, the taboos surrounding menstruation and menstrual hygiene have stagnated the process of giving girls access to sanitary pads. In the documentary “Period. End of Sentence” filmed in rural India, the men living in the village were shown to have very little knowledge on women’s health and menstruation, with some even holding the belief that menstruation was an illness. Therefore, they are unable to support their wives and daughters during menstruation. For instance, girls refrain from asking their male relatives for money to buy sanitary products. These taboos lead to a lack of a support system in between men and women, and lead both boys and girls to believe that it is something shameful. Even between female family members, issues regarding menstruation are often hushed up. A study conducted in Kenya nationwide showed that under 50% of parents discussed sex-related topics with their children. Historically, it has been the custom in Kenya for girls to receive education about their sexual maturation from their grandmothers. However, many grandmothers have passed away due to the HIV/AIDS epidemic, leaving countless girls without proper sexual education. It is also common for girls in Sub-Saharan Africa to be significantly older than the foreseen age group for their school year, meaning sexual education classes often come too late for them.

Religious taboos surrounding menstruation also play a role. In India, it is a custom for women to not be allowed in temples during menstruation, as they are seen as impure. Because of this, women are banned from entering some religious institutions entirely. The belief that menstruating women are impure stems from ancient Egypt. Before this period, the menstrual cycle was celebrated and menstrual blood was seen as having a cleansing effect, which is an idea still reflected in some indigenous cultures today. However, it was believed that Egyptian gods did not like menstruating women due to their power. This idea developed and menstruating women started to be seen as unclean and unsafe.

It has been proven that the provision of sanitary products alone often do not tackle problems such as school attendance directly; in order to be effective, provisions must be paired with education, as well as disproving harmful myths about menstruation. In a trial involving eight schools in rural Ghana, sexual education classes geared towards girls paired with the provision of low-cost sanitary napkins proved to be almost twice as useful in increasing school attendance than the sole provision of sanitary napkins.

Sanitation and the Provision of sanitary products

Just as the sole provision of sanitary products without education is less effective, one cannot solely provide sanitary products to girls without taking the sanitation facilities they use into account. In fact, the lack of proper toilet facilities to manage menstruation can be just as harmful as the lack of access to sanitary products. In many schools in rural areas across Sub- Saharan Africa, the toilet facilities are outdated. There is a lack of water and soap for hand washing near the toilets, and in some cases, girls and boys share the same toilet, creating an uncomfortable and unhygienic atmosphere for girls. Furthermore, in schools attended predominately by boys, there are no wastebaskets in the bathrooms, forcing girls to dispose of used sanitary products elsewhere. When distributing sanitary products to girls, one must also investigate the sanitation they have access to. At the same time, addressing wider Water, Sanitation and Hygiene (WASH), a gendered approach could also be taken to ensure both boys and girls can use facilities safely and comfortably.

Access to sanitary products and school attendance

It is rather widely accepted that the lack of access to sanitary products is a reason for girls in developing countries to attend school less than boys. In most qualitative studies, this viewpoint is reinforced and proven through surveys and anecdotes. However, the results of some qualitative studies have shown that the provision of sanitary pads does not change trends in school attendance. This could be for a variety of reasons: poor choice of location, high rates of girls dropping out of studies or vague answers given by participants, for example, one study claimed that menstruation was not a big factor in missing school, with “sickness” being a leading factor. However, whether or not some of these “sicknesses” were related to their menstrual cycles is unclear. Nevertheless, these studies are still a good indicator that solely distributing sanitary products to girls is not enough: a multifaceted approach must be taken in order for the situation to improve.

The Effects of COVID-19 on the issue

The COVID-19 pandemic has had great effects on the access to sanitary products. Firstly, the price of sanitary products has increased in many regions due to limited supply. Furthermore, access to facilities to change, clean and dispose of period products has become more restricted for many. Many initiatives by organizations and governments tackling period poverty have also been stopped; meaning a lot of progress in this area has been reversed by the effects of COVID-19. Delegates should take the pandemic into account in their resolutions and find ways to solve the issue.

