

The Menstrual Hygiene Management and The International Human Rights System: A Vicious Cycle of Silence

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Abstract

Recent grass roots activism in the development community has highlighted the potential impact of menstruation in a poor income setting on women's rights to sanitation, health and education and claim it has remained largely neglected by International stakeholders working towards the realisation of universal human rights. A document analysis of core international human rights treaties and key human rights body reports by relevant Treaty Bodies and Special Procedures found an overwhelming silence on menstruation and a thematic analysis of the existing allusions and references revealed an inadequate framework for addressing menstrual hygiene.

Introduction

Recent grass roots activism in the development community, including the first ever menstrual hygiene day, has highlighted the potential impact menstruation in a poor income setting may be having on women's rights to sanitation health and education. Menstrual Hygiene Management (MHM) is a term that has recently emerged among the international development community to refer to the process of handling menstruation. According to the United Nations Children's Fund (UNICEF) (2012), good MHM is defined as access to necessary resources (e.g. menstrual materials to absorb or collect menstrual blood effectively, soap and water), facilities (a private place to wash, change and dry re-usable menstrual materials in privacy during menstruation, and an adequate disposal system for menstrual materials, from collection point to final disposal point), and education about MHM for males and females.

This paper argues that inadequate MHM is a human rights issue through exploring its impact on women's right to education, health and work. It then assesses the extent to which MHM is addressed by the international United Nations human rights system by conducting a document analysis of UN human rights treaties and key reports produced by UN human rights bodies, which assess states' compliance with their international human rights obligations. The discussion is positioned within the human rights framework because it is one of the few moral visions that has received wide acceptance internationally and because most states engage with the international human rights system, meaning that it is an invaluable source of information about global priorities for development and social change. Finally this paper begins to explore and question why MHM has been neglected and what this means for the realisation of gender equality and women's rights.

Why is menstruation relevant to human rights?

Health

Poor MHM knowledge, particularly prevalent in low income settings where education is limited, results in unhygienic menstrual practices which violate women and girls rights to health (Aniebue et al. 2009; Wateraid 2009). The menstruation taboo has silenced discussions about the topic in many cultures, as it is considered a strictly private matter that is shameful to talk about. Consequently, many women and girls lack accurate information regarding menstruation (El-Gilany et al. 2005; Lawan et al. 2010). The silence can be so strong that many girls reach menarche without having been informed about menstruation (Baridalyne and Reddaiah 2004; Aniebue et al. 2009; WSSCC 2013a). In many cases, the information they receive post-menarche is incomplete, inaccurate, and sometimes only imparted once (El-Gilany et al 2005: 150; Khanna et al. 2005; Mudey et al. 2010; Thakre et al. 2011). Mothers, who tend to be the key source of information regarding menstruation and MHM, are often unable to provide sufficient information due to their own lack of knowledge (Omidvar and Begum 2011; Ango et al. 2012; Shanbhag et al. 2012). As long as MHM

education is not improved, girls will pass on inaccurate information to the next generation when they become mothers: thus a vicious cycle is formed. In addition, teachers often play an insignificant role in MHM education as they feel uncomfortable teaching on the topic and lack necessary resources (Kumar and Srivastava 2011; WSSCC 2013a).

Unhygienic menstrual practices that often come as a result of poor MHM knowledge include using unhygienic menstrual materials, such as old or worn cloth or rags (El-Gilaney et al. 2005; Khanna et al. 2005; Nahar and Ahmed 2006); not changing menstrual materials frequently enough (Moawed 2001; Thakre et al. 2011; House et al. 2012); and storing and drying menstrual cloth in unhygienic places, which can be damp and dusty (Khanna et al. 2005: 99; Nahar and Ahmed 2006; Thakre et al. 2011). Although the quality of the evidence is poor and inconclusive studies suggest that poor MHM could lead to reproductive tract infections and other reproductive health problems (Sumpter and Torondel 2013).

It is also possible that inadequate MHM could be conceptualised as a driver of poor reproductive health. There is evidence to suggest that when girls received education about menstruation it has less impact on their schooling. (Aniebue et al. 2009) It is possible that menarche is an important formative period during which girls develop an understanding of their own bodies that will guide healthcare seeking behaviours and reproductive health practices later in life. If this is the case then providing girls with factual information rather than subjecting them to a culture of shame and stigma could have far reaching effects on their sexual and reproductive health (Irise International 2014).

Education

It is now widely accepted that, in addition to girls' having a human right to education, educating girls has wider benefits for a country's economic development, 'civil society formation' and the population's overall health (Behrman and Wolfe 1989; Behrman and Rosenzweig 2002). As a result, policy makers and international institutions have paid greater attention to narrowing the

gender gap in education (UNICEF 2003; UNESCO 2004; DFID 2005; UNESCO 2007; UNICEF 2010a).

Literature on education in low income settings often notes a rise in girls dropping out of school when they reach puberty (Mensch et al. 1998; Bendera 1999; UNFPA 2003) and previously overlooked menstrual-related concerns are becoming increasingly recognised as contributing factors (World Bank 2005; Sommer 2010a; UNICEF 2010b; Wateraid 2013).

