Menstrual Hygiene Management and Human Rights:

What’s it all about?!

Draft paper for MH Day 2016

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# Overview

Every woman and girl (from menarche to menopause) will menstruate on average every 28 days for about 5 days. A completely normal biological process. Just as normal as the fact that on average, men will grow a beard. Yet menstruation is steeped in silence, myths, taboos and even stigma. Women and girls the world over face numerous challenges in managing their menstruation adequately, with normalcy, with dignity and in a way that they find acceptable. They may lack the means to do so, or face discriminatory cultural norms or practices that make it difficult to maintain good hygiene. Together, these challenges may prevent women and girls from realising their human rights and may turn a simple biological fact into a barrier to gender equality.

This paper seeks to set out how the biological fact of menstruation, the necessity of managing menstruation, and society's response to them both is linked with women's and girls' human rights and gender equality. It explains how the realisation of certain human rights can enable women and girls to manage their menstrual hygiene adequately, with normalcy and dignity. This paper also provides examples of the negative impacts on the enjoyment of human rights and gender equality when women and girls face difficulties with managing their menstruation.

This paper is primarily intended for development practitioners who work directly or indirectly on menstrual hygiene management (MHM). Development practitioners work in spaces where human rights are highly relevant, and they often adopt human rights language. To use human rights language most effectively in advocacy and programming, it is helpful -- maybe even necessary – to understand the legal framework behind the words and how development practitioners fit within it.

In advocacy work in particular, framing MHM in the context of human rights and gender equality may engage local, municipal, provincial and national government actors not typically attuned to MHM concerns, and can support powerful policy arguments as to why governments should give the topic the importance that it deserves.

This draft paper is open for comments and suggestions. When finalized, it is intended to be a tool that is accessible and useful for practitioners. This is a call for general comments and feedback on:

1. Whether the paper explains the legal framework of human rights in a manner that makes sense and is useful to practitioners?

If not, what could be different?

1. Is the link between menstruation, menstrual hygiene management and human rights clear?

If not, what could be made clearer?

1. Does this paper provide you with the tools you need or want to empower your advocacy?

If not, what more would you like to see included related to human rights?

Please send your comments to:

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# What are Human Rights?

Human rights are often invoked in rhetorical terms to bring weight and gravity to situations of injustice. When Hillary Clinton uttered "Women's rights are human rights," at the Beijing Conference in 1995 -- it was a rallying cry for women's rights activists around the world. But, the weight and gravity of human rights rhetoric comes from the fact that these are legal terms. "Women's rights are human rights" is powerful language, but it also has the force of law. It is the law -- and because of that, governments have obligations to act.

International human rights law is a legal framework that defines the relationship between a state (the government) as “duty-bearers” of human rights and people living in that state as “rights-holders”. This means that the primary responsibility of making sure that people can enjoy their human rights lies with the government. States have voluntarily decided to accept the obligations contained in international human rights treaties that they have ratified.

The International Bill of Human Rights

The International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights have been ratified by most countries in the world and are legally binding--which means enforceable. These covenants, along with the Universal Declaration of Human Rights (which is non-binding), are considered to be the "International Bill of Human Rights". The Convention on the Elimination of all Forms of Discrimination against Women, the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities are other important human rights treaties highly relevant for practitioners working on MHM. Committees of experts, called treaty-bodies, based in Geneva periodically review countries' human rights records for compliance, and some allow individuals to file cases against state parties for violations. Human rights can also be enforced domestically through national human rights mechanisms or through court systems, when these rights are incorporated into domestic law.

Thinking of development work in human rights terms has implications for development practitioners. While States are the primary duty-bearers, NGOs, when operating as non-state actors, should operate in a manner that respects and promotes human rights.[[1]](#footnote-1) A rights-based approach draws upon the principles and legal framework of human rights, and requires that respect for the human rights of those affected by any aid or development activity is central to planning and operationalizing that activity. This approach recognizes beneficiaries of aid as rights-holders with legal entitlements and identifies governments and their partners as duty-bearers with correlating obligations to meet those entitlements. Adhering to human rights principles requires particular attention to the needs of vulnerable and marginalized groups, the impact of programmes on their rights, and the establishment of procedures to ensure accountability and participation in an organisation’s operations. It also requires that human rights standards guide all stages of programming. All human rights should be ensured without discrimination, which means that any direct or indirect discrimination on any grounds must be eliminated immediately.

