



Exploring The Paradigm Shift From Equality To Dignity With Special Reference To Women's Rights Related To 'Menstrual Hygiene' In India And Europe: Understanding The Connection With The Sustainable Development Goals

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ABSTRACT

Women's rights and gender equality have always been seen as being fundamental, rather inevitable conditions for sustainability, on both national as well as global levels. Global development goals have given much acknowledgment to addressing the issues that hinder women's progress, such as discrimination, violence, unequal access to education and economic opportunities, and limited political representation; focusing on bringing 'equality' between the contesting sexes. Predominantly, the thrust areas aiming at gender equality and empowerment have been domestic rights, civil rights, education, political and work participation, and the like. With social change, the whole paradigm of speech and expression has also changed. Many aspects never used to be discussed earlier, menstruation and menstrual hygiene are some of those 'never cared for' concerns. Gendered notions and the pressure of patriarchy did not allow these concerns to surface in discussion or social issues and they stayed overlooked for being very individualistic, in fact, 'feminine' in nature. Women used to be judged with prejudices and did not get social acceptance if they shared about biological or any other related aspects of sexuality in public or even in the family. This hesitation among women has been one major cause because of which menstrual hygiene has been ignored as a crucial factor of 'health' for decades. Gradually as an impact of movements for individual liberty and gender equality, the expression by women has become fearless and open; many women now address their biological and menstrual concerns publically and in families also. Changes in social and legal institutions have also led to the broadening of women's expression. In addition, this has been accepted and claimed that 'access to clean and safe menstrual hygiene management facilities and affordable and sustainable menstrual products' is not only a matter of health but also a fundamental right that impacts women's dignity along with equality. The present paper attempts to explore and interpret the connection between women's rights and menstrual health within the framework of sustainable development. A major aim of the paper is to assess the progress made by Europe and India in addressing and redressing the issues related to menstruation and menstrual health being faced by women. Major sources of information and data that have been used for developing this manuscript include the existing literature; policy documents; reports from international and national organizations; and other statistical data available on organizations' website/s. The information gathered hereby has helped the authors to draw a logical comparative analysis of related conditions and provisions in Europe and India. Although the research has uncovered noteworthy findings, the overall analysis of India and Europe emphasises that there is a requirement for a holistic and direct approach to sustainable development that considers the needs and challenges faced by women and girls related to menstrual health and hygiene.

Keywords: Women's Rights; Gender Equality; Menstrual Health and hygiene; Sustainable Development Goals; patriarchy; social acceptance; sustainable menstrual products.

Introduction:

Human life in a civilized society is fundamentally dependent on respect and adherence to human rights. As per the definition of the UN Centre for Human Rights, these are “those rights that are inherent in our nature and without which we cannot live as human beings” (Das, 2005). The basic tenet of these rights is the notion that each individual has fundamental value and dignity which is necessary to protect everyone's equal and inviolable rights to live in freedom, be treated fairly, and enjoy equality in addition to their right to live in peace (Das, 2005; Kaur, 2009). Although these rights encompass all of humanity, that means beyond the scope of just one gender, and our constitution provides and safeguards these rights for both men and women, however, achieving gender equality remains a far-fetched aim in a society that is marked by the pervasive control of men over various aspects of women's lives. The history and existence of humanity have been influenced by perennial issues such as gender equality and women's rights. Throughout ancient times, across the world, women have been confronted with victimization, discrimination, marginalization, and oppression due to their gender. These inequalities have appeared in various forms, including limited access to employment opportunities, political representations, education, and most significantly liberty to make decisions about their own body. As one of the markers of growth and development in any nation, **Gender Equality** encompasses the conduct of men and women on equal grounds in terms of rights and principles. Many factors and structures shape the idea of gender equality (or differences) in a country which includes- access to education, fair income, distribution of resources, political participation opportunities, health, and sanitation services, policies for the general welfare, and most importantly, the cultural and social framework of society. However, the notion of gender inequality begins at the point when differences in terms of the above-mentioned factors begin to impact the subordinated party, which, in almost all countries, is women. The discriminatory attitude towards women in India has been prevalent for generations and it impacted women in almost all aspects of their lives. Despite the fundamental rights under the Indian Constitution i.e. Article 14 (Equality before the law), Article 15 (prohibition of discrimination on grounds of religion, race, caste, sex or place of birth), and Article 39 (men and women equally, have the right to an adequate means of livelihood, that there is equal pay for equal work for both men and women, and other) (“Constitution of India | Legislative Department | India”, no date)- the gender gap still remains. Notwithstanding having proven that women dominate the global population, there is currently no society where men and women receive equal treatment. Even, as per the 2011 Census, women in India, constitute 48.46% (586.4 million) which is almost half of the country's population (Census 2011), and it's practically foolish to believe that the country can develop to its full potential when nearly half of a country's population is still impoverished and deprived of the equal rights and opportunities (Madhok, 2014). In his influential work, James Mill, by this statement “the condition of the weaker sex is gradually improved, till they associate on equal terms with the men and occupy the place of voluntary and useful coadjutors”, believed that women's status may serve as a measure of society's progress (Geraldine, 1996).

The social construction of society on the basis of unequal distribution of rights, resources, and power usually supports men in each sphere and advances the male-dominated patriarchal system in society. This unequal and discriminated treatment between men and women begins at home, further exacerbating this difference. Nevertheless, a change in women's position can be noticed in the 21st century, the multifarious notions and beliefs in terms of religion, culture, and society still impact and discourage women's lives. And, additionally, in the name of human-made beliefs, rituals, and dogmas, she is given subordinate positions. In the process of following these rules and restrictions in a patriarchal structure, women tend to face domination and live in constant threat, discrimination, and stigmatization. Her right to make her own decisions, explore her bodily functioning, and discuss her issues freely is being violated by rigid regulations and social control.