Although empirical data regarding the impact of menstruation upon girls' absenteeism is scarce and based on small sample sizes, most studies have found evidence of menstruation related absenteeism and poor school performance. Wateraid (2009) found that 53% of girls surveyed in four districts in Nepal reported missing school during menstruation. In Malawi, Pillitteri (2011) found that approximately 90% of girls reported missing school for menstruation-related reasons and in Kenya, Wilson et al. (2014) found that 50.2% of schoolgirls self-reported missing school at least once during menstruation. This compares to an estimated 1 in 10 girls missing school during menstruation in the UK because of severe menstrual pain (Patient UK 2012).

A number of sources detail the amount of school that girls in low income settings miss during menstruation. It has been reported that girls often miss 3-5 days of school during menstruation in Uganda (Kanyike et al. 2005) and Ghana (Montgomery et al. 2012), and 3-4 days in Timor Leste (AusAid 2011).

Menstruation-related absenteeism has harmful effects on girls' education as they miss sections of the syllabus that are difficult to catch up on because there is little academic support available (Kanyike et al. 2005; Wateraid 2009). Furthermore, when girls attend school during menstruation, poor MHM prevents them from being able to reach their potential. During menstruation they struggle to concentrate in lessons and are reluctant to participate because they worry about other children seeing menstrual blood stains on their clothes (Sommer et al. 2012). Key reasons documented for menstruation-related absenteeism and poor school performance are a lack of effective menstrual materials, a lack of adequate sanitary facilities in school, minimal toilet breaks permitted at school, menstrual pain, the long distances that girls have to walk to school and fear of

bullying by boys (Patkar 2005; Piliitteri 2011; Sommer et al. 2012). Such obstacles have detrimental effects on girls' schooling, contributing to the gender gap in education both at primary and secondary school levels and violating their right to education.

Employment

Even less well-researched than the impact of inadequate MHM on women and girls' rights to education and health are their rights related to work. Women over the age of 20 and women who work are largely overlooked in the existing research, even though menstruation lasts long after adolescence and menstruation-related challenges in the workplace and school are similar. The few studies conducted in this area demonstrate that when women and girls do not have adequate information, resources or facilities for effective MHM, their health and performance at work suffer (BSR 2010; House et al. 2012; WSSCC 2013a). A study carried out among factory workers in Bangladesh by Business for Society (BSR), found that 60% were using rags from the factory floor as menstrual cloth, which is particularly significant as 80% of factory workers in Bangladesh are women (WSSCC 2013a). These rags, frequently the only option for the women, were 'highly chemically charged and often freshly dyed', meaning infections were common (WSSCC 2013a). BSR also found that female factory workers in Bangladesh sometimes feel obliged to take contraceptive pills in order to stop menstruating altogether, thus eliminating the need to go to the toilet on a regular basis during menstruation because the toilets are not suitable for MHM (BSR 2010). A key unmet need identified was the lack of a place to change and dispose of sanitary materials. The study found that 73% of women working in these conditions were missing work for six days a month, which inevitably does significant economic harm to both the women, who are paid according to the amount they produce, and the overall productivity of the business (WSSCC 2013a). The study found that when subsidised sanitary pads were made available in the Bangladeshi factories, the percentage of women who were absent during menstruation dropped to 3% (WSSCC 2012a). This sharp improvement highlights the importance of access to menstrual materials.

Although separated here for analytical purposes, education and work overlap. A key example of this is female teachers' menstrual-related absenteeism (Adams et al. 2009). Poor quality sanitary facilities can prevent them from being able to teach during menstruation with damaging consequences for pupils who risk missing out on vital hours of education on a regular basis.

Methodology

All 10 core international human rights treaties were selected for the document analysis owing to their significant role in the international human rights system: all UN states have ratified at least one of the core human rights treaties and over three quarters have ratified at least four (Kalin 2012).

Following an examination of UN human rights bodies, treaty bodies and Special procedures were selected for this paper's document analysis. Treaty bodies were chosen because they are committees of independent experts responsible for interpreting human rights treaties and monitoring state parties' compliance with human rights treaty obligations (Keller and Ulfstein 2012, OHCHR 2013a). This paper therefore focuses on the treaty bodies Committee on the Elimination of Discrimination against Women (CEDAW) and the Committee on the Rights of the Child (CRC) since their scopes are particularly relevant to menstruation and because most states are party to them (188 and 194 countries, respectively) (UNTCa, UNTCb 2015). The Treaty body documents analysed (entitled Concluding Observations) are reports that are each directed at a specific state party which outline the Committee's observations regarding the state's fulfilment of its obligations and issue recommendations in areas where it is failing to comply (Keller and Ulfstein 2012).

