(Conference Draft)

"The Role of Law in addressing Poverty and Inequality in High Income Countries A Comparative view of Menstrual Hygiene Management and its impact on education and health in the UK and select High Income Sub-Saharan African countries"

Elizabeth Bakibinga[*] and Dr. Nightingale Rukuba-Ngaiza[*]

2021 Law and Development Conference

Hamburg, Germany

November 2021

[*] Legal Adviser-Rule of Law, Commonwealth Secretariat; email: ebakibinga@gmail.com
[*] Senior Counsel, World Bank; email: nrukubangaiza@worldbank.org

"The Role of Law in addressing Poverty and Inequality in High Income Countries: A Comparative view of Menstrual Hygiene Management and its impact on education and health in the UK and select High Income Sub-Saharan African countries"

Elizabeth Bakibinga* and Dr. Nightingale Rukuba-Ngaiza*

Agenda 2030 on Sustainable Development promotes a holistic approach to development and emphasizes the need to leave no one behind. Regarding the rule of law, Sustainable Development Goal (SDG) 16.3 focuses on (promoting the rule of law at the national and international levels and ensure equal access to justice for all by 2030) and the related goals and targets on justice. Changing economic conditions in recent decades have caused stagnating wages and widening economic gaps among individual citizens and regions within developed countries and this is reflected in pockets of poverty and inequality in high income countries and islands of excess wealth in developing or low-income countries, worsened by the COVID-19 pandemic. This paper examines the legal aspects of poverty and inequality in the education and health sectors in select High-Income countries in Sub-Saharan Africa and a Western industrialized country such as the UK, with emphasis on period poverty or poor menstrual health management (MHM) as a barrier to access to education and health due to inability to afford sanitary products. The analytical paper applies the Institutionalist Legislative Theory and Methodology (ILTAM) and the general theory of law and development, examines the role of the state in regulating the health and education sectors and concludes with key findings and recommendations on how the institutional and legal frameworks can be utilized to foster sustainable development in High-Income countries in Sub-Saharan Africa.

Key words: Sustainable Development Goals, General Theory of Law and Development, menstrual health management (MHM), Institutionalist Legislative Theory and Methodology (ILTAM), Poverty and Inequality, Education and Health sectors

* Legal Adviser-Rule of Law, Commonwealth Secretariat; email: ebakibinga@gmail.com
* Senior Counsel, World Bank; email: nrukubangaiza@worldbank.org

1 Introduction

Changing economic conditions in recent decades have caused stagnating wages and widening economic gaps among individual citizens and regions within developed countries and this is reflected in pockets of poverty and inequality in high income countries and islands of excess wealth in developing or low-income countries.[1] This situation has been exacerbated by the unbated global pandemic environment which has impacted countries in varying magnitude. Lack of access to sanitary products menstrual hygiene education, toilets, handwashing facilities and waste management for menstrual hygiene management (MHM) due to financial constraints, also known as 'period poverty', is one of the multi-dimensional manifestations of poverty which affects women and does not discriminate between high income and low income countries. Inadequate menstrual hygiene is not a unique problem for women in select parts of the world, it affects populations in the developed and developing world, and women living in poverty are especially vulnerable.[2] It is estimated that in the UK, women and girls are afflicted by poor MHM.[3] Period poverty is also an overwhelming concept in Africa and women in the poorest countries in Sub-Saharan Africa, owing to lack of availability of adequate products, use old clothes, paper, cotton or wool pieces, and even leaves to manage their menstrual bleeding.[4]

Poor MHM can be a barrier to access to health and education in the countries where it is prevalent, [5]however, there is no comprehensive global research on the impact menstruation can have on girls' education including their active participation in society.[6] The impact of poor MHM on sustainable development arises mainly from it being a barrier to women and girls'

[1] See United Nations, World Social Report 2020, Inequality in a Rapidly Changing World, available at <https://www.un.org/en/file/71229/download?token=cylubVd>

[2] Asonele Kotu, Period Poverty: Everything You Need to Know, available at < https://www.youthlead.org/resources/period-poverty-everything-you-need-know>

[3] Bodyform, What is period poverty?, available at <https://www.bodyform.co.uk/our-world/period-poverty/#:~:text=In%20the%20UK%2C%201%20in,school%20because%20of%20this%20issue>.

[4] Rashmi Verma, Menstrual hygiene in Africa: No pad or no way to dispose it: Women in sub-Saharan Africa still struggle to have a healthy and safe period, available at < https://www.downtoearth.org.in/news/waste/menstrual-hygiene-in-africa-no-pad-or-no-way-to-dispose-it-63788#:~:text=Period%20poverty%20is%20an%20overwhelming%20concept%20in%20sub%2DSaharan%20Africa.&text=Women%20in%20resource%2Dpoor%20parts,is%20worse%20for%20school%20girls>

[5] Boosey, R., Prestwich, G., Deave, T., 2014. Menstrual hygiene management amongst schoolgirls in the Rukungiri district of Uganda and the impact on their education: a cross-sectional study, Pan African Medical Journal 19(253):253 November 2014
DOI: 10.11604/pamj.2014.19.253.5313