In the realm of human rights, the need to address menstrual health and hygiene have become a crucial component in terms of highlighting the vulnerability of women's issues. **Menstruation**, the monthly and regular bleeding that signifies the healthy and natural development of her reproductive system, begins with the onset of menstrual bleeding, termed as *menarche*, an apparent sign of entering into puberty and considered a crucial phase of women's lives that transits a girl from childhood to womanhood at the age of adolescence itself. Marking its end at *menopause*, the last menstrual bleeding at the mean age of forty-five to fifty years. The figures are mind-boggling, as according to a report two billion people fall under the age of menstruating and up to three hundred million people of those people will have period on any given time (*When your period means you have to live in a shed* | WaterAid, no date). Along with being a natural and biological occurrence, menstruation is deemed to be an important social and cultural milestone in every female's life, which comes up with various challenges. The initial experiences of menstruation for a girl tend to be frightening and full of anxiety due to a lack of prior knowledge and a negative attitude toward the event. Here cultural and social norms and values play a crucial role in making up this natural process more complex and arduous. Even though the menstrual cycle is an indicator of good health and the reproductive cycle, it is usually addressed in a whispered way and seldomly mentioned before the family members; especially male members. Some

menstrual etiquettes and a '**culture of silence**' related to menstrual activities are taught to a girl at the very beginning of her adolescent phase. Despite being an influential and natural phase of women's lives to a more significant extent, people in developing as well as in developed countries still consider it shameful and secretive as they have the propensity to keep it behind closed doors.

However, numerous national-international organizations, along with passionate activists and human rights advocates and most significantly, United Nations, through Sustainable Development Goals, had made several efforts to address the challenges of menstrual health and hygiene. Though, amidst these efforts, a crucial query arises: what does human dignity entail in this situation? Does it suggest to assert that by bringing change in infrastructures will enhance the menstrual health, remove the period stigma, and facilitate the access to menstrual products and will it lead to such an environment where women and girls can handle their periods with more dignity? To provide answer to these concerns, the recent reports have been analysed to examine the current status of SDG implementation, particularly in India and European countries.

As UN has taken some significant steps to address the issues of menstrual health and hygiene through SDGs, the next part of the paper focuses on the linkage of Sustainable Development Goals and Menstrual Health and Hygiene and further the progress report of both India and European Countries have been discussed.

Sustainable Development Goals Related to Menstrual Hygiene:

The global development community, in collaborative partnership with all countries and stakeholders, proposed "a universal call to action to end poverty, protect the planet, and ensure that all people enjoy peace and prosperity", represented SDGs, adopted by the United Nations Members States in 2015 (Bobel *et al.*, 2020). The sustainable development goals (SDGs) are an agenda that outlines how the global community can promote sustainable economic, social, and environmental development for all, with an emphasis on the need "to achieve gender equality and the empowerment of all women and girls" in the preamble to the SDGs (Transforming our world, 2015). 17 SDGs, 169 targets, and 232 targets adopted by the United Nations, and the formation and definition of each goal clearly indicate the significant issues related to health and sustainability.

Notwithstanding the SDGs stresses on the aspect of gender, the direct emphasis on the natural and biological phenomenon, i.e. Menstruation, is being neglected, despite the fact that almost two billion people experience this event, globally. However, the targets under SDGs provide significant linkage between goals and menstrual hygiene management (MHM). The following discussion of the present paper will highlight this linkage with the goals aligned with menstruation and its hygienic management. The major essential elements, collectively termed as '*Menstrual Hygiene Management*' (MHM) are- 1). *Tailored assets*: A suitable quantity of sanitary absorbent products to collect period blood, water, and soaps for cleaning the body are all tailored assets. Awareness, confidence, and understanding about managing menstruation are also included.; 2). *Services*, including education and instructions; 3). *Spaces*, including safe and convenient sanitation facilities to change and dispose of materials with privacy and dignity as often as necessary for the duration of a menstrual period (Bobel *et al.*, 2020).

Here are links between SDGs (its targets and indicators) and Menstruation and its management (Global Indicator Framework):



Figure: 1- Source: (*THE 17 GOALS | Sustainable Development*, no date)

GOALS PERTAINING TO MENSTRUAL HEALTH AND HYGIENE:

❖ GOAL 1: NO POVERTY

Target 1.4: Ensuring that all men and women, particularly the impoverished and disadvantaged, possess equitable access to **basic services** by the year 2030.

Indicator 1.4.1: Percentage of individuals who have access to basic amenities and are housed.

Target 1. b: Construct strong regulatory structures based on favourable to the poor and gender-specific development initiatives at the national, regional, and international levels. (*SDG Indicators – SDG Indicators*, no date)

❖ GOAL 3: GOOD HEALTH AND WELL-BEING INCLUDING ALL AGES

Target 3.7: Ensuring that everyone has a right to amenities pertaining to sexual and reproductive health... Incorporating reproductive wellness throughout national policies and activities, along with family planning, information, and education.

Indicator 3.7.1: The percentage of women of reproductive age (between the years of 15 and 49) who use contemporary techniques to fulfil their planning needs.

Target 3.8: Attain the goal of health coverage for all, which would give everyone the benefit of high-quality fundamental medical care.