Special procedures are independent experts and working groups mandated by the UN to report and make recommendations on human rights situations from a thematic or country-specific angle. This paper focuses on Special procedures because they play an important role within the UN

human rights system of drawing attention to overlooked human rights abuses and speeding up changes on the ground (Piccone 2011). They have more freedom than Treaty bodies in the issues they explore and the states visited since they are not bound by the text of a covenant or list of countries to examine (Piccone 2011). This paper focuses on the thematic and country reports by the Special Procedures mandates on the Right to Education (RtoE), the Right to Health (RtoH) and the Right to Water and Sanitation (RtoWS) because MHM fits within their scope.

Although the documents analysed are not legally binding, they carry significant legal weight and send out a strong political message by highlighting pressing human rights issues that require immediate attention (Keller and Ulfstein 2012).

An electronic search of key words in all treaties and relevant reports available on the website of the Office of the High Commissioner for Human Rights (OHCHR no date) was conducted and results were categorised into four groups: reports with no clear references or allusions to menstruation, reports with only allusions to menstruation, reports with only clear references to menstruation and reports with both clear references and allusions to menstruation. The language of the allusions and clear references was then analysed to investigate the extent to which menstruation is addressed.

Key words related to menstruation were searched for electronically in every core international human rights treaty (1965-June 2013), every Concluding Observations report available online for the Treaty bodies CEDAW (1994-June 2013) and CRC (1993–June 2013), and in every country and annual report available online, including preliminary reports for country missions where available, for the Special Procedures mandates of the RtoE (1999- June 2013), RtoH (2003–June 2013) and RtoWS (2009–June 2013).

Key words used in the electronic search

menstruation, menstrual, menses, sanitation, sanitary, hygiene, hygienic, toilet(s), puberty, teenager, teenage, adolescent, adolescence, girl(s), woman, women and gender.

The aim was to assess *all* such reports by Treaty Bodies and Special Procedures mandates selected. The scope of the assessment ranges from the date when they were established to the date of analysis (June 2013). Reports that were not available online were not included in this assessment. Phrases that used the words menstruation/menstrual/menses were considered direct references. Phrases that did not name menstruation but, in the opinion of the researchers, could have been referring to it indirectly were classed as allusions.

A referencing code to aid analysis was developed with three sections. The first refers to the Treaty body committee or Special procedures mandate in question, the second to the reference type (Allusion (A) or clear reference (R)), and the third to the number of the specific reference in question. For example: CEDAW/A/1 would be the code for the first allusion to menstruation in the full analysis table for CEDAW. A list of all the documents searched and the analysis tables can be accessed in the online report.¹

Is MHM adequately addressed by the international Human Rights System?

There is a paucity of references or allusions to menstruation...

None of the international human rights treaties make any allusions or clear references to menstruation. In some cases this can be explained by the specific focus of the treaty (e.g. the Convention on Enforced Disappearances). However, the silence of the Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of All Forms of Discrimination Against Women, and the Convention on the Rights of the Child, are more notable because MHM arguably sits within the scope of these treaties. The treaties' references to women and girls' rights to health (including sexual and reproductive rights), water and sanitation, education, work (including

¹ A list of all the documents searched and the full analysis tables are available in the online report: <http://eprints.whiterose.ac.uk/80597/>

adequate working conditions) and economic development, fail to explicitly mention, or even allude to, menstruation.

Table 1: Table showing the number of treaty body reports referring to or alluding to menstruation

The vast majority of CEDAW and CRC reports do not make any clear references or allusions to menstruation (94.2% and 95.5% respectively). This silence is surprising in itself as menstruation affects most women's lives, irrespective of their country's income, but is made more alarming by the fact that 39% of these reports are on middle to low income countries in which menstrual-related human rights violations are most prevalent. Whilst the treaties' silence can partly be explained by the fact that they aim to give a broad overview of human rights standards relevant to their scope, the Treaty bodies' main purpose is to define the scope of the vague human rights obligations of their respective treaties (Keller and Ulfstein 2012). Even though menstrual-related concerns fit within their focus, they largely fail to move beyond the treaties' silence.

Only seven of the 751 Treaty body reports examined clearly refer to menstruation. CEDAW mentions the 'menstrual cycle' once, as part of a set of general guidelines preceding seven country reports, none of which contain any further clear references or allusions to menstruation. In the analysis this counts as seven references, even though it is only actually mentioned once and as an example in a list of 'biological factors' that may affect women. The report simply states the obvious: women menstruate. No details are given about how menstruation affects them, what their needs are, or how women might be affected differently by menstruation.

In total, 31 treaty body reports allude to menstruation, 3.7% and 4.5% respectively of CEDAW and CRC reports. The slightly higher proportion of CRC reports with allusions to menstruation could be explained by the fact that most treaty body allusions focus on school toilets, one of the only contexts in which it appears acceptable to discuss (albeit indirectly) menstruation. More allusions are seen in reports for countries with lower incomes, as would be expected if school

toilet conditions are the main prompt for these allusions. However despite demonstrating an awareness that girls in low income countries are particularly at risk of poor MHM, the committees are only willing to discuss menstruation in allusive terms.

Table 2: Table showing the number of Special Procedure Reports referring and/or alluding to menstruation

While the Special Procedures mandates for RtoE and RtoH demonstrate similar extreme levels of silence (92.5% and 97.5% respectively), RtoWS is much more vocal with only 45% of reports containing no reference or allusion to menstruation.

