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# Silent Red: Addressing Menstrual Injustice and Human Rights Disparities in Rural and Urban India

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**Abstract**

This paper critically examines the intersection of menstrual health management and human rights, focusing on the persistent inequities between rural and urban India. It aims to identify the systemic barriers that hinder effective menstrual management while exploring pathways to advance menstrual justice as a fundamental human right.

The study highlights stark disparities in access to menstrual hygiene products, affordability, menstrual health education, and healthcare services, with rural communities facing greater marginalization. These challenges are compounded by cultural stigmas and discriminatory practices that violate the dignity and bodily autonomy of menstruators. The research underscores the urgent need for rights-based policy interventions that prioritize menstrual equity, promote community-led advocacy, and dismantle stigmatization through targeted educational programs. Additionally, it calls for strengthening healthcare frameworks to ensure that all individuals who menstruate can do so with dignity, free from discrimination and exclusion.

By framing menstrual justice as a human rights imperative, this paper provides a critical foundation for policymakers, healthcare providers, and community leaders to implement inclusive and sustainable solutions, ensuring menstrual equity for all women and girls in India.

**Keywords:** Menstrual Health Rights, Menstrual Justice, Human Rights and Menstruation, Stigmatization and Bodily Autonomy, Policy Interventions for Menstrual Equity

## 1. INTRODUCTION

Menstruation remains a largely stigmatized and neglected issue in many societies, particularly in developing countries like India where the divide between rural and urban settings significantly impacts

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the experiences and resources available to menstruating individuals. This paper seeks to shed light on the profound discrepancies in menstrual health management between these two environments. Despite being a natural biological process, menstruation is often enveloped in silence and shame, influenced by deep-seated cultural and social norms that vary widely between rural and urban landscapes.

This research aims to critically examine the barriers that hinder effective menstrual management in India and explore opportunities to advance menstrual justice. By investigating the availability and affordability of menstrual hygiene products, the extent of menstrual health education, and the accessibility of adequate healthcare services, this study will provide a nuanced understanding of the challenges faced by menstruating individuals in different settings. Additionally, the role of cultural attitudes that perpetuate the stigmatization and marginalization of menstruating people will be explored, emphasizing the need for context-specific policy interventions.

Through a meticulous comparative analysis of rural versus urban scenarios, this paper intends to highlight the urgent necessity for informed and compassionate policymaking. By advocating for increased community engagement and the development of targeted educational programs, the study aims to contribute to a broader movement towards menstrual equity—a crucial step toward upholding the dignity and health of all individuals who menstruate in India.

The disparities in menstrual health management across rural and urban India not only reflect infrastructural and economic differences but also underline the profound impact of societal perceptions and stigmas attached to menstruation. This paper endeavours to uncover these multifaceted challenges and the resultant menstrual injustice that affects millions of women and girls. The stark contrast in living conditions, coupled with varying levels of education and healthcare provision, contributes to a significant divide in menstrual health outcomes. This divide not only affects physical health but also psychological well-being, perpetuating a cycle of inequality and exclusion.

In rural areas, the lack of awareness and deep-rooted taboos surrounding menstruation often result in inadequate hygiene practices and a reluctance to seek medical care, thus exacerbating health risks. Conversely, while urban settings may offer better access to products and services, economic disparities and persistent cultural stigmas can still limit effective menstrual management. This study will explore how these conditions contribute to the social isolation and economic disadvantage of menstruating individuals, emphasizing the role of policy interventions that can bridge these gaps.

Furthermore, this research will also delve into the effectiveness of current initiatives and their reach, questioning the sustainability and inclusivity of existing solutions. By incorporating voices from various stakeholders, including healthcare providers, educators, policymakers, and the community members themselves, the paper aims to construct a comprehensive framework for action that not only addresses the immediate needs but also challenges the underlying societal norms that hinder menstrual justice.

Ultimately, this paper will propose a set of actionable recommendations aimed at transforming the landscape of menstrual health management in India. Through this exploration, it will advocate for a shift towards a more equitable society where menstrual justice is not an ideal, but a reality, ensuring that every individual who menstruates can do so with dignity, without fear of stigmatization or discrimination.