Indicator 3.8.1: Provision of necessary medical care. (*SDG Indicators – SDG Indicators*, no date)

❖ GOAL 4: QUALITY EDUCATION FOR ALL

Target 4.3: Provide that all people, men, and women, have equitable opportunities for fair, high-quality tertiary education, especially university.

Indicator 4.3.1: Enrolment rate in both official and informal learning and instruction among kids and adults over the course of the past 12 months, broken down by sex.

Target 4.a: Construct and improve gender-sensitive educational spaces that offer everyone with secure, gentle, equitable, and productive learning environments.

Indicator 4.a.1: According to the WASH indicator classifications, the percentage of schools with access to: they include (e) basic access to water for drinking, (f) single-sex essential hygiene services, and (g) fundamental amenities for handwashing. (*SDG Indicators – SDG Indicators*, no date)

❖ GOAL 5: GENDER PARITY & EMPOWERMENT OF ALL WOMEN AND GIRLS

Target 5.1: Put an end to all forms of biases against girls and women worldwide.

Indicator 5.1.1: Whether or otherwise there are laws that support, uphold, and keep track of sex-based discrimination and equality.

Target 5.3: Abolish all harmful practices, including female genital mutilation, early, compelled marriage, and child marriage.

Indicator 5.3.1: Percentage of women between the ages of 20 and 24 who were married or in a marital relationship prior to age 15 and before age 18. (*SDG Indicators – SDG Indicators*, no date)

❖ GOAL 6: SUSTAINABLE SANITATION AND ITS MANAGEMENT FOR ALL

Target 6.2: Prevent public defecation and ensure that everyone has a right to sufficient and fair sanitation and hygiene, giving particular consideration to the requirements of women, girls, and people in circumstances of vulnerability.

Indicator 6.2.1a: Percentage of individuals who use proper and adequate hygiene facilities.

Indicator 6.2.1b: Percentage of people utilizing a soap-and-water handwashing service. (*SDG Indicators – SDG Indicators*, no date)

PROGRESS REPORT OF COUNTRIES:

(A) **India:** The country has ranked 112 out of 166 in overall performance of achieving Sustainable Development Goals. The figure 1 and 2 provide a snapshot India's progress in terms of overall performance and the average performance of all Sustainable Development Goals.

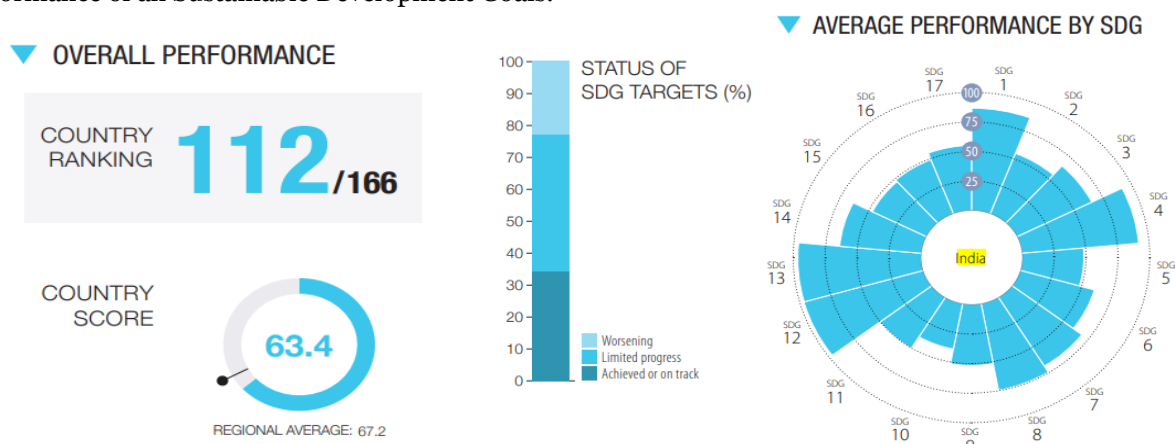


Figure 1: Representing India's Ranking in overall performance in achieving SDGs and Status of SDG Targets. Source: (THE 17 GOALS | Sustainable Development, no date)

SDG DASHBOARDS AND TRENDS



Figure 2: Dashboard and Trends of India, representing the current status of all SDGs and their achievement status. Source: (THE 17 GOALS | Sustainable Development, no date)

Target 1: No Poverty

SDG 1 aims to eliminate poverty in all its forms everywhere by 2030, including not only raising incomes above official poverty line, but also to improve the diverse social and economic circumstances of women, children, and other vulnerable groups. As per the Rangarajan panel, official poverty line in rural areas is 27.2 Rs/day and 33.3 Rs/day in urban areas. The official UN report on the progress indicates that low threshold of \$2.15 per day stands at 3.3% that means relatively small percentage of the population is living in extreme poverty, struggling to meet their basic needs. However, in a slightly higher threshold of \$3.65 per day, the poverty headcount ratio rises to 11.8%. The trend reflects that the progress is on track or maintain the SDG achievement but it also highlights the need to targeted policies and interventions to uplift those living in vulnerable conditions. Albeit, the reports do not provide any data specifically about the basic services focussing the need of women in terms of menstrual hygiene (Bajpai and Biberman, 2020).