Typology of a Legal Framework

No two legal frameworks are the same. However, there are some similarities and a common hierarchy in legal frameworks. Knowing these is helpful to understand how a certain development challenge can be analysed from a human rights perspective.

**International Human Rights Treaties**

By ratifying an international human rights treaty, a state commits to giving effect to the human rights contained in the respective treaty at the national level. In that sense, human rights are a commitment towards an outcome. The state is free to choose how it realises human rights.

**National Legal and Policy Frameworks**

The **Constitution** is the supreme and fundamental law in a country and commonly includes a set of human rights. Constitutions are generally difficult to alter and all other legislation must be in harmony with the provisions of a state's constitution.

**Laws**, also commonly called 'acts', 'bills' or 'statutes', are created by legislatures and contain more detail than a state’s constitution. They are important to give effect to human rights in more concrete terms, thereby setting parameters within which the executive branch of government has to act.

**Regulations**, also commonly called 'decrees', 'ordinances', 'circulars' or 'by-laws', have the same legal force as a law, but are created by the executive to incorporate the technical, scientific and other expertise possessed by the executive branch. Regulations contain the most detailed provisions.

**Policies** shape the 'plan of action' that the executive uses to put its vision into practice. Policies generally serve as a declaration of intention rather than as a description of rights and obligations and are therefore difficult to enforce.

Thinking of development work in human rights terms will often require looking at systemic problems, as these most often constitute the barriers to the realisation of human rights. Many constitutions, laws and policies now explicitly guarantee many human rights. However, the realisation of human rights has to work in practice, and challenges to this are common. Most often, regulations, local by-laws or even administrative procedures will act as enablers or barriers to realising human rights in practice. Understanding these barriers and addressing them from a human rights perspective -- which aims for the outcome of enjoyment of rights – and then programming and advocating for a response can redouble efforts. While this may seem daunting for development practitioners, systemic problems are often exactly what they encounter every day.

An example of practical barrier to the enjoyment of human rights practice

In many developing countries in particular, schools lack funds to adequately maintain water, sanitation and hygiene (WASH) facilities, because budgets are often too low. However, it is not just the budget itself that matters, but the process through which schools receive it. Often, budget allocations to individual schools are made on the basis of outdated enrolment numbers, as updates may not be processed fast enough at higher levels of administration. With a growing number of students from year to year, schools then do not receive the budget they are, in principle, entitled to. Then, at the local level, school administrators have to make difficult decisions on how to allocate the limited funds. Often, grounds and building maintenance, particularly WASH, suffer as a result. While this affects all students, girls will have difficulty to manage their menstruation at school when WASH facilities are inadequate and may miss class during that time.

While this systemic problem may seem overwhelming to address, practitioners working at the local level can use a human rights analysis and framing to help administrators make decisions that do not disproportionately disadvantage any one group – in this case girls. They should also be aware of their role as an external support agency. The experience and evidence they often have through working in different locations 'on the ground' means that they often have important information that relevant state institutions with responsibility for policy, planning and resource allocation may lack. Practitioners may therefore be better equipped than, for example, individual teachers, to bring these systemic challenges to the attention of the administration and to advocate for improvements.

# Links between menstruation, MHM and human rights

Women and girls encounter difficulties in managing hygiene during menstruation when they lack the enabling environment to do so. Notably when they have difficulty exercising their rights to water, sanitation and education, they will likely have difficulty managing their menstruation. When women and girls cannot manage their menstrual hygiene, it can negatively impact their rights, including the rights to education, work and health. Understanding good menstrual hygiene management within the context of human rights requires a holistic approach to women’s and girls’ human rights. This means asking whether a woman or girl has:

* Adequate, acceptable and affordable menstrual management materials and, where needed, access to medicine for period pain.
* Adequate facilities, notably water and sanitation infrastructure, which enable women and girls to manage their menstruation in privacy, with dignity and in safety. These need to be available wherever women and girls spend significant periods of time, most notably at home, in schools, the workplace, healthcare facilities and public institutions (including detention facilities).
* Knowledge of the process of menstruation and of options available for MHM, to ensure that women and girls can exercise choice in managing their menstruation in the course of daily life, without shame or extraordinary effort.