Although certain annual reports' silence on menstruation is partly due to the fact that their thematic focus is less relevant, a number of reports fail to clearly mention menstruation, even though their focus is highly relevant. Most striking is the complete silence of the reports on reproductive education (SRE 2010f), sexual and reproductive health (SRH 2004d), and the right to health and development (SRH 2011c). In addition, it is remarkable that the RtoE report on girls' education (SRE 2006a) and the RtoWS report on the Millennium Development Goals (MDGs) (SRWS 2010d) only allude to menstruation. As noted by Tjon a Ten (2007), without MHM, many MDGs cannot be achieved.

Country reports across all Special Procedure mandates display higher levels of silence than annual reports, with RtoE and RtoH's country reports remaining completely silent. Only three RtoWS country reports contain clear references. However, two are for the same mission to Slovenia. Whilst it is encouraging that the third report was for a low income country, and that this report contained a recommendation calling for better access to information and facilities for good MHM (WS/R/28), the scarcity of references in low income country reports at the time of writing is a missed opportunity. Special procedures' country missions are an 'important tool' in raising human rights concerns with senior levels of governments and influencing them to take action (Piccone 2011). Yet this opportunity is wasted in the case of menstruation-related concerns.

The references and allusions that are made are inadequate...

Infrastructure

CEDAW makes several allusions which highlight that schools' lack of infrastructure is a barrier to girls' education. However, as the term 'infrastructure' is vague and sanitation is not mentioned, these references remain ambiguous to such an extent that it is possible that CEDAW did not even intend for them to be allusions to menstruation at all. RtoWS and RtoE both highlight the need for separate sanitation services for girls in the context of school infrastructure but fail to explain why this is necessary.

Sanitation

Most allusions and references to menstruation are made in the context of sanitation. As with infrastructure, the majority focus on sanitary facilities. Certain reports limit themselves to expressing concern about the lack of 'adequate' (CEDAW/A/14, CRC/A/23), 'appropriate' (CRC/A/9), 'or 'separate' (ED/A/1) sanitary facilities for women and girls whereas some actually make recommendations, calling for sanitary facilities that are 'gender-specific' (WS/A/8), 'adequate' (CEDAW/A/8, CRC/A/16), 'private' (ED/A/1,) or 'functioning' (CEDAW/A/7) for girls and recognise that girls in rural areas face additional challenges (CEDAW/A/2).

However, no detail is given about the criteria for qualifying as such, and menstruation remains unnamed. It is unclear whether such comments are based on a minimal recognition of girls' menstrual related needs or on other advantages of having separate toilets. One allusion presents the obligation for schools to have sanitation facilities and separate toilets for girls as an optional extra (ED/A/4). Presenting measures to meet menstrual needs as optional rather than essential undermines such needs and implies that they are a low priority in policy making terms.

RtoWS and RtoH go one step further and clearly mention menstruation. RtoH acknowledges that the specific sanitation needs of women and girls may be related to menstruation. RtoWS underlines that toilets should enable women and girls to manage menstruation in 'privacy' (WS/R/9,

WS/R/14, WS/R/27) and with 'dignity' (WS/R/11, WS/R/15, WS/R/23, WS/R/25). However despite the acknowledgement that menstrual needs should be met, only three references provide details of what this entails, such as access to water, a disposal system and a private place to change, wash and dry menstrual materials (WS/R/6, WS/R/10, WS/R/14). A cohesive set of recommendations or criteria to address menstrual hygiene in the context of sanitation is not provided.

Sanitary Materials

Menstruation is alluded to once by CRC through mentioning sanitary materials. This reference is restricted to refugee schoolgirls' (CRC/A/8) and is only brief. No deeper exploration of the issue follows. Only three other allusions discuss sanitary materials (ED/A/2, WS/A/2, WS/A/3). However, WS/A/2 is a direct quote of ED/A/2 prompting states to 'establish efficient mechanisms for supplying sanitary towels.' Whilst the quote allows an allusion to menstruation to be made, it does not add its own words to develop an understanding of what may constitute efficient mechanisms. WS/A/3 notes that low income families require assistance in providing women and girls with sanitary products. However, sanitary products only feature at the end of a list of items that low income families might struggle to afford, implying they are a low priority.

RtoWs makes four clear references to sanitary materials (WS/R/6, WS/R/10, WS/R/14, WS/R/27). One of these highlights the need for 'mechanisms for the hygienic disposal of menstrual products (WS/R/6)' but does not explain why current disposal is inadequate or what adequate disposal would entail. Two of the references mention washing and drying rags, one highlights the need for 'safe water facilities' (WS/R/10) and the other a 'private place to wash (WS/R/14).' WS/R/27 relays the Special Rapporteur's commendation of a project teaching girls to make their own sanitary pads. It is descriptive rather than analytic and no recommendation follows.