SDG1 – No Poverty

Indicator	Value	Year	Rating	Trend
Poverty headcount ratio at \$2.15/day (2017 PPP, %)	3.3	2023	●	↑
Poverty headcount ratio at \$3.65/day (2017 PPP, %)	11.8	2023	●	↑

Figure 3: Representing India’s performance through Indicator for SDG 1. Source:

<https://s3.amazonaws.com/sustainabledevelopment.report/2023/sustainable-development-report-2023.pdf>

Target 3: Good Health and Well-Being:

SDG 3: "Ensure Healthy Lives and Promote Well-Being for All at All Ages" calls for the eradication of outbreaks of severe transferable and neglected tropical diseases as well as the sharp decline in the prevalence of noncommunicable illnesses, as far as the reduction of substance misuse, traffic fatalities, and damages. Availability of excellent vital medical services and services related to sexual and reproductive wellness are included in the additional indicators, such as 3.7 (3.7.1) and 3.8 (3.8.1). According to the UN study, there is no information on the adolescent fertility rate.

SDG3 – Good Health and Well-Being

Maternal mortality rate (per 100,000 live births)	102.7	2020	●	↑
Neonatal mortality rate (per 1,000 live births)	19.1	2021	●	↑
Mortality rate, under-5 (per 1,000 live births)	30.6	2021	●	↑
Incidence of tuberculosis (per 100,000 population)	210.0	2021	●	→
New HIV infections (per 1,000 uninfected population)	0.1	2021	●	↑
Age-standardized death rate due to cardiovascular disease, cancer, diabetes, or chronic respiratory disease in adults aged 30–70 years (%)	21.9	2019	●	→
Age-standardized death rate attributable to household air pollution and ambient air pollution (per 100,000 population)	139.3	2019	●	●
Traffic deaths (per 100,000 population)	15.6	2019	●	→
Life expectancy at birth (years)	70.8	2019	●	↑
Adolescent fertility rate (births per 1,000 females aged 15 to 19)	12.2	2018	●	●
Births attended by skilled health personnel (%)	89.4	2021	●	↑
Surviving infants who received 2 WHO-recommended vaccines (%)	85	2021	●	→
Universal health coverage (UHC) index of service coverage (worst 0–100 best)	61	2019	●	↑
Subjective well-being (average ladder score, worst 0–10 best)	3.9	2022	●	↓

Figure 4: Representing India’s performance through Indicator for SDG 3. Source:

<https://s3.amazonaws.com/sustainabledevelopment.report/2023/sustainable-development-report-2023.pdf>

Target 4: Quality Education:

SDG 4 Promote Comprehensive and Fair Quality Education and Encourage the Possibilities for Lifelong Learning for All. With a net primary enrolment rate of 92% and a secondary completion rate of 85.9% less than the global average, India has made progress in ensuring that education is available to children. However, the quality of education provided by Indian schools continues to be subpar. The focus of country is also on reducing the average annual drop-out rate and various states have achieved it such as Himachal Pradesh, Punjab, and Tamil Nadu. (Bajpai and Biberman, 2020).

SDG4 – Quality Education

Participation rate in pre-primary organized learning (% of children aged 4 to 6)	94.5 2022	● ●
Net primary enrollment rate (%)	99.1 2022	● ↑
Lower secondary completion rate (%)	85.8 2021	● →
Literacy rate (% of population aged 15 to 24)	91.7 2018	● ●

Figure 5: Representing India's performance through Indicator for SDG 4. Source:

<https://s3.amazonaws.com/sustainabledevelopment.report/2023/sustainable-development-report-2023.pdf>

Target 5: Gender Equality

Attain gender equality and provide all women and girls the power. The effects of gender inequality may be seen in all areas of life, including education, propensity to violence, and financial possibilities. This disparity is particularly embedded in Indian society as well as persists quite obstinately. According to a UN assessment, India is still making little progress towards its own national objective of attaining gender equality. India has so far fallen far short of this target. Even, the improvement can also be seen in the Ratio of female-to male in terms of mean years of education.

SDG5 – Gender Equality

Demand for family planning satisfied by modern methods (% of females aged 15 to 49)	72.8 2015	● ↑
Ratio of female-to-male mean years of education received (%)	86.5 2021	● ↑
Ratio of female-to-male labor force participation rate (%)	32.6 2022	● →
Seats held by women in national parliament (%)	14.4 2021	● →

Figure 6: Representing India's performance through Indicator for SDG 5. Source:

<https://s3.amazonaws.com/sustainabledevelopment.report/2023/sustainable-development-report-2023.pdf>

Target 6: Clean Water and Sanitation

SDG 6 Ascertain Availability & Sustainability in Achieving Universal Water and Sanitation Management. Clean water is essential for one's well-being, capacity to sustain oneself, and capacity to preserve one's way of life, but it is in danger in locations where improper water use or a lack of sanitary infrastructure threatens its cleanliness. The most important approach is to encourage sufficient sanitation by offering facilities suitable to stop open defecation and meet the unique sanitation requirements of women and girls. As per the report, people in India consumes 44.5% of the fresh water, and availability to essential water consumption facilities is currently available to 90.5% of Indians, 73.1% having basic sanitation services, but no recent data is available on freshwater withdrawal, withdrawal, and anthropogenic wastewater treatment. If we consider the usage of adequate material or protection during menstrual cycle, a report by Joint Monitoring Programme by WHO/UNICEF for Water Supply, sanitation and hygiene shows that women and girls uses cloth with nearly same percentage as sanitary pads, in rural area, however, sanitary pad is more prevalent in urban area.