[6] Menstrual health, while excluded from SDGs, gains spotlight at UN political forum
By Amy Lieberman // 23 July 2018, https://www.devex.com/news/menstrual-health-while-excluded-from-sdgs-gains-spotlight-at-un-political-forum-93137

participation in social and economic activities. Studies find that without access to toilets, women and girls may eat and drink less.[7] Girls' school experiences are negatively impacted if they are distracted, uncomfortable, or unable to participate because of anxiety over menstrual leakage and odour.[8] Worldwide, the educational opportunities, health and social status of millions of women and girls are undermined by poor menstrual hygiene caused by a lack of education on the issue, persistent taboos and stigma, limited access to menstrual products and poor sanitation infrastructure resulting in the girls' inability to reach their full potential.[9] Period poverty influences how women and girls access water, sanitation and hygiene facilities[10] which affects their participation in activities, including access to education.[11]

Lack of safe water, sanitation and hygiene (WASH) facilities increases the vulnerability of women and girls who may practise open defecation.[12] Provision of menstrual products was associated with lower risk of sexually transmitted infections, likely due to a reduction in transactional sex which may arise as a result of embarking in illicit sex to obtain sanitary products. This is a potential mechanism by which the issue may be interacting with girls' economic empowerment, however, the results are unclear.[13]

Although education on MHM is important, MHM has not been included in the numerous activities underway to improve girls' educational outcomes in low and middle income countries (LMICs).[14] MHM restrictions include exclusion from religious and other social activities,

[7] Aïdara, R. (2016). *Poor Access to WASH: a barrier for women in the workplace.* Social Protection and Human Rights. 16 November 2016 available at < http://socialprotection-humanrights.org/expertcom/poor-access-wash-barrier-women-workplace/>

[8] Mason, L., Nyothach, E., Alexander, K., Odhiambo, F.O., Eleveld, A., Vulule, J., Rheingans, R., Laserson, K.F., Mohammed, A., & Phillips-Howard, P.A. (2013). 'We keep it secret so no one should know'—a qualitative study to explore young schoolgirls attitudes and experiences with menstruation in rural Western Kenya. *PLoS ONE*, 8: e79132. DOI: 10.1371/journal.pone.0079132 available at <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0079132>

[9] UNFPA, Menstrual Health Day 2020, available at < https://esaro.unfpa.org/en/events/menstrual-hygiene-day>

[10] Global Citizen, Water & Sanitation: Period Poverty: Everything You Need to Know, available at <https://www.globalcitizen.org/en/content/period-poverty-everything-you-need-to-know/>

[11] UNICEF, Water, Sanitation and Hygiene (WASH) in Schools – UNICEF, available at < https://www.unicef.org/wash >

[12] Aïdara, R. (2016). *Poor Access to WASH: a barrier for women in the workplace.* Social Protection and Human Rights. 16 November 2016 available at < http://socialprotection-humanrights.org/expertcom/poor-access-wash-barrier-women-workplace/ >

[13] Sumpter, C., & Torondel, B. (2013). A Systematic Review of the Health and Social Effects of Menstrual Hygiene Management. *PLoS One*, 8(4) available at<https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0062004&type=printable>

[14] Sommer, M., Caruso, B.A., Sahin, M., Calderon, T., Cavill, S., Mahon, T., & Phillips-Howard, P.A. (2016a). A Time for Global Action: Addressing Girls' Menstrual Hygiene Management Needs in Schools. *PLoS Med*, 13(2), e1001962 available at <https://doi.org/10.1371/journal.pmed.1001962>

interactions with males, or travelling outside the home.[15] These practices are likely to contribute to economic consequences where increasing numbers of adult women are engaging in the workforce as recent data from the Pacific reflects.[16] In the field of sexual and reproductive health and rights (SRHR), there has been less attention to MHM because the main focus in SRHR has been on girls above the age of 15 years, who are more at risk for sexually transmitted infections and unintended pregnancy.[17]

The outbreak of COVID-19[18] and its rapid progression into a pandemic has exposed the vulnerability of people living in poverty and the weakness in regulatory regimes that limits governments' ability to provide services as governments in some countries failed to identify the vulnerable in order to provide crucial services to those who most needed assistance. Additionally, there is a complicit silence around menstruation, due to cultural taboos and myths that weigh on women in African society with negative consequences including young girls school absenteeism, poor performance of women in the work place and other related negative health consequences.[19] Though major strides have been attained in identifying best practices, knowledge gaps and capacity building of policy makers, integrating these concerns in laws and policies remains a major challenge.[20] These vagaries only serve to exacerbate the scourge of period poverty or poor MHM on vulnerable women and girls.

Legislation has proved successful in driving the behavioral changes such as_____ required to support sustainable development in many countries. Using the law, countries create obligations and rights enabling role occupants to regulate and implement policy reforms. Several questions

[15] Kerina Tull, Period poverty impact on the economic empowerment of women, Knowledge, evidence and learning for development, available at <https://assets.publishing.service.gov.uk/media/5c6e87b8ed915d4a32cf063a/period.pdf>

[16] Mohamed, Y., Durrant, K., Huggett