

UNIVERSITY OF PRETORIA

FACULTY OF LAW



**ACCESS TO ADEQUATE MENSTRUAL HYGIENE MANAGEMENT BY SCHOOL
GOING GIRLS AS A HUMAN RIGHT IN ZIMBABWE.**

**SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS OF THE
MASTERS DEGREE SEXUAL AND REPRODUCTIVE RIGHTS IN AFRICA**

BY

LACTRICIA MUMBA

STUDENT NO: u21830241

PREPARED UNDER THE SUPERVISION OF

PROF. E DUROJAYE

(UNIVERSITY OF PRETORIA)

And

PROF. N MURUNGI

(UNIVERSITY OF PRETORIA)

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ACKNOWLEDGEMENTS

I give thanks to God for giving me the chance to go out on this adventure.

I owe my sisters for always preparing a hot dinner for me and making sure I was fed on days when I would be hooked to my laptop and putting in long hours of study, as well as to my husband Mthabisi Simiso Thebe for always supporting me even when the road grew challenging.

I am appreciative of my supervisors, Professors N. Murungi and E. Durojaye, for their advice and assistance with this mini-dissertation.

I am incredibly grateful to the University of Pretoria's Centre for Human Rights for providing me with the opportunity to participate in this fantastic program and interact with outstanding students from different African nations.

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ACRONYMS

CRC	United Nations Convention on the Rights of the Child
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
UNICEF	United Nations International Children's Emergency Fund
UDHR	Universal Declaration of Human Rights
UN	United Nations
ACHPR	African Charter on Human and Peoples' Rights
MAPUTO PROTOCOL	Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa
ACRWC	African Charter on the Rights and Welfare of the Child
SDGs	Sustainable Development Goals
MHM	Menstrual Hygiene Management
WASH	Water, sanitation and hygiene
WHO	World Health Organisation
MHH	Menstrual Health and Hygiene
ICCPR	International Covenant on Civil and Political Rights
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
UNESCO	United Nations Educational, Scientific and Cultural Organisation
HIV	Human Immunodeficiency Virus
GNP	Gross National Product
FIGO	International Federation of Gynaecology and Obstetrics
MHI	Menstrual Hygiene Insecurity
RTI	Reproductive tract infections
VVC	Vulvovaginal Candidiasis
BV	Bacterial Vaginosis
SNV ZIMBABWE	Stichting Nederlandse Vriwilligers
PMDD	Premenstrual Dysphoria Disorder
SRH	Sexual and Reproductive Health
ZGC	Zimbabwe Gender Commission
LMIs	Low and Middle Income Countries
MOES	Ministry of Education Culture and Sport (Uganda)
CSOs	Civil Society Organisations

NGOs

Non – governmental Organisations

CHAPTER 1: INTRODUCTION

1. Background

The process by which a woman sheds blood and other substances from the lining of her uterus every month or so from puberty to menopause, —with the exception of pregnancy—is known as menstruation.¹ It is a natural, monthly event in pre- menopausal women and healthy pubescent girls.² This definition takes into account the complex nature of menstruation and the various ways that managing one's menstrual health might impact a person's life.³ The age at which pubescent girls start their menstruation varies according to different factors such as race, geographic location and ethnicity, but typically occurs in low-income communities, with roughly 13 as the median age.⁴ It is estimated that the median age of menopause is around 50 years of age.⁵ According to these estimations, a woman in a low-income country will menstruate for approximately 1400 days during her lifetime.⁶

According to a 2016 World Health Organisation (WHO) and UNICEF joint announcement, pubescent girls and premenopausal women will be deemed to have adequate menstrual hygiene management, if they are able to wash their bodies with soap and water, change their absorbents frequently enough, manage their periods in private, have adequate disposal facilities, and have a basic understanding of menstruation and how to handle it with dignity, free from the stigma, shame, and fear normally associated with it.⁷ Other researchers have defined access to adequate menstrual hygiene management (MHM) as the process by which women and adolescent girls have access to and use clean menstrual gear for the collection or absorption of menstrual blood.⁸ Sommer and others, add aspects of dignity and education to the definition by adding the phrase - “understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear,”⁹ thereby emphasising the fact that women must be empowered in a way that places them in a position

¹ <https://www.merriam-webster.com/dictionary/menstruation> (accessed 8 April 2022).

² C Sumpter & B Torondel ‘A Systematic Review of the Health and Social Effects of Menstrual Hygiene Management’ April 2013 Volume 8 Issue 4 e62004 *PLOS ONE* at 1. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0062004> (accessed 9 March 2022).

³ K Babbar & others ‘Menstrual health is a public health and human rights issue’ at 1. <https://www.thelancet.com/action/showPdf?pii=S2468-2667%2821%2900212-7> (accessed 9 March 2022).

⁴ Sumpter (n 2) 1.

⁵ A R Walker & others ‘Age of menopause in black women in South Africa’ (1984) *BJOG An International Journal of Obstetrics and Gynaecology* at 797–801.

⁶ C Van Leeuwen & B Torondel ‘Improving menstrual hygiene management in emergency contexts: literature review of current perspectives’ (2018) 10 *International Journal of Women’s Health* at 170.

⁷ M Tembo & others ‘Menstrual product choice and uptake among young women in Zimbabwe: a pilot study’ *Menstrual Cups as a Menstrual Management Method for Low Socioeconomic Status Women and Girls in Zimbabwe: A Pilot Study* (2018) 5 *Women’s Reproductive Health* at 2 <http://www.tandfonline.com/loi/uwrh20> (accessed 12 March 2022).

⁸ Van Leeuwen (n 6) 2.

⁹ M Sommer & others ‘Managing menstruation in the workplace: an overlooked issue in low and middle-income countries’ (2016) 15 *International Journal for Equity in Health* at 2 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4895811/pdf/12939_2016_Article_379.pdf (accessed on 12 March 2022).

where they can manage their menstrual cycle with dignity and privacy. The net effect of the definition is that conditions must be created that allow pre- menopausal women and pubescent girls the ability to change the menstrual material in a private space and as often as necessary for the length of the menstrual cycle.¹⁰ The discussion on Menstrual health and hygiene (MHH), which encompasses the socio-cultural and economic elements that influence women's lives and inform menstrual management, has lately broadened the concept of the necessity of access to appropriate management of menstrual hygiene.¹¹

Pursuant to the beginning of menarche, the social repercussions of improperly managing regular menstruation might include, depending on the various cultures to which the women belong, being prohibited from engaging in routine activities such as bathing, cooking, cleaning, interacting with others, going to religious services, or sleeping at home or in one's bed.¹² Menstrual hygiene management (MHM) has grown into and become a public health concern and priority for pre – menopausal women and pubescent girls, the world over.¹³ The main obstacles are insufficient information and education on MHM processes and want of access to adequate menstrual absorbents as a result of poverty or cultural beliefs and practices.¹⁴ Moreover, pubescent girls and premenopausal women who struggle to access adequate and suitable water sanitation and hygiene (WASH) in schools and workplaces due to inadequate infrastructure planning of schools and workplaces and limited resources either do not attend school or work during their periods, or if they do, are frequently exposed to unsanitary methods of managing their periods.¹⁵

The lack of adequate menstrual hygiene management in low to medium income countries often results in adverse social and health impacts amongst pre- menopausal women and adolescent girls.¹⁶ The lack of adequate menstrual hygiene management in these communities often also leads to infringement of the rights to dignity¹⁷, equality¹⁸, health¹⁹ and

¹⁰ Van Leeuwen (n 6) 1.

¹¹ Tembo (n 7) 2.

¹² Van Leeuwen (n 6) 2.

¹³ H M Nabwera & others 'Menstrual hygiene management practices and associated health outcomes among school-going adolescents in rural Gambia' 25 February 2021 *PLOS ONE* at 2. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0247554> (accessed 12 March 2022).

¹⁴ Same as above.

¹⁵ 'Council WSaSC: Celebrating Womanhood: How better menstrual hygiene management is the path to better health, dignity and business.' In. Geneva: Water Supply & Sanitation Collaborative Council; 2013 <https://europa.eu/capacity4dev/file/17556/download?token=U6Lhh1x6> (accessed 21 April 2022).

¹⁶ E Kerubo & others 'Prevalence of reproductive tract infections and the predictive value of girls' symptom-based reporting: findings from a cross sectional survey in rural western Kenya' <https://pubmed.ncbi.nlm.nih.gov/26819339/> (accessed 21 April 2022).

¹⁷ Article 1 UDHR.

¹⁸ Article 2 (2) ICESCR.

¹⁹ Article 12 ICESCR.

education²⁰ of the affected women and girls leading to their economic disempowerment.²¹ Millions of women and children around the world suffer from period poverty, which is characterised by limited access to menstruation education, period products, or basic water sanitation and hygiene services.²²

Even though everyone's experience or contact with period poverty is unique and differs from person to person, social determinants such as health and systemic factors that contribute to gender inequality are the main root causes of period poverty globally.²³ The human rights of the menstruating individuals are violated as a result of these different obstacles to achieving menstrual health.²⁴ Since many of these human rights—such as health, education, poverty, sanitation, water, and gender equality—are part of the development agenda, menstrual health care is essential to achieving the UN Sustainable Development Goals by 2030.²⁵

1.1 Problem Statement

The research will adopt a rights-based approach to examine the obstacles and difficulties that adolescents encounter in obtaining adequate menstrual health management services. Additionally, it will explore the consequences of inadequate access to these services for affected school going girls and women in general and identify ways to enhance access in Zimbabwe.

1.2 Research aims and Objectives:

To achieve the purpose of the study, the following objectives will form the basis of the dissertation:

- a) To conduct a general analysis of the obstacles that pubescent girls encounter in obtaining adequate menstrual hygiene management in Zimbabwe and throughout Sub-Saharan Africa.
- b) To provide an overview and examine the current international, regional, and national legislative frameworks that support/advance access to adequate menstrual hygiene management as a human right.

²⁰ Article 13 ICESCR.

²¹J Hennegan & others 'Wealthy, urban, educated. Who is represented in population surveys of women's menstrual hygiene management?' 20 July 2018 *Reproductive Health Matters: An international journal on sexual and reproductive health and rights* at 81 <https://www.tandfonline.com/loi/zrhm20> (accessed 12 April 2022).

²² n 3, 1.

²³ As above.

²⁴ n 3, 2.

²⁵ M Sommer & others 'How addressing menstrual health and hygiene may enable progress across the Sustainable Development Goals' *GLOBAL HEALTH ACTION* 2021, VOL. 14 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8253211/pdf/ZGHA_14_1920315.pdf (accessed 15 April 2022).

- c) Exploration of strategies and actions that may be implemented to enhance access to adequate management of menstrual hygiene.

1.3 Research Questions:

1. What are the barriers faced by pubescent girls in Zimbabwe in regard to access to adequate menstrual hygiene management?
2. What interpretation can be given to norms and standards that are present in international, regional, and national human rights documents to foster the realization of access to adequate menstrual hygiene management as a human right?
3. What should Zimbabwe do to realise access to menstrual hygiene management for adolescent girls from a rights-based perspective?

1.4 Definition of key terms

Menstruation: also called menses, is the body's natural way of discharging blood along with associated materials through the vagina. It is a natural part of the menstrual cycle.²⁶

Menarche: refers to the very beginning of menstruation, which comes about when a girl experiences her first period.²⁷

Menstrual Hygiene Management (MHM):The World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF) (2012) define menstrual hygiene management (MHM) as having access to resources (like menstrual materials that can efficiently absorb or collect menstrual blood, soap, and water), basic facilities (a separate and private place to change, wash, and dry reusable menstrual supplies during menstruation, as well as a suitable method for throwing away period substances from the point of collection to the point of disposal), and education about MHM for both sexes.²⁸

Menstrual health and hygiene (MHH): includes the broader general elements—health, happiness, equity, gender equality, and empowerment—that demonstrate a connection between menstruation and MHM. UNESCO summarizes these systematic factors as follows: Accessible, safe, and affordable materials; timely and correct information; knowledgeable and

²⁶ UNICEF Guidance on Menstrual Health and Hygiene at 8 <https://www.unicef.org/media/91341/file/UNICEF-Guidance-menstrual-health-hygiene-2019.pdf> (accessed 24 April 2022).

²⁷ As above.

²⁸ R Boosey & E Wilson 'The Menstrual Hygiene Management and The International Human Rights System: A Vicious Cycle of Silence' at 1 https://consultations.worldbank.org/sites/default/files/consultation-template/update-world-bank-group-gender-strategy-consultations/submissions/a_vicious_cycle_of_silence_final_version_of_paper_0.pdf (accessed 9 October 2022).

compassionate specialists; referrals and access to health services; facilities for laundry and sanitation; good social values; safe and hygienic disposal; advocacy and policy.²⁹

Menstrual hygiene materials refers to products utilised to collect menstrual discharge, such as cloths, cups, pads, or tampons.³⁰

Menstrual supplies: refer to supplementary items required for MHH, such as pain relief items and underwear, body and laundry soaps. These facilities are those most connected with a dignified and safe menstruation process, such as water infrastructure and toilets.³¹

A menstruator: is everyone who has their period and, as a consequence, needs to take care of their menstrual health and cleanliness; this includes women, girls, transgender person, and non-binary persons. Throughout this dissertation, the term "girls and women" will be used unofficially to refer to all menstruators, irrespective of gender identity.³²

Period poverty: refers to the absence of bathroom facilities, handwashing stations, waste management, menstrual hygiene education, and sanitary goods.³³

School Going Age: The present Zimbabwe Education Act does not define the word "school going age,"³⁴ but is set by the National Education Advisory Board in terms of s28 of the Education Act. However, according to Children's Act Chapter 5:06, section 2, a child or young person who is between the ages of five and a half and sixteen is considered to be of "school-going age."³⁵ While section 81(1)(f) of the 2013 Constitution³⁶ declares that all boys and girls boys and girls below eighteen years of age are entitled to an education, the education policy might be required to align its starting age of school with the criteria of the Children's Act. Despite the fact that one could contend that the constitutional clause should take precedence, it is evident that there are numerous inconsistencies among the different legislation.³⁷

²⁹ n 22.

³⁰ n 22.

³¹ n 22.

³² n 22.

³³ Global Citizen 'Period Poverty: Everything You Need to Know' <https://www.globalcitizen.org/en/content/period-poverty-everything-you-need-to-know/> (accessed 1 May 2023).

³⁴ Education Act [Chapter 25:04].

³⁵ Section 2 of the Children's Act [Chapter 5:06].

³⁶ 81(1) (f) of the Constitution of Zimbabwe Amendment (No. 20) Act 2013.

³⁷ 'The Zimbabwe Formative Research on Menstrual Hygiene Management 13 December 2019' <https://www.unicef.org/zimbabwe/media/2826/file/The%20Zimbabwe%20Formative%20Research%20on%20Menstrual%20Hygiene%20Management.pdf> (accessed 22 November 2022).

1.5 Research methodology

This research shall use a desk based, triangulation method which combines various data types from several sources. The documentation approach will in addition, be used in order to collect secondary data on how access to adequate menstrual health management services by adolescents can be improved. The research shall also utilise the Capabilities or Capacities theory by Amartya Sen approach to criticise the information that is brought to the fore by the research.

1.6 Significance of the research

The research will utilise pubescent girls' centred perspective to reveal the barriers faced by women in Zimbabwe in accessing adequate menstrual hygiene management facilities. It will then examine how the various recognized and accepted human rights outlined in different human rights instruments can be interpreted to include and clarify the right to adequate access to menstrual hygiene management. Additionally, it will investigate potential solutions that can be implemented in Zimbabwe and various countries to ensure that adolescent girls from low and middle-income communities have the necessary access to adequate menstrual hygiene management.