Geopolitics

India

In India, only an estimated 12% of India’s 355 million menstruating women use sanitary napkins. Others use pieces of cloth and other alternative methods to manage their period, which can be unsanitary. In fact, 70% of all reproductive diseases in India are caused by inadequate menstrual hygiene situations. Furthermore, it is estimated that 71% of girls in India receive no information about menstrual well-being until they reach menarche.

Many girls and women in rural areas cannot afford commercially produced sanitary products. As a result, millions of girls drop out of school every year. In response to this issue, the Indian government has removed taxes on sanitary products, making them more affordable to women. Furthermore, they have launched a variety of regional campaigns to combat period poverty, as well as supported many NGO initiatives. However, many projects fail after NGO staff leave the region. This is because the projects are not designed well enough to be self-sustainable in the community. Similarly, the approaches that are used are often not tailored towards villages, communities or schools specifically, causing them to fail.

Nepal

Nepal is another country that struggles with period poverty. In some areas, the practice chhaupadi is still implemented. This is a tradition under which girls and women and exiled to outdoor sheds when they get their periods. During this time, they are not allowed to leave the huts or come into contact with anyone. Up to 90% of women in Nepal’s western and mid-western districts practice chhaupadi. This is because menstruating women are deemed a curse to their family. Not only does this bar them from their daily activities, such as working or going to school, practicing chhaupadi also comes with many health risks. The huts that the women stay in are badly constructed, causing women that stay in them to be at risk of diarrhea and respiratory diseases. Every year, several women die due to this tradition, although the exact number is unknown as deaths are often unreported. Although Chhaupadi was banned by the Nepali government in 2018, many investigations have shown that many citizens still practice it.

Chhaupadi is an example of an extreme form of discrimination that girls and women face during menstruation, but it is reflective of traditions elsewhere. In order to reach the goal of giving women access to sanitary products, taboo-forming traditions like these should also be taken into account. Delegates should aim to address these traditions in a culturally sensitive manner.



A girl staying in a hut designated for chhaupadi.

Possible Solutions

As mentioned above, access to sanitary products should be approached as a complex and sensitive issue. The most important thing delegates should keep in mind when writing resolutions is that solutions to this issue must be multi-faceted. Simply providing sanitary products will not be enough to tackle the issue as a whole and ensure that the solution works long-term. Therefore, the provision of sanitary products should be paired with education, sanitation and policy review.

Firstly, the sustainability of sanitary product provision should be taken into account. Single-use pads and tampons are widely used and comfortable, but are often not affordable, as they need to be bought repeatedly. Therefore, delegates should aim to explore solutions that consider reusable sanitary products, such as reusable pads or menstrual cups. However, delegates should consider that providing these products will require further education of women and girls as they need to learn to use them correctly.

In order to lift taboos surrounding menstruation and ensure hygienic actions, the education of girls from a young age is necessary. When sanitary products are distributed, recipients should be educated on how to use them, as well as on matters of general menstrual hygiene. Furthermore, education about menstruation should be included in school curriculums, and should aim to educate both girls and boys. This education should be aimed at destigmatising menstruation as well as debunking common myths about it.

Furthermore, matters of sanitation should be taken into account. If girls do not feel comfortable changing their sanitary products at school due to the poor quality of limited privacy of toilets, even providing them with sanitary products will not be successful. Therefore, governments and NGOs should conduct investigations into schools and other public facilities and their sanitation. Renovation efforts should be implemented where deemed necessary. It would also be advantageous to implement governmental guidelines regarding toilets in these facilities to ensure that new schools allow girls to attend comfortably.

Finally, delegates should keep in mind that there is no one-size fits all solution to this issue, and that provision programmes should be tailored to the region they are targeting.

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