



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

MHM- The Humane Angle

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Abstract: This article sees the issue of MHM from a humane angle. It opens up with the judgment of the Supreme Court (SC) on MHM as Right to Life under the article 21. It touches upon the key issues related to MHM from the SC point of view.

Thereafter, it browses through the literature borrowing from National Family Health Survey, British Medical Journal, Government of India guidelines on MHM, Sustainable Development Goals & experience of Water Aid of India (WAI) on MHM.

Through the work of WAI, the humane angle of MHM is catalyzed by the approach, activity, systemic changes that the stake holders of WAI adopted while dealing with the issue of MHM.

The working area of MHM through the eyes of WAI is depicted through a figure while the approach of working on MHM is depicted through two tables having five variables. One table is for the intervention at school & the other at the level of community.

Index Terms - SC, MHM, ARSH, WASH, RHRL, RAE, RTE

INTRODUCTION

Menstrual Hygiene which is a part of the concept of Menstrual Health & Hygiene Management (MHM) is a fundamental right. In a judgment delivered jointly authored by justices J B Pardiwala & R Mahadevan on 30th Jan, 2026, the bench fixed a time line of 3 months for governments to enforce its directions.¹

It also advised for regular monitoring of implementation & posting of the case for hearing after 3 months & currently the deadline has been extended to 15th August, 2026. The next hearing is scheduled on 1st September, 2026. In its judgment, the court wished to communicate to every girl child who might have become a victim of absenteeism because her body was perceived as a burden. The court said it was not her fault. The court wished that these words reach law review reports and every body's conscience of society at large.¹

Inaccessibility of menstrual MHM measures undermines the dignity of a girl child & menstruation acts as a barrier to the rights to access to education as many researches pointed out to absenteeism of girl students because of poor MHM practices. Absence of measure of MHM entrenches gendered disadvantage by converting a biological reality into a structural exclusion. Dignity finds expressions in conditions that enable individuals to live without humiliation, exclusion and avoidable suffering.¹

The 'Right to Life' under article 21 of the constitution includes the right to menstrual health. Access to safe, effective & affordable MHM measures help a girl child attend the highest standard of Adolescent Reproductive & Sexual Health (ARSH). The Right to Healthy Reproductive Life (RHRL) embraces the Right to Access Education (RAE) & information about Sexual Health (SH).¹ Quality of education goes beyond text books, teachers, classrooms & it includes all the conditions that enable effective learning & continuity of schooling. Failure to provide sanitary napkins creates a gender specific barrier that impedes attendance & continuity in education thus defeating the substantive guarantee of free & compulsory education. Thus, measures are to be taken to spread awareness about MHM to ensure that menstruation should not be a topic that is only shared in whispers.¹

The Supreme Court (SC) ordered National Council of Educational Research & Training (NCERT) & the State Council of Educational Research & Training (SCERT) to incorporate gender responsive curricula that is focused on menstruation, puberty & other related health concerns that breaks stigma & taboo associated with menstrual health & hygiene. Simultaneously, boys are to be educated about the biological reality of menstruation. A male student who is not sensitized on this issue may harass a menstruating girl child that discourages her & encourages absenteeism from school.¹

Time is over ripe that the centre & states recognize menstrual health as a shared responsibility rather than a women's issue. Awareness must not be limited to girls but should extend to boys, parents & teachers. Open discussion on menstruation in schools helps cease the issue as a shame. It should be recognized as a biological fact. The process must be seen as a collective effort rather than a 'constitutional pull'.¹

Regarding the lack of gender segregated toilets in schools despite almost two decades after the passing of Right to Education (RTE) law, it emerges as a stark constitutional failure. The state mandates barrier free access to school building & separate toilets for boys & girls. The reality is that after 17 years of passing the RTE law, many schools lack basic necessities for students. The norms & standards laid down in the schedule should not be procedural in nature but are integral to the effective realization of section 3 of the RTE Act & more particularly the RTE under Article 21A.¹

Literature Browse

Population of 14-50 years or the reproductive age group woman globally is approximately half of the population both at global and national level. MHM stands for three different words and each of them connotes an entire program in itself. Menstruation has to be addressed and understood at all levels. Hygiene is a cross cutting issue and it applies in the menstrual process as well. Management is all about dealing with the products used during menstrual cycle. Like all other physiological process menstruation