SDG6 – Clean Water and Sanitation

Population using at least basic drinking water services (%)	90.5 2020	● ↗
Population using at least basic sanitation services (%)	71.3 2020	● ↑
Freshwater withdrawal (% of available freshwater resources)	66.5 2019	● ●
Anthropogenic wastewater that receives treatment (%)	2.2 2020	● ●
Scarce water consumption embodied in imports (m ³ H ₂ O eq/capita)	97.4 2018	● ●

Figure 7: Representing India's performance through Indicator for SDG 6. Source:

<https://s3.amazonaws.com/sustainabledevelopment.report/2023/sustainable-development-report-2023.pdf>

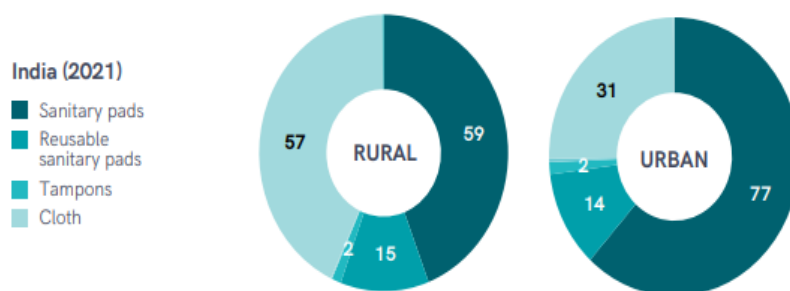


Figure 8: Data representing the use of material during the menstrual cycle by Indian women. Source: https://cdn.who.int/media/docs/default-source/wash-documents/jmp-2023_layout_v3launch_5july_low-reswhowebiste.pdf?sfvrsn=c52136f5_3&download=true

(B) European Countries: As a region, European nations have made tremendous progress in coordinating their plans and initiatives with the Sustainable Development Goals (SDGs) of the UN. The SDGs provide a framework for tackling major issues including poverty, inequality, environmental sustainability, and social justice on a global scale. These objectives have been incorporated into national agendas and development plans in both collectively and individually throughout European nations. However, due to COVID-19 pandemic, the Ukraine war, and other crises slow down the progress in Europe. The above image in almost all European countries, showing the limited progress. Overall, the European Union obtains the score of 72 (out of 100) in SDG Index, in which Northern European countries performed best with the mean score of 81. The major challenges, as per the report, faced by European Union includes, poor performance on environmental goals and difficulties related to inequalities within the countries.

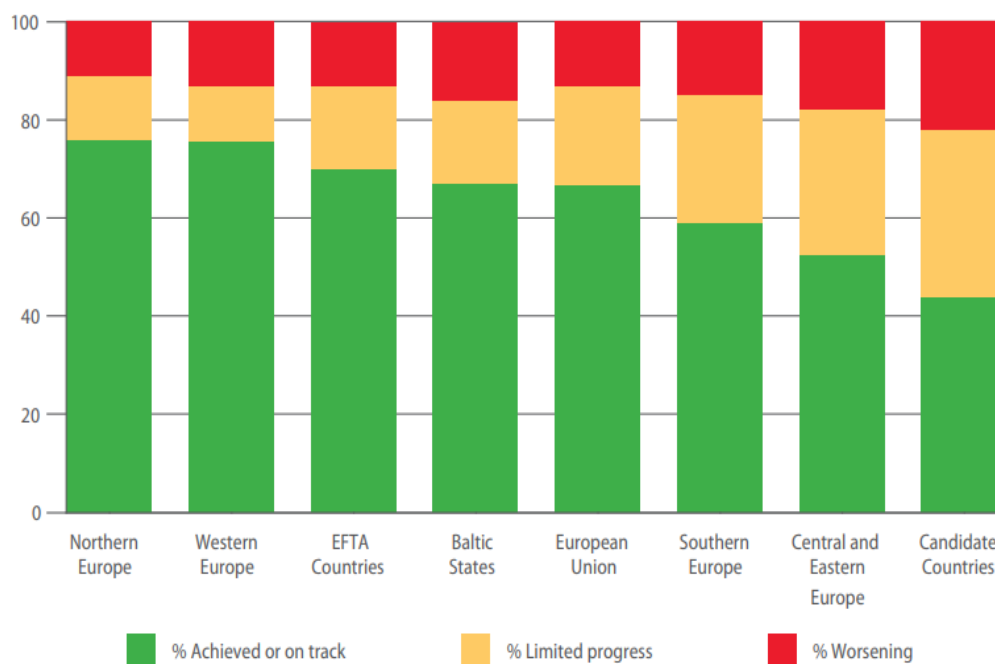


Figure 9: Status of SDG targets by EU subregions in percentage. Source: 'Sustainable development in the European Union – Monitoring report on progress towards the SDGs in an EU context.

Here are the major highlights of the European Countries in terms of SDG performance:
Goal 1: No Poverty (End Poverty in all its forms Everywhere)

The overall performance is showing significant progress towards the Goal 1 in the European Countries in which there are countries that performed well in achieving the goal such as Austria, Belgium, Czechia, Denmark, Finland, France, Iceland, Ireland, Poland, and some other countries. However, there are countries that encounter major challenges while achieving this goal such as Montenegro, North Macedonia, Romania. The basic needs of individuals to afford adequate housing or receive medical treatment have severely affected. Data shows that 10% population were overburdened by their housing costs in 2020, which means both gender get impacted (including menstruating females) ('Sustainable development in the European Union – Monitoring report on progress towards the SDGs in an EU context (2022 edition)', no date)