1.7 Literature review

In Zimbabwe, the overall health and economic wellbeing of adolescent women is threatened by the poor reproductive health amongst adolescents and women.³⁸ The rights of adolescent girls to health, education, gender equality and non-discrimination, and dignity are frequently violated when they lack access to appropriate menstrual hygiene management facilities.³⁹

The menstrual hygiene requirements of women and adolescents who are vulnerable must be regarded as important and necessary the enjoyment of their other rights, according to an equality and human rights standpoint that is conscious of the need for access to effective menstrual hygiene management.⁴⁰ Funders and activists who understand the significance of menstruation hygiene in relation to women's and school going girls' rights as well as their health must affirm and take into consideration the experiences of disadvantaged and vulnerable women collectively.⁴¹ This is due to the likelihood that these women and girls lack the means necessary to participate in demographic surveys, which

³⁸ M Tembo & others 'Menstrual product choice and uptake among young women in Zimbabwe: a pilot study' *Menstrual Cups as a Menstrual Management Method for Low Socioeconomic Status Women and Girls in Zimbabwe: A Pilot Study* (2018) 5 *Women's Reproductive Health* at 2 <http://www.tandfonline.com/loi/uwrh20> (accessed 12 March 2022).

³⁹ n 3, 1.

⁴⁰ Hennegan (n 17) 85.

⁴¹ As above.

disqualifies them automatically or prevents them from answering questions regarding their menstrual management.⁴²

In African countries like Zimbabwe, even though policies and laws on sexual health have been put in place, negative sociocultural norms and other factors such as high levels of poverty affect adolescent's access to suitable products for managing menstrual hygiene as well as adequate facilities.⁴³ Thus, a number of academics and scholars believe that the dissemination and spread of detrimental and harmful sociocultural norms, the absence of access to accurate sexual and menstrual health information and services, and a lack of knowledge about menstruation all cause the negative menstrual experiences that young women in low- and middle-income countries are often exposed to.⁴⁴ Due to their inability to work and attend school, resulting from the failure to access adequate menstrual management facilities, girls and women frequently experience economic disempowerment and wind up missing school or dropping out entirely, which contributes to gender inequity which is rife in middle to low income countries.⁴⁵

Despite the fact that no international or regional human rights instrument explicitly addresses the issue of access to adequate management of menstrual hygiene, the majority of African nations have ratified international and regional instruments that require them to uphold, defend, and advance the rights of their citizens, including women and girls, to health, education, equality, non-discrimination, dignity, and privacy. Therefore, it is possible to interpret these rights to include and give life to women's and girls' rights to sufficient facilities and supplies for managing menstruation hygiene. The Universal Declaration of Human Rights (UDHR)⁴⁶, International Covenant on Civil and Political Rights (ICCPR)⁴⁷, International Covenant on Economic Social and Cultural Rights (ICESC)⁴⁸, International Convention on the Rights of Persons with Disabilities (ICRPD)⁴⁹, Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)⁵⁰, Convention on the Rights of the Child (CRC)⁵¹ constitute some of the essential international human rights instruments that safeguard the human rights mentioned above.⁵¹ Additionally, regional Instruments include the African

⁴² As above.

⁴³ Tembo (n 7) 5-6.

⁴⁴ Tembo (n 7) 4.

⁴⁵ M Sommer & others 'A Time for Global Action: Addressing Girls' Menstrual Hygiene Management Needs in Schools' 23 February 2016 *PLOS ONE* at 2 <https://journals.plos.org/plosmedicine/article/file?id=10.1371/journal.pmed.1001962&type=printable> (accessed 16 April 2022).

⁴⁶ Articles 1; 2; 25; 26; 28 of the UDHR.

⁴⁷ Articles 1; 3; 25; 26 of the ICCPR.

⁴⁸ Articles 1; 2; 3; 4; 12; 13 of the ICESC.

⁴⁹ Article 25 of the ICRPD.

⁵⁰ Articles 1; 2; 3; 10; 12; 14; 15; 23 of the CEDAW.

⁵¹ Articles 1; 2; 3; 24; of the CRC.

Charter on Human and Peoples' Rights (ACHPR)⁵², African Charter on the Welfare and Rights of the Child (ACWRC)⁵³, and the Maputo Protocol.⁵⁴ Achieving the Sustainable Development Goals (SDGs) for gender equality (SDG 5), education (SDG 4), excellent health (SDG 3), and clean water and sanitation (SDG 6) would inevitably be greatly aided by improvements in menstrual hygiene.⁵⁵

On July 12, 2021, the UN Human Rights Council passed a resolution (A/HRC/47/L.2) on gender equality, human rights, and menstrual hygiene management, which was a major turning point in the organization's history. Human rights, gender equality, and menstruation health were the primary subject matter of the resolution.⁵⁶ The resolution, among other things, mandates states to make sure that women and girls have access to sufficient resources for managing menstruation hygiene, including products, information, and facilities.⁵⁷ This shows that the world is slowly coming to terms with the fact that the need to access adequate menstrual hygiene management facilities is not an individual's problem but constitutes a collective public health problem.

1.7.1 Theoretical approach

This research will utilise the capabilities approach theory in attempting to put into perspective the difficulties faced by pubescent girls in accessing adequate menstrual hygiene management services as well as in coming up with recommendations on how the already existing legislative and policy framework can be improved. The research will also take into account the impact of socio – cultural, patriarchal, and religious and other factors on women and pubescent girls' experiences in managing their menstrual period.

Capabilities/Capacities Theory

Amartya Sen, who was a strong proponent of and familiarised the capability approach which is sometimes referred to as the capacities approach emphasises the need to look past economic growth when considering the issue of development.⁵⁸ Whilst Sen acknowledges that economic wealth is undeniably a contributing factor, Sen also emphasises that the notion of development is not signified only by materialistic wealth but should rather be measured in

⁵² Articles 2; 3; 5; 15; 16; 17; 18; 20 of the ACHPR.

⁵³ Articles 3; 4; 11; 14; 21 of the ACWRC.

⁵⁴ Articles 2; 3; 12; 14 of the Maputo Protocol.

⁵⁵ Gavi The Vaccine Alliance 'Sustainable Development Goals' https://www.gavi.org/our-alliance/global-health-development/sustainable-development-goals?gclid=CjwKCAjwx46TBhBhEiwArA_DjDmt82v0NIOaL9p3qnVbmVDKpnyY4vqkit4AC4IlyYWkimGPMgX-UROCBqAQAvD_BwE (accessed 21 April 2022).

⁵⁶ United Nations 'Action on Resolution on Menstrual Hygiene Management, Human Rights and Gender Equality' <https://www.ohchr.org/en/press-releases/2021/07/human-rights-council-adopts-13-resolutions-renews-mandate-eritrea-and-calls> (accessed 28 April 2022).

⁵⁷ <https://www.sanitationandwaterforall.org/news/human-rights-council-adopts-resolution-menstrual-health> (accessed 28 April 2022).

⁵⁸ A Sen *Development as Freedom* (2001) 14.

relation to the freedom that it empowers the people to enjoy.⁵⁹ Sen views freedom as not only the primary end but also the principal avenue of development.⁶⁰ Sen, splits the two into instrumental and constitutive parts.

According to Sen, the constitutive role signifies the capabilities, that is what one is able to do and to be, and the instrumental role embodies the entitlements, rights and opportunities that add up to reach the capabilities.⁶¹ An example in relation to the current topic is that when a pubescent girl has no access to adequate menstrual hygiene management materials and facilities, she may drop out of school which results in her economic disempowerment. This phenomenon then reduces the woman's chances of exercising her other rights such as the right to political participation, access to contraception and family planning and many other rights thus leading to gender inequality.⁶² In essence all the rights are interconnected and their intersectionality is revealed in that the infringement of one right often leads to a snow ball effect that affects all the other rights of the individual concerned.

In order to articulate the above, Sen identifies five key types of freedom: economic facilities, social opportunities, political freedom, transparency guarantees and protective security.⁶³ He however stresses that these five are but propositions and could be expanded depending on the scenario they are being applied to at a particular point.⁶⁴ Nonetheless, Sen emphasises the interconnectedness of the types of freedom and that they can reinforce each other.⁶⁵ Social opportunities such as accessibility of health facilities, and access to education, play a vital role for improved standards of living. Additionally, as already alluded to above they also enhance the capacity to partake in economic activities and play a critical role on political participation, as being educated makes it easier to make an informed decision.⁶⁶ Development is thus about eliminating hindrances in order to pave way for people to achieve their competencies or capabilities.⁶⁷

Furthermore, scholars have observed and argued that education frequently plays a crucial role in enabling people to make informed judgements.⁶⁸ There is little question that education has a positive impact on secondary health and wider economic outcomes, as evidenced by the following: decreased maternal mortality, improved population health, increased contraceptive uptake, decreased fertility rate, improved child health, increased

⁵⁹ n 52, 36.

⁶⁰ n 52, 36.

⁶¹ n 52, 37.

⁶² n 52, 2.

⁶³ n 52, 38.

⁶⁴ As above.

⁶⁵ As above.

⁶⁶ n 52, 39.

⁶⁷ S Fukuda-Parr 'The Human Development Paradigm: Operationalizing Sen's Ideas on Capabilities. Feminist Economics' (2003) 9(2-3) at 301-317 <https://doi.org/10.1080/1354570022000077980> (accessed 21 April 2022).

⁶⁸ Sen (n 52) 30, 319.

vaccination rates, and decreased HIV infection rates which have all been linked to females staying in school longer.⁶⁹ Therefore, interventions that seek to minimise school absenteeism and school dropping out rates such as enhanced access to adequate menstrual hygiene management may evidently have significant secondary health effects and wider economic benefit.⁷⁰ This once again shows the interconnectedness between the different freedoms, the need for access to suitable menstrual hygiene management for school going girls and adolescent women as drivers for gender equality.

1.8 Structure

Chapter 1: Introduction

This chapter encompasses the introduction to the study which conceptualises the study thereby locating and giving it perspective.

Chapter 2: Theoretical framework supporting Access to adequate menstrual hygiene management by school going girls as a human right

The theoretical framework used to evaluate the consequences of international organisations' and their member states' failure to recognise access to proper management of menstrual hygiene as a human right will be the primary focal point of this chapter.

Chapter 3: The implementation of international, regional instruments' normative standards for access to appropriate menstrual hygiene management

This chapter will address how school-age girls can manage their menstrual hygiene, examining the problems and any progress that has been made. It will also discuss normative criteria found in international and regional human rights documents. The research will moreover delineate the ensuing human rights breaches.

Chapter 4: The application of access to adequate menstrual hygiene management normative standards as contained in the constitution of Zimbabwe

This chapter will discuss how school-age girls might apply normative standards found in Zimbabwe's constitution, laws, and policies to manage their menstrual hygiene, while also addressing any obstacles and encouraging developments that may have occurred. The research will moreover delineate the ensuing breaches of rights of menstruating school going individuals.

Chapter 5: Best practices from other low to medium income countries

⁶⁹ n 2, 2.

⁷⁰ As above.

In terms of best practices, lessons from other jurisdictions will be incorporated into this chapter. Moreover, parallels can be observed between the systems in terms of addressing the issue of school-going girls' lack of access to proper management of their menstrual hygiene.

Chapter 6: Conclusion and recommendations

This chapter shall consist of the conclusion and recommendations.

CHAPTER 2: THEORETICAL FRAMEWORKS SUPPORTING ACCESS TO ADEQUATE MENSTRUAL HYGIENE MANAGEMENT AS A HUMAN RIGHT

2. Introduction

What is each individual capable of doing and being? According to Nussbaum, this query is the core of the capabilities approach and serves as the foundation for Sen's work.⁷¹ The hypothesis seeks to give growth a more intricate form. A country's gross national product (GNP) does not account for its residents' freedom of expression or their access to public facilities like water and sanitary facilities.⁷² The capabilities approach places the individual at the centre; they are the agents of their own liberation; they have a voice and need to be involved in determining their own fate. The ability to make choices is a better indicator of quality of life than any material possession.⁷³ In order to challenge the dominant ideologies of political philosophy, welfare economics, and ethics, the capabilities approach was developed. It sought to conceptualise human decision-making ability and freedom to act as one pleases.⁷⁴

There are two proponents of the Capabilities/Capacities theory. These are Martha Nussbaum and Amartya Sen. Martha Nussbaum's capability theory is a significant framework in the fields of ethics, political philosophy, and development economics. It emphasizes the importance of individual capabilities, that is, what people are able to do and to be as a measure of well-being and social justice. The key components of her theory include the following (a) Capabilities - Nussbaum identifies a set of ten central capabilities that she argues are essential for a dignified human life. These capabilities include: life, bodily health, bodily integrity, senses, imagination, and thought, emotions, practical reason, affiliation. Other species play - control over one's environment (both political and material). (b) Functionings - Functionings refer to the various states of being and activities that individuals can achieve, such as being healthy, being educated, and participating in community life. Capabilities represent the

⁷¹ M Nussbaum 'Creating Capabilities: The Human Development Approach Cambridge, Mass' (2011) *Belknap Press of Harvard University Press* 18.

⁷² Sen (n 52) 3.

⁷³ Sen (n 52) 3.

⁷⁴ A Frediani & others 'Approaching Development Projects from a Human Development and Capability Perspective' (2014) 1 *Journal of Human Development and Capabilities* 15(1) at 3.

potential to achieve these functionings.⁷⁵ (c) Justice and Equality - Nussbaum argues that social justice should be evaluated based on the extent to which individuals have the capabilities to lead a flourishing life. This approach shifts the focus from mere resources and income to what individuals can actually achieve.⁷⁶ (d) Universalism - Nussbaum's list of capabilities is intended to be universal, applicable across different cultures and contexts. She believes these capabilities are essential for any society that aims to promote human dignity and well-being.⁷⁷ (e) Role of Emotions - Nussbaum emphasizes the importance of emotions in human life, arguing that they are integral to moral reasoning and social relationships.⁷⁸

Amartya Sen's capability approach on the other hand is a significant theoretical framework that emphasizes the importance of individual capabilities in assessing well-being and social justice. This approach diverges from traditional economic metrics, focusing instead on what individuals are actually able to do and be in their lives. The key concepts of Sen's capability approach include (a) Capabilities – which refer to the real freedoms, according to Sen, individuals have to achieve various valuable functionings (the states of being and activities they can accomplish). For example, capabilities include the ability to be healthy, educated, and participate in social and political life. Functionings on the other hand are the actual achievements or states that individuals realize, such as being well-nourished or having a good job. The distinction is crucial because it highlights that having resources does not guarantee that individuals can convert them into meaningful outcomes.⁷⁹ (b) Freedom and Well-Being - Sen argues that well-being should be understood in terms of the freedoms individuals have to pursue their own goals. This perspective shifts the focus from mere economic resources to the substantive opportunities available to people.⁸⁰ (c) Conversion Factors – According to Sen, the ability to convert resources into functionings depends on various personal, social, and environmental factors, known as conversion factors. These can include individual characteristics (like health or education), social norms, and institutional arrangements.⁸¹ (d) Critique of Traditional Metrics - Sen critiques traditional economic measures, such as Gross Domestic Product, for failing to capture the complexities of human well-being. He argues that these measures overlook the diversity of human needs and the importance of individual agency.⁸² (e) Poverty as Capability Deprivation - In Sen's view, poverty should be understood not just as a lack of income or resources but as a deprivation

⁷⁵ <https://iep.utm.edu/ge-capab/> (accessed 18 February 2025).

⁷⁶ <https://plato.stanford.edu/entries/capability-approach/> (accessed 18 February 2025).

⁷⁷ <https://iep.utm.edu/ge-capab/> (accessed 18 February 2025).

⁷⁸ As above.

⁷⁹ <https://plato.stanford.edu/entries/capability-approach/> (accessed 18 February 2025).

⁸⁰ <https://iep.utm.edu/sen-cap/> (accessed 18 February 2025).

⁸¹ <https://plato.stanford.edu/entries/capability-approach/> (accessed 18 February 2025).