Box 1- Key facts about menstrual hygiene management in India (Source- BMJ & NFHS 5, NFHS 6)

- 48% of adolescent girls are aware of menstruation before their first menses/menarche³
- 55% of adolescent girls consider menstruation as normal³
- 24% of adolescent girls report missing school during menstruation³
- 77.6% & 79.2% of young women, in the age group of 15-24 years, used a hygienic method of menstrual protection respectively in the 5th and 6th round of NFHS^{4,6,7}
- Used menstrual materials often thrown in the open, in water bodies, or burned in the open³

is a normal physiological process. Puberty Starts at the age of 9-12. Millions of girls across India struggle to manage their monthly periods. They face challenges related to insufficient and erroneous information about menstruation and menstrual hygiene. The lack of access to safe products, use of unsafe materials and unhygienic practices, limited access to water, sanitation, hygiene and disposal facilities further add to the woes. The broader socio-cultural and policy environment that shapes what and how much information girls and women receive, and their uninterrupted access to safe/good quality menstrual absorbents and Water Sanitation & Hygiene (WASH) facilities is the overarching issue. When girls and women are unable to manage their periods, they are vulnerable to adverse health and nutritional outcomes such as reproductive tract infections (RTI), anxiety and stress, restricted food and water intake leading to anemia. This also impacts education outcomes, such as school absenteeism and discontinuation. Given the deeply entrenched socio-cultural aspects of menstruation, Menstrual Health and Hygiene (MHH) is linked with empowerment-related issues such as mobility, self-efficacy and decision-making.^{4,5,6,7}

Globally, as per the Sustainable Development Goals (SDG), MHM happens to be an indirect relation to goal # 4 and its target 6.2. The SDGs were framed in 2015 but the MHM concept was adopted by the UN Human Rights Council in 2014. Thereafter, India in 2015 initiated the MHM guidelines through the Ministry of Drinking Water and Sanitation. The Commission on the Status of Women (CSW) adopted MHM in its resolution in 2019. The procurement of sanitary pads by the public health system of the states was initiated in 2016. Since 2015, the global MHM day is being

organized every year at the state and national level. The current situation in the country is reflected in the NFHS of the GOI.^{4,5,6,7}

The National Family Health Survey-6 (NFHS-6) provides the latest data on the use of hygienic menstrual materials in India. The latest data in comparison to NFHS -5 tells that there is great improvement in usage of hygienic menstrual product. Overall in India there is increment of 1.6%.⁷

An experience of Water Aid, a NGO in India

Water Aid has worked on MHM as one of sub hygiene behavior among five hygiene behaviors that the agency focus in program for behaviour change awareness. Initially it was adopted as one of behaviors where messaging on myths and taboos and use of Sanitary Napkin or use of clean cloth were addressed. It took a next level way back in 2014 when first global MHM day was announced and celebrated across globe, Water Aid too took lead in organizing Global MHM day events across the country wherever the agency was implementing programs. Water Aid (WA) collaborated with State National Health Missions (NHM), Women & Child Development (WCD) department to focus on MHM related issues. This gave a leap to WA to understand the issue in-depth and explore ways to collaborate with the federal system to work on the MHM related issues.⁸

Water Aid engaged with alliances and Non Governmental Organizations (NGOs), Developments Partners (DP) and Centre and state NHMs, WCD and Swachh Bharat Mission (SBM) to work on MHM, where currently it expanded its work and knowledge on issues related to MHM related myth and taboos, use of informed product choices, disposal of menstrual waste etc.⁸

Water Aid implemented the stand-alone project on MHM in collaboration with United Nations Funds for Population Activities (UNFPA) in four states in partnership with UNFPA. Water Aid India aimed to improve the health and wellbeing of adolescent girls by supporting them in managing their menstrual cycles in a healthy manner. Over a 24-month period between September 2020 & August 2022, Water Aid India (WAI) worked directly with adolescent girls, their mothers, frontline functionaries, community influencers, and Government at various levels to strengthen MHH policy and programs to improve adolescent health and wellbeing. The work generated evidence to inform State and National policy and programs on MHH.⁸

The project was based on WAI's guiding principles triad that included the following components. These are given below.⁸

System Approach: Water Aid India firmly believed that the Government can deliver programs at the scale and impact required to reach everyone, everywhere with improved MHH interventions. Project deliverables can provide Government at District, State and National levels with relevant evidence-based inputs on critical aspects of MHH, as well as guidance on emerging issues such as MHH in emergency contexts and MHH for persons with disabilities.⁸