Squaring evidence based programming with human rights

Development practitioners and policy-makers rightly privilege evidence-based programming in their work. It is reasonable when some practitioners claim that more evidence is needed to fully understand the impact of menstruation and of problems with MHM on a range of women’s and girls’ human rights. Research will be important to enable evidence-based interventions that are targeted at the precise needs and challenges that women and girls experience. However, understanding menstrual hygiene management within the context of women’s and girls’ human rights and gender equality provides the framework by which evidence can be collected and understood.

Collecting basic evidence about MHM and its impact on a range of human rights can allow policy-makers to develop targeted interventions to eliminate menstruation as a barrier to gender equality. Currently, taboos around menstruation mean that many governments are ignorant to how woman and girls manage their menstruation, and so lack baseline evidence for understanding the impact of menstruation on the enjoyment of women’s and girls’ human rights, and for monitoring successful interventions. The human rights perspective provides a more holistic lens for understanding the impacts of poor MHM and of menstrual taboos and stigma. Development practitioners should be aware of such links with human rights law and consider using them in their advocacy work.

Practitioners engaged in programming or advocacy related to MHM should:

* Have an awareness of stigma and harmful practices related to menstruation in the specific cultural context where they are working, with an aim to enable women and girls to overcome menstruation-related restrictions.
* Support efforts to change harmful cultural norms and practices that stigmatize menstruation and menstruating women and girls.
* Address intersectional forms of discrimination, including against women and girls with disabilities, LBTI and other gender non-conforming individuals, and other at-risk populations.
* Be aware of and incorporate human rights principles in their programming and advocacy, including human rights principles such as participation and access to information.

There are specific human rights that relate to each of these, and knowing that these rights exist and what entitlements women and girls have under these rights, and what correlative obligations states may have, can equip practitioners to better advocate for state support to address obstacles women and girls face to managing their menstruation with dignity.

## The human rights to water and sanitation

Realising the human rights to water and sanitation for women and girls is an important precondition for enabling good MHM. The human right to water entitles everyone to have access to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic use. The human right to sanitation entitles everyone to have physical and affordable access to sanitation, in all spheres of life, that is safe, hygienic, secure, socially and culturally acceptable and that provides privacy and ensures dignity.[[2]](#footnote-2)

Access to water and sanitation facilities that meet the definition above, in all spheres of life, including at home, work, school or in institutions, is necessary to enable women and girls to practice good MHM. The existence and adequacy of water and sanitation services for managing menstruation therefore has a specific importance for women and girls as compared to men and boys. Sanitation facilities in particular that do not allow women and girls to change menstrual materials and to wash will put women and girls at a disadvantage based on their gender, as has been highlighted in resolutions on the human rights to water and sanitation by both the UN Human Rights Council and General Assembly.[[3]](#footnote-3)

The disadvantage of, for example, a sanitation facility that does not allow women and girls to manage MHM also impacts on women's and girls’ enjoyment of other human rights, as set out in the following paragraphs: The right to health, education, or work for example. Under international human rights law, effects that disproportionately affect particular groups constitute prohibited discrimination and must be addressed. As Winkler and Roaf set out in their paper on Menstrual Hygiene and Gender Equality, "equal" does not mean "same" and therefore, to achieve equality in the substantive enjoyment of human rights, differential treatment – sanitation facilities that meet women's and girls specific needs for managing menstruation – can be required.[[4]](#footnote-4)

## The human right to health

Realising the human right to health is another important precondition to enable women and girls to practice good MHM. Importantly, the human right to health not only entitles everyone to have access to healthcare and medicine. It also includes an entitlement to the so-called "underlying determinants of health", which include having "access to health-related education and information, including on sexual and reproductive health".[[5]](#footnote-5) The right to health thereby aims to ensure that each person has the means to take care of his or her own health and, when needed, to seek medical assistance. The state, as the duty bearer under international human rights law, has the legal obligation to ensure that women and girls can enjoy their right to health to the fullest extent possible.

Many girls know nothing about menstruation when they reach menarche or rely on scant information from their mothers or peers.[[6]](#footnote-6) At best, they will seek information and begin managing menstruation as best they can – often inadequately. At worst, girls report fear and worry.[[7]](#footnote-7) Understanding menstruation as a completely normal biological process, how it works and how to manage it, including symptoms such as cramps, tiredness or pre-menstrual syndrome, is therefore extremely important to enable women and girls to manage their menstruation adequately, safely and with dignity and to thereby ensure that girls and women can both feel and be as healthy as possible.

