



Call for Joint Action on Dignified Menstruation amidst COVID-19 Pandemic

Statement adopted on 26 May 2020

Public health emergencies and natural disasters often exacerbate gender inequalities in society exposing the deep rooted structural fault lines of an unequal world. While such emergencies and disasters impact people differently based on various factors like gender, class, ethnicity, age, geographical locations; they can also be an opportunity to challenge and positively transform the existing status-quo.

Disasters and public health emergencies oftentimes compound gender inequalities in societies. But they don't have to, and in fact, could present opportunities for change. We know that public health emergencies and disasters impact people differently based on factors such as gender, caste, class, ethnicity, age, health, (geographical) location and occupation to name a few. There is strong evidence that the COVID -19 pandemic has highlighted gender inequality, discrimination and vulnerability even further. There is also recognition that while women may be the worst affected, there will be no recovery from the pandemic without women and girls at the forefront whether at home or in the workplace. A engendered understanding of the pandemic and its response is essential to avert any untended harmful consequences, while proactive measures are needed to ensure a differentiated, rights based response.

Women globally make up over 70 per cent of workers in health, including those working in care institutions. They are on the front line of the fight against COVID-19. As a result of the pandemic they are facing a double burden: longer shifts at work and additional care work at home. Half the world's population menstruates for a significant part of their lives. Women, girls, intersex and gender diverse individuals such as those who identify as transgender queer menstruate and have historically battled the combined injustice of stigma and neglect by humanity of a purely biological phenomenon. COVID restrictions and disruptions have only exacerbated these challenges but more often than not – the subject of menstruation is pushed aside as we continue to focus on 'what is really important' during this pandemic. But menstruation is central to the sexual and reproductive health of every menstruator.

COVID-19 does not spread through faeces or blood, including menstrual blood. To date there is no evidence of impacts of COVID-19 on the menstrual cycle directly, though stress, anxiety and malnutrition can impact reproductive health.¹ The lockdown and linked restrictions and barriers have led to the emergence of new stressors and coping strategies. Stress may

¹ UNICEF 2020. Mitigating the impacts of COVID 19 on menstrual health. <https://www.unicef.org/media/68446/file/Mitigating-the-impacts-of-COVID19-on-menstrual-health-and-hygiene-Brief.pdf>

influence cycle length, vaginal bleeding patterns, painful periods, and premenstrual symptoms².

The pandemic has exposed the fault lines of a deeply gendered and discriminatory world, wherein the first services to be cut are essential sexual and productive health information and services. Millions of children and adolescents are out of school and likely to be denied essential sexuality education at a critical and vulnerable stage in their life course—compromising health, safety, opportunity and productivity. Violence against women remains a major global public health and women’s health threat during emergencies.³ Emerging data, including from France, Cyprus, Argentina, Canada, Germany, Singapore, the United Kingdom and the United States shows that since the emergence of COVID 19, violence against women and girls and particularly domestic violence has intensified.⁴ Due to COVID-19 the cost of violence against women and girls (VAWG) which was previously estimated at USD 1.5 trillion is certain to increase because of the increasing incidents of gender based violence during the lockdown⁵.

So how can we ensure that this present pandemic does not leave menstruators voices, needs and demands even further behind- nullifying and negating the hard fought gains of the last two decades?

We, at the Government of Nepal would like to start by calling all menstruators in Nepal, Global South and globally to speak out clearly calling for a recognition of their right to dignity during menstruation without an interruption in or barriers to information, essential menstrual supplies, pain management our support. Our Ministry has endorsed December 8 as Dignified Menstruation day as a day for 16 days Activism in partnership with of the Global South Coalition for Dignified Menstruation (GSCDM). Thus, along with Nepal Government, Ministry of Women, Children and Senior Citizen, and other partners are calling for a holistic, human centred approach to menstruation based on dignity. Although, the form and severity of the stigma, taboo and restrictions prevailing across the globe vary, they are universal in shaming menstruators and preventing them from embracing this biological phenomenon responsible for humanity itself, with pride and dignity.

Thus, the Ministry of Women, Children and Senior Citizen, Nepal in association with the National Human Right Commission and GSCDM is proud to host an International Workshop on Dignified Menstruation under the slogan of `Menstrual Talk, Dignity first' in December 2020, once COVID-19 is behind us. In the interim we take great pleasure in sharing our commitment to dignified menstruation for all menstruators globally through this virtual conference. Menstruation with dignity more urgent than ever than before during this COVID-19 Pandemic. We call on everyone to:

² Sarah Toler, DNP, Science Writer for Clue, March 20, 2020 citing Yamamoto K, Okazaki A, Sakamoto Y, Funatsu M. The Relationship between Premenstrual Symptoms, Menstrual Pain, Irregular Menstrual Cycles, and Psychosocial Stress among Japanese College Students. J Physiol Anthropol. 2009;28(3):129–36.

³ WHO, April 2020, Violence against women and COVID 19

⁴ UNWomen COVID 19 and Ending violence against women and girls

⁵ <https://www.ohchr.org/en/hrbodies/cedaw/pages/cedawindex.aspx>

1. Change the narrative on menstruation, from charity to human rights, from hygiene to dignity, from impure to purity, and from five days to a life course approach;
2. Integrate menstruation with dignity into health, education and gender policies and strategies;
3. Menstrual management supplies must be included in the list of essential supplies (like PPEs and other health supplies in COVID19) and other emergencies.
4. Any stigma, taboo, restrictions or insensitive, discriminatory treatment linked to menstruators should be considered as a violation of human rights, form of Gender Based Violence and punishable by law.
5. Menarche, semen Arche, the sexual reproductive system, safety, respect and responsibility must be considered essential elements of information and education including during lock down and post COVID 19.

1. Archana Patkar, Senior Coordinator, Gender and Human Rights, UNAIDS

2. Radha Paudel, Founder, Global South Coalition for Dignified Menstruation

3. Dr. Samiksha Koirala, Advisor to the Minister of Minister of Women, Children and Senior Citizen, Nepal