⁸² As above.

of capabilities. This broader understanding allows for a more nuanced approach to addressing poverty and development.⁸³

Preference for Amartya Sen's Capabilities Approach over Martha Nussbaum's formulation can be attributed to several key factors. Firstly, Sen's approach is characterized by its flexibility and openness to various interpretations.⁸⁴ He emphasizes the importance of individual freedom and the ability to choose among different functionings, which allows for a pluralistic understanding of well-being. This adaptability makes it suitable for diverse cultural contexts and individual preferences.⁸⁵ Secondly, Sen also distinguishes between "capabilities" (the opportunities available to individuals) and "functionings" (the actual achievements or states of being). His emphasis on the process of expanding capabilities prioritizes the means of achieving well-being rather than just the ends. This richer analysis of social justice is seen as a significant contribution to the field.⁸⁶ Thirdly, Sen places a strong emphasis on individual agency and the role of public discourse in shaping capabilities. This focus on participation and empowerment resonates with various social movements and policy discussions, making his theory more applicable to real-world issues.⁸⁷ Fourthly, Sen critiques traditional welfare economics and the focus on utility, arguing that capabilities provide a more comprehensive measure of well-being. This critique challenges the limitations of purely economic metrics, which can overlook important aspects of human life.⁸⁸ Fifthly, Sen's approach has been applied across various fields, including economics, philosophy, and development studies and thus has a broader applicability. Its interdisciplinary nature allows for a wider range of applications, making it more influential in shaping development policies and social programs.⁸⁹ In contrast, while Nussbaum's version emphasizes a specific list of central capabilities that she argues are essential for a dignified human life, it may be perceived as less flexible, which can limit its applicability in diverse contexts,⁹⁰ hence the reliance by this research on Amartya Sen's approach.

2.1 Capabilities Theory

Sen's theory of capacity provides a moral basis. It suggests that the main consideration for and when assessing social systems should be people's freedom to develop and play roles that are in line with their values.⁹¹ Amartya Sen's capabilities approach consists of two basic normative claims. The first is that the freedom to pursue happiness has moral significance that

⁸³ As above.

⁸⁴ As above.

⁸⁵ <https://iep.utm.edu/sen-cap/> (accessed 18 February 2025).

⁸⁶ <https://plato.stanford.edu/entries/capability-approach/> (accessed 18 February 2025).

⁸⁷ As above.

⁸⁸ <https://plato.stanford.edu/entries/capability-approach/> (accessed 18 February 2025).

⁸⁹ As above.

⁹⁰ <https://iep.utm> (accessed 18 February 2025).

⁹¹ n 52, 3.

cannot be over emphasised,⁹² and second, furthermore, it is important to include those with talents—that is, those who genuinely have the chance to live and act in a manner consistent with their moral ideas or values—when discussing the freedom to pursue well-being.⁹³ Several more narrowly targeted normative frameworks, such as those of social justice or development ethics, have developed from the strategy. As per the capacity approach, an individual's potential to attain well-being is determined by their inherent qualities and abilities, which in turn determines the type of life they could lead with success.⁹⁴ Sen argues that people's money, possessions, or mental responses (utility) are not a good way to view their lives because they provide little or erroneous information about how things or life is actually and truly transpiring.⁹⁵

The degree of life quality that people can reasonably achieve is a topic that the capabilities approach directly tackles. The concepts of "functioning" and "capacity," which according to the theory, form the basis of the analysis of quality of life.⁹⁶ Sen contends that rather than a person's wealth or outward look of wellbeing, the true test of success should be their capacity to lead a life that we should value and respect.⁹⁷ However, before one can start evaluating people's capacities, we must first identify which functions are necessary for a decent existence and to what extent, or at the very least, we must describe an evaluation technique to do so.⁹⁸

Sen argues that increasing people's freedom is both a means and an objective to achieving progress.⁹⁹ Individual freedom is necessary for people to have control over their life and eventually advance. The degree of freedom that people enjoy will subsequently be used to gauge their level of development. A person will be able to live more freely the greater access they have to their freedom.¹⁰⁰ The opportunities and skills that women and girls are given in society have a direct impact on their freedom to practise MHM.

Social possibilities, economic resources, political freedoms, guarantees of transparency, and protective security are the five major categories into which Sen argues that each person's instrumental freedoms can be separated.¹⁰¹ Increasing people's instrumental

⁹² n 52, 33.

⁹³ n 52, 36.

⁹⁴ A Frediani & others 'Approaching Development Projects from a Human Development and Capability Perspective' *Journal of Human Development and Capabilities* (2014) 15(1) at 1-12.

⁹⁵ A Liwendahl 'Girls' Right to Education: A study of what impact menstruation has on female school participation in Zimbabwe' Bachelor's in Development Studies thesis Lund University, 2019 at 7 – 9.

⁹⁶ Sen (n 52) 33.

⁹⁷ n 52, 4.

⁹⁸ Sen (n 52) 10.

⁹⁹ n 52, 4.

¹⁰⁰ Sen (n 52) 53.

¹⁰¹ n 52, 10.

liberty will lead to development.¹⁰² However, he emphasises that the list is much longer and more complex and that these five freedoms are merely suggestions.¹⁰³ Measuring a person's life-quality includes basic abilities like preventing lack of food and impoverishment, living a long and healthy life, and having all the skills necessary for counting, reading, and writing.¹⁰⁴

There are connections among the five instrumental freedoms. As an illustration, enhancing a person's social chances may favourably influence her to become more politically active. If school going girls are for example able to avoid truancy due to inadequate facilities and equipment for managing menstruation hygiene, then they will be able to better participate in activities like voting, policy making and general politics and become economically empowered resulting in them addressing the issues that affect women directly. However, there are some circumstances where a person's freedoms can clash. For instance, it is up to the individual who finds themselves in this situation and must live their life in this manner to decide how to prioritise when social or economic advancements conflict with tradition and culture. It is therefore crucial that they have the freedom to decide or influence the outcome. Education is frequently necessary for people to be empowered enough to make an informed decisions not only in relation to their bodies but in relation to policies relating to menstrual health issues, voting for individuals who will advance their rights to access adequate facilities and in being able to generate income to purchase menstrual hygiene management products.¹⁰⁵

This demonstrates once more how closely related the freedoms are. Below is a quick explanation of each of the two fundamental freedoms.

Economic facilities are the means by which people can spend money to buy, trade, or sell other goods. It is noted that the actual distribution mechanisms that are available place restrictions on these alternatives. Exchange rates and market pricing will also have an impact on the possibilities.¹⁰⁶

'Social opportunities are the chances people have to learn new things, look after their health, and generally live better. The importance of social opportunities is underlined as a requirement for exercising one's political rights and taking use of economic chances.'¹⁰⁷This demonstrates once more how closely related the freedoms are.

¹⁰² Sen (n 52) 33.

¹⁰³ Sen (n 52) 38.

¹⁰⁴ Sen (n 52) 36.

¹⁰⁵ Sen (n 52) 30, 319.

¹⁰⁶ L Chin 'Period of shame: The effects of menstrual hygiene management on rural women and girls' quality of life in Savannakhet, Laos' Masters Thesis, Lunds Universitet, 2014 at 22 (on file with the author)

<https://www.lunduniversity.lu.se/lup/publication/4442938> (accessed 30 April 2022).

¹⁰⁷ Sen (n 52) 38, 39.

There are also many various types of what is termed unfreedoms in the globe, according to Sen.¹⁰⁸ Examples of these unfreedoms include famine, a lack of fundamental hygienic amenities, and a lack of basic human rights.¹⁰⁹ Additionally, the current WASH literature discusses the connections between the capabilities approach. More and more evidence is pointing to how WASH affects health as well as how WASH aids in the economic and social advancement of nations and societies.¹¹⁰ It is widely recognised in the literature that women's enormous responsibilities—running the home and trying to earn a living—are essential to bringing about social change and lowering poverty. These women are primarily responsible for and bear the brunt for juggling work-related tasks and household responsibilities. Therefore, it has been determined that improving the status of women in low-income nations would be a better use of international development assistance.¹¹¹

2.1.1 Women's capabilities

Sen champions the value of women's autonomy and advances a complementary perspective on their active participation as change-agents.¹¹² Previously, the society would work to ensure the welfare of women by treating everyone equally. While there is nothing wrong with this, the focus now is on seeing women as active actors instead of objects who are passive.¹¹³ Both these points of view have a lot in common. Today, women are viewed as decision-makers and responsible adults. They also possess skills that can enable them to succeed in life. It has been demonstrated that women's agency is strengthened when they are able to write, read, and educate themselves.¹¹⁴ Making them into agents will raise their level of wellbeing since they will be able to join in the workforce and make their own money, among other things. It has been demonstrated that who work outside the home and earn their own money promote female and gender empowerment as well as advancement in society since they will have more control over how the money is spent.¹¹⁵

It is important to focus on women as agents because of the impact it has on them as well as the other members of their immediate and extended family and community. According to research, "women's empowerment within the family can significantly reduce child mortality".¹¹⁶ Therefore, there is a direct correlation between girls and women's wellbeing and that of their offspring. When women are free to learn, voice their thoughts, and make their own

¹⁰⁸ Sen (n 52) 15.

¹⁰⁹ Chin (n 84) 22.

¹¹⁰ J Fisher 'For Her it's the big issue, putting women at the centre of water supply, sanitation and hygiene' Geneva: WSSCC (2006).

¹¹¹ I Ray 'Women, water and development. Annual Review of Environment and Resources' (2007) (32), 421-449 at 422 and 423.

¹¹² n 52, 189-203

¹¹³ As above.

¹¹⁴ Chin (n 84) 22.

¹¹⁵ As above.

¹¹⁶ Sen (n 52) 193.

judgements, they are better equipped to support or cater for themselves in accessing menstrual hygiene products and in making educated decisions regarding their own bodies such as when and how many children to have as this may have an effect on their menstrual health.¹¹⁷

Since capability aims to measure people's actual freedom to make informed decisions alongside to adopting a much broader view of what it means to accomplish well-being, more information is required to compare it to other accounts of advantage.¹¹⁸ The value of a range of capabilities reflects a person's real freedom to lead a meaningful life based on the functional options available to them. As these functional options become more accessible, the individual's effective freedom also increases.¹¹⁹

Attention is drawn to the pertinent accountable causal pathways when capacity failures or large interpersonal variances in capacity are diagnosed. These include differences in socioeconomic circumstances, individual physiology, geographical environmental diversity, relationship perspectives, and allocation throughout the family.¹²⁰ Several of these interpersonal variables also have an impact on how easily people can obtain resources.

According to the theory, what sets apart the capabilities approach from other theoretical approaches is the ethical importance of people's capacity to live the kind of life they have good cause to treasure.¹²¹ That distinguishes it apart from other, more widely used techniques for ethical evaluation. They are all entirely focused on whether the resources needed to live fulfilling lives are available. The accumulation of worthwhile "beings and deeds" is what defines a person's ability to live a decent life.¹²² Sen encourages a complementary perspective on women's active participation as change agents while arguing for the value of women's autonomy.¹²³ This can only be achieved when women are able to access menstrual hygiene management products and facilities thereby enabling them to remain in school and receive adequate education.

2.2 Conclusion

The relationship between the legal framework for human rights and access to efficient menstrual hygiene management emphasises the need for a thorough understanding of menstrual hygiene. In addition to infrastructure, empowering women and girls and giving them a safe space to voice their menstrual needs are important components of access to adequate menstrual hygiene management. Women and girls should be allowed to control their periods

¹¹⁷ Chin (n 84) 22.

¹¹⁸ Sen (n 52) 30, 31.

¹¹⁹ Liwendahl (n 73).

¹²⁰ Sen (n 52) 10.

¹²¹ Liwendahl (n 73) 22.

¹²² Sen (n 52) 36.

¹²³ n 52, 189-203.

in a private, secure, and dignified manner. In this way, menstruation presents practical needs for women and girls, including: (1) a private area for washing and changing; (2) products for absorbing menstrual blood; and (3) suitable disposal facilities for sanitary products. The low importance placed on menstrual hygiene is not coincidental; rather, it is a reflection of the limited role women have in society's decision-making and priority-setting processes.

CHAPTER 3: THE APPLICATION OF ACCESS TO ADEQUATE MENSTRUAL HYGIENE MANAGEMENT NORMATIVE STANDARDS AS FOUND WITHIN GLOBAL AGREEMENTS.

3. Introduction

Numerous international and regional agreements on human rights that impose varying obligations on the state have been approved by the Zimbabwean government. As required by section 327 (2) (b) of the Zimbabwean constitution, the government of Zimbabwe must thus adhere to the international standards set forth in the numerous international instruments that it has approved and implement those instruments through local subsidiary legislation.¹²⁴ Prior to the Covid – 19 pandemic, it is estimated that approximately 500 million individuals out of the 1.9 billion individuals who menstruate in the world, were unable to access menstrual health.¹²⁵ Attaining menstrual health is crucial to realizing a person's rights to education, dignity, privacy, equality, health and to safe and available water. It is nonetheless apparent that a lot of functionalities still have little regard for menstrual health and cleanliness as shown by the lack of its mention in all principal international covenants. Menstrual health is not merely a sexual and reproductive problem; it is influenced by the socioeconomic determinants of health.

There are several international bodies that have developed guidelines related to menstrual hygiene management. The UN General Assembly for example in 2015 passed a resolution recognizing menstrual hygiene management as a critical factor in empowering girls and women, and calling on governments and other stakeholders to promote the availability of affordable and accessible menstrual materials and facilities.¹²⁶ In order to improve the quality of menstrual hygiene and health products, period pain treatment, and menstrual diseases, the World Health Organisation has released guidelines on MHM that offer evidence-based

¹²⁴ Section 327 (2) (b) Constitution of Zimbabwe (Amendment) Act 20 of 2013.

¹²⁵ M Sommer & others 'Menstrual health is a public health and human rights issue' [https://doi.org/10.1016/S2468-2667\(21\)00212-7](https://doi.org/10.1016/S2468-2667(21)00212-7) (accessed 5 November 2022).

¹²⁶ UN Human Rights Council Resolution, "The human right to safe drinking water and sanitation" Resolution 27/7, and General Assembly Resolution 79/169, adopted in December 2015. General Recommendation No. 34 on the rights of rural women, para. 85, which highlights the importance of adequate sanitation and hygiene, and sanitary pads, to enable menstrual hygiene (2016).

suggestions.¹²⁷ In order to guarantee that girls can safely and respectably manage their periods while attending school, UNICEF has created guidelines for MHM in schools.¹²⁸ The guidelines cover concerns such as the availability of menstruation products, the availability of private and clean amenities, and the advancement and dissemination of menstrual hygiene education.

The International Federation of Gynecology and Obstetrics (IFGO) has developed guidelines on menstrual bleeding disorders, which provide recommendations for the diagnosis and management of conditions such as heavy menstrual bleeding and irregular periods.¹²⁹ The Collaborative Council for Water Supply and Sanitation has developed guidelines on MHM in humanitarian situations, offer suggestions and guidelines for making sure girls and women can handle their periods in any emergency situations in a dignified and safe manner.¹³⁰

The annual international observance of Menstrual Hygiene Day on May 28th, the adoption of national and regional management strategies for menstrual health and hygiene, which frequently seek to increase women's and girls' access to information, menstrual products, water, and sanitation, and the inclusion of menstrual health and hygiene on the global agenda (e.g., Human Rights Council resolutions 39/8 of September 2018, 45/8 of October 2020, and 47/4 of July 2021 on menstrual hygiene management, human rights, and gender equality), including its identification as a public health, human rights, and gender equality concern, are all examples of the rise in awareness and interest in menstruation over the past ten years, including its designation as a concern for gender equality, human rights, and public health.¹³¹ According to Human Rights Council resolution 47/4 of July 2021, states have been urged to ensure that women and girls have access to adequate resources, knowledge about and materials for the most effective and successful management of menstrual hygiene through a variety of initiatives.¹³²

Additionally, the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation, and Hygiene has created a first set of indicators to track advancements in

¹²⁷ Good Practice Guidance Note https://menstrualhygieneday.org/wp-content/uploads/2016/12/Unicef_MHM_Good_PracticeGuidanceNote_EAPacific_2016.pdf (accessed 4 June 2023).