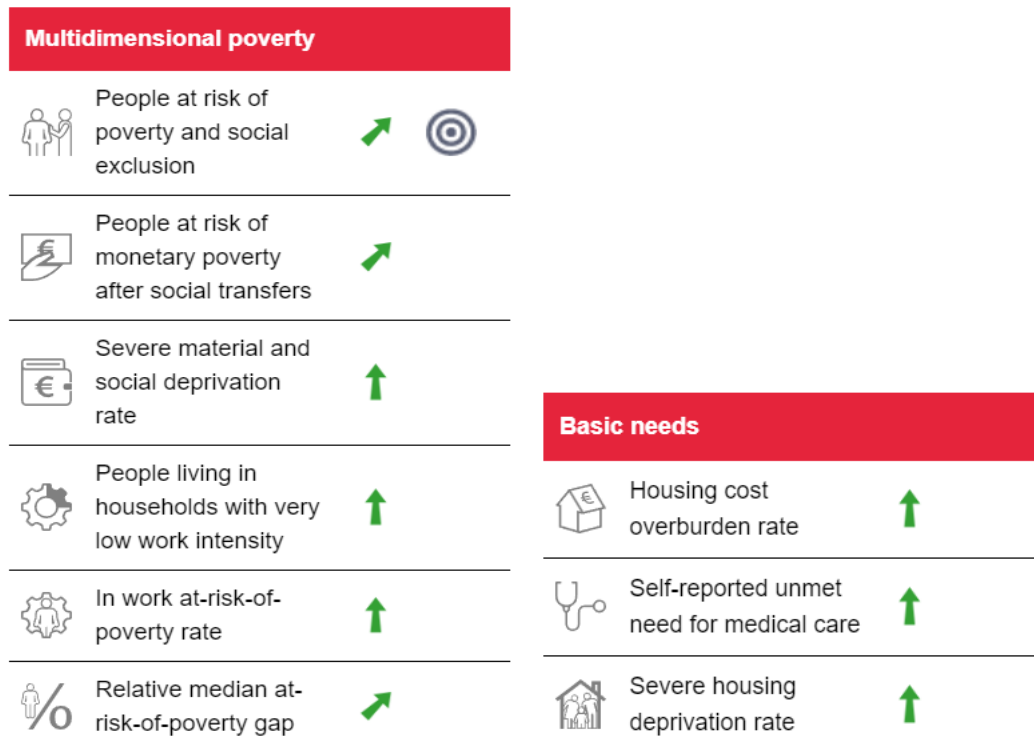


Figure 10: Progress Status of Indicator for SDG 1. Source: ‘Sustainable development in the European Union – Monitoring report on progress towards the SDGs in an EU context (2022 edition)’, no date

Goal 3: Good Health and Well Being

However, the COVID-19 pandemic had extraordinary effects that had a catastrophic impact on the EU and its members starting in 2020. 1.8% of EU citizens reported having unmet medical needs because of monetary concerns. (‘Sustainable development in the European Union – Monitoring report on progress towards the SDGs in an EU context (2022 edition)’, no date)

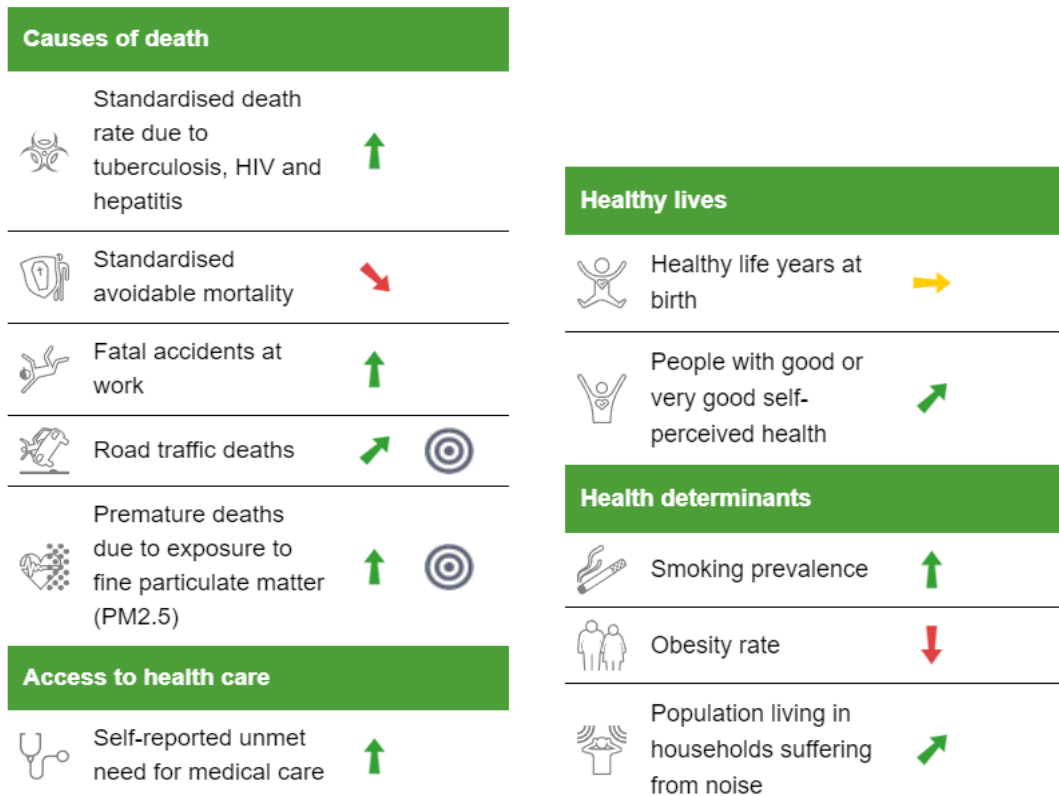


Figure 11: Progress Status of Indicator for SDG 3. Source: ‘Sustainable development in the European Union – Monitoring report on progress towards the SDGs in an EU context (2022 edition)’, no date

Goal 4: Quality Education

Early childhood education through elementary and secondary school are all included in a fundamental education. By 2030, all boys and girls are to have the opportunity to receive affordable and high-quality early childhood education and advancement, according to the SDGs. Reports says that 93.0% of young children participated in early childhood education in EU but on the other side, 9.7% of individuals (aged 18-24) dropped early in 2021. In terms of adult learning, women’s participation is more than men. (‘Sustainable development in the European Union – Monitoring report on progress towards the SDGs in an EU context (2022 edition)’, no date)

Goal 5: Gender Equality

By putting a stop to all types of abuse, prejudice, and detrimental practices affecting women and girls in both the private and public domains, this ambition seeks to achieve gender equality. Additionally, it demands that women participate fully and have equal access to all decision-making possibilities.