## 2. Menstrual Justice as a Human Rights Issue

Menstrual justice intersects with multiple human rights protected under international legal frameworks.

### 2.1. Right to Dignity and Non-Discrimination

- The **Universal Declaration of Human Rights (UDHR), Article 1** guarantees that "all human beings

are born free and equal in dignity and rights."

- Many menstruators, especially in marginalized communities, face discrimination due to inadequate access to menstrual products, exclusion from religious and social spaces, and even forced isolation during menstruation (e.g., Nepal's Chhaupadi practice).

**2.2.Right to Health (Physical and Mental)**

- The **International Covenant on Economic, Social and Cultural Rights (ICESCR), Article 12** recognizes the right to "the highest attainable standard of health."
- Lack of menstrual hygiene resources leads to infections, reproductive health complications, and mental health issues due to stigma and embarrassment.

**2.3. Right to Education**

- The **Convention on the Rights of the Child (CRC), Article 28** emphasizes the right to education.
- The absence of adequate menstrual facilities in schools contributes to high dropout rates among girls, particularly in developing countries.
- Studies show that school absenteeism due to menstruation significantly impacts academic performance and career opportunities.

**2.4. Right to Work and Equal Employment Opportunities**

- The **Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), Article 11** mandates equal workplace rights.
- Many workplaces lack menstrual leave policies, sanitary facilities, or an inclusive work environment, leading to workplace discrimination and productivity loss.

**2.5. Right to Water, Sanitation, and Hygiene (WASH)**

- The **UN General Assembly Resolution (2010)** recognizes access to clean drinking water and sanitation as a fundamental human right.
- The absence of clean and safe sanitation facilities in public spaces, schools, and workplaces violates menstrual rights.

## 3. Legal and Policy Gaps in Menstrual Justice

Despite international human rights frameworks, menstrual justice remains inadequately addressed in legal and policy frameworks.

**3.1. Lack of Explicit Legal Recognition**

- Most constitutions and national laws do not explicitly recognize menstrual rights.
- Few countries, such as Kenya and India, have implemented menstrual hygiene policies, but enforcement remains weak.

**3.2. Taxation and Economic Barriers**

- The **"Tampon Tax"** continues to exist in many countries, treating menstrual products as luxury items rather than necessities.
- Countries like Scotland have taken progressive steps by making menstrual products free, setting a precedent for other nations.

**3.3. Inadequate Workplace and School Policies**

- Many workplaces and educational institutions lack menstrual-friendly policies, leading to absenteeism, stigma, and discrimination.
- Menstrual leave policies exist in some countries (Japan, Indonesia, Zambia) but are often stigmatized or poorly implemented.

## 4. Existing law & policy approaches in India

Laws and policies are sometimes used synonymously in colloquial manner, however, in legal research they hold different significance. The policies in a way represent the informal side of the government which is not in the form of contractual obligations as under the power of law. The laws are formal whereas policies afford the chance of playing participatory role to the states. Policy is described by Lowi as subservient to the formal rule of law.[3] It is because laws once in action are binding whereas policies are prepared for the purpose of good governance. In a narrower understanding, menstruation related laws differ from menstruation related policies in the mode of enforcement and consequences of their non-compliance. For instance, if menstrual discrimination is criminalized in other countries like it is presently in Nepal, such an offence would lead to imprisonment as well as fine. However, non-compliance of the policies which do not prescribe any enforcement mechanism can mostly lead to administrative actions against the implementing officials. If the guidelines and policies are not followed, no direct judicial action can be taken whereas if it is a law, the citizens as well as the enforcing officials are required to comply with it.

### Menstruation specific policies

**1. Adolescent Reproductive and Sexual Health (ARSH) Programme (2005-2013):**[4]

ARSH aimed at introducing special healthcare services meant for adolescent beneficiaries. Under this programme, many clinics are set up at sub-centres, community health centres and district hospitals benefitting adolescents irrespective of their marital status. Some of the health services that are targeted at menstruating adolescents includes counselling on MHM; care for menstrual disorders such as dysmenorrhea. It was first of the government initiatives which begun the menstrual health issues to be addressed by the government run clinics, however, there were few drawbacks including geographical inaccessibility and it remained a great policy project which could not be implemented fully to all parts of India.