When women and girls do not have this information and manage menstruation inadequately, for instance by using unhygienic absorbents for menstrual blood, they may experience negative health impacts or – in other words – may not fully enjoy their right to health. In addition, taboos or stigma around menstruation may prevent women and girls from seeking or receiving timely medical treatment related to abnormal bleeding or pain, and lack of knowledge around menarche and menstruation may increase anxiety or psychosocial stress, in particular for adolescent girls.

## The human right to education

The human right to education[[8]](#footnote-8) encompasses the right to free and compulsory primary education and “generally available and accessible” secondary education for all.[[9]](#footnote-9) Furthermore, the Committee on the Rights of the Child has pointed out that the “initiating and supporting measures, attitudes and activities that promote healthy behaviour by including relevant topics in school curricula” is particularly important in the context of adolescent health and development.[[10]](#footnote-10) Human rights treaties oblige states to take all appropriate measures to eliminate discrimination against women by reducing the female drop-out rates.

Education is not just a human right in itself. It is also one of the principal means to empower girls. Studies show important secondary benefits. Girls staying longer in school is associated with reduced maternal death, increased contraceptive uptake and vaccination rates, decreased infection rates with HIV and may have wider economic benefits.[[11]](#footnote-11)

The onset of menstruation, a lack of adequate WASH and disposal facilities at school, fear of staining due to inadequate menstrual materials or not having access to medication against period pains can all be factors that make girls stay out of school during their menstruation.[[12]](#footnote-12) The Committee on the Elimination of Discrimination against Women recently pointed out that in rural areas in particular, the lack of adequate water, toilet facilities and sanitation in schools that fail to meet the needs of menstruating girls contribute to girls missing school or dropping out altogether. In interpreting the human right to education, the Committee recommends that states should ensure adequate facilities, hygiene education and resources for menstrual hygiene are provided.[[13]](#footnote-13) The Committee thereby clearly establishes the link between menstruation and the human right to education.

While more research is needed, WASH sector studies also clearly associate challenges with MHM at school with absenteeism,[[14]](#footnote-14) which can ultimately lead to school drop outs.

The perception of menstruation and womanhood can also act as a barrier to girls continuing their education. With menarche still generally being seen as the beginning of adult womanhood, a girl's education may end in communities/societies where menstruation is linked to sexuality, and where societal pressure to marry girls early leads to a discontinuation of schooling.

Education on menstruation and MHM

As mentioned above, the right to health includes having “access to health-related education and information, including on sexual and reproductive health” and the inclusion of relevant topics in school curricula is seen as an important aspect of adolescents’ right to health and development. This aspect of the right to health is closely interrelated with the right to education, which in turn plays a crucial role in enabling good MHM. Both school curricula as guiding instruments for what is taught at school and the capacity of teachers to address menstruation and associated reproductive health topics in a factual manner and without stereotypes are crucial elements to realising the rights to education and health for girls. Yet, many teachers, especially but not only in developing countries, are themselves ill equipped to address menstruation and MHM in the classroom.

As the evidence about the impact of menstruation on girls' education increases, development practitioners should seek to understand those links better and consider using human rights based arguments in their advocacy. This may be especially powerful because the right to education, guaranteed in the International Covenant on Economic, Social and Cultural Rights and the Convention on the Rights of the Child, has been ratified by almost all states and corresponding policy commitments for universal (primary) education exist in most countries. Similar to other rights, girls facing difficulties at school or missing school due to challenges with managing their menstruation may amount to discrimination in education, and states therefore have an immediate duty under international human rights law to investigate and address such effects.

## The human right to work

The human right to work has two aspects: The right to freely choose or accept work, as well was the right to just and favourable conditions of work, which includes the right to safe and healthy working conditions.[[15]](#footnote-15) Both aspects of the right apply to all workers, including those who work in the informal sector.[[16]](#footnote-16) It is the latter aspect of the right to work that is most important when thinking about MHM from the perspective of human rights.