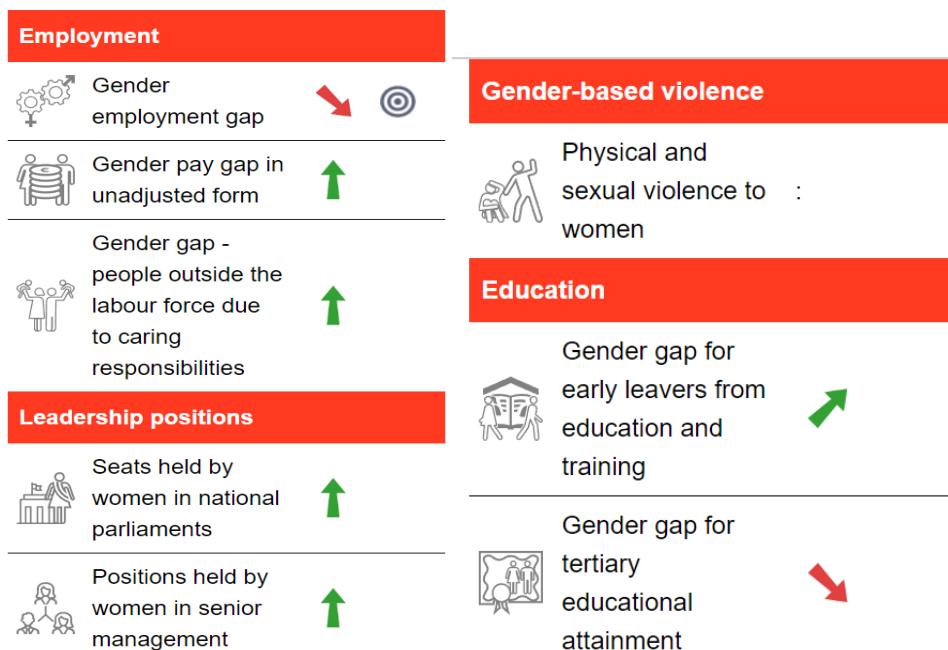


Figure 12: Progress Status of Indicator for SDG 5. Source: ‘Sustainable development in the European Union – Monitoring report on progress towards the SDGs in an EU context (2022 edition)’, no date

Goal 6: Clean Water and Sanitation

With the completion of this objective, everyone will have accessibility to clean, inexpensive drinking water, proper sanitation, and an end to open defecation. According to reports, 1.5% of EU residents needed indoor flushing toilets, indoor showers, and other hygienic amenities at home.

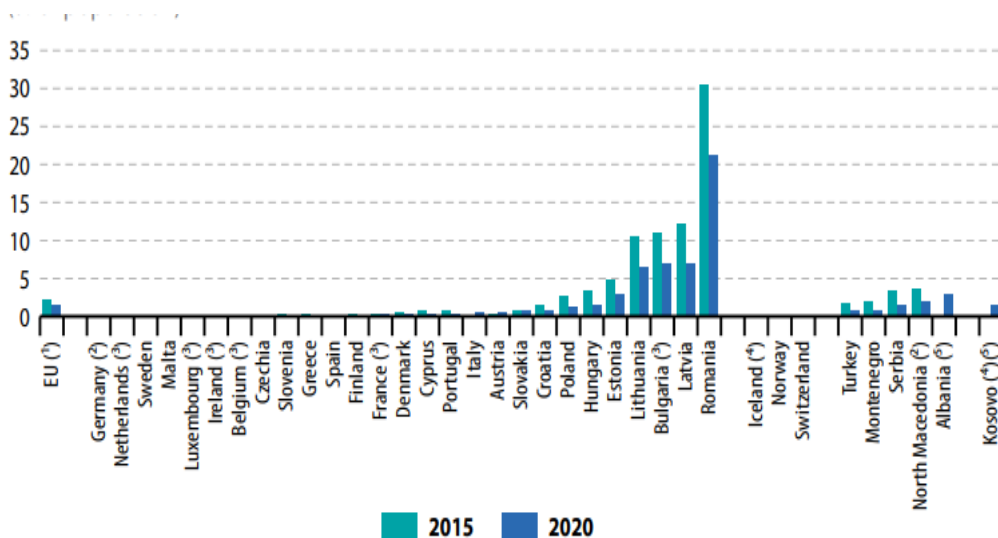


Figure 13: Countries having neither a bath, nor a shower, nor indoor flushing toilet in their household. Source: (Sustainable Development Goals Evaluation and infographs., no date)

Critical Analysis and Recommendations:

As a matter of fact, menstrual health and hygiene awareness has gained support from a wide range of governments, organisations, communities, and the media on a global scale. This united effort marks a significant advancement in the fight against the pervasive stigma associated with menstruation and the advancement of the basic rights of menstruators across the world. The media has been instrumental in igniting debates and fostering understanding through a variety of forms, including the Bollywood film "Padman," the American documentary "Period. End of Sentence," and countless short films (Das, 2005). These coordinated efforts are significantly reducing the stigma associated with menstruation while also promoting better health, gender equality, and human rights for those who experience menstruation across the world.