**2. Rashtriya Kishor Swasthya Karyakram (RKSK) (2014):**[5]

The RKSK mandated for provision of dedicated counsellor who would attend to menstrual disorders impacting adolescents at daily clinics. The strategic on promotion of MHM involves providing knowledge on menarche to the target age group of 10-14 years of age. It also aims at introducing MHM materials including sanitary napkins and sanitary cloth. This knowledge on MHM is imbibed through ASHAs (Accredited Social Health Activists) and PE (peer educators). A WHO co-sponsored study reveals clear integration of lessons learnt from inabilities faced while implementing ARSH by MoHFW in RKSK, however, it still lacks on establishing linkages and effective monitoring.[6] Through community engagement, it is believed that adolescents be further trained on MHM and related health issues.

[3] Theodore J. Lowi, Law vs. Public Policy: A Critical Exploration 12(3) CORNELL JOURNAL OF LAW AND PUBLIC POLICY (2003), https://scholarship.law.cornell.edu/cgi/viewcontent.cgi?article=1050&context=cjlpp.

[4] Adolescent Reproductive and Sexual Health (ARSH) Programme (2005-2013), National Rural Health Mission, Government of India, http://www.nrhmhp.gov.in/sites/default/files/files/ARSH-guidelines(1).pdf.

[5] Rashtriya Kishor Swasthya Karyakram (RKSK) (2014), Ministry of Health and Family Welfare, Government of India, http://nhm.gov.in/images/pdf/programmes/rksk-strategy-handbook.pdf.

[6] Alka Barua, et. al., Adolescent Health Programming in India: A Rapid Review 17 REPRODUCTIVE HEALTH (2020), https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-020-00929-4.

**3. Reproductive Maternal Newborn Child and Adolescent Health (RMNCH+ A), 2013:**

[7] RMNCH+ A as a strategy was adopted for upkeeping with the health of mothers, children and adolescents. The use of "+A" is to denote inclusion of adolescence as a separate stage of life requiring dedicated healthcare facilities. Under RMNCH+ A, specific adolescent health clinics are set up to provide information and counselling services to adolescents on sexual and reproductive health. Knowledge and training on menstrual hygiene is one of the primary health services rendered aiming at menstruating adolescents

**4. Adolescent-Friendly Health Services (AFHS):[8]**

AFHS are aimed at providing low-cost and, in some places, free adolescent healthcare facilities funded by government. It clubbed majority of healthcare facilities including diagnosis, treatment and counselling for adolescents only. The AFHS was initiated because of hesitation felt by adolescent population while approaching the generalized medical establishments. These are available in hospitals, clinics, primary healthcare centres and rural healthcare centres both in public and private establishments. Other outreach models include mobile clinics or clinics linked to schools. Furthermore, other modes of AFHS include a toll-free helpline, online forms and as partners of established youth organizations. These AFHS are a breakthrough change in the Indian adolescent healthcare regime as it contains most of the facilities that adolescents can avail, if informed about them.

**5. Weekly Iron & Folic Acid Supplementation (WIFS) Programme:[9]**

The WIFS programme is designed for age group of 10- 19 years to prevent and treat medical diseases like anaemia occurring due to iron deficiency. One of the reasons that this programme is specific to adolescent girls as there is high likelihood of being anaemic due to blood loss during menstrual cycles. As of February 2021, WIFS operates in all parts of India with beneficiary coverage of 11.2 crore both who are attending school or are dropouts.[10] Additionally, this programme works on deworming and prevention infestation of helminths, provision of guidance and counselling on age-appropriate nutrition intake for adolescents. It also trains the workers involved in adolescent healthcare sectors which includes medical staff, nurses, Anganwadi workers, schoolteachers to enable the effective communication between the source of information and adolescents.

**6. Total Sanitation Campaign (TSC):[11]**

TSC was launched by central government in 1999 and is long functioning programme, it was initiated with an aim to construct latrines per household, sanitation hygiene education in schools, common sanitary complex, etc. In 2003, a Nirmal Gram Puraskar was introduced to felicitate the Panchayati Raj governed regions who ensured full coverage of sanitation facilities. A study was undertaken by NITI Aayog in 2013 under which TSC was evaluated from a gendered view on sanitation and hygiene as to human dignity and

[7] Reproductive Maternal Newborn Child and Adolescent Health (RMNCH+ A), 2013, National Health Mission, Government of India, http://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=794&lid=168.