Although RtWS goes further than any other body or mandate, this exploration of sanitary materials is still inadequate. It focuses on washing and disposing of products and fails to explore

issues surrounding waste disposal, including environmental concerns. Most significantly it does not consider what constitutes effective sanitary materials. Despite giving an example of a project to provide a product it does not offer any comment on the different sorts of products available or consider their advantages and disadvantages.

Health Education

CRC mentions health education (CRC/A/12) as part of a list of concerns relating to adolescent health. Whether the writer intended this to include menstruation is unclear.

The four references to menstrual health education are all made by RtoWS. WS/R/19 calls for 'comprehensive sexual education, including on menstruation' to 'combat silence and stigma, targeting both girls and boys.' The clear recommendation to include both girls and boys is promising, however the grouping together of sex education and teaching on menstruation is concerning. As a RtoE report noted 'rural communities usually consider that a girl is no longer a child when she has her first menstruation...she is ready for married life' ED/R/1. The mandate fails to link this insight to their recommendations regarding health education where a clear separation between teaching on sex and menstruation may be beneficial in combatting this perspective. However, although this distinction is never articulated, the remaining references refer to menstrual health education in isolation, ('access to information about menstrual hygiene (WS/R/28)'). The final reference is a case study of a project in Tanzania that aims to improve 'the ability of girls reaching puberty to manage menstruation with dignity and confidence and hence remain in school (WS/R/11).' It is only here that the unique benefits of menstrual health education as a means of empowering girls to take control of their own bodies and futures is acknowledged but unfortunately no recommendations are extrapolated from the case study.

Access to Education

The negative impact of poor sanitation on school attendance is established by both CRC and CEDAW who claim access to 'toilet facilities'(CRC/A/2) and 'proper sanitation'(CEDAW/A/1) have 'a direct impact' on girls' 'right to education'(CRC/A/2, CEDAW/A/1). However the causality of this assumed link is never explored. RtoWs is the only Special Procedures mandate that directly links poor menstrual hygiene to school absenteeism through making clear references which acknowledge that unmet menstrual-related needs can lead to girls missing school or dropping out altogether (e.g. WS/R/11, WS/R/14, WS/R/22, WS/R/26, WS/R/27). As with the link between sanitation and education in general, the relationship between absenteeism and menstruation remains vague, with reports suggesting girls will miss school because 'there are no facilities for hygienically managing menstruation (WS/R/22)' or because they don't have access to 'appropriate facilities' (WS/R/26, WS/R/27). The complex web of factors that may be contributing to menstruation related absenteeism, including access to menstrual health education, a product and gender attitudes, is not acknowledged. Neither is the lack of robust evidence to support this proposed link.

Women at work

The impact of menstruation on women at work is only briefly mentioned by RtoWS, 'Girls may be taken out of school or workplaces...because there are no facilities for hygienically managing menstruation (WS/R/22)' Whilst they acknowledge that a lack of access to sanitary facilities in the workplace forces women to work in unsafe and unhealthy conditions or lose their jobs (WS/R/3, WS/R/22, WS/R/27), they give no criteria for what these facilities should be like. The almost absolute lack of research on this topic is not highlighted, meaning that the reference does not even serve as a prompt to generate more information.

Menstrual Hygiene

'Menstrual hygiene' is a term used by RtoWS to refer explicitly to menstruation. These references are the only mentions of menstruation in all 813 reports analysed that are longer than one or two sentences and that refer to research. In these paragraphs one can glimpse the seeds of a

more cohesive approach to MHM and the beginnings of an analysis of menstrual hygiene as a complex, multifactorial issue that deserves more than a passing allusion. As WS/R/10 acknowledges ‘considerations of menstrual hygiene are a relatively recent advance’ and in these few paragraphs something resembling the recent UNICEF definition of good MHM (defined as access to necessary resources, facilities and an adequate disposal system for menstrual materials and education about MHM for males and females) begins to emerge. These paragraphs clearly outline the need for toilets, safe water and adequate facilities to cater for women’s menstrual hygiene needs (WS/R/9, WS/R/20, WS/R21) and suggests inadequate menstrual hygiene can lead to serious ‘reproductive and other health problems (WS/R/9).’ One reference even explicitly places responsibility for the provision of good menstrual hygiene upon the shoulders of the state, ‘[States] have positive obligations that extend into [the private] realm, requiring States, for instance, to take measures that enable women and girls to manage their menstrual hygiene needs in a manner that protects their privacy and dignity(WS/R/16).’ Importantly an appreciation of the interaction between the practical components of water and sanitation and cultural taboos and gender related factors is expressed; ‘many unhygienic practices were due to a lack of awareness and unwillingness to talk about menstruation (WS/R/10).’ One reference even suggests that ‘because menstrual hygiene management has such a strong impact on gender equality, it could be used as a proxy for information about discrimination against women and girls in sanitation and hygiene (WS/R/25).’ This explicitly acknowledges the link between menstrual hygiene and gender equality, that poor menstrual hygiene causes inequality and that conversely good menstrual hygiene can promote equality. This reference goes on to discuss ‘household surveys’ using menstrual hygiene as an indicator (WS/R/25). WS/R/10 refers to a baseline study conducted by Water Aid in Bangladesh to understand the ‘beliefs and practices’ (WS/R/10) of menstrual hygiene management and WS/R/27 references a UNICEF study in Bangladesh which found that one third of girls ‘did not engage in proper menstrual hygiene (WS/R/27).’ A case study of Tanzania also briefly outlines their work to ‘sensitise teachers’ about menstrual hygiene ‘across the entire country (WS/R/11).’ However the

