



Integrate menstrual health & hygiene to achieve the Acceleration Plan for Gender Equality

Statement by the Global Menstrual Collective¹ for the Generation Equality Forum

Every day, more than 320 million people menstruate. Menstruation is a normal biological process experienced by half the world's population for a significant part of their lives. Millions of women, girls and other people who menstruate are adversely affected by negative social norms, discriminatory menstrual practices and inadequate menstrual health² and hygiene services. This has a negative impact on their sexual and reproductive health and rights, psycho-social well-being, educational and work opportunities, undermining progress towards gender equality and the realisation of human rights.

Progress on menstrual health & hygiene (MHH) is vital to realise the four actions on bodily autonomy and sexual and reproductive health and rights defined by the Action Coalition³.

More specifically:

Action 1: Increase delivery of comprehensive sexuality education in and out of school reaching 50 million more children, adolescents, and youth by 2026.

Menarche is a marker for a girl⁴ to enter her reproductive life-cycle. Timely information about menstruation, the menstrual cycle and changes experienced during puberty, as well as practical knowledge on self-care and hygiene practices is a first step towards bodily autonomy. This needs to be integrated into CSE for children, adolescents and youth to ensure that young people are not limited by menstruation. When girls can manage their menstruation safely, hygienically, with confidence, and without stigma, they are more likely to stay in school once they start puberty. A girl that stays in school is less likely to get married early, have children when she is not yet ready to, or become subject to domestic violence.

GMC Action: ensure MHH information is integrated into CSE as part of the increased delivery.

Action 2: Within a comprehensive SRHR framework, increase the quality of and access to contraceptive services for 50 million more adolescent girls and women; support removal of restrictive policies and legal barriers, ensuring 50 million more adolescent girls and women live in jurisdictions where they can access safe and legal abortion by 2026.

¹ The Global Menstrual Collective brings together UN organizations, academia, government, funders, private sector, existing coalitions, advocacy groups, youth focused organizations, religious groups, independent consultants and international non-governmental organizations. The purpose of the Collective is to drive and guide investment in menstrual health and hygiene through evidence-based advocacy. Learn more about the Global Menstrual Collective here: <https://globalmenstrualcollective.org/who-we-are/>

² Menstrual health: a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle <https://doi.org/10.1080/26410397.2021.1911618>

³ https://forum.generationequality.org/sites/default/files/2021-03/AC_Acceleration%20Plan.Final%20Draft%20%28March%2030%29_EN.pdf

⁴ Using the terminology girl, yet in recognition of all children, adolescents and youth who menstruate/are able to menstruate

There are several intersections between menstrual health and hygiene and contraception: hormonal contraceptives are among key treatments to alleviate symptoms of menstrual disorders. Contraceptive-induced menstrual bleeding changes⁵, as a result of hormonal contraception use, need to be understood, anticipated, and managed by girls and women. Negative or unexpected changes can lead to dissatisfaction or discontinuation, whereas positive menstrual experiences may lead to greater satisfaction with contraceptive services. When girls and women are more knowledgeable about their bodies, menstrual cycle and fertility they may be more empowered and better equipped with the information, tools, and confidence necessary to manage their long term sexual and reproductive health, including family planning and safe contraception use.

GMC Action: information about the linkage between contraception and menstrual experiences needs to be included in the contraceptive service package.

Action 3: Through gender norms change and increasing knowledge of rights, empower 260 million more girls, adolescents and women in all of their diversity to make autonomous decisions about their bodies, sexuality and reproduction by 2026; enact legal and policy change to protect and promote bodily autonomy and SRHR in at least 20 countries.

The taboos and stigma surrounding the menstrual cycle are rooted in gender inequality and underpin negative, menstrual related gender norms. These may limit the ability of women and girls to make informed decisions about menstrual practices and their freedom to decide how they participate in society, without restrictions related to their menstrual cycle. Thus, menstrual health and hygiene is fundamental to the fulfilment of human rights to bodily autonomy, health, education, water and sanitation, work and others. A positive social environment free from menstrual related stigma, may require resources and support from family members, the community, local institutions and the government. It is essential that efforts to address taboos and stigma empower women, girls and other people who menstruate to voice their menstrual experiences and claim their rights. These efforts must also engage a wide range of actors and menstrual health and hygiene should be incorporated into relevant policies and programmes.

GMC Action: accelerate efforts at community, local, national and global levels to tackle the taboos and stigma surrounding the menstrual cycle including through the annual Menstrual Hygiene Day on 28 May. Promote the integration of MHH into national policies that are funded and implemented.

Action 4: Increase accountability to, participation of and support for autonomous feminist and women's organizations (including girl-led and Indigenous organizations), women human rights defenders and peacebuilders strengthen organizations, networks and movements working to promote and protect bodily autonomy and SRHR.

The global menstrual movement is a rapidly growing and diverse constituency with collective strength to contribute to promoting and protecting bodily autonomy and SRHR.

GMC Action: ensure networks and movements active in the field of MHH such as the Global Menstrual Collective, the Menstrual Hygiene Day partnership (+800 member organisations), the African Coalition for Menstrual Health Management, as well as many other regional, national and local networks and coalitions, and movements are supporting this action.

⁵ <https://www.psi.org/2020/12/how-contraception-can-define-girls-and-womens-menstrual-experience/>

Commitment from the Global Menstrual Collective to the Generation Equality Forum Action Coalition on Bodily Autonomy and Sexual and Reproductive Health and Rights

The Global Menstrual Collective commits to deliver its five-year strategy of collective, evidence-based advocacy to apply persistent pressure on those with international and national decision-making power and influence over the integration of menstrual health and hygiene concerns into policies, programmes, services and budgets. Our advocacy will use good evidence, and clear, effective, targeted messages communicated at opportune moments. We will take action to change social norms around menstruation to create environments where government, business and civil society leaders are encouraged to act.

To achieve our strategy, GMC members collectively commit to deliver

1. Production and dissemination of a series of policy briefs and case studies on the contributions of menstrual health and hygiene to relevant SDGs.
2. Baseline research into spending on menstrual health and hygiene and track progress made over 5 years.
3. A cohesive set of metrics on menstrual health and hygiene that is agreed on and used by inter-governmental bodies responsible for monitoring accountability for SDG commitments in the areas of sexual and reproductive health, education, water supply and sanitation, health and protection in humanitarian sectors.
4. A new research agenda on menstrual health and hygiene based on evidence gaps identified by stakeholders; assist bridging relationships between researchers, practitioners and donors; and advocate for donor champions to finance research guided by the Evidence Gaps analysis of the GMC.
5. Facilitation and convening spaces for donor and government champions to vocalise their support for inclusion of menstrual health and hygiene into global and regional policies, strategies and SDGs.
6. Advocacy for increased investment in MHH and identify, utilise and leverage opportunities for policy and cross-sectoral integration.

Endorsing organisations:

[African Coalition for Menstrual Health](#)

[Days for Girls](#)

[Irise International](#)

[Madami](#)

[MSI Reproductive Choices](#)

[PSI](#)

[PSI Europe](#)

[Save the Children](#)

[Simavi](#)

[The Case for Her](#)

[Toilet Board Coalition](#)

[WASH United](#)

[WaterAid](#)