[8] Improvement in Knowledge and Practices of Adolescent Girls Regarding Reproductive Health with Special Emphasis on Hygiene during Menstruation in Five Years, National Institute of Public Cooperation and Child Development, Government of India, https://www.nipccd.nic.in/file/reports/eaghealth.pdf.

[9] Operational Framework: WIFS for Adolescents, MoHFW, Government of India, http://nhm.gov.in/images/pdf/programmes/wifs/operational-framework-wifs/operational_framework_wifs.pdf.

[10] WIFS Programme, MoHFW, Government of India, https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1024&lid=388.

[11] Evaluation Study on Total Sanitation Campaign, NITI Aayog, Government of India, https://niti.gov.in/planningcommission.gov.in/docs/reports/peoreport/peo/rep_tscv1_2205.pdf.

self-respect. NITI Aayog emphasizes direct inclusion of menstrual hygiene in TSC and further research on impact of any improvement in health conditions after taking care of needs of menstrual hygiene. The installation of sanitary napkin incinerators at community sanitary complexes and girls' schools is a part of TSC. It ensures sustainable sanitation for menstruating individuals and contributed to the Millenium Development Goal 3 which included promotion of gender equality

**7. National Guidelines on Menstrual Hygiene Management, 2015**:

[12] In 2015, the Ministry of Drinking Water and Sanitation (MDWS) under the Swachh Bharat Mission. It provides for action and technical guides meant for use and implementation at state and district levels by teachers, engineers and other persons responsible in ensuring hygiene during menstruation. It discusses the different types MHM materials, mainly absorbents and their safe disposal methods. In 2017, MDWS accounted menstrual waste as a component of solid and liquid waste management system.[13] The guidelines also discuss inclusion of adolescent boys, male educators and parents so that together they create a supportive environment for menstruating adolescent girls.

## 5. Rural India and prevalent menstrual injustices

Menstrual injustices in rural India represent a complex interplay of socio-economic, cultural, and educational factors that disproportionately affect the lives of women and girls living in these areas. These injustices manifest in various forms, from limited access to menstrual products to deep-seated stigmas and taboos surrounding menstruation.

- **Limited Access to Menstrual Hygiene Products**

One of the primary challenges faced in rural India is the limited access to affordable and safe menstrual hygiene products. Many rural areas lack basic retail infrastructure, making it difficult for women to purchase sanitary napkins, tampons, or menstrual cups.[14] Additionally, the high cost of these products relative to the average income in rural households often forces women to resort to using old cloth, rags, husk sand, and other unsafe materials.[15] This not only poses significant health risks, such as infections and reproductive tract diseases, but also contributes to discomfort and a reduced quality of life during menstruation.

- **Educational Barriers**

Education about menstruation is often minimal or completely absent in rural settings. Cultural norms can make menstruation a taboo subject, preventing open discussion and perpetuating ignorance.[16] Many girls receive no education about menstruation before they experience their first period, leading to shock and confusion. The lack of knowledge can perpetuate harmful hygiene practices and increase feelings of shame and fear associated with menstrual cycles.

[12] National Guidelines on Menstrual Hygiene Management, 2015, Ministry of Drinking Water and Sanitation, Government of India, http://ccras.nic.in/sites/default/files/Notices/16042018_Menstrual_Hygiene_Management.pdf.

[13] Menstrual Waste Management: A Simple Guide, Ministry of Drinking Water and Sanitation, Government of India, https://jalshaktiddws.gov.in/sites/default/files/MGISC_Menstrual_Waste_Management_WASH_Network.pdf.

[14] Anise Gold-Watts et.al, A Qualitative Study of Adolescent Girls' Experiences of Menarche and Menstruation in Rural Tamil Nadu, India, 151 Int. J. Qual. Stud. Health Well-being 1-14 (2020).