¹²⁸ UNICEF Guidance on Menstrual Health and Hygiene <https://www.unicef.org/media/91341/file/UNICEF-Guidance-menstrual-health-hygiene-2019.pdf> (accessed 4 June 2023).

¹²⁹ I S Fraser and others 'The FIGO Recommendations on Terminologies and Definitions for Normal and Abnormal Uterine Bleeding' *Seminars in Reproductive Medicine* volume 29, number 5 2011 at 383 - 390. <file:///E:/International%20Federation%20of%20Gyenacology%20and%20Obstetrics%20Guideline%20on%20Menstrual%20Bleeding.pdf> (accessed 4 June 2023).

¹³⁰ <https://www.humanitarianlibrary.org/collection/menstrual-hygiene-management-mhm?page=2> (accessed 4 June 2023).

¹³¹ Resolution 47/4 on Menstrual hygiene management, human rights and gender equality adopted by the Human Rights Council on 12 July 2021 <file:///E:/Human%20Rights%20Council%20Resolution%202021%20on%20MHM.pdf> (accessed 4 April 2022).

¹³² As above.

menstrual health and hygiene globally within the context of the Sustainable Development Goals (SDGs).¹³³ Nevertheless, Women and girls around the world, in all their diversity, still face barriers to achieving menstruation health, obstacles that stem from violations of their human rights. International organizations have created a number of guidelines, including the ones outlined above, to encourage access to appropriate management of menstrual hygiene. The present portion will center on the manner in which inadequate management of menstrual hygiene impacts other human rights, as ensured by multiple international instruments that Zimbabwe has ratified, thus leading to adverse consequences for female students.

3.1 Rights

3.1.1 The Right to education

A comprehensive sex education is included in the right to education,¹³⁴ inclusive of menstrual education.¹³⁵ The right to education is included in Article 13 of the International Covenant on Economic, Social, and Cultural Rights (ICESCR). According to the text, education is both an essential human right and a prerequisite for obtaining other rights. Additionally, it declares that the aims and purposes of Article 13 should be the focus of all education, public or private.¹³⁶ Every child under the age of eighteen has the right to an education under the Convention on the Rights of the Child (CRC), and states are required to make basic education in particular free.¹³⁷ This means that information on menstrual hygiene should not only be taught to girls within the school system but also to boys and the male teachers so that they can understand and not tease the girls when they for example stain their uniforms.¹³⁸ Article 10 of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) calls on countries to adopt policies that will reduce the rates of school dropouts and truancy among female students, as well as to end discrimination against women in the educational system in order to promote gender equality.¹³⁹ The absence of access to appropriate menstrual hygiene management products and amenities has been proven to be a contributing factor to the early dropping out from school amongst girls as well as school absenteeism during the times when girls have to manage their menstruation.¹⁴⁰ It is therefore important, from a human rights

¹³³ <file:///E:/JMP-2021-progress-report%20and%20indicators%20on%20MHM.pdf> (accessed 4 June 2023).

¹³⁴ U.N. G.A., Rep. of the United Nations Special Rapporteur on the Right to Education, U.N. Doc. A/65/162 (July 23, 2010), <http://www.ohchr.org/EN/HRBodies/SP/Pages/GA65session.aspx> (accessed 5 November 2022).

¹³⁵ I T Winkler & V Roaf 'Taking the bloody linen out of the closet: menstrual hygiene as a priority for achieving gender equality' *Cardozo Journal of Law & Gender* [Vol. 21:1] at 19.

¹³⁶ Article 13 ICESCR.

¹³⁷ Article 28 of the CRC.

¹³⁸ Article 12 (e) of the Maputo Protocol.

¹³⁹ Article 10 (f) CEDAW.

¹⁴⁰ R Boosey & E Wilson 'The Menstrual Hygiene Management and The International Human Rights System: A Vicious Cycle of Silence' at 14 https://consultations.worldbank.org/sites/default/files/consultation-template/update-world-bank-group-gender-strategy-consultations/submissions/a_vicious_cycle_of_silence_final_version_of_paper_0.pdf (accessed 10 May 2022).

standpoint, to guarantee that learning institutions establish operational environments that do not discriminate against girls, because of their biological make up such that girls become truant from school and as a result, fall behind their male peers.¹⁴¹

Regionally, everyone is guaranteed the right to education, which inevitably includes menstrual education, under Article 17 of the African (Banjul) Charter on Human and Peoples' Rights (ACHPR).¹⁴² Governments are required by Articles 8 (c) and 12 of the Maputo Protocol to eliminate cultural norms and taboos that discriminate against women as well as to make sure that gender sensitization and rights based education are incorporated into all the academic programs at all levels of the educational system, including teacher training.¹⁴³ The African Charter on the Rights and Welfare of the Child (ACRWC) obligates states to make education accessible to all sectors of the society¹⁴⁴ inclusive of those who may be too poor to afford menstrual hygiene management products and resultantly end up dropping out of school. The right to quality education is also enumerated under Sustainable Development Goal number 4 (SDG 4).¹⁴⁵ The lack of sanitary absorbents, lack of water, bathing and laundering facilities, sanitation, fuelling of cultural and social taboos creates an environment that encourages truancy by many girls or their dropping out of school altogether.¹⁴⁶

Several treaty bodies have recognised the link between the right to education and access to adequate menstrual hygiene management. Adolescent girls' capacity to fully engage in school might be adversely affected by poor management of their menstrual hygiene, according to the Committee on the Rights of the Child's General Comment No. 20 on the application of the child's rights during adolescence.¹⁴⁷ The Committee recommended that state parties ensure that schools provide adequate facilities, including separate toilets and washing facilities, for girls to manage their menstruation in privacy, safety, and dignity.¹⁴⁸

Similar to the above, the Committee on the Elimination of Discrimination Against Women emphasised in General Recommendation No. 36 on the fundamental right of girls and women to education the significance of maintaining safe and hygienic conditions in schools,

¹⁴¹ 'Structural environments in schools and how they influence girls' ability to manage their menstruation: Marni Sommer, Structural Factors Influencing Menstruating School Girls' Health and Well-Being in Tanzania, 43 J. COMP. & INT'L. EDUC. 323 (2012); Winkler & Roaf (n 113) 19.

¹⁴² Article 17 ACHPR.

¹⁴³ Articles 8 (c) & 12 (a) & (e) of the Maputo Protocol.

¹⁴⁴ Article 11(e) of the ACRWC.

¹⁴⁵ https://populationmatters.org/un-sdgs/?gclid=Cj0KCQjw2v-gBhC1ARIsAOQdKY3s3_RjW6R7FOZZVfFTA3iYhAjmLAmHMFfc3462yPg3WPKvZ6OpZ_waAslcEALw_wcB (accessed 26 March 2023).

¹⁴⁶ K A Wardana 'Human Rights Framework on Menstrual Health and Hygiene' *Advances in Economics, Business and Management Research*, volume 140 at 143.

¹⁴⁷ Paragraph 59 of the General comment No. 20 (2016) on the implementation of the rights of the child during adolescence by the Committee on the Rights of the Child.

¹⁴⁸ Paragraph 71 of the General comment No. 20 (2016) on the implementation of the rights of the child during adolescence by the Committee on the Rights of the Child.

including access to sufficient menstrual hygiene management facilities, to guarantee that girls can attend and finish their education.¹⁴⁹ In her remarks on the significance of the right to clean drinking water and sanitation, the Special Rapporteur emphasised how important it is to guarantee that schools have sufficient facilities for managing menstrual hygiene in order to allow girls to attend and finish their education. The Special Rapporteur urged States to "make sure that educational institutions have adequate water and sanitation facilities, including gender-sensitive washrooms and toilets, and that menstrual hygiene management needs are taken into account" in her 2016 report to the UN General Assembly.¹⁵⁰

These international and regional treaty bodies and special mechanisms have called on nations to take concrete measures to ensure that schools provide safe, hygienic, and gender-sensitive facilities for managing menstruation. They acknowledge that having access to appropriate menstrual hygiene management facilities is a crucial component of guaranteeing girls' and women's right to education.

3.1.2 The Right to Health

States are required by Article 12 of the ICESCR to give their citizens the best possible standard of health care.¹⁵¹ Article 12 of CEDAW mandates that states eliminate bias and prejudice against women in the health care sector, particularly in the management of menstrual hygiene, which is a critical component in determining women's health.¹⁵² The UN Committee on the Elimination of Discrimination Against Women emphasises in CEDAW General Recommendation No. 24 that in order for state parties to fulfil the right to health, they must address the distinct biological traits that impact men and women differently. The menstrual cycle is one such characteristic.¹⁵³ CEDAW's Article 12(2) extends states' duties of providing women with adequate healthcare to include pregnancy, childbirth, and postpartum care, emphasising the critical role that sanitation and menstrual health handling play in women's reproductive systems.¹⁵⁴

Article 16 of the African Charter guarantees everyone the best possible bodily and psychological well-being.¹⁵⁵ Article 14 of the Maputo Protocol requires nations to ensure the

¹⁴⁹ Paragraph 30 of the General recommendation No. 36 on girls' and women's right to education by the Committee on the Elimination of Discrimination against Women.

¹⁵⁰ Statement by the Special Rapporteur on the human rights to safe drinking water and sanitation at the 33rd session of the Human Rights Council 06 September 2016.

<https://www.ohchr.org/en/statements/2016/11/statement-special-rapporteur-human-rights-safe-drinking-water-and-sanitation> (accessed on 28 May 2023).

¹⁵¹ n 71.

¹⁵² Article 12 CEDAW.

¹⁵³ U.N. Comm. on the Elimination of Discrimination Against Women, CEDAW General Recommendation No. 24, Article 12 of the Convention—Women and Health, 12(a), U.N. Doc. A/54/38/Rev.1, chap. I (1999) www.un.org/womenwatch/daw/cedaw/reports/21report.pdf (accessed 6 November 2022).

¹⁵⁴ Article 12(2) CEDAW.

¹⁵⁵ Article 16 ACHPR.

health of women and to educate and inform women, especially those living in rural areas, so that they can make knowledgeable choices based on information about their reproductive health.¹⁵⁶ As part of their entitlement to education and information, school-age girls have the right to learn about the significance of their menstrual cycle and how to manage it. Article 14 of the Maputo Protocol is supported by General Comment No. 2, which states that when women have been informed of the procedures, products and health care services that are unique and important to them and when they actually enjoy access to those services, the utilisation of those rights is non-discriminatory and provides gender equality.¹⁵⁷ Additionally, according to the General Comment, there cannot be any form of bias and discrimination against women based on their age, marital status, health condition, handicap, or place of residence when it comes to accessibility, pricing, and location of reproductive and sexual healthcare services.¹⁵⁸ States must create a national public health strategy that incorporates full and full reproductive and sexual health services along with standards, guidelines, and protocols that follow the most recent set of proven and recognised evidence-supported principles.¹⁵⁹ Menstrual hygiene management forms a vital part of women's reproductive and sexual well-being and states are thus obligated to provide financial and geographical accessibility to menstrual hygiene management products and facilities without any discrimination.

Furthermore, according to Article 14 of the ACRWC, every child must have access to education that will enable them to exercise their rights and be given the highest possible state of physical, mental, and spiritual health.¹⁶⁰ This means that school curricula should include information about the menstrual period and how to regulate it. Recognising that in some circumstances, women's and girls' needs differ from men's due to their biological makeup, the Vienna Programme of Action also calls for states to recognise and respect the changing human rights of women and girls throughout their life cycle.¹⁶¹ Due to the fact that many girls have stated that their lack of understanding about the condition caused them to be overcome with fear and anxiety during their first menstrual cycle, as the entitlement to health education is part of the right to health.¹⁶² The international agreements and accords that safeguard the

¹⁵⁶ Article 12 (2) Maputo Protocol.

¹⁵⁷ Paragraph 31 of the General Comment No. 2 on Article 14.1 (a), (b), (c) and (f) and Article 14. 2 (a) and (c) of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa.

¹⁵⁸ Paragraph 29 of the General Comment No. 2 on Article 14.1 (a), (b), (c) and (f) and Article 14. 2 (a) and (c) of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa.

¹⁵⁹ Paragraph 30 of the General Comment No. 2 on Article 14.1 (a), (b), (c) and (f) and Article 14. 2 (a) and (c) of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa.

¹⁶⁰ Article 14 ACRWC.

¹⁶¹ World Conference on Human Rights, June 14-25, 1993, Vienna Declaration and Programme of Action, <https://www.ohchr.org/en/instruments-mechanisms/instruments/vienna-declaration-and-programme-action> (accessed 6 November 2022).

¹⁶² Wardana (n 81) 141.

right to health must be taken into consideration when interpreting the third Sustainable Development Goal (SDG), which is focused on health and well-being.¹⁶³

The rights of sexual and reproductive health, as well as the potential and difficulties presented by the COVID-19 epidemic, are the primary focus of the Special Rapporteur¹⁶⁴ on the right of everyone to enjoy the highest possible quality of physical and mental health in her maiden report to the General Assembly. The Special Rapporteur illustrated how the COVID-19 epidemic has further impeded the achievement of women's, adolescents', girls', and all individuals' rights to sexual and reproductive health.¹⁶⁵ She investigated the complex historical effects of colonialism on these rights, assuming that patriarchal oppression is present everywhere and the source of control over women's bodies and sexuality.¹⁶⁶ She also elaborated on the nature of the legal framework that recognises sexual and reproductive rights, emphasising the right to sexual and reproductive health as an essential component of the right to health, and considers the significance of substantive equality and the underlying and social determinants of health for the realisation of these rights.¹⁶⁷

The utilisation of inadequate absorption products and unsuitable cleaning practices may increase women and girls' exposure to Reproductive tract infections.¹⁶⁸ Menstrual hygiene insecurity (MHI) is caused by a lack of access to proper menstrual hygiene management (MHM). Between schoolgirls and their male counterparts, MHI directly contributes to the persistence of gender inequality. Lower attendance rates and poorer academic performance are frequently caused by female students' lack of access to sufficient MHM in the classroom. Due to their menstrual cycle, girls who miss school run the risk of falling behind boys in their academic progress, which increases their vulnerability both inside and outside of the classroom.¹⁶⁹

A major global public health concern, reproductive tract infections (RTI) are more prevalent in low-income environments.¹⁷⁰ The proportion of endogenous infections resulting from factors other than inadequate menstrual hygiene management, iatrogenic illnesses, or

¹⁶³https://www.undp.org/sustainable-development-goals?utm_source=EN&utm_medium=GSR&utm_content=US_UNDP_PaidSearch_Brand_English&utm_campaign=CENTRAL&c_src=CENTRAL&c_src2=GSR&gclid=Cj0KQCjwk5ibBhDqARIsACzmGLTzI9ECoj8LiZn55OJfstNegI31WsgQ7SeKA_HACKmR4cC570cAFY8aAjpXEALw_wcB (accessed 6 November 2022).

¹⁶⁴ <https://www.ohchr.org/en/documents/thematic-reports/a77197-report-special-rapporteur-right-everyone-enjoyment-highest> (accessed 18 February 2025).

¹⁶⁵ Same as above.

¹⁶⁶ Same as above.

¹⁶⁷ Same as above.

¹⁶⁸ P Das and others 'Menstrual Hygiene Practices, WASH Access And The Risk Of Urogenital Infection In Women From Odisha, India.' *PLOS ONE*, vol 10, no. 6. 2015.