research and case study mentioned are not analysed and remain anecdotal rather than being utilised to support a recommendation. Despite making significant progress toward developing a concept of 'menstrual hygiene' to fill the silence that pervades the majority of reports, the references and recommendations are fragmented and spread across different reports. This highlights that there is much work still to be done.

Adolescent Girls' Health and Puberty/Women's Health

Although a section on adolescent health has emerged in CRC reports since 2001, only a few recognise that adolescent girls have specific health needs. Calls to pay 'particular attention to adolescent girls' (CRC/A/1, CRC/A/2, CRC/A/5) health needs could be alluding to menstruation although it is never named. Even though menstruation is a natural process that affects almost *all* post-menarche adolescent girls, the only concrete examples that are given as to how girls' health concerns might be different to boys' health are related to teenage pregnancy and sexual health, which only affect *some* girls. This is symptomatic of a framework that does not recognise or value women-specific experiences. In many cultures, whilst menstruation is perceived as shameful and something that ought to be hidden, pregnancy is considered a 'proud event' that is announced, welcomed and celebrated (Lever 1979). In pregnancy, the female bodily experience is perceived to acquire value because it involves women serving as a vessel for producing offspring (Martin 1987; Rúdólfsdóttir 2000) and the fact that menstruation and pregnancy form part of the same process is overlooked (Mollins 2013). By focussing on the female reproductive system in the context of pregnancy or sexually transmitted diseases the CRC propagates a perspective that values women and girls' health only when it has implications for wider society rather than as an end in its own right.

Menstrual hygiene is an opportunity to provide education to young girls outside of the context of sex and its consequences. This knowledge has the potential to empower young girls to make decisions about their own bodies rather than just dealing with the aftermath of poor health

education. The Commission on the Rights of the Child misses an opportunity to prevent unwanted teenage pregnancy and STIs by failing to promote a holistic and rights based approach to women's health that starts before puberty with menstrual health education and ends with healthy women choosing to have sex and becoming pregnant when they are ready.

RtoWS is surprisingly silent on the topic of menstruation and the context of puberty and women's health, with just two references. Both references acknowledge the importance of menstrual hygiene as crucial for the health of women and girls' and the realisation of their other human rights (WS/R/10, WS/R/27). WS/R/10 goes on to explain that inadequate menstrual hygiene can lead to 'serious reproductive and other health problems (WS/S/10).' No details are given about what these problems would be. Interestingly RtoH is entirely silent on the matter and as a result menstrual hygiene in the context of health is inadequately explored. An in depth understanding of how menstrual hygiene should be conceptualised in the context public health and preventative medicine is entirely lacking.

Shame/Stigma/Taboo

Only RtoWS mentions the stigma and taboo surrounding menstrual hygiene. The mandate recognises that 'development workers and community members have found this a difficult topic to discuss (WS/R/10)' and that the 'silence and stigma' has resulted in menstrual hygiene being a 'low priority (WS/14/R).' The cycle of silence is also underlined: 'not only do development workers and project stakeholders find menstruation a difficult topic to broach the women and girls themselves often feel embarrassment and shame, so they remain silent and are incapable of combating stigma working against them (WS/R/16)'

The source of this silence and shame is analysed in more depth and the mandate recognises that 'menstruation has many negative cultural attitudes associated with it (WS/R/14)' and goes on to explain that these attitudes are often 'deeply rooted in sociocultural and patriarchal interpretations of religious prescriptions.' Specific examples of how these attitudes are manifest are given 'such as the seclusion of women and girls, reduced mobility, dietary restrictions, and/or women and girls

being required to use different water sources or prohibited from preparing food for others during menstruation (WS/R/14).’

One important recommendation about how to break the stigma is made by RtoWS in recognition of this vicious cycle of silence: ‘The first step is to speak openly about what seems unpleasant or unmentionable or deviates from dominant public opinion, and to recognize the stigma attached’ (WS/R/17). The role of education in opening up this important dialogue is acknowledged in a paragraph about the importance of education in combatting stigma of any kind. Menstruation is specifically mentioned and the reference recommends providing accurate information on menstruation to boys and girls (WS/R/19). RtoWs has taken an important first step in recognising the menstrual hygiene silence within the human rights world but unfortunately the Treaty Bodies and the other Special Procedures mandates are yet to follow.

