

Menstrual Rights Global



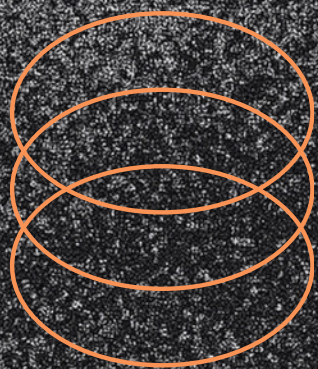
MENSTRUAL HEALTH

NEGLECT AS A VIOLATION OF RIGHTS AND A BARRIER TO DEVELOPMENT

16 Days of Activism

AGAINST GENDER-BASED
VIOLENCE 2025

POLICY BRIEF



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16 DAYS

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16 DAYS Of ACTIVISM

Acknowledgements

Presented by Menstrual Rights Global

Advocating for the right to thrive for women, girls, and people who menstruate from menarche to menopause.

Menstrual Rights Global drives life-course menstrual justice by advancing rights-based, evidence-driven advocacy and systems change. The organisation works to dismantle structural barriers and ensure menstrual equity for all, because dignity, health, and opportunity should never depend on a biological cycle.

www.menstrualrightsglobal.com

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When menstrual health is ignored, girls are pushed out of classrooms long before society realises it, this is institutional harm in plain sight

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Menstrual Health as Structural Violence

Poor menstrual health is a form of structural violence. It does not arise from individual choices or isolated traditions. It is produced by the persistent failures of governments and institutions to meet the basic physiological needs of women, girls and people who menstruate. This failure affects more than 1.8 billion women, girls and people who menstruate and remains one of the most significant and least acknowledged public policy gaps.

Structural violence refers to slow and normalised harms that are embedded within institutions and that restrict health, dignity and opportunity for particular groups. Menstrual health inequities embody this reality. They are largely predictable, they are preventable, and they endure because systems in health, education, labour, infrastructure and governance have not been designed with women and girls in mind.

Policymakers routinely overlook the gendered dimensions of these gaps. As a result, women are held back from full participation in the workforce. Girls face interruptions or exclusion from education. Both are constrained in social and economic life. These are structural failures, not cultural inevitabilities.

The economic consequences are substantial. Evidence from The Lancet Global Health (2024) shows that achieving full and equal participation of women in the labour force would increase global GDP by up to 10.6 trillion US dollars each year. No country can unlock these gains without addressing fundamental barriers such as menstrual health, safety and dignity. Menstrual health is therefore not a peripheral issue. It is central to economic productivity, gender equality and the realisation of basic human rights.

A Public Policy Blind Spot With Predictable Harm

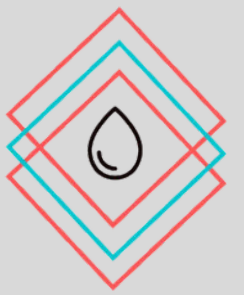
For decades, menstrual health has been treated as an optional add-on rather than a core component of public health, social protection, labour regulation, or WASH (water, sanitation, and hygiene) infrastructure. Ministries of health rarely integrate menstrual health into national health strategies or budgets. Education systems often limit menstrual education to a single biology lesson. Labour ministries do not systematically regulate menstrual-friendly workplaces. And WASH standards remain inconsistent, underfunded, and poorly enforced.

These governance gaps generate predictable consequences. When schools lack private toilets with water and disposal facilities, attendance drops, not because girls “lack confidence,” but because the environment structurally excludes them. When employers fail to provide adequate sanitation or breaks, women in factories, markets, and the informal sector are forced to manage their periods in unsafe, undignified conditions. When health systems fail to recognise menstrual disorders, millions suffer debilitating pain or complications without diagnosis. These are not cultural or behavioural failures; they are institutional failures.

Economists increasingly recognise that this neglect carries significant macroeconomic costs. Menstrual pain (dysmenorrhoea) alone accounts for substantial productivity losses globally, yet governments rarely include menstrual health within national economic planning. The cost of inaction is high and rising, but because this burden falls disproportionately on women and girls, it is rendered politically invisible.

This failure is not marginal; it affects over 1.8 billion people globally

Equal female labour participation could raise global GDP by \$10.6T.



Rights Violated Through Normalised Neglect

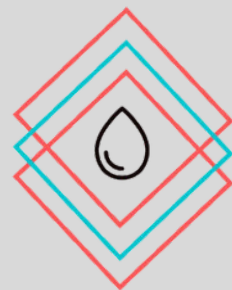
Menstrual health sits at the intersection of multiple internationally recognised human rights: the right to health, to education, to water and sanitation, to bodily autonomy, and to participate in public life. Yet in practice, women, girls, and people who menstruate around the world face routine violations of these rights, not due to rare or extraordinary circumstances, but through the everyday operation of systems that fail to account for their needs.

The lack of affordable and safe menstrual products is not merely an inconvenience; it is a denial of the right to health and dignity. The absence of safe, gender-responsive sanitation in public spaces is a denial of the right to water and sanitation. The lack of gender transformative programmes that address harmful norms and values that perpetuate menstrual stigma and shame. The dismissal of menstrual pain as “normal” within clinical settings represents a form of epistemic injustice; a systematic invalidation of women’s health knowledge that delays diagnosis for conditions such as endometriosis, fibroids, and adenomyosis, often by many years.