¹⁶⁹ <https://www.actionaid.org.uk/get-involved/days-we-celebrate/world-menstrual-hygiene-day> (accessed 28 May 2023).

¹⁷⁰ L I Bhatti & F F Fikree (2002) 'Health-seeking behaviour of Karachi women with reproductive tract infections' *Social Science & Medicine* 54: 105–117.

sexually transmitted infections that account for the remaining portion of this burden is unknown.¹⁷¹ The possibility of concurrent infection from many sources complicates any effort to explore this. The endogenous infections vulvovaginal candidiasis (VVC) and bacterial vaginosis (BV) are regarded to be the RTIs most relevant to MHM.¹⁷² The materials used to soak up menstrual blood or substandard personal cleanliness throughout the menstrual cycle may theoretically bring these vaginal imbalances into the reproductive system, even if they are mainly not sexually transmitted.¹⁷³ BV has been linked to a higher chance of contracting HIV;¹⁷⁴ human papillomavirus infection¹⁷⁵ and associated with adverse pregnancy outcomes, to name a few.¹⁷⁶ HIV infection has also been linked to vulvovaginal candidiasis.¹⁷⁷ Although many infections are still asymptomatic, BV and VVC share comparable clinical manifestations including vaginal discharge and discomfort.¹⁷⁸

Longer school attendance associated with lower rates of maternal mortality, improved population health, greater rates of contraceptive usage, reduced fertility, better child health, higher rates of vaccination, and lower rates of HIV infection, according to certain research.¹⁷⁹ This shows that all the instrumental freedoms are interconnected as stated by the capabilities approach. For instance, increasing a person's social opportunities may encourage her to become more politically involved. Schoolgirls, for instance, will be better equipped to engage in political activities like voting and policy-making, gain economic empowerment, and address issues that specifically affect women if they can avoid missing class because of a difficulty finding supplies and facilities to manage their menstrual hygiene and health thereby fostering their agency, autonomy and reproductive self-determination.

3.1.3 Non- Discrimination and Gender Equality

Framing the dearth of access to proper management of menstrual hygiene as a human rights concern is based on the principles of gender equality and non-discrimination.¹⁸⁰ The ICESCR¹⁸¹, ICCPR¹⁸² and ACHPR¹⁸³ mandate states to ensure that all human rights are

¹⁷¹ C Sumpter & B Torondrel 'A Systematic Review of the Health and Social Effects of Menstrual Hygiene Management' *PLOS ONE* April 2013 Volume 8 Issue 4 e62004 at 2.

¹⁷² As above.

¹⁷³ As above.

¹⁷⁴ R L Sweet (2000) 'Gynaecologic conditions and bacterial vaginosis: implications for the non-pregnant patient' *Infect Dis Obstet Gynecol* 8: 184–190.

¹⁷⁵ E Gillet and others (2011) 'Bacterial vaginosis is associated with uterine cervical human papillomavirus infection: a meta-analysis' *BMC Infect Dis* 11: 10

¹⁷⁶ A H Ugwumadu (2002) 'Bacterial vaginosis in pregnancy' *Curr Opin Obstet Gynecol* 14: 115–118

¹⁷⁷ L F Johnson and D A Lewis (2008) 'The effect of genital tract infections on HIV-1 shedding in the genital tract: a systematic review and meta-analysis' *Sex Transm Dis* 35: 946–959.

¹⁷⁸ Sumpter & Torondel (n 145) 2.

¹⁷⁹ As above.

¹⁸⁰ Winkler (n 113) 16.

¹⁸¹ Article 2 (2) ICESCR.

¹⁸² Article 2 (1) & 26 ICCPR.

¹⁸³ Article 18 ACHPR.

exercised free of any form of discrimination. There is a strong and important link between the discussion of gender equality and non-discrimination since discriminatory laws and policies hinder the progress of gender equality, which exacerbates the problem of gender inequality.¹⁸⁴

The concept of gender equality encompasses more than just formal equality; it also includes substantive equality. Article 3 of CEDAW mandates that states enact adequate and suitable laws and policies, among other things, to promote women's equal opportunity to access and enjoyment of their fundamental freedoms and human rights.¹⁸⁵ In this sense, substantive equality does not imply that everyone is treated equally. Similarly, the CEDAW committee reaffirmed that it is not enough to guarantee that women are treated equally to men. Instead, the biological and socially and culturally manufactured differences between men and women must be taken into account. In some situations, addressing these inequities will require approaching men and women differently.¹⁸⁶

Therefore, states must implement affirmative action policies that will lead to substantive equality even when they may discriminate against women. States must restructure cultural and institutional structures, including educational institutions, for the purpose of attaining fundamental and actual effective equality.¹⁸⁷ In addition to ensuring women's participation and that their perspectives are heard, changing such organisations must work to eliminate the foundational prejudices, taboos, and stereotypes.¹⁸⁸ Menstruation is generally viewed with embarrassment and shame and is often associated with women and girls' inferiority and is considered to be dirty.

Furthermore, the reality that menstruation is still taboo and associated with shame and prejudice directed towards women and girls in many cultures adds to the obstacles and difficulties that these groups of women and girls encounter.¹⁸⁹ CEDAW and the Maputo Protocol in that respect call upon state parties to modify cultural and social practices and beliefs that may cause any prejudices against any of the sexes being viewed as inferior to the other.¹⁹⁰ Sustainable Development number 5 concerns gender equality.¹⁹¹ The gender equality

¹⁸⁴ Wardana (n 81) 142.

¹⁸⁵ Article 3 CEDAW.

¹⁸⁶ UN Comm. on the Elimination of All Forms of Discrimination Against Women, General Recommendation No. 25, on Article 4, 1, of the Convention on the Elimination of All Forms of Discrimination Against Women, on Temporary Special Measures, 4, (2004), www.un.org/womenwatch/daw/cedaw/recommendations/General%20recommendation%2025%20%28English%29.pdf (accessed 6 November 2022); see also Convention on the Elimination of All Forms of Discrimination Against Women, Dec. 18, 1979, 1249 U.N.T.S. 13.

¹⁸⁷ Winkler (n 113) 16.

¹⁸⁸ As above.

¹⁸⁹ Winkler (n 113) 3.

¹⁹⁰ Article 5 (a) CEDAW & Article 2 (2) of the Maputo Protocol.

¹⁹¹ https://www.undp.org/sustainable-development-goals?utm_source=EN&utm_medium=GSR&utm_content=US_UNDP_PaidSearch_Brand_English&utm_campaign=

goal cannot be achieved if the social and cultural stigma relating to menstruation persists, which is a hindrance to women and girls' involvement in society's everyday activities.¹⁹² The lack of gender equality at decision making and governance levels further discounts women from contributing to and advocating for policy and legislative decisions concerning the inclusion of menstrual hygiene management.¹⁹³ Hence menstrual hygiene has always been seen as a secondary issue that is often neglected by policy makers.¹⁹⁴

3.1.4 Human Dignity and Privacy

Every human person is born with inherent dignity and rights, according to the first article of the Universal Declaration of Human Rights (UDHR).¹⁹⁵ The notion that the rights outlined in the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social, and Cultural Rights (ICESCR) are derived from the intrinsic worth of every human being is supported by their preambles.¹⁹⁶ The Maputo Protocol¹⁹⁷ ensures that every woman has the right to dignity, while Article 5 of the ACHPR guarantees that everyone has the right to dignity that is innate to all people.¹⁹⁸ Article 21 of the ACRWC calls on all governmental parties to take steps to eradicate any harmful social and cultural practices that infringe upon the dignity of children.¹⁹⁹

Therefore, although dignity is considered to be inherent in everyone, dignity is difficult to maintain when girls are forced to utilise damp clothes, cow dung and soiled materials which cause infections and itchiness.²⁰⁰ Even though menstruation is a normal occurrence, women and girls who are shunned and live in shame and dread are unable to preserve their dignity.²⁰¹ It is difficult to assert dignity when girls and women are excluded from everyday societal activities such as cooking and fetching water because menstruation is considered to be impure and dirty.²⁰²

Human dignity and privacy are closely intertwined. The ICCPR entrusts everyone with the right to privacy.²⁰³ The ACRWC obligates states to ensure that the private sphere of every

[gn=CENTRAL&c_src=CENTRAL&c_src2=GSR&gclid=Cj0KCQjwk5ibBhDqARIsACzmglTzI9ECoj8LiZn550JfstNegl31WsgQ7SeKA_HACKmR4cC570cAFY8aAjpXEALw_wcB](https://www.unhcr.org/refugees/central-camp-locations.html?src=CENTRAL&c_src=CENTRAL&c_src2=GSR&gclid=Cj0KCQjwk5ibBhDqARIsACzmglTzI9ECoj8LiZn550JfstNegl31WsgQ7SeKA_HACKmR4cC570cAFY8aAjpXEALw_wcB) (accessed 6 November 2022).

¹⁹² Wardana (n 81) 143.

¹⁹³ Same as above.

¹⁹⁴ Same as above.

¹⁹⁵ Article 1 UDHR.

¹⁹⁶ J Deepa & J Morgan 'Pavement Dwellers' Sanitation Activities – Visible but Ignored' (2007) 25(3) *Waterlines* at 19, 21 (2007).

¹⁹⁷ Article 3 Maputo Protocol.

¹⁹⁸ Article 5 ACHPR.

¹⁹⁹ Article 21 ACRWC.

²⁰⁰ Winkler (n 113) 14.

²⁰¹ As above.

²⁰² As above.

²⁰³ Article 17 (2) ICCPR.

child's life is not interfered with.²⁰⁴ When girls and women who are menstruating do not have access to sufficient and secure areas for them to change their sanitary products, discard used ones, and wash themselves, school-age girls are likely to miss classes or stop attending altogether.²⁰⁵ Menstruation is a deeply personal matter, and privacy must be guaranteed.²⁰⁶

3.1.5 Right to water and sanitation

The sixth Sustainable Development Goal (SDG) is linked with having access to sanitation and water rights.²⁰⁷ Water for drinking is only one aspect of a person's fundamental right to access safe water; another is water for personal hygiene, which is crucial throughout the menstrual cycle.²⁰⁸ In order to fulfil the goal of sanitation and hygiene under SDG 6, it is essential to make sure that school going-age girls and women have access to safe and decent menstruation facilities.²⁰⁹ Therefore, wherever there are sanitary facilities, handling of menstrual hygiene facilities are required. These facilities must include areas where women and girls can properly dispose of waste and wash themselves when necessary.²¹⁰ Most importantly women and girls must not be banned from using sanitation facilities, especially on the days they menstruate due to cultural and social beliefs, myths and taboos of impureness and contamination.²¹¹ As previously mentioned, the capacity approach, also known as capacities theory, holds that an individual's potential for achieving well-being is determined by their inherent qualities and skills, which in turn determines the kind of life they may successfully lead. Therefore, it is only when individuals have accessed and can enjoy the above highlighted rights that they can be said to be living a life that has value in their eyes and is worth living. Sen also contends that enhancing human freedom is both a means and a goal of progress. For people to have control over their lives and eventually advance, individual freedom is essential. People's level of growth will thus be determined by the amount of freedom they possess. The more access someone has to their freedom, the more freely they can live. The chances and skills that women and girls are given in society have a direct impact on their freedom to perform MHM showing the interconnectedness of all rights and freedoms.

²⁰⁴ Article 10 ACRWC.

²⁰⁵ Winkler (n 113) 14.

²⁰⁶ As above.

²⁰⁷ https://www.undp.org/sustainable-development-goals?utm_source=EN&utm_medium=GSR&utm_content=US_UNDP_PaidSearch_Brand_English&utm_campaign=CENTRAL&c_src=CENTRAL&c_src2=GSR&gclid=Cj0KCOjwk5ibBhDqARIsACzmGLTzI9ECoj8LiZn55OJfstNegI31WsgQ7SeKA_HACKmR4cC570cAFY8aAjpXEALw_wcB (accessed on 6 November 2022).

²⁰⁸ Wardana (n 81) 143.

²⁰⁹ As above.

²¹⁰ M Sommer & others, 'Girls' and women's unmet needs for menstrual hygiene management (MHM): the interactions between MHM and sanitation systems in low-income countries' 2013 03.3 *Journal of Water, Sanitation and Hygiene for Development* at 286.

²¹¹ Winkler (n 113) 5.

CHAPTER 4: THE APPLICATION OF ACCESS TO ADEQUATE MENSTRUAL HYGIENE MANAGEMENT NORMATIVE STANDARDS AS CONTAINED IN THE CONSTITUTION OF ZIMBABWE

4.1 Period poverty and The Legal and Policy Framework in Zimbabwe

4.1.1 Introduction

The difficulties associated with menstrual hygiene management (MHM) prevent girls from taking an active role in their development.²¹² MHM is a significant gender issue and an essential part of the whole development of people.²¹³ The absence of access to menstruation products, sanitation services, education, waste management, or any mixture of these is known as period poverty.²¹⁴ Approximately 500 million individuals worldwide are thought to be impacted.²¹⁵ Despite several initiatives to enhance girls' education, menstrual hygiene and health management, or MHM, has not received sufficient consideration in Zimbabwean communities and schools. In Zimbabwe, cultural taboos, restrictions, and unhygienic practices continue to confuse the problem and heighten the risks to women's and girls' health, especially in rural poor communities. MHM is a significant gender-based problem and an essential part of comprehensive human development.²¹⁶

Bad sanitation and hygiene are major contributors to MHM failure, and they are exacerbated by insufficient water supplies. Cultural restrictions and taboos put women and girls at greater risk since the people's customs and culture are deeply ingrained in their daily lives and are difficult to change. Failing to meet MHM standards can leave women with emotional and/or psychological scars (such as traumatic stress disorders) that keep them from realizing their full potential and, as a result, from achieving gender equality.²¹⁷

4.1.2 Period poverty in Zimbabwe

The Zimbabwean constitution guarantees the rights enumerated in the regional and global instruments as outlined above. The entitlement to education is enshrined on behalf of every citizen and permanent resident in section 75 of the constitution and education must invariably include education in relation to menstrual health management, not only for school going girls but for boys as well.²¹⁸ The right to health is protected by Section 76, which declares that all citizens and permanent residents of Zimbabwe are entitled to basic healthcare services,

²¹² E Ndlovu & E Bhala 'Menstrual hygiene – A salient hazard in rural schools: A case of Masvingo district of Zimbabwe' <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6014141/> (accessed on 1 May 2023).

²¹³ As above.

²¹⁴ <https://www.medicalnewstoday.com/articles/period-poverty> (accessed on 1 May 2023).

²¹⁵ As above.

²¹⁶ E Ndlovu and E Bhala 'Menstrual hygiene – A salient hazard in rural schools: A case of Masvingo district of Zimbabwe' <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6014141/> (accessed on 1 May 2023).

²¹⁷ As above.

²¹⁸ Section 75 Constitution of Zimbabwe Amendment (No. 20) Act 2013.

including reproductive healthcare services, which may include facilities or supplies for managing menstrual hygiene.²¹⁹ Section 77 affords everyone within Zimbabwe and not only its citizens or permanent residents the entitlement to portable, safe, and clean water.²²⁰

Section 80 specifically grants women the same full and equal rights to dignity as males, including the same possibilities in political, economic, and social spheres.²²¹ It is worth noting that section 80 is in addition to section 56 which guarantees equality for every individual and prohibits discrimination.²²² Section 62 additionally affirms that every citizen or permanent resident has the right to access to information held by the state or state institutions.²²³ In the present instance, section 81 of the constitution mandates that the government authorities act in the best interests of the child in all cases concerning the child.²²⁴ Considering the aforementioned, it is evident that Zimbabwe is not without legal regulations that can be utilized to inform the implementation of necessary actions aimed at guaranteeing school-going girls' sufficient access to menstrual hygiene management supplies and facilities.