Empowerment

As with all the themes that go beyond basic recognition of menstruation in the context of sanitation, it is only RtoWS that makes an attempt to understand menstrual hygiene in relation to women’s empowerment. CRC makes some vague allusions to the ‘full participation of adolescents’ (CRC/A/13) in the context of health but is otherwise silent. RtoH notes that ‘women are often absent from decision-making and priority-setting processes (H/R/1)’ resulting in the neglect of their water and sanitation needs. Menstruation is given as an example but no further exploration of the impact of this neglect or how to address it follows.

RtoWS makes several references to how ‘inadequate sanitation implies a loss of dignity (WS/A/5).’ This is more explicitly developed into an empowerment narrative in the context of breaking the taboo and stigma surrounding menstruation; ‘where stigmatized people lack voice and agency, empowering them to know and claim their rights is crucial (WS/R/16).’ Direct references are

made to a gendered understanding of the issue. One reference labels the religious and cultural restrictions placed upon women as 'patriarchal interpretations (WS/R/14)' and another suggests using menstrual hygiene as a proxy for gender equality within water and sanitation because the issues are so interlinked (WS/R/23). Recommendations are also made regarding the means of empowerment, through ensuring 'access to information on rights and...information...on menstruation (WS/R/16).' A case study is provided from Nepal where women were included in decision making in recognition that 'religious, cultural or social norms' prevented them from fully participating despite the fact that 'taboos surrounding latrine use are often stronger for women than for men (WS/R/12).' Although through a combination of references RtoWS does frame menstrual hygiene as a women's empowerment issue the references are few and far between.

Why is MHM inadequately addressed by the international Human Rights system?

Approximately half the population of the world will menstruate during their lifetime; yet it has been, and remains, a taboo topic in cultures across the world. The word 'taboo' itself may even originate from a Polynesian term for menstruation, 'tupua' (Delaney et al. 1976). The International Human Rights System is currently subject to this taboo and an exploration of how it is created and sustained may inform efforts to break this silence.

Although Kristeva's concept of intertextuality by which 'any text is constructed as a mosaic of quotations' and 'any text is the absorption and transformation of another' (1981 [1980]) focuses on the existing text, it can also be applied to that which is absent. Indeed, the silence discovered in the document analysis is actually made up of multiple silences in each report text, which then feed into and (re)produce the broader culture of silence of other key actors in both the private and public sectors, which is both the result of, and part of the formation of, the menstruation taboo. Such key actors include NGOs in the fields of development, Water, Sanitation and Hygiene (WASH), emergency relief and human rights and UN agencies, such as the WHO and UNICEF (House et al.

2012; WSSCC 2013a). In fact, until recently scarcely any professionals working on issues of health, education, water, environmental sanitation or gender issues, either in terms of policy or practice, have addressed MHM (Patkar 2005: 51). Even literature on gender mainstreaming in the WASH sector has failed to mention MHM, despite the fact that the sector constantly deals with other 'unmentionables' such as excreta (Patkar 2005: 51; Wateraid 2009).

Moreover, Foucault reminds us that discourses constitute the objects of which they speak (2002 [1969]). They are not neutral, but productive of meaning (Hansen 2011) and in order to understand how this occurs and how menstruation has come to acquire a taboo status, it is helpful to consider how meaning is produced and reproduced. Weldes' (1996) concept of articulation is insightful in exploring how menstruation has acquired the meaning that it has. Through the process of (re)articulation, distinct ideas become associated with each other and seem inseparable. Articulated associations are (re)produced through binary symbolism, according to which terms are defined by what they are not. The relationship between the opposite terms is hierarchal with one half privileged over the other (Derrida 2004 [1982]). The links articulated between the halves of different binary oppositions further define them, creating webs of meaning. RtoWS reports note that women and girls who are menstruating are considered "contaminated", 'dirty', 'impure', or 'polluted'(WS/R/14).' Through (re)articulation, a web of meaning surrounding menstruation has been created, as it has been associated with the less valued, halves of binary pairs, such as honour/shame, rational/emotional, and public/private, which are themselves inter-related. Shame, for example, is closely associated with privacy since shameful matters should be hidden from public view.

Although articulations appear logical, they are marked with contradictions, which draw attention to their constructed nature. For example, as previously noted, menstruation is associated with shame, even though it is an integral part of the same reproductive system that is associated with pride in the cases of pregnancy and childbearing. In addition, menstruation is associated with

privacy, even though poor MHM is highly relevant to the public sphere as it prevents women and girls from fully participating in and contributing politically, socially and economically.

Douglas's work is helpful in attempting to understand why this web of meaning has been created. She suggests that taboos relating to certain practices or activities being polluting should be interpreted as symbols of the relationship between different parts of society and that they relate to the desire to control disorder, particularly in relation to transitional or ambiguous states. She highlights that it is often individuals in this marginalised state to whom involuntary witchcraft is attributed (Douglas 1984 [1966]), resonating with many of the menstrual myths from around the world relating to menstruating women inadvertently causing harm through completing everyday activities that therefore become forbidden and taboo during menstruation (Menstrual Hygiene Day 2015). It is possible that the menstrual taboo is a legacy of patriarchal societies where a woman's main role was related to her reproductive function making the onset of menarche and fertility an important transitional state which until validated by an appropriate sexual relationship, transfer of ownership from father to sexual partner and pregnancy, contained the potential for chaos. Additionally in a culture where woman's main purpose is childbearing, menstruation will always be symbolic of a deviation from that role, placing a menstruating woman on the margins of this dominant social order. If this is the case breaking the taboo becomes an essential part of more general work to promote gender equality and realise women's rights.