Adequate water and sanitation facilities in workplaces are necessary components of the right to safe and healthy working conditions.[[17]](#footnote-17) The Committee on Economic, Social and Cultural Rights has specifically clarified that it is essential that these facilities "meet women's specific hygiene needs".[[18]](#footnote-18) In short, international human rights law obliges states "to ensure that women have access to private, safe, and hygienic facilities for managing menstruation at the workplace".[[19]](#footnote-19)

Regarding the right to work and safe and healthy working conditions, it is particularly important to be clear about the state's obligations in ensuring these human rights: The right to safe and healthy working conditions applies to all workers at all workplaces, including both formal and informal work. The state's role with respect to all these working relationships is to create, monitor and enforce adequate standards at workplaces and to thereby ensure that employers provide safe and healthy working conditions that meet women's need during menstruation.[[20]](#footnote-20) Where the state itself acts as an employer, the duty to ensure safe and healthy working conditions applies to the state itself – including in spaces such as markets that provide a 'workplace' for informal and formal workers.

In reality, women workers may face little choice but to change menstrual materials in unsuitable locations or to not change materials frequently enough, thereby increasing the risk of vaginal infections. They may not go to work while on their period, with consequences for their ability to earn an income. Such challenges may affect the right to work itself as well as the right to health and human dignity more generally. They can also amount to discrimination in seeking work and at the workplace and are one aspect of gender inequality in seeking work and in workplaces.

## Right to non-discrimination and gender equality

Equality and non-discrimination form the foundation of all human rights law. All major human rights instruments envision that human rights should be enjoyed on an equal footing by everyone and therefore demand that any existing inequalities are identified and removed. Any direct or indirect discrimination in the existing enjoyment of human rights amounts to a violation of human rights and must be addressed immediately.

States have the obligation to eliminate discrimination in the realisation of human rights. Establishing discrimination in fact can be a difficult legal challenge. For development practitioners, it is important to know that if they see a discriminatory impact -- or a disproportionate impact on women and girls they are working with – then they may have additional advocacy leverage with the state by highlighting any potential discrimination and making recommendations on how the state may remedy it. They may thereby be able to demand the realisation of a human right in its own right, or in an effort to end discrimination or promote gender equality.

Practical barriers to managing menstruation may prevent equal enjoyment of human rights, as detailed above. However, cultural norms related to menarche and menstruation may also act to further entrench discriminatory practices, policies or laws. Taboos and stigma around menstruation are rooted in perceptions that menstruation is something dirty, to be ashamed of and to be hidden. This in itself can create or reinforce discriminatory practices against women and girls, hampering gender equality and impacting women’s and girls’ dignity.

In many, if not in most countries, women and girls face imposed or self-imposed restrictions on their daily lives during menstruation such as isolation, abstention from religious rituals, bathing, touching food for cooking, among others. Most of these are deeply rooted in cultural, religious or societal beliefs and attitudes towards menstruation. Such practices are often justified, or at least condoned and tacitly accepted, precisely because they have been practiced for generations. Many women and men, boys and girls believe that underlying myths are true or that there are good reasons for such practices. They form part of the social fabric of a society or culture.

For example, the rights to water and sanitation can be violated or undermined when menstruating women and girls are prohibited from using water sources or sanitation facilities due to cultural perceptions of menstruation as something dirty or impure.[[21]](#footnote-21)

In so far as these practices impede women's and girls' enjoyment of human rights, the state has an obligation to act to end them. CEDAW requires governments to take appropriate measures to address abusive gender norms -- to “modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women.”[[22]](#footnote-22) Likewise, the Human Rights Committee affirms that governments “should ensure that traditional, historical, religious or cultural attitudes are not used to justify violations of women’s right to equality before the law and to equal enjoyment of all Covenant rights."[[23]](#footnote-23)

Therefore, human rights protect individuals not only from the state, but also from human rights violations committed by third parties, who may try to impose menstruation restrictions on women and girls. However, changes will only be successful if they are themselves done in culturally appropriate ways.