A survey by SNV Zimbabwe²²⁵ found that "about 62% of girls miss school during their periods" and that the majority of the girls reside in underprivileged communities where sanitary products are seen as a luxury.²²⁶ Sen contends that enhancing human freedom is both a means and a goal of progress. For people to have control over their lives and eventually advance, individual freedom is essential. Thus, people's degree of development will be based on how much freedom they have. Therefore, when girls miss school, their chances of securing a good enough education for them to be able to secure jobs and reach a better economic level is also hampered and thus curtailing chances of them enjoying all the other freedoms. Further, according to the same study, 72% of menstruating school going girls do not use sanitary products simply because they cannot afford them.²²⁷ Lack of sanitary items forces people to adopt potentially harmful alternatives to control the flow, including rags, cardboard, tissues, newspapers, leaves, and cow dung, among other things further compromising health and the right to life.²²⁸ Period poverty also leads to a wide range of other issues, such as bullying and

²¹⁹ Section 76 Constitution of Zimbabwe Amendment (No. 20) Act 2013.

²²⁰ Section 77 Constitution of Zimbabwe Amendment (No. 20) Act 2013.

²²¹ Section 80 Constitution of Zimbabwe Amendment (No. 20) Act 2013.

²²² Section 56 Constitution of Zimbabwe Amendment (No. 20) Act 2013.

²²³ Section 62 Constitution of Zimbabwe Amendment (No. 20) Act 2013.

²²⁴ Section 81 Constitution of Zimbabwe Amendment (No. 20) Act 2013.

²²⁵ SNV Zimbabwe.

²²⁶ News Day April 3, 2023 Feature: 'Period poverty: A violation of women's rights'

<https://www.newsday.co.zw/local-news/article/200009677/feature-period-poverty-a-violation-of-womens-rights> (accessed 1 May 2023).

²²⁷ 'The Discomfort Of Having A Period: Period Poverty' <https://syszim.org.zw/2022/07/23/the-discomfort-of-having-a-period-period-poverty/> (accessed 1 May 2023).

²²⁸ As above.

period shame.²²⁹ When young girls and women use rags and other ineffective, stain-prone remedies, leakages happen and stain the young girls' clothing or school uniform, making them feel ashamed and making them avoid particular family members and peers.²³⁰

The major barrier to young girls using sanitary products is cost.²³¹ There are few options for many females due to the worsening economic crisis. As families place a higher priority on things like food, toilet paper is essentially a luxury.²³² Girls are therefore having a difficult time continuing with their regular lifestyle during this time of the month.²³³ The suffering continues and does not end there. The country is experiencing a water crisis, therefore many girls must walk great distances to fetch water.²³⁴ The risk of hygiene-related illnesses such as yeast infections, urinary tract infections, and reproductive tract infections rises as a result of the limited access to clean water.²³⁵

Girls who are on their period should routinely bathe and wash their hands after changing their sanitary items. It is admirable that the usage of reusable pads has increased, but when there is no access to water, the problem persists because they must be often cleansed before use.²³⁶ The majority of schools don't have water facilities, which causes girls to skip class when on their periods. Dysmenorrhea, or painful periods, affects most women and girls resulting in them skipping class as they do not have access to the services and medication to deal with the condition.²³⁷ This includes cramps, headaches, nausea, back pain, and diarrhoea. Women and girls also have premenstrual dysphoria disorder (PMDD), which includes melancholy, mood swings, rage, anxiety, difficulty concentrating, and irritability, in addition to the physical pain. In fact, both the emotional distress and the physical pain may be severe enough to interfere with daily tasks.²³⁸ Most of these girls lack the funds to purchase painkillers, and some end up turning to drug use as a kind of solace.²³⁹ The plight of the girl child in this regard in Zimbabwe is therefore very apparent and widespread.

MHM is typically regarded as forbidden. Women and girls who are menstruating are prohibited from handling animals, approach water sources, prepare or handle food that would be consumed by others, or shake hands with males when they arrived, according to a research

²²⁹ News Day April 3, 2023 Feature: 'Period poverty: A violation of women's rights'

<https://www.newsday.co.zw/local-news/article/200009677/feature-period-poverty-a-violation-of-womens-rights> (accessed 1 May 2023).

²³⁰ As above.

²³¹ 'The Discomfort Of Having A Period: Period Poverty' <https://syszim.org.zw/2022/07/23/the-discomfort-of-having-a-period-period-poverty/> (accessed 1 May 2023).

²³² As above.

²³³ As above.

²³⁴ As above.

²³⁵ As above.

²³⁶ As above.

²³⁷ As above.

²³⁸ As above.

²³⁹ As above.

done in Masvingo, one of the provinces of Zimbabwe.²⁴⁰ Girls and women are forbidden from participating in ceremonies of faith due to the fact that they were thought to be dirty during their menstrual periods.²⁴¹ It is forbidden for the girl to cook for the boy or man while she is menstruating since it is considered 'weak' on their part. Ironically, some of the customs, including barring girls from church functions and domestic duties, are equivalent to letting everyone know a girl is menstruating, even though it is intended to be kept a secret.²⁴² One of the perpetrated myths is that one will not have children if they suffer from excruciating period discomfort.²⁴³ Girls and women are not permitted to bathe in streams with running water or go get water in them while menstruating.²⁴⁴ Additionally, in some communities women are forbidden from passing through a group of sheep because doing so would render the animals infertile and a specific individual is designated to purify the blood during the first menstrual period; if this ceremony is not performed, that person will not become pregnant.²⁴⁵

Additionally, in certain communities, it is believed that only traditional healers could cure dysmenorrhea, and in order to prevent the practice of witchcraft or occult, blood-stained textiles are either discarded or dried in secrecy.²⁴⁶ As a result, some of the beliefs encourage immoral behaviours like drying pants under the bed whereas, in reality, this practice should be avoided since it allows bacteria and germs to flourish.²⁴⁷ In order to promote adequate hygiene habits among schoolgirls and to ingrain right menstruation views, this always calls for an early response from all the stakeholders.²⁴⁸ When provided information, such as the notion that one would not become pregnant if they experienced excruciating period pains, the girls become more concerned and their academic performance suffers.²⁴⁹ As the guardians and gatekeepers of the beliefs that prevent girls from receiving proper information and guidance on MHM, traditional and religious authorities must be enlisted.²⁵⁰ Schoolgirls who are insecure

²⁴⁰ A Shangwa, 'The Girl Child and Menstrual Management in Zimbabwe, SEI, Sweden' (2011) <https://www.susana.org/en/knowledge-hub/resources-and-publications/library/details/1505#> (accessed 7 May 2023).

²⁴¹ E Ndlovu and E Bhana 'Menstrual hygiene – A salient hazard in rural schools: A case of Masvingo district of Zimbabwe' <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6014141/#CIT0009> (accessed 22 November 2022).

²⁴² As above.

²⁴³ As above.

²⁴⁴ As above.

²⁴⁵ As above.

²⁴⁶ As above.

²⁴⁷ As above.

²⁴⁸ S B Thark, 'Menstrual Hygiene: Knowledge and Practice among Adolescent School Girls of Saoner, Nagpur District' (2011) *Journal of Clinical and Diagnostic Research* 5(5), 1027–1033. <https://fr.ircwash.org/sites/default/files/Thakre-2011-Menstrual.pdf> (accessed 7 May 2023).

²⁴⁹ B Mtigwe and Others 2014, 'SNV IGATE WASH in Schools, Netherlands Development Organisation, Bulawayo, Zimbabwe.'

²⁵⁰ E Ndlovu and E Bhana 'Menstrual hygiene – A salient hazard in rural schools: A case of Masvingo district of Zimbabwe' <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6014141/#CIT0009> (accessed 22 November 2022).

and retreat due to cultural and religious beliefs participate less in class, extracurricular activities, and peer contact.

4.1.3 Boys' behaviour toward girls who are menstruating

Boys have shown a variety of negative views about girls who are menstruating, according to a study conducted in Masvingo.²⁵¹ Boys mocking, stigmatizing (54%) or isolating (26%) girls, as well as bullying (5%) and name-calling (13%), were among these.²⁵² Along with the physical discomfort associated with menstruation, some girls may finally resign from school as a result of the negative views of boys. These are the same boys who will grow into men with all these established assumptions that are likely to perpetuate such hostility if not managed from the beginning. Such negative attitudes are greatly impacted and perpetuated by lack of proper information and more directly by cultural ideas.²⁵³ As long as boys maintain this mentality, any mitigating measures taken to assist the school going girls will have a negative impact, further putting the health of the girls at risk.

4.2 Legislative framework

The government is obligated to ensure equal enjoyment of human rights for all including girls through the facilitation of MHM in- and out-of-schools.²⁵⁴ Through a long list of international human rights instruments, Zimbabwe is mandated to respect, promote and fulfil the right to education.²⁵⁵

Within Zimbabwe, the import of the above articles in international instruments has been to some extent incorporated into the 2013 Zimbabwe Constitution by way of Sections 56, 75(1), 76(1), 81(f) as has previously been alluded to above.²⁵⁶ Although none of the above international instruments have been formally domesticated as per section 34 of the Constitution, they are indirectly applicable to the interpretation of Zimbabwean legislation in terms of s327 (6).²⁵⁷ Therefore, based on the 2013 Constitution and international instruments, the government is accountable for schools lacking adequate MHM as they are violating the girls' rights to equality and freedom from sex- and gender-based discrimination.²⁵⁸ According to Section 45 of the Declaration of Rights, all laws and government initiatives and policies must be in compliance with the 2013 Zimbabwe Constitution.²⁵⁹ One of the most significant

²⁵¹ As above.

²⁵² As above.

²⁵³ As above.

²⁵⁴ Zimbabwe has expressed provisions in the Constitution of Zimbabwe Amendment Act (No. 20) Act 2013 (hereinafter referred to as the 2013 Zimbabwe Constitution), section 2 provides: The obligations imposed by this Constitution are binding on every person, natural or juristic, including the State and all executive.

²⁵⁵ Zimbabwe Formative Research on Menstrual Hygiene Management Final Report, December 2019 at 85.

²⁵⁶ Sections 56, 75(1), 76(1), 81(f) Constitution of Zimbabwe Amendment (No. 20) Act 2013.

²⁵⁷ Section 327(6) Constitution of Zimbabwe Amendment (No. 20) Act 2013.

²⁵⁸ Zimbabwe Formative Research on Menstrual Hygiene Management Final Report, December 2019 at 86.

²⁵⁹ As above.

provisions of the Zimbabwe Constitution is section 19, Section 19(2) in particular, with regard to MHM in schools demands that the State adopt reasonable policies and measures, within the limits of the resources available to it, that ensure that children - (d) have access to appropriate education and training, even though Section 19 falls under the National Objectives rather than being a right.²⁶⁰ If MHM and its impact on girls' school attendance and involvement are ignored, this turns into an area of discriminatory behaviour that reinforces gender differences in schooling.

The Education Act in section 64 (1)²⁶¹, as amended in 2006, states that rules must be made by the Minister of Primary and Secondary Education in cooperation with the Minister of Health in order to protect students' health. The 2018 Zimbabwe School Health Policy offers a comprehensive framework for directing the execution of several health-related initiatives concerning the well-being of students in the educational system, including those concerning water, sanitation, and hygiene, sexual and reproductive health (SRH) issues, and the provision of care and support services, such as counselling and guidance, for every student.²⁶²

While the Zimbabwe Public Health Act²⁶³ does not explicitly address MHM, it provides a framework for health and sanitation that can be applied to improve access to menstrual hygiene products and facilities in schools. In addition to sanitation, the Act regulates issues to do with water provision.²⁶⁴ Addressing the challenges faced by school going girls regarding menstrual hygiene is crucial for promoting gender equality and ensuring that all girls have the opportunity to succeed in their education.

For the purpose of safeguarding girls' human rights to health, education, a decent standard of living, dignity, and privacy, the state must enforce good MHM standards in schools in accordance with all of these provisions and policies as well as sections 2, 45, 56, 80, 81, and 83 of the 2013 Zimbabwe Constitution.²⁶⁵ Girls' education is especially impacted when there is poor MHM in schools. As was shown in previous sections, menstruation presents a number of social and cultural, physical and financial obstacles that may make it difficult for a girl or young woman to go to school or fully engage in class activities.

4.3 Policy framework

Although MHM is one of the main concerns that needs to be addressed, the Zimbabwe School Health Policy, which was adopted in 2018, and attempts to provide a comprehensive framework for school-based health does not include MHM as one of the basic problems to be

²⁶⁰ Zimbabwe Constitution.

²⁶¹ Education Act [Chapter 25:04].

²⁶² Zimbabwe Formative Research on Menstrual Hygiene Management Final Report, December 2019 at 88.

²⁶³ Zimbabwe Public Health Act [Chapter 15:17].

²⁶⁴ Section 86 & 103 Zimbabwe Public Health Act [Chapter 15:17].

²⁶⁵ As above.

resolved.²⁶⁶ Although the policy refers to reproductive health, it never directly mentions menstruation or MHM.²⁶⁷ The following policy gaps need to be filled in order to improve WASH and management of menstrual hygiene in schools: 1) the MHM school support package, which includes nationally endorsed designs for girl-friendly restrooms; 2) hygiene education and related kid-friendly materials; and 3) ensuring that schools, particularly satellite schools, are located in locations with readily available and accessible sources of water.²⁶⁸

According to a study that was verified by Ministry of Education employees at the district and provincial levels, menstrual hygiene management was thoroughly covered in the new Guidance and Counselling curriculum and 2018 School Health Policy.²⁶⁹ In the same study the provincial and district education officers were certain that MHM-related SRH information was being shared by the schools. This assurance was based on the notion that there was a curriculum and syllabus, that school administrators along with healthcare specialists had received training to implement, and that schools had formed core counselling and guidance teams to explain health programs.²⁷⁰ Nevertheless, in the very same study not all trained school heads declared readiness to confront MHM when asked about their preparedness to convey information.²⁷¹ When a specific MHM-related incident occurred in a school, it was typical across all of the visited schools and according to the school heads' reports that MHM was specifically addressed.

The Comprehensive Sexuality Education Training Manual, a product of the Adolescent and Strategy for Youth Sexual and Reproductive Health, 2016–2020, is another publication that makes reference to MHM but does not mention it specifically.²⁷²

4.4 The Zimbabwe Gender Commission's function in carrying out Zimbabwe's constitutionally mandated duties in relation to Menstrual Hygiene Management

Adequate menstrual hygiene management is an important issue in Zimbabwe, particularly for girls and women who face challenges related to managing their menstruation, access to appropriate MHM facilities, products and information is critical for ensuring the wellbeing, dignity, and health of girls and women.

The Zimbabwe Gender Commission (ZGC) is a constitutional administrative body that was established in line with section 245 of the constitution.²⁷³ In Zimbabwe, the ZGC is in

²⁶⁶ As above.

²⁶⁷ As above.

²⁶⁸ As above.

²⁶⁹ Zimbabwe Formative Research on Menstrual Hygiene Management Final Report, December 2019 at 89.

²⁷⁰ As above.

²⁷¹ As above.

²⁷² As above.

²⁷³ Section 245 Constitution of Zimbabwe Amendment (No. 20) Act 2013.

charge of advancing gender equality and combatting gender discrimination.²⁷⁴ Promotion of women's health, particularly MHM, is one of the ZGC's primary areas of focus.²⁷⁵

In this regard, the ZGC plays a significant role in supporting and advancing appropriate MHM in Zimbabwe. This can entail promoting laws, policies and initiatives that deal with the obstacles that women and girls encounter while trying to get the adequate MHM resources, supplies, and knowledge they need. In order to enhance access to MHM resources and assistance, the ZGC may collaborate with additional stakeholders, including governmental bodies, civil society organizations, and the commercial sector. All things considered, there is a nexus between the ZGC and adequate menstrual hygiene management since the ZGC is entrusted with promoting women's well-being, health and gender equality and may be able to work towards significantly solving the issue of adequate MHM.²⁷⁶ Sen in his capabilities theory promotes a complimentary viewpoint on women's active participation as change-agents while promoting the importance of women's autonomy. In the past, society would strive to protect women's wellbeing by treating everyone equally. The focus has switched to considering women as free agents rather than passive objects, and women can only achieve autonomy and drive change if, at the stage when they are school going girls, they stay in school long enough to be empowered to be able to stand on their own.