Evidence Led: WAI conducted studies and developed several evidence-based documents on emerging MHH topics that were relevant for Government and non-Government sector stakeholders.⁸

Impact at Scale: To benefit the adolescents across India, WAI worked with State Governments of the states of Rajasthan, Bihar, Chhattisgarh and Telengana to strengthen the critical components of MHH policy. The agency provided technical support to Government departments responsible for the implementation of MHH programs.⁸

Over the year the experience of WA has grown to a level where the agency led the issue from the front, technically supporting the State and centre governments and engaging with alliances and developments partner to promote enhanced knowledge on various aspects of MHM like informed product choice, disposal of menstrual waste and also created great awareness in program areas on myths and taboos in areas where the agency implements the programs. It also created MHM ambassadors at the grass root level and MHM champions in organization who led the issue in various ways. WA has done great work on MHM and School WASH area across all programs where the outcomes were improved knowledge, improved sanitation and water facilities, availability of menstrual products and disposable solutions.⁸

MHM- WAI Approach

Based on the above experience, WAI adopted the following approach towards the identified issues thus making MHM a humane approach.⁸

The first was bring MHM into main stream issues and link in to WASH. It was followed by the process to work with State Governments and lead departments to mainstream and bring focus on MHM. The third was to focus MHM in Schools and for reproductive age woman i.e. girls, mothers of adolescent girls, and other reproductive age women in community. The next was that MHM needs to be focused as a complete package where informed product choice is given to users, myth taboos, disposal methods and nutritional awareness is focused. It was followed by the approach of engaging with alliances and organizations working on MHM and health issues and scale the voice & deep diving on the issue of MHM behaviors. The following section deals with the focus points related to behavioural issues on MHM.⁸

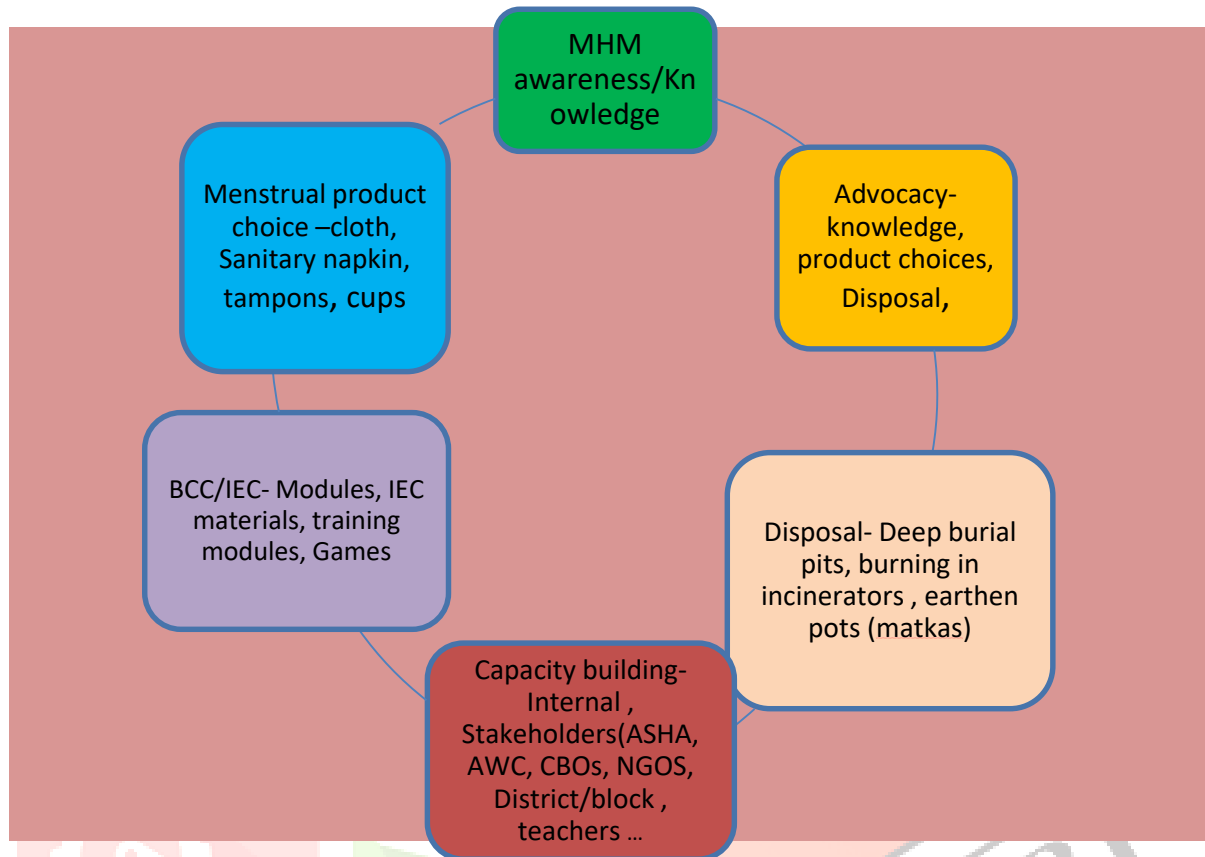
The first focus was on the informed product choice & use of Safe and Hygiene Menstrual Products like cloth, napkin, tampons, cloth napkin & menstrual cup. Next was to ensure the availability of functional private or safe place to change. This is the aspect of use of toilet or private place for change of cloth. It was followed by the usage practices of menstrual products. These included the aspect of 'change used product every 3-4 hrs' i.e. cloth or napkin change or cleaning of menstrual cup.⁸