[15] Arundhati Muralidharan, Constrained Choices? Menstrual Health and Hygiene Needs Among Adolescents in Mumbai Slums, 26 Indian J. Gend.Stud. 1-2 (2019).

[16] Shyamali Bera & Anup Adhikari, Prevalence of hygiene awareness during menstruation period among rural women of West Bengal, India, 11 IJCMPH 2 (2024)

- **Cultural Stigma and Social Taboos**

In many rural communities, menstruation is still seen as something impure or dirty. This stigma can lead to restrictions on women's and girls' participation in daily life. During their periods, they may be barred from entering kitchens, temples, and sometimes even from touching water or certain types of food. These practices not only reinforce the notion that menstruation is something shameful but also hinder women's social, educational, and economic opportunities.[17]

- **Impact on Health and Economic Opportunities**

The consequences of these menstrual injustices extend beyond immediate health risks. The inability to manage menstruation effectively can lead to absenteeism from school among girls, which contributes to higher dropout rates and less educational attainment. For adult women, menstrual challenges can mean missing days of work, which directly impacts their income and economic independence. Over time, this contributes to the cycle of poverty and limits women's opportunities for growth and advancement.

Addressing these menstrual injustices requires a multifaceted approach. It involves improving infrastructure and access to affordable menstrual products, educating communities about menstruation to break down taboos and stigmas, and implementing supportive policies that acknowledge and address the specific needs of menstruating individuals in rural India. [18]By fostering a more inclusive and supportive environment, it is possible to reduce the disparities faced by rural women and girls and move towards greater menstrual justice.

- **Health Care and Support Services**

The availability and quality of healthcare services in rural India significantly are in a glacial pace in urban areas, exacerbating menstrual injustices. Rural healthcare facilities often lack the resources and trained personnel necessary to provide adequate reproductive and menstrual health services. This deficiency not only affects the physical health of women but also their ability to obtain vital information about managing menstrual health. Moreover, the privacy concerns and sensitivity of discussing menstrual issues are not adequately addressed, which discourages many women from seeking help or discussing their concerns with healthcare providers.[19]

- **Environmental Concerns**

Environmental factors also play a crucial role in menstrual injustices. In rural areas, the lack of clean water and sanitation facilities makes it challenging to manage menstruation hygienically. Women and girls often have to travel long distances to fetch water, which is not always clean, and the absence of private toilets at home and in schools puts them at risk of infections and compromises their dignity. These conditions not only pose health risks but also contribute to the anxiety and stress experienced by menstruating individuals.

- **Community Engagement and Local Solutions**

To combat these injustices, it is essential to engage with local communities and empower them to lead change. Community-led initiatives that involve local leaders, women's groups, and young people can help shift cultural norms and improve menstrual health management. These programs can facilitate the local

[17] Enu Anand et al., Menstrual Hygiene Management among Young Unmarried Women in India, 1 Soc.Sci. Spectr. (2015).
[18] Aditya Singh et.al, Wealth-based inequality in the exclusive use of hygienic materials during menstruation among young women in urban India, 17 PLoS ONE 11 (2022).
[19] Reshmi RS et.al, An intervention to empower and engage the self-help groups for menstrual hygiene in Karnataka, India, 4. Int J Reprod. Contracept. Obstet. Gynecol. 1 (2015).

production of affordable and sustainable menstrual products, like cloth pads or biodegradable sanitary pads, which can be a viable alternative for women in these areas.[20]

Educational workshops and campaigns can also be instrumental in breaking the silence around menstruation. By involving men and boys in these conversations, communities can foster a more inclusive environment that supports and upholds the rights of menstruating individuals.

- **Policy and Government Intervention**

The role of policy in addressing menstrual injustices cannot be understated. There is a need for specific government policies that focus on improving menstrual health management in rural areas. This includes mandating comprehensive menstrual health education in schools, subsidizing menstrual products, and investing in better healthcare infrastructure. Additionally, policies should also aim to improve water and sanitation facilities to provide a supportive environment for menstruating individuals.[21]

To achieve menstrual justice in rural India, it's essential to integrate menstrual health into broader health and gender equality agendas. Collaborative efforts between governments, non-profits, and community organizations are crucial in creating sustainable changes. Moreover, leveraging technology and innovation can provide novel solutions to some of these persistent challenges, such as mobile health platforms that offer guidance and support on menstrual health management.