**ABBREVIATIONS (AND TERMS)**

CEDAW Convention on the Elimination of all Forms of Discrimination against Women

CRC Convention on the Rights of the Child

CRPD Convention on the Rights of Persons with Disabilities

ICCPR International Covenant on Civil and Political Rights

ICESCR International Covenant on Economic, Social and Cultural Rights

MHM Menstrual Hygiene Management

UDHR Universal Declaration of Human Rights

**(re)sources**

Papers

* Human rights criteria explained: Hygiene

V. Roaf & T. Winkler (on file with authors)

* Mainstreaming Menstrual Hygiene Management: Lessons from a decade of programme and policy work

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* Stigma and the realization of the human rights to water and sanitation

Report of the Special Rapporteur on the human rights to safe drinking water and sanitation

<http://www.ohchr.org/EN/Issues/WaterAndSanitation/SRWater/Pages/AnnualReports.aspx>

* A Systematic Review of the Health and Social Effects of Menstrual Hygiene Management

Sumpter, C. and Torondel, B., PLOS One (2013)

* Social and psychological impact of limited access to sanitation: MHM and reproductive tract infections

Mishra, V.K., Briefing Paper 2140, 38th WEDC International Conference, 2015

* Menstruation and body awareness: linking girls’ health with girls’ education

Kirk, J. & Sommer, M., Royal Tropical Institute (KIT), Special on Gender and Health (2006)

* Putting menstrual hygiene management on to the school water and sanitation agenda

Sommer, M., Waterlines Vol. 29 No. 4 (2010)

* Menstruation hygiene management for schoolgirls in low-income countries: Fact Sheet 7

Crofts, T., WEDC, University of Loughborough (2012)

* Taking the bloody linen out of the closet: Menstrual hygiene as a priority for achieving gender equality

Winkler, I.T. & Roaf, V., Cardozo Journal of Law & Gender Vol. 21 No. 1

UN treaty body documents

UN treaty bodies are committees of experts that monitor the implementation of human rights treaties by states. In addition, they develop general comments or recommendations on human rights treaties that interpret and explain specific obligations. The committees then draw on these general comments and recommendations in their assessment of a state's human rights record.

* General Comment No. 13, The right to education

UN Committee on Economic, Social and Cultural Rights (1999)

<http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2f1999%2f10&Lang=en>

* General Comment No. 14, The right to health

UN Committee on Economic, Social and Cultural Rights (2000)

<http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2f2000%2f4&Lang=en>

* General Comment No. 4, Adolescent health and development in the context of the Convention on the Rights of the Child

UN Committee on the Rights of the Child (2003)

<http://tbinternet.ohchr.org/_layouts/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=5&DocTypeID=11>

* General recommendation No. 34 on the rights of rural women

UN Committee on Elimination of Discrimination Against Women (2016)

<http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/GC/34&Lang=en>

* General Comment No. 23 on the right to just and favourable conditions of work

UN Committee on Economic, Social and Cultural Rights (2016)

 <http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fGC%2f23&Lang=en>

* General Comment No. 22 on the right to sexual and reproductive health

UN Committee on Economic, Social and Cultural Rights (2016)

 <http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fGC%2f22&Lang=en>

Other documents

* Bangladesh National Hygiene Baseline Survey 2014

Preliminary Report (June 2014)

* Office of the United Nations High Commissioner for Human Rights, “Frequently Asked Questions on a Rights-Based Approach to Development Cooperation”, 2006, p. 35, <http://www.ohchr.org/Documents/Publications/FAQen.pdf>

International human rights treaties

* Convention on the Elimination of all Forms of Discrimination against Women (CEDAW)
* Convention on the Rights of the Child (CRC)
* International Covenant on Civil and Political Rights (ICCPR)
* International Covenant on Economic, Social and Cultural Rights (ICESCR)
* Convention on the Rights of Persons with Disabilities (CPRD)
1. There are existing standards that address the role of, among others, NGOs. For example the Guiding Principles on Internal Displacement (UN Doc E/CN.4/1998/53/Add.2, February 1998) or the Recommended Principles and Guidelines on Human Rights and Trafficking (UN Doc E/2003/68/Add.1, May 2002). The evolving status of NGOs and human rights responsibilities has been the subject of significant study, see, e.g., Andrew Clapham, Human Rights Obligations of Non-State Actors (Oxford: Oxford University Press, 2006). [↑](#footnote-ref-1)
2. This definition of the human rights to water and sanitation as components of the human right to an adequate standard of living was recognised by all UN Member States in 2015 in UN General Assembly Resolution 70/169. The right to an adequate standard of living is guaranteed in Article 11 ICESCR. [↑](#footnote-ref-2)
3. See UN Human Rights Council Resolution 27/7, adopted in September 2014 and General Assembly Resolution 79/169, adopted in December 2015.