4.5 Conclusion

The absence of water for handwashing or soiled uniforms are evident characteristics of inadequate resources for managing menstrual hygiene and is shared by both rural and urban schools, it is concluded. Furthermore, the issue of changing pads in private in rural schools is exacerbated by the lack of locker space and the use of "Blair" toilets, which lack doors and cannot be locked when a girl's sanitary pad is being changed.²⁷⁷ The bulk of the school girls dislike how the Blair restrooms are now configured because they don't offer any privacy for menstrual periods. Research has shown that a girl misses out on roughly 528 days of education during the years she should be in school due to menstruation-related absences.²⁷⁸ As a result, young girls miss out on opportunities and experiences disparities in their economic and social standing relative to boys and these disparities continue throughout adulthood. This is all despite the enabling constitutional, legislative and policy framework currently in place.

²⁷⁴ Section 246 Constitution of Zimbabwe Amendment (No. 20) Act 2013.

²⁷⁵ Section 245 Constitution of Zimbabwe Amendment (No. 20) Act 2013.

²⁷⁶ As above.

²⁷⁷ A Shangwa 'The Girl Child and Menstrual Management in Zimbabwe, SEI, Sweden (2011)' <https://www.susana.org/en/knowledge-hub/resources-and-publications/library/details/1505#> (accessed 7 May 2022); pmc.ncbi.nlm.nih.gov (accessed 25 February 2025).

²⁷⁸ As above.

CHAPTER 5: BEST PRACTICES FROM OTHER LOW TO MEDIUM INCOME COUNTRIES

5. Introduction

This chapter examines best practises from various nations with an emphasis on finding answers to the problems on managing menstrual hygiene in light of the difficulties outlined in the aforementioned chapters. Women and girls in nations with low or middle incomes (LMICs) clearly lack access to proper MHM information, resources, and sanitary facilities, which makes it hard for them to adapt to transitions relating to their bodies and the outside world.²⁷⁹ A historical problem is the MHM problems' restricted means of remedy. According to several researchers, water and sanitation facilities were designed and constructed primarily with the needs of male students in mind, since many LMIC educational settings stem from a period when girls were not permitted or encouraged to attend school.²⁸⁰ Furthermore, it is challenging for governments in LMICs to effectively encourage the safe and sanitary handling of menstrual hygiene because most of them had and still have few women in leadership positions. This is consistent with Sen's notion of capabilities being influenced by conversion factors which in turn are influenced by various social, personal, and environmental factors which include education or health. This was made worse by the idea that it was "taboo" in many different cultures to talk about menstrual troubles in public.²⁸¹ The aforementioned obstacles imply insufficient preparation, action, and resource allocation to solve menstruation difficulties, and this problem has continued throughout time.

Girls from resource-poor nations around the world cite difficulty controlling their periods for missing school frequently.²⁸² Even though greater attention is being paid to examining schoolgirls' comprehension of their periods and the difficulties they encounter in managing the periods with different resources, there is still a dearth of excellent and effective studies on the menstrual awareness levels of menstruating females in countries with lower incomes.²⁸³ Teenage girls in Zimbabwe, Ghana, Kenya, Uganda, and Tanzania have been the subject of studies that have shown a lack of understanding about the menstrual cycle and monthly patterns, as well as a dearth of helpful menstruation-related care before, during, and often even after menarche.²⁸⁴ Thus, this chapter will examine the corrective measures that other

²⁷⁹ M. Sommer, J. S. Hirsch, C. Nathanson, and R. G. Parker collectively conceptualized the article content. M. Sommer (2015) ; Article; Comfortably, Safely, and Without Shame: Defining Menstrual Hygiene Management as a Public Health Issue; (accessed July 2020).

²⁸⁰ D Barthel 'Women's educational experience under colonialism: toward a diachronic model. *Signs (Chic Ill)'* 1985;11(1):137–154.

²⁸¹ As above.

²⁸² A S Kuhlmann 'Menstrual Hygiene Management in Resource Poor Countries' at 367.

²⁸³ M Sommer, M Kjellén & C Pensulo 'Review Paper: Girls' and women's unmet needs for menstrual hygiene management (MHM): the interactions between MHM and sanitation systems in low-income countries' *Journal of Water, Sanitation and Hygiene for Development* | 03.3 | 2013 at 88.

²⁸⁴ As above.

low to medium income nations in a similar situation have tried to use to correct the shortage of services, facilities and products for managing menstrual hygiene .

5.1. Uganda

A research conducted in Uganda found that more than two-thirds of girls who attend school in the rural areas are truant from class at least once a month due to menstruation.²⁸⁵ Girls in Uganda gave a variety of explanations for their absences from school during menstruation, including a lack of privacy and room for washing, worry about leaks and stains, discomfort, and a lack of pads.²⁸⁶ Period poverty and a lack of knowledge about menstrual health management (MHM) are still prevalent issues in Uganda, despite the country's 2015 Menstrual Hygiene Management Charter²⁸⁷ which aimed to provide girls with life skills to manage their periods, including making their own sanitary pads, teaching boys and girls about menstruation and how to appreciate it, and equipping them to tackle both social and actual practical obstacles related to menstrual hygiene.

Uganda began a Situation Analysis Study in 2020 with a specialisation in MHH Management in Uganda.²⁸⁸ The study's findings provided a stark and unpleasant image of the difficulties women and girls encounter when attempting to control their periods in unsupportive settings and contexts, and how these difficulties affect all facets of their lives, including their physical health, psycho-social mental health, social and economic situation, and educational opportunities.²⁸⁹ With assistance from Days for Girls (DfG), IRISE Institute East Africa, and the African Women's Development Fund, Uganda's Ministry of Education and Sport (MOES) arranged a two-day technical working meeting in April 2022 with the goal of obtaining support, obtaining feedback, and developing an expenditure execution action strategy for the National Strategic Draught Plan for Menstrual Health and Hygiene (NSP). This was a major step towards the nation's objective of removing barriers related to menstruation for women and girls.²⁹⁰ This plan will serve as a framework for all Menstrual Health and Hygiene (MHH) activities carried out in Uganda.

²⁸⁵ R Boosey, G Prestwich & T Deave 'Menstrual hygiene management amongst schoolgirls in the Rukungiri district of Uganda and the impact on their education: a cross-sectional study' *Pan Afr Med J.*2014;19 at 253.

²⁸⁶ As above.

²⁸⁷ MENSTRUAL HYGIENE MANAGEMENT CHARTER- UGANDA 2015

https://www.ircwash.org/sites/default/files/menstrual_hygiene_management_charter_finalised_april_2015_1_.pdf (accessed 1 July 2023).

²⁸⁸ S Kalembe & P Emojong 'SITUATION ANALYSIS STUDY ON MENSTRUAL HYGIENE MANAGEMENT (MHM) IN 14 DISTRICTS OF UGANDA: MINISTRY OF EDUCATION AND SPORTS (MOES)'

<https://www.ungei.org/sites/default/files/2021-02/Situational-Analysis-Study-on-MHM-in-Uganda-2020-eng.pdf> (accessed 1 July 2023).

²⁸⁹ As above.

²⁹⁰ Days for Girls 'Ugandan Government Steps Closer to Implementing Their Menstrual Health & Hygiene Strategy' <https://www.daysforgirls.org/blog/ugandan-government-steps-closer-to-implementing-their-menstrual-health-hygiene-strategy/> (accessed 1 July 2023).

Stakeholders' support for the NSP rose as a result of the data presented at the technical workshop, which helped them better understand how MHH will affect the objectives of their individual departmental branches.²⁹¹ The MOES also acknowledged that each ministry and key stakeholder required to understand their role in obtaining financing and implementing the strategy for the NSP to be successful.²⁹² The Ugandan MOES is creating a cost implementation plan for the NSP action points based on the input from these sessions, making sure that all stakeholders are aware of their crucial role in the project.²⁹³ At the time of writing this paper, the project was yet to be rolled out.

The Ugandan government has also taken a number of steps to improve schoolgirls' ability to handle their menstrual hygiene needs. In partnership with various non-profit organizations, the governmental authorities have launched programs to provide school-age girls in rural and disadvantaged areas with free, reusable or cheap sanitary pads.²⁹⁴ This programme seeks to give girls access to menstrual hygiene products that are both inexpensive and secure.²⁹⁵ Uganda as already alluded to above, is developing a menstrual health and hygiene policy as awareness of its significance grows. The administration has conducted awareness campaigns on menstrual hygiene management in conjunction with non-governmental organisations and health organisations. These initiatives seek to raise awareness of menstruation, good hygiene habits, and the value of using sanitary pads among girls, parents, and educators. The Ministry of Education and Sports (MOES) released a set of recommendations for all schools in 2015 in an attempt to meet the necessities of girls in schools. MHH was included in the Planning and Implementation framework for school-based WASH in 2017.²⁹⁶ In Uganda, there were 574 secondary schools with menstrual hygiene management systems by the year 2019, which is half of all secondary schools.²⁹⁷

The government is actively engaged in building separate, sanitary restrooms in schools, including ones with amenities especially made to satisfy girls' needs during menstruation.²⁹⁸ These facilities typically contain a sufficient water supply, sanitary product disposal systems, and handwashing stations. To give them the information and abilities to support and mentor girls throughout their periods, the government has given teachers' training

²⁹¹ As above.

²⁹² As above.

²⁹³ As above.

²⁹⁴ <https://www.globalgiving.org/projects/sanitary-towels-for-girls-in-rural-schools/reports/> (accessed 6 June 2023).

²⁹⁵ J Hennegan & Others 'Schoolgirls' experience and appraisal of menstrual absorbents in rural Uganda: a cross-sectional evaluation of reusable sanitary pads' <https://reproductive-health-journal.biomedcentral.com/counter/pdf/10.1186/s12978-016-0260-7.pdf> (accessed 6 June 2023).

²⁹⁶ 'Menstrual Health Country Snapshot Uganda' https://menstrualhygieneday.org/wp-content/uploads/2022/06/MHH_Uganda-Snapshot-v2_2022.pdf (accessed 6 June 2023).

²⁹⁷ As above.

²⁹⁸ 'Talking about the most natural thing in the world' <https://akzente.giz.de/en/menstrual-hygiene-day-uganda> (accessed 6 June 2023).

in menstrual hygiene management top priority. Teachers are taught to address any stigma or shame related to menstruation and to foster a caring and suitable atmosphere for female students.²⁹⁹ To ensure the efficacy and sustainability of the menstrual hygiene management programmes, the government has built monitoring and evaluation methods in conjunction with non-governmental organisations. Regular evaluations are done to spot areas for development and implement the necessary changes to support girls' menstrual hygiene needs.³⁰⁰

It is pertinent to highlight that the application and reach of these interventions may differ throughout various Ugandan areas. However, continuous initiatives to advance gender equality and guarantee inclusive education for all indicate the government's commitment to resolving menstrual hygiene management issues.

5.2. Ghana

According to UNICEF, over 95% of schoolgirls in Ghana have to miss class while they are having their period since menstrual hygiene management is not a topic that is openly discussed.³⁰¹ According to reports, some females skipped school for as many as five days a month during their periods. Due to this setback, many students completely stop attending school.³⁰² Due to persistent social and sanitary taboos, a lack of social support, and a lack of awareness about their bodies, many girls in the communities struggle to manage their periods, which negatively impacts their health and academic performance.³⁰³

"Water, Sanitation and Hygiene for Health" (WASH 4 Health), a six-year effort in Ghana funded by USAID, seeks to improve sanitation and water supply while cultivating the attitudes and behaviours necessary for leading healthy lives.³⁰⁴ A six-month pilot study and survey (January–June 2018) was carried out by Global Communities and Be Girl to evaluate the effects of menstrual health and hygiene (MHH) treatments for girls in Ghanaian rural and urban communities. Based in the US, Be Girl is founded on nonprofit social enterprise and creates age-appropriate menstrual education programs and cutting-edge, reusable menstrual protection products.³⁰⁵

The government as well as non-governmental organisations have initiated programs to provide free or subsidized feminine hygiene products in school for handling menstrual

²⁹⁹ As above.

³⁰⁰ 'Study on menstrual management in Uganda' https://menstrualhygieneday.org/wp-content/uploads/2016/12/Menstrual_Management_-_study-report_Uganda.pdf (accessed 6 June 2023).

³⁰¹ <https://www.unicef.org/ghana/hygiene-promotion> (accessed 1 July 2023).

³⁰² <https://arhr.org.gh/menstrual-hygiene-management-challenges/> (accessed 1 July 2023).

³⁰³ As above.

³⁰⁴ <https://www.globalwaters.org/resources/assets/research-and-learning-brief-menstrual-health-and-hygiene-management-approaches> (accessed 1 July 2023).

³⁰⁵ As above.

periods.³⁰⁶ These initiatives aim to ensure that girls have the opportunity to access affordable, safe products for their menstrual cycles.³⁰⁷ The government of Ghana, in collaboration with non-governmental organizations and health agencies also conducts educational campaigns on menstrual hygiene management.³⁰⁸ These campaigns aim to educate girls, parents, and teachers about menstruation, proper hygiene practices, and the importance of using sanitary pads.

Non-governmental organisations are working hard to build separate, sanitary restrooms in schools. These facilities are intended to satisfy girls' menstrual demands throughout their periods and typically include amenities such a water supply, sanitary product disposal systems, and handwashing stations.³⁰⁹ The government together with non-governmental organisations, gives school teachers menstrual hygiene management training so they can be prepared to support and mentor girls during their periods.³¹⁰ Teachers are trained to create a supportive and understanding environment, addressing any stigma or shame associated with menstruation.³¹¹ However, just as in the case of Uganda above, it is crucial to remember that the application, scope and coverage of these measures may vary across different regions of Ghana.

5.3 Conclusion

It is clear that recent efforts have been made to raise public awareness of the difficulties school-age girls in countries with middle or low incomes have when adjusting to their periods in learning environments or settings lacking suitable physical surroundings and social support. It is also evident that for the majority of LMICs, efforts have been made to map out visions, priorities, and periodic agendas for changing girls' experiences with MHM in order to enable more synergistic and sustainable success on addressing menstruation-related issues while in school. The main objective is to provide girls the information, support, and supportive learning environment they need at school so they may safely, pleasantly, comfortably and respectfully manage their periods.

³⁰⁶ <https://www.hilarispublisher.com/open-access/improving-girl-child-education-and-menstrual-hygiene-through-freesanitary-pad-provision-to-secondary-school-girlsopinion-of-female-university-students-in-ghana-2380-5439-1000143.pdf>; P Montgomery *et al*

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0048274> (accessed 7 July 2023).

³⁰⁷ <https://allafrica.com/stories/202305310366.html> (accessed 7 July 2023).

³⁰⁸ <https://www.hilarispublisher.com/open-access/improving-girl-child-education-and-menstrual-hygiene-through-freesanitary-pad-provision-to-secondary-school-girlsopinion-of-female-university-students-in-ghana-2380-5439-1000143.pdf> (accessed 7 July 2023).

³⁰⁹ <https://www.wsup.com/blog/wsup-actions-improve-menstrual-hygiene-in-bangladesh-and-ghana/>; <https://4w.wisc.edu/projects/change-herstory-menstrual-hygiene-management-in-ghana/> (accessed 7 July 2023).