Addressing the complex layers of menstrual injustices in rural India requires a concerted and holistic approach. By recognizing the unique challenges faced by menstruating individuals in these settings and implementing targeted interventions, it is possible to foster a society where menstrual health is not a barrier, but a basic right upheld for all.

## 6. Hidden Barriers: Addressing Menstrual Injustice in Urban India

Menstrual injustices in urban India, while differing in context from rural areas, present unique challenges that reflect broader social inequalities and systemic issues. Urban settings often boast better infrastructure and access to resources, yet disparities in economic status, access to education, and cultural diversity create complex barriers for effective menstrual health management.[22] These challenges contribute to ongoing menstrual injustices, impacting women and girls across various urban communities.

- **Economic Disparities and Access to Menstrual Products**

In urban India, the economic divide is stark, with significant disparities between different socio-economic groups. While menstrual products like sanitary napkins, tampons, and menstrual cups are more readily available in cities, their cost remains prohibitive for many, particularly those living in slums and low-income neighbourhoods.[23] This economic barrier forces many women and girls to continue using inadequate and unhygienic materials to manage their menstruation, leading to health risks and discomfort.

[20] Ellen McCammon et.al, Exploring young women's menstruation-related challenges in Uttar Pradesh, India, using the socio-ecological framework, 28 Sex Reprod. Health Matters 1 (2020).

[21] Sukanya L & Roshinidevi Baskaran, Knowledge, attitude and practices regarding menstrual hygiene among adolescent schoolgirls in Thandalam, Tamil Nadu, 11 Int. J. Pharm. Sci. Res. 4 (2020).

[22] Jancy Helena & Jilly Philippa, A Comparative Assessment on Menstrual Hygiene Knowledge, Perception, and Practices Among the Adolescent Girls in Rural and Urban Schools of Karur District, Tamil Nadu, South India, 5. IJARIIT.4 (2019)

[23] Laura Rossouw & Hana Ross, Understanding Period Poverty: Socio-Economic Inequalities in Menstrual Hygiene Management in Eight Low- and Middle-Income Countries, 18. Int J. Environ. Res. Public Health. 5 (2021)

- **Cultural Diversity and Stigmatization**

Urban areas in India are melting pots of cultures, each bringing its own beliefs and practices regarding menstruation. This diversity, while enriching, can also perpetuate a variety of stigmas and taboos surrounding menstruation.[24] In some communities, menstruating women are still considered impure and face restrictions like those in rural areas, such as being barred from religious rituals and social gatherings. These cultural stigmas can isolate women and girls, affecting their mental health and social well-being.

- **Challenges in Education and Awareness**

Although urban settings might offer better access to education, the quality and inclusivity of education about menstruation vary widely. Many schools lack comprehensive sex education programs that include menstrual education, leaving both boys and girls with gaps in their understanding and perpetuating myths and misconceptions about menstruation. This lack of awareness can lead to bullying and shaming of young girls, which discourages them from attending school during their periods and affects their educational outcomes.[25]

- **Health Care Access and Quality**

Despite better proximity to healthcare facilities in urban areas compared to rural settings, not all facilities are equipped to provide specialized menstrual health care. Moreover, healthcare providers may also harbour the same cultural biases and stigmas, which can prevent them from offering empathetic and informed care to women seeking help for menstrual issues.[26] The privacy and comfort of patients are often compromised in overcrowded urban clinics and hospitals, deterring women from seeking necessary medical attention.

- **Policy and Infrastructure**

Urban infrastructure often fails to support menstruating women adequately. For instance, public toilets and restrooms in many urban areas are insufficient, unhygienically maintained, or lack privacy, making it difficult for women to manage their menstruation safely and with dignity while outside their homes.

- **Moving Forward: Actions and Innovations**

Addressing menstrual injustices in urban India requires targeted interventions that account for the diverse needs of different communities. Innovations such as subsidized vending machines for menstrual products in public and community toilets, mobile applications for menstrual education, and community-led initiatives can make a significant difference. Policy interventions need to ensure that menstrual health is integrated into urban planning and public health agendas, with a focus on making cities inclusive and supportive of menstrual health needs.