Other focus areas were availability of Water and Hand Hygiene facility that included steps like wash hands with soap and water before and after changing of napkin/cloth napkin. Demystification of Menstruation process was the next focus. This included that it is a normal physiological issue. Hence, do not discriminate due to menstruation. The prevented activities related to the myth were food touching, entering in Kitchen, talking to men or boys, playing outside and going to schools. To do list was the next focus.⁸

Information, training and dissemination were the triad. It was ensured that correct information is passed in generation through mother, family, school teachers, peers & health providers.

The next aspect of the article is the figure related to MHM where the verticals or areas of work of WAI is shown

Figure 1- Areas of MHM⁸



The last aspect of the article deals with tables that show five variables of MHM as an activity of the WASH component under the gamut of the School WASH approach. It is followed by the approach at community level.⁸

Table 1- At School level⁸

Key Stakeholders	Mode/method	Responsibility	Tool	Activity profile
Teachers	Training on MHM issues/components	WA project team in focused geography and Education department at scale	MHM module, Apron, movies	Sessions
WASH brigade	Session on MHM issues and components	Teachers (hand holding by WA project team initially in focused area/schools), BSA ABSA , teachers at scale	MHM module, Apron, movies	Games
Girls and boys	Session on MHM issues and components and also need to include session for boys on developments in them during puberty	Teachers (hand holding by WA project team initially in focused area/schools), BSA ABSA , teachers at scale	MHM module, Apron, movies	Campaigns

Table 2- MHM at community level⁸

Key Stakeholders	Mode/method	Responsibility	Tool	Activity profile
Adolescent girls and boys	Training on MHM issues/components	WA project team in focused geography and Education department at scale	MHM module, Apron, movies , games posters etc	Trainings
Mothers of adolescent girls	Session on MHM issues and components	Teachers (hand holding by WA project team initially in focused area/schools), BSA ABSA , teachers at scale	MHM module, Apron, movies , games posters etc	Events – Art poster

Conclusion

The humane approach of MHM initiates through the eyes of law. It expands to large scale health surveys that trap the indicators related to MHM. Further the humane angle enters the domain of the federal system where the central and state governments work towards achieving the Sustainable Development Goals that address MHM through the gamut of Water, Sanitation & Hygiene.

Experience of making the issue of MHM as humanity driven issue are achieved through activities & structural reforms at institutions, community level where a variety of stake holders participate. These activities clubbed together under a myriad of variables where the stake holders are accountable for various activities.

Monitoring of these activities and improvement of these activities from experiential learning will only make the MHM issue more humane.

Acknowledgement

The lead author acknowledges the contribution of all the co-authors. The lead author duly acknowledges Water Aid India for the contents in this article. The lead author worked with Water Aid. The lead author also acknowledges the organization not only for the content but also for the understanding of the MHM issue while working for various activities in the MHM project of Water Aid.

Declaration

The lead author declares that the contents in the article are suggestive in nature.

Conflict of Interest

There is no conflict of interest related to the article.

Funding

No funding was received towards the article.

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