The International Human Rights has long been the subject of feminist critics who argue that the international human rights system's conceptual foundations are based on a model of human nature that takes the experiences of this narrow, elite group as the norm, largely excluding women and the non-Western world as knowers and subjects of knowledge (Peterson 1990; Tickner and Sjoberg 2010; Quereshi 2012). As Peterson notes, '[t]he dominant culture both generates and is able to remain ignorant of and impervious to the differences in lived reality' (Peterson 1990). Consequently, (white Western) men's issues are considered to be human concerns, whereas

women's concerns such as menstruation are perceived as a separate, limited category (Charlesworth 1995).

Laws has even gone so far as to argue that the silence surrounding menstruation is imposed on women by men (Laws 1990). However this view needs to be nuanced and balanced in light of work that has been done in recent years to pursue gender equality within the UN and an accusation of androcentrism alone is overly simplistic in explaining the neglect of MHM. Rather one key reason why menstrual needs are largely overlooked is that those with power to take action tend to be men or wealthy women, neither of whom understand the 'lived realities' of women living in poverty despite their desire to support this group (WSSCC 2013b). Although menstruation remains a taboo in high-income countries (Kissling 1996; Erchull et al. 2002), women and girls in high-income settings are better equipped to manage their menstrual hygiene effectively meaning that even their experience is very different for women living in poverty. Hartstock has outlined how a feminist standpoint should be concerned with understanding and opposing all forms of domination (Hartstock 1983). In this instance not only are the realities of men's lives profoundly different from those of women, the lives of poor women are equally disparate from the lives of rich women and poor women are comparatively disempowered. They face a double barrier to making their voices heard (Cook and Cusack 2009); they are poor and they are women. This combined with the taboo surrounding menstruation means that poor women's voices are not being raised or listened to.

Finally the neglect of MHM is symptomatic of the failure of existing gender mainstreaming initiatives to achieve an effective paradigm shift within the UN. Charlesworth has suggested that gender mainstreaming has detracted from gender inequality inherent in the system and that a transformation of the structures and assumptions of the international order is required (Charlesworth 2005). Our findings support this argument. In the analysis MHM is dealt with primarily as a sanitation issue and its role as a driver of gender inequality is largely unrecognised. A paradigm that was committed to developing a system which enabled women to achieve would be obliged to

discuss menstruation and how to ensure it did not hold women back. A system that was dismantling gender stereotypes would inevitably encounter the menstrual taboo and be obliged to break it.

Instead MHM is an afterthought in a system that insists on treating men and women as though they face similar obstacles and that allows rather than enables women to achieve.

Limitations

The human rights system is composed of many actors. We have identified a silence at the highest level but further exploration is needed to explore whether this silence permeates every level of the international structure, including NGO submissions to the Human Rights Bodies. We only included reports that were published online and it maybe that relevant reports were excluded from our analysis because of this.

Conclusion

To conclude, poor MHM is a cross-cutting human rights issue that relates to economic and social rights, including rights health, water and sanitation, education and work. However, despite this, it has been a largely neglected topic within the international human rights system. The document analysis shows that menstruation, if it is discussed at all, is only mentioned in a limited way, through ambiguous allusions or brief references that fail to develop a cohesive approach. This is due to a combination of the taboo status of menstruation, in part a legacy of a patriarchal culture, the disempowerment of women living in poverty and a failure on the part of the human rights system to hear their voices and symptomatic of the failure of gender mainstreaming within the human rights system to create a culture where barriers to women's engagement are actively sought out and addressed.

More work is needed to fully understand the menstrual taboo in order to effectively break the silence and advance work toward the realisation of women's rights and an understanding of gender equality that enables women to succeed.

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Table 1: Table showing the number of treaty body reports referring to or alluding to menstruation

| Treaty body/ies | Number of reports with no references of allusions | Number of reports with allusions only | Number of reports with allusions and references | Number of reports with references only | Total |
|-----------------|---|---------------------------------------|---|--|-------|
| CEDAW | 327 | 13 | 0 | 7 | 347 |
| CRC | 386 | 18 | 0 | 0 | 404 |
| Total | 713 | 31 | 0 | 7 | 751 |

Table 2: Table showing the number of special body reports referring and/or alluding to menstruation

| Mandate | Number of reports with no references or allusions | Number of reports with allusions only | Number of reports with allusions and clear references | Number of reports with clear references only | Total |
|---------|---|---------------------------------------|---|--|-------|
| RtoE | 37 | 2 | 0 | 1 | 40 |
| RtoH | 39 | 0 | 0 | 1 | 40 |
| RtoWS | 9 | 2 | 2 | 7 | 20 |
| Total | 85 | 4 | 2 | 9 | 100 |