Efforts must also be made to normalize menstruation in the urban cultural landscape, using media and public campaigns to challenge and change prevailing stigmas and taboos. By fostering an environment where menstrual health is openly discussed and adequately supported, urban India can move towards a more equitable and just society where menstrual health is recognized and respected as a vital aspect of women's health and well-being.

The Maharashtra National Law University (MNLU) Aurangabad, India implemented a menstrual leave policy for its students, which was reported to be the first of its kind among the National Law Universities

[24] Elizabeth R. MacRae et.al, 'It's like a burden on the head': Redefining adequate menstrual hygiene management throughout women's varied life stages in Odisha, India, 14. PLoS ONE.8 (2019).
[25] Ibid.
[26] Astha Ramaiya et.al, How does a Social and Behavioral Change Communication Intervention Predict Menstrual Health and Hygiene Management: A Cross-Sectional Study, 19. BMC Pub. Health (2019).

in India. Under this policy, female students are entitled to take one day of leave per month specifically for menstrual reasons without requiring a medical certificate. This leave is also not counted against their overall attendance.

The policy aims to accommodate the physical and psychological discomfort that can accompany menstruation, recognizing it as a natural health process rather than a medical illness. It also seeks to reduce the stigma associated with menstruation and promote a more inclusive and supportive academic environment.

This initiative by MNLU Aurangabad highlights a growing recognition of menstrual health as an important issue in educational institutions, aiming to provide equal opportunities for all students. Similar policies have also been considered or implemented in other parts of the world, reflecting a broader movement towards menstrual equity.

The menstrual leave policy at Maharashtra National Law University (MNLU) Aurangabad further reflects an evolving perspective on gender inclusivity and health awareness in educational settings. Instituted in early 2020, this policy acknowledges the challenges that menstruation can pose to female students in maintaining academic commitments.

In addition to providing one day of menstrual leave per month, the policy does not require students to submit a medical certificate to avail this leave, which helps reduce the bureaucratic hurdles and potential discomfort associated with proving one's health condition. This aspect of the policy is particularly significant, as it respects the privacy and dignity of the students, encouraging them to take necessary rest without having to justify their physical state.

The introduction of such a policy at MNLU Aurangabad was met with positive responses from many students and faculty, recognizing it as a progressive step towards addressing gender-specific health issues openly and respectfully. It also set a precedent for other educational institutions in India to consider similar measures.

Moreover, the policy can potentially impact academic performance positively by allowing students who might otherwise suffer in silence during their menstrual cycle to take necessary breaks without penalty. This approach not only supports the well-being of the students but also contributes to a more supportive and productive learning environment.

This policy aligns with global movements and discussions around menstrual equity, which advocate for policies that recognize and accommodate menstrual hygiene management needs in various public and private sectors, including education, workplace, and public facilities. Such policies are crucial for promoting gender equality and ensuring that menstrual health is recognized as a legitimate health care need.

- **Workplace and Employment Challenges**

In urban India, menstrual injustices also extend into the workplace, where inadequate support and facilities for menstruating women are common issues. Many workplaces lack private and hygienic sanitation facilities, which are essential for women to manage their menstruation comfortably during work hours.[27] Additionally, there is often a lack of policies that accommodate menstrual health needs, such as flexible sick leave or breaks for women experiencing severe menstrual symptoms. This absence of support not only affects women's physical comfort but also their job performance and professional opportunities.

[27] Vikas Chothe et.al, Students' perceptions and doubts about menstruation in developing countries: a case study from India, 15. Health Promot.Pract.3 (2014).

- **Public Awareness and Advocacy**

Despite the progress in urban settings, public awareness regarding menstrual health remains limited. High levels of literacy and media exposure do not necessarily translate into informed understanding. Campaigns and initiatives often fail to reach a broad audience or do not effectively change deep-seated attitudes. Increased advocacy is needed to educate the wider public, including men and other non-menstruating individuals, to foster a supportive community that can advocate for policy changes and societal shifts.[28]

- **Environmental and Sustainable Menstrual Products**

Urban consumers often have access to a wider range of menstrual products, including more sustainable options such as reusable pads and menstrual cups. However, awareness about these sustainable products is still not widespread, and misconceptions about their use and hygiene persist. Promoting these products not only addresses environmental concerns associated with disposable sanitary waste but also provides long-term cost-effective solutions for women.