This is slow violence: harm that is diffuse, cumulative, and rendered invisible by its routine nature. Structural violence thrives when the affected population is marginalised, and when institutions normalise their own omissions. Menstrual health inequities are not accidental; they are the result of long-standing biases in how health systems, cities, workplaces, and policies are designed.



Three structural failures that are not cultural inevitabilities.



Gatekeeping Knowledge as a Tool of Control

One of the most overlooked forms of structural violence is the systematic withholding or distortion of menstrual knowledge. In many countries, menstrual education remains inaccurate, incomplete or absent entirely. Ensuring accurate information begins with comprehensive sexuality education in schools, which equips adolescents with the knowledge they need to understand their bodies and participate fully in education and health. When young people enter puberty without this foundation, their ability to remain in school, safeguard their wellbeing and exercise their rights is restricted, creating a clear form of epistemic injustice. The responsibility for addressing this lies with Ministries of Health and Ministries of Education, which have the mandate to design curricula, train teachers and health workers and ensure coherent national guidance.

Community awareness is equally essential. Social norms are shaped in families, peer groups and local institutions, yet these environments often reflect the same gaps created by weak formal education systems. Misconceptions persist not because communities lack capability but because they are not supported with accurate, age-appropriate and culturally relevant information. Without coordinated leadership from MoHs and MoEs, knowledge remains fragmented and inaccessible, reinforcing stigma, silence and reduced participation in education, work and society.



Intersectional Challenges Deepen Harm

Structural violence is never evenly distributed. Menstrual health inequities compound along lines of poverty, geography, disability, race, caste, and displacement. For refugees and those living in humanitarian crises, the absence of coordinated menstrual health services increases risks of infection, harassment, and exclusion. Informal workers, who make up the majority of the global female labour force, often lack access to safe sanitation or rest breaks, forcing them to choose between income and dignity.

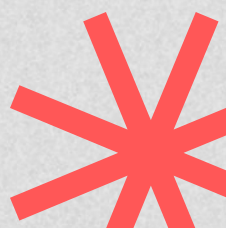
Climate change amplifies these vulnerabilities. Water scarcity, extreme heat, flooding, and displacement all exacerbate menstrual insecurity. Yet few national climate adaptation plans explicitly address menstrual health. This silence within climate adaptation and resilience planning reflects the deeper structural issue: policymakers do not perceive menstrual health as a core public service, despite its relevance for public health, gender equality, and human rights.



Clinical Dismissal as Structural Violence

A particularly entrenched form of structural violence occurs within clinical care. Menstrual pain is frequently minimised or dismissed, leading to delays in diagnosis for conditions that cause chronic pain, infertility, and long-term morbidity. Health workers often receive little training on menstrual disorders, resulting in underdiagnosis and mismanagement. The message this sends is clear: women's pain does not matter. This systemic devaluation of women's health results not from individual prejudice, but from institutional design.

Inadequate clinical pathways, weak research funding, and fragmented guidelines all contribute to this invisibility. Without robust data, policymakers underestimate the scale of need and continue to deprioritise menstrual health within health financing.





The Governance Imperative

Reframing poor menstrual health as structural violence compels a shift from individual-level interventions toward systemic transformation. Governments and institutions must recognise menstrual health as a fundamental public policy issue – one that affects population health outcomes, education, labour productivity, climate resilience, and human rights.

This requires coordinated, cross-sectoral action:

1. **Integrate menstrual health into essential health benefit packages and universal health coverage schemes.**
2. **Mandate gender-responsive sanitation standards in schools, public buildings, workplaces, and urban planning.**
3. **Regulate menstrual product pricing, eliminate discriminatory taxation, and ensure quality standards.**
4. **Provide comprehensive, evidence-based menstrual education in schools and community settings.**
5. **Invest in research, clinical training, and data systems for menstrual disorders and menstrual-related NCDs.**
6. **Include menstrual health in national climate adaptation, resilience, and humanitarian response plans.**
7. **Establish accountability frameworks and public reporting to ensure progress, equity, and transparency.**

This is not an optional agenda. It is essential for achieving gender equality, strengthening health systems, boosting economic participation, and fulfilling governments' obligation under international human rights law

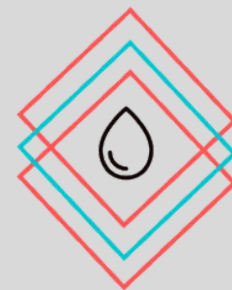
Conclusion

Menstrual health is not a niche. It is not peripheral. It is not a private problem to be solved by individuals. It is a governance issue, one that reveals the values embedded within institutions and the blind spots that continue to harm half the population. Poor menstrual health persists not because menstruators fail, but because systems do. Until policymakers acknowledge menstrual health as a structural issue and act with urgency and accountability, this slow, pervasive, preventable violence will continue.

“Menstruation is a natural phenomenon that is here to stay. It is high time that society accepts it as a natural phase of life and provides the required support to people who menstruate to ensure a just society.”

Maisha Zaman
Menstrual Rights Global
Bangladesh/UK

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