Also see General recommendation No. 34 on the rights of rural women, paragraph 85, which highlights the importance of adequate sanitation and hygiene, and sanitary pads, to enable menstrual hygiene (2016). [↑](#footnote-ref-3)
4. See Winkler & Roaf: "Taking the bloody linen ouf of the closet: Menstrual hygiene as a priority for achieving gender equality", Cardozo Journal of Law & Gender, Vol. 21, No. 1 [↑](#footnote-ref-4)
5. See UN Committee on Economic, Social and Cultural Rights, General Comment No. 14, The right to health, para. 11, Geneva (2000). The human right to health is guaranteed in Article 12 ICESCR and, specifically for women, in Article 11 CEDAW. [↑](#footnote-ref-5)
6. For example, the Bangladesh National Hygiene Baseline Survey, one of the first comprehensive studies of MHM at national level, found that “just over a third of the adolescent females and adult women knew about menstruation before menarche, mostly told by their female relatives” (p. 31). [↑](#footnote-ref-6)
7. See, for example, Tazeen Saeed Ali & Syeda Naghma Rizvi, “Menstrual knowledge and practices of female adolescents in urban Karachi, Pakistan,” Journal of Adolescence v. 33 (2010), pp. 531-541. [↑](#footnote-ref-7)
8. The human right to education is guaranteed in Article 13 ICESCR and, specifically for children, in Articles 28 and 29 CRC and, specifically for women, in Article 10 CEDAW. [↑](#footnote-ref-8)
9. See Article 13 ICESCR *and* Article 10 CEDAW *and* Article 28, 29 CRC *and* Article 26 UDHR. [↑](#footnote-ref-9)
10. UN Committee on the Rights of the Child, General Comment No. 4, Adolescent health and development in the context of the Convention on the Rights of the Child, para. 17, Geneva (2003). [↑](#footnote-ref-10)
11. Sumpter C, Torondel B (2013) A Systematic Review of the Health and Social Effects of Menstrual Hygiene Management. PLoS ONE 8(4): e62004. doi:10.1371/journal.pone.0062004 [↑](#footnote-ref-11)
12. The factors that, together, constitute a ‘girl-unfriendly school environment’ are described for example in Sommer, M., Putting menstrual hygiene management on to the school water and sanitation agenda, in Waterlines, Vol. 29 No. 4 (2010) [↑](#footnote-ref-12)
13. Committee on the Elimination of Discrimination against Women, General recommendation No. 34 on the rights of rural women, 2016. [↑](#footnote-ref-13)
14. Crofts, T., Menstruation hygiene management for schoolgirls in low-income countries, Fact Sheet 7, WEDC, University of Loughborough, (2012) [↑](#footnote-ref-14)
15. The right to work is guaranteed in Article 6 ICESCR. Article 7 ICESCR guarantees the right to just and favourable conditions of work, including safe and healthy working conditions. Article 11 CEDAW aims for the elimination of discrimination against women in the field of employment. [↑](#footnote-ref-15)
16. Committee on Economic, Social and Cultural Rights, General Comment No. 23 on the Right to just and favourable conditions of work, para. 5, March 2016 [↑](#footnote-ref-16)
17. ILO Convention No. 161 of 1985 on Occupational Health Services, art. 5. [↑](#footnote-ref-17)
18. Committee on Economic, Social and Cultural Rights, General Comment No. 23 on the Right to just and favourable conditions of work, para. 30, 2016. [↑](#footnote-ref-18)
19. I. T. Winkler and V. Roaf, Taking the bloody linen out of the closet: Menstrual hygiene as a priority for achieving gender equality, in: Cardozo Journal of Law & Gender, Vol. 21, Number 1. [↑](#footnote-ref-19)
20. Committee on Economic, Social and Cultural Rights, General Comment No. 23 on the Right to just and favourable conditions of work, para. 47 (iv) and 59, 2016. [↑](#footnote-ref-20)
21. Stigma and the realization of the human rights to water and sanitation, Report of the Special Rapporteur on the human right to safe drinking water and sanitation, para. 22, 25. [↑](#footnote-ref-21)
22. CEDAW, art. 5. [↑](#footnote-ref-22)
23. Human rights committee general comment 28, para 5 [↑](#footnote-ref-23)