- **Integrating Technology for Menstrual Health Management**

The urban environment offers unique opportunities for leveraging technology to improve menstrual health management. Digital health platforms, apps, and online communities can provide critical resources and support networks for women. These platforms can offer anonymity and privacy, encouraging more women to seek information and share their experiences without fear of stigmatization. Furthermore, technology can be used to track menstrual health trends, providing data that can inform better public health strategies and interventions.

To effectively combat menstrual injustices in urban areas, a collaborative approach involving multiple sectors is crucial. This includes partnerships between government bodies, non-governmental organizations, healthcare providers, educational institutions, and private enterprises. Such collaborations can help in the implementation of comprehensive menstrual health programs that address both immediate needs and long-term challenges.

Effective policy measures are critical to addressing menstrual injustices. Urban areas require specific policies that focus on providing menstrual health education in schools, making menstrual products more affordable and accessible, and ensuring that workplaces and public spaces are equipped with adequate facilities.[29] Additionally, enforcing existing laws and regulations that protect the rights of menstruating individuals is essential to make real progress in combating menstrual injustices.

In conclusion, addressing menstrual injustices in urban India necessitates a nuanced understanding of the interplay between cultural, economic, and infrastructural factors. By implementing targeted interventions, promoting public awareness, leveraging technology, and fostering multi-sectoral collaboration, urban India can create an environment where menstrual health is not a privilege, but a fundamental right ensured for all women and girls.

## Conclusion

In India, there is highest policy coverage, yet the policies are not able to fill the gaps of implementation, and it fails to reach a certain stratum of the population. Another issue within Indian framework is that it

[28] Neha Choudhary & Manoj K. Gupta, A comparative study of perception and practices regarding menstrual hygiene among adolescent girls in urban and rural areas of Jodhpur district, Rajasthan, 8. J. Family Med. Prim. Care. 3 (2019).

[29] Sumana Y. et.al, Menstrual Hygiene: Gaps in the Knowledge and Practices in Adolescent School Girls, 2. J. Evidence Based Med & Healthcare. 17 (2015).

promotes sanitary napkins only without evaluating the possible environmental risks. Even the recent National Education Policy fails to address the aspect of MHM and female school absenteeism which is demonstrated by many researchers in South Asia. In India, few state rules deal with the children under care and the superintendents are supposed to keep a case file about their menstruation. There is no mention about access to menstrual absorbents.

This paper underscores the profound menstrual injustices pervading both rural and urban landscapes in India, illuminating how deeply ingrained socio-cultural norms and economic disparities curtail the menstrual dignity of countless women and girls. While urban environments might boast better accessibility to menstrual products and healthcare, they are simultaneously marred by socioeconomic divides and cultural stigmatization that perpetuate exclusion and discrimination. Conversely, rural areas grapple with a more pronounced lack of infrastructure, leading to severe accessibility issues and deeply rooted educational gaps about menstruation.

The paper highlights the urgent need for comprehensive policy reforms that prioritize menstrual justice as an integral part of public health and gender equality agendas. To bridge these gaps, it is essential to foster community engagement and deploy targeted educational programs that aim to dismantle the persistent stigmas surrounding menstruation. Moreover, strengthening healthcare systems and ensuring the affordability and availability of menstrual hygiene products are pivotal to enabling all individuals who menstruate to manage their menstrual health with dignity and without impediment.

In conclusion, achieving menstrual justice in India requires a holistic approach that integrates the efforts of policymakers, healthcare providers, educators, and community leaders. By collectively striving for an inclusive society where menstrual health is recognized as a fundamental right, we can ensure that every woman and girl can embrace their menstrual cycle as a natural aspect of their lives, free from stigma and inequality. This paper calls for a renewed commitment to menstrual equity, advocating for a future where menstrual justice is not merely an aspiration but a realized, enduring reality for across India.

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