³¹⁰ https://washmatters.wateraid.org/sites/g/files/jkxooof256/files/MHM%20training%20guide_0.pdf; <https://bmjopen.bmj.com/content/12/4/e056526> (accessed 7 July 2023).

³¹¹ <https://wins4girls.azurewebsites.net/> (accessed 7 July 2023).

CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

Giving women the confidence and assurance that they may exercise and enjoy their human rights on an equal basis with men is essential within the framework of substantive equality and international, regional and national human rights.³¹² Human rights-abiding behaviour must take the place of any actions that hinder women and girls from attaining gender parity with men and boys or that support prejudice, stigma, or bias and discrimination against them. It is necessary to eradicate cultural, societal, and religious constraints that limit menstruating girls' access to school and involvement in society, as well as poor menstrual hygiene. Girls experience embarrassment and humiliation over a normal process. They miss days of work and school, which has a significant impact on their education and employment. They are exposed to cultural norms that are deemed to be and have been proven to be detrimental practises.

Some of the words frequently used to characterise thoughts and perceptions regarding menstruation include shame, secrecy, disgusting, shameful, embarrassment, fear, humiliation, silence, taboo, and stigma.³¹³ Menstruation has therefore been taken as a non –issue because of the stigma and silence surrounding it. It is thus argued that targeting the able-bodied, white, heterosexual male body is the norm in policymaking, programming, and design.³¹⁴ As a result, although making up fifty percent of the population, women and girls' needs are frequently ignored or even deliberately ignored.

Women and girls will be able to handle their periods in a sensible, honourable, and shame-free manner if they accept menstruation as a natural part of life and apply this viewpoint to other facets of their lives. The severity of the problem of menstrual health and hygiene (MHH) for school-age children must be acknowledged by the entire world. To comprehend MHH in the framework of the protection of human rights, especially the human rights of girls and women, a thorough approach is required. The rights of women and girls, including the rights to health, education, gender equality, non-discrimination, and employment, are significantly impacted when they are unable to maintain proper menstrual hygiene.

Therefore, MHH must be taken into account in relation to gender equality and human rights. It is essential to include municipal, national, provincial and local government representatives who are unfamiliar with MHH issues. For MHH education to be incorporated

³¹² Winkler & Roaf (n 113) 37.

³¹³ Winkler & Roaf (n 113) 36.

³¹⁴ S Fredman *Discrimination Law* 9 P Birks(ed) 2002; I Ray 'U.N. Women, Challenges and Achievements in Millennium Development Goals for Water & Sanitation for Women and Girls' at 8, EGM/MDG/EP.11 (Oct. 2013)

https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/CSW/58/CSW58_Agreed_Conclusions.pdf (accessed on 5 August 2023).

into the curriculum, the federal, state, and municipal governments must cooperate to establish a comprehensive and coherent legal framework that promotes gender parity and the realisation of women's rights. This is why it should be a high priority. It is not all doom and gloom though, as several increased countries are reporting on creating advocacy programmes that cover menstrual hygiene and making sure that gender-sensitive restrooms explicitly take menstrual hygiene into account. Even if most of these programmes are still in their early phases, these developments point to menstruation receiving more attention at the level of policy and programming.

Providing pads together with education has proven to immensely benefit the school going girls, by increasing their attendance and their chances in life, but strangely, education alone also seems effective, albeit with a delayed effect.³¹⁵ It might be feasible to deal with the issue relating to management of fabric materials, particularly the laundering and drying of the material, by instructing the girls and allowing the discussion of this forbidden subject. This would help girls better manage their periods, which seems to increase school attendance in the majority of low- to middle-income countries and prevent related infections.³¹⁶ By educating students on this subject, school environments will become more improved as improved peer and other relationships will be fostered by such education.

6.2 Recommendations to the State

Given the foregoing, it is clear that the MHH issue and the associated subpar management practices endanger the human rights to health, education, employment, gender equality, non-discrimination, and water and sanitation.³¹⁷ The human rights framework's inclusion of MHH offers policy makers the opportunity to address issues and develop solutions and policies that advance good MHH practices. Additionally, by linking concerns pertaining to women's and girls' rights, including menstruation health and cleanliness this approach would be able to address these issues within an organized framework.³¹⁸ Abolishing cultural, societal, and religious standards by the State ministries that limit menstruating women and girls' access to employment, education, and civic engagement is also essential. States can carry out their responsibilities with regard to the MHH issue by:

1. Respecting and upholding their commitments and accepting the international, regional and national human rights standards by various ministries and commissions such as the Ministry of Health and Child Welfare, Zimbabwe Gender Commission, Zimbabwe Human Rights Commission and the Ministry of Education. This means that biological

³¹⁵ P Montgomery *et al* 'Sanitary Pad Interventions for Girls' Education in Ghana: A Pilot Study' *PLoS ONE* · October 2012 | Volume 7 | Issue 10 | e48274 at 6.

³¹⁶ As above.

³¹⁷ Wardana (n 81) 144.

³¹⁸ As above.

differences, particularly the fact that women and girls menstruate, must be taken into account, and appropriate solutions must be put in place to ensure healthy menstrual health and hygiene practices. However, there are numerous more reasons besides these biological variances.

2. Confronting the taboos, stigma, and culturally imposed stereotypes around menstruation is another requirement of the human rights framework that should be tackled mainly by the Zimbabwe Gender Commission and the Zimbabwe Human Rights Commission in implementation of their programmes. In this situation, the private sphere is likewise covered by the need for the implementation and fulfilment of human rights. By changing the way we think about menstruation, how we speak and interact with one another, and how we act, we can all help reduce the stigma associated with it.
3. The Ministry of Health and Child Welfare, Zimbabwe Gender Commission, Zimbabwe Human Rights Commission and the Ministry of Education with the assistance of CSOs, NGOs, and community leaders amongst others must create strategy of action for the program for MHM that incorporates a monitoring and evaluation component for determining progress in addressing the state's priorities as well as the current status.³¹⁹ This includes a collection of standardised indicators created on a nationwide scale. It is crucial that both national governments and schoolgirls themselves buy in. The Statemust also in the same vein, establish the conditions necessary for women and girls to properly regulate their periods. They must alter the structural surroundings that disfavour women, such as those in schools.

An additional tactic to promote the area is to foster cooperation and increase international research capabilities in MHM. Finding the current MHM actors and experts in each nation or helping to create new ones is crucial. This can be accomplished by bringing together MHM stakeholders nationwide and globally to encourage collaboration and action, or by attempting to enhance local academics' ability to carry out MHM-related local research. A framework for decision-making will be provided by a global library of the data, initiatives, and regulations related to MHM in schools. A research consortium would help to foster important research. A research concept note outlining the evidence gaps would need to be created, and it would still be necessary to compile and review the lessons learnt thus far from current

³¹⁹ M Sommer & others 'A Time for Global Action: Addressing Girls' Menstrual Hygiene Management Needs in Schools' *PLOS Medicine* | DOI:10.1371/journal.pmed.1001962 February 23, 2016 at 6 <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001962> (accessed on 5 June 2022).

programming and policy.³²⁰ This action would be greatly assisted by the Zimbabwean treasury providing financial assistance to researchers and academics to enhance the country's repository of knowledge on the country's current MHM needs and proposed solutions.

4. Menstruation requires greater consideration in policy making and programs crafting and dissemination. Women's bodies, which undergo menstruation around three thousand times a lifetime, must also be employed in the formulation and implementation of WASH, education, and other policy domains so that the policies and programs created truly speak to women's circumstances and life experiences. As a result, in order to promote cleanliness, particularly menstrual hygiene, it is imperative that issues related to women's and girls' menstruation receive greater consideration and emphasis when developing policies and programs.³²¹

As previously said, national governments' policies and strategies rarely address the subject of menstrual health and hygiene, although they do stress how important it is to include menstrual health and hygiene in WASH initiatives in addition to those that address, for example, health and education.³²² Initiatives to improve menstrual hygiene and eradicate taboos surrounding menstruation should be launched alongside initiatives to promote good hygiene, which are frequently aimed at enhancing hand-washing behaviour. Menstrual hygiene must and ought to be taught in such a way that it has a connection with, matters of health, education, gender equality, and female empowerment.³²³ Coordinating efforts and disseminating results while bringing together stakeholders at the national and international levels will also be crucial. This might be facilitated by a steering group of members with both global and local knowledge, supported by a UN agency, and meeting at least once a year.³²⁴

5. Lastly, to keep track of the anticipated outcomes from the earlier activities. Structure, process, and outcome indicators could all be used to track this progress

³²⁰ M Sommer & others 'A Time for Global Action: Addressing Girls' Menstrual Hygiene Management Needs in Schools' *PLOS Medicine* | DOI:10.1371/journal.pmed.1001962 February 23, 2016 at 6
<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001962> (accessed on 5 June 2022).

³²¹ Winkler & Roaf (n 113) 34.

³²² As above.

³²³ As above.

³²⁴ M Sommer & others 'A Time for Global Action: Addressing Girls' Menstrual Hygiene Management Needs in Schools' *PLOS Medicine* | DOI:10.1371/journal.pmed.1001962 February 23, 2016 at 6
<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001962> (accessed on 5 June 2022).

6.3 Recommendations for Human Rights Organisations (NGOs) and Civil Society Organisations (CSOs)

Proper menstrual health and hygiene handling are crucial for the empowerment of women and girls as well as their ability to lead healthy lives. To enhance MHHM and MHM in Zimbabwe, the following suggestions are offered to human rights organizations and the civil society:

1. **Advocacy and Policy:** Encourage organizations to advocate for policies that prioritize menstrual hygiene as a human right. Work with government bodies to establish guidelines for MHM in schools, workplaces, and public spaces, promoting access to clean water, toilets, and sanitary products.³²⁵
2. **Education and Awareness:** Develop comprehensive educational programs to debunk myths and taboos surrounding menstruation. Foster open dialogue among men, women, and adolescents about menstrual health, addressing stigma, and promoting inclusive attitudes.³²⁶
3. **Access to Sanitary Products:** Collaborate with local businesses and NGOs to ensure affordable and accessible sanitary products for women and girls. Explore innovative solutions like reusable menstrual pads or menstrual cups, which can be cost-effective and environmentally friendly.³²⁷
4. **Water, Sanitation, and Hygiene (WASH):** Advocate for improved WASH facilities in schools, public places, and communities, with separate toilets equipped with appropriate disposal mechanisms for menstrual waste. Ensure sufficient water supply for personal hygiene during menstruation.³²⁸
5. **Research and Data Collection:** In order to compile thorough information on the difficulties encountered by women and girls in Zimbabwe, support and encourage MHM research. This data can inform evidence-based interventions and policies, enabling targeted approaches for better MHM outcomes.³²⁹

³²⁵ Zimbabwe Formative Research on Menstrual Hygiene Management Final Report, December 2019 at 88 <https://www.unicef.org/zimbabwe/media/2826/file/The%20Zimbabwe%20Formative%20Research%20on%20Menstrual%20Hygiene%20Management.pdf> (accessed 22 November 2022).

³²⁶ Tembo (n 7) 4-6.

³²⁷ Tembo (n 7).

³²⁸ Paragraph 71 of the General comment No. 20 (2016) on the implementation of the rights of the child during adolescence by the Committee on the Rights of the Child.

³²⁹ Sommer (n 290) 6.

Zimbabwe can increase gender equality, empower women and girls in every area of existence and being, and create more encouraging conditions and atmosphere for better menstrual management by putting these suggestions into practice.

6.4 Recommendations to Community leaders and Communities

MHM is a collective responsibility that involves individuals, communities, and various stakeholders. Recommendations for communities (which mainly entail chiefs, village heads, elders within communities, school staff and students) in Zimbabwe to improve MHM include:

1. Education and Awareness: Conduct community-based educational programs to address myths, taboos, and misconceptions surrounding menstruation. Encourage open discussions to promote understanding and support for women and girls during their menstrual cycle.³³⁰
2. Access to Sanitary Products: Create community initiatives or cooperatives to produce or distribute affordable and sustainable sanitary products. Engage local businesses, non-governmental organisations, and government agencies to ensure the availability and accessibility of these products to all women and girls within the community.³³¹
3. Safe and Hygienic Spaces: Advocate for the establishment of safe and hygienic spaces for menstrual hygiene management. Collaborate with local authorities to ensure the availability of clean and private toilets equipped with appropriate facilities such as water, soap, and waste disposal options.³³²
4. Waste Management: Raise awareness about proper disposal methods for menstrual waste within the community. Promote the use of biodegradable materials and offer guidance on safe disposal practices that do not harm the environment or pose health risks.³³³

³³⁰ Tembo (n 7).

³³¹ 'The Discomfort Of Having A Period: Period Poverty' <https://syszim.org.zw/2022/07/23/the-discomfort-of-having-a-period-period-poverty/> (accessed 1 May 2023).

³³² Zimbabwe Formative Research on Menstrual Hygiene Management Final Report, December 2019 at 88 <https://www.unicef.org/zimbabwe/media/2826/file/The%20Zimbabwe%20Formative%20Research%20on%20Menstrual%20Hygiene%20Management.pdf> (accessed 22 November 2022).

³³³ 'Talking about the most natural thing in the world' <https://akzente.giz.de/en/menstrual-hygiene-day-uganda> (accessed 6 June 2023).

5. Peer Support Networks: Establish peer support networks within the community. Encourage women and girls to share their experiences, provide emotional support, and exchange knowledge on effective menstrual hygiene practices. This can help combat stigma and create a supportive community environment.³³⁴
6. Engaging Men and Boys: Involve men and boys in menstrual hygiene conversations and initiatives. Promote gender equality by educating them about menstruation's natural process and the importance of supporting women and girls throughout their menstrual cycle.³³⁵

6.5 Recommendations to the private sector

Various private and public corporate organisations may be extremely helpful in ensuring that schoolgirls in Zimbabwe have access to proper menstrual hygiene management especially as a part of their corporate social responsibility. The following are some recommendations for corporate companies:

1. Education and Awareness: Corporate companies can develop and implement educational programs on menstrual hygiene management in schools. In order to teach girls about menstruation hygiene and the proper use of feminine hygiene sanitary goods, they can plan lectures, workshops, and awareness campaigns.
2. Provision of female sanitary items: Corporate companies can support school girls by providing free or subsidized menstrual hygiene products such as sanitary pads. Companies can partner with local organizations or schools to distribute these products and ensure that girls have access to them.
3. Infrastructure Support: Companies can assist schools in improving their infrastructure to provide better facilities for menstrual hygiene management. This could include building or renovating toilets, providing clean water, and waste disposal facilities.
4. Funding and Support for Programs: Corporate companies can allocate funding for menstrual hygiene management programs in schools. They can also provide

³³⁴ As above.

³³⁵ E Ndlovu & E Bhana 'Menstrual hygiene – A salient hazard in rural schools: A case of Masvingo district of Zimbabwe' <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6014141/#CIT0009> (accessed 22 November 2022).

support by donating resources such as hygiene kits, educational materials, and medical supplies.

5. **Employee Engagement:** Companies can encourage their employees to volunteer and get involved in initiatives that promote menstrual hygiene management among school girls. This could involve organizing fundraising events, donation drives, or volunteering time to support programs in schools.
6. **Advocacy and Policy Influence:** Corporate companies can advocate for policies that encourage schools to introduce curriculum that include the proper handling of menstrual hygiene. They can engage with government bodies and other stakeholders to influence policy decisions that prioritize menstrual hygiene management for school girls.

By implementing these recommendations, the state, CSOs, NGOs, private sector and communities, in Zimbabwe can foster an environment that supports menstrual hygiene management, breaks down barriers, and ensures the well-being and dignity of all women and girls. This would guarantee that the rights of girls and women, as guaranteed by the Zimbabwean constitution, legislation, and policy measures, as well as by global treaties, resolutions and other instructive documents pertaining to human rights, are realised and that women are not excluded due to their inherent biological bodily processes.

Word count: 20382

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