Additionally, the Sustainable Development Goals (SDGs) of the United Nations have been instrumental in advancing menstrual health and hygiene on a worldwide level. The urgent need for a more comprehensive strategy to address menstrual health, it is important to note, is also shown by statistics from numerous organisations. Even within the European Union and in India, some nations lack thorough statistics on menstruation health, underscoring the demand for further focus and study in this area. Here are some key findings in the areas where improvement is required in both nations:

Goal 1: Services that directly address the menstrual hygiene needs of women and girls are not specifically included in the phrase "basic services," as used in one of the indicators of Goal 1. Additionally, there is a noteworthy lack of precise data relating to these essential services, particularly in regards to the special requirements of women and girls, both in India and the European Union (EU).

Goal 3: The indicator associated with this goal focuses on the reproductive age of women and ensuring their access to reproductive health care services. However, it is essential to highlight that this indicator overlooks the age at menarche, a critical factor in achieving the broader goal of well-being. Additionally, a noteworthy omission within this goal is the absence of explicit mention of Menstrual Hygiene Management (MHM) in the context of women's health, despite its significance in promoting overall well-being.

Goal 4: Similar to the concept of "basic services," Goal 4's definition of "access to primary education" omits several essential elements of Menstrual Hygiene Management (MHM), namely the availability of menstrual hygiene facilities and supplies. According to UNESCO, "primary school is the right place and the right time to reach young people with puberty education," emphasising that "the natural occurrence of menstruation significantly impacts the quality of education." Therefore, developing inclusive and complete learning environments requires that MHM be integrated into elementary education (*UNESCO. 2014. Puberty Education & Menstrual Hygiene Management. Good Policy and Practice in Health 9. Paris: United Nations Educational, Scientific and Cultural Organization - Google Search*, no date). It is critical to stress that the Joint Monitoring Programme (JMP) offers guidelines for an "advanced service" level, which includes comprehensive sanitation facilities, including those designed for menstrual hygiene, and hygiene services, in addition to tracking the "basic" Water, Sanitation, and Hygiene (WASH) indicators in schools. This emphasises the necessity for more thorough monitoring and the provision of improved facilities, especially in circumstances where such capacities exist (*Progress on sanitation and drinking water: 2015 update and MDG assessment*, no date).

Goal 5, which focuses on attaining gender equality and empowering girls and women, does not specifically include "menstruation." However, it's critical to acknowledge that menstruation has a big impact on gender equality. While early marriage is addressed in one of the indications, it's important to keep in mind that in some Indian communities, menarche is seen as a sign of maturity, which can occasionally result in forced marriages. This demonstrates how closely menstruation and gender inequity are related. Undoubtedly, progress in gender equality may be made by making efforts to lessen prejudice related to menstruation and by offering services that are tailored to the requirements of teenage girls and women. We can advance gender equality and provide girls and women the tools they need to fully engage in society by addressing the problems and obstacles related to menstruation (Bobel *et al.*, 2020).

Goal 6: Access to safe and sufficient sanitary facilities is directly related to goal 6, which deals with guaranteeing access to clean water and sanitation. It makes clear how important it is to pay particular consideration to the requirements of women and girls in one of its measurements. However, it does not specifically include menstrual hygiene requirements. Joint Monitoring Programme during the formulation of SDG recommended three indicators to include: 1. Professionals including healthcare takers or teachers to respond to basic question about MHM; 2. The professionals able to disseminate appropriate, accurate and practical information about MHM; 3. Provision of gender-specific toilets along with water and soap, waste disposal spaces in the public facilities, schools, institutions (Bobel *et al.*, 2020). But the final list of SDGs does not add these indicators.

Indicator 6.2.1b, which focuses on the availability of handwashing stations with soap and water, does in fact cover a crucial part of sanitation and hygiene. It is crucial to recognise that having these facilities does not always meet the unique requirements of menstruation women and girls. Menstruation hygiene management (MHM) includes access to menstruation products as well as handwashing, as well as having private, safe places to change and dispose of menstrual waste. MHM must be viewed as a complex component of sanitation and hygiene in order to fully address the requirements of people who are menstruation. This entails providing access to suitable period products, clean restrooms, and information on menstrual health. We may better meet

the needs and uphold the rights of menstruation women and girls, enhancing their health, dignity, and general well-being, by acknowledging the larger scope of MHM within the framework of sanitation and hygiene goals. This is imperative to note that despite making up a significant proportion of the population, women still struggled to have an acceptable and comfortable menstrual experience, in terms of health and accessibility of menstrual products. However, due to a lack of awareness and received misconceptions about the topic, especially, adolescent girls are highly prone to anxiety and taboos around menstruation. The norm of silencing menstruation, restrictions related to exclusion from some places, prohibition of food, forbidding some activities, and lack of adequate disposal facilities, all contribute to making menstruation- a disaster for adolescents instead of a normal reproductive process. All these factors contribute to 1) major health risks and menstrual morbidities; 2) impacting school education and increasing the number of dropouts; 3) ignorant attitude toward the widening gap between gender disparity in terms of mobility, empowerment, and opportunities.

Albeit, the Sustainable Development Goals have their own limitations to hit the issues related to menstruation but the above-mentioned goals somehow contribute to change in the existing scenario. These goals have their relevance to menstruation and are surely contributing to progress and change in bringing awareness towards this natural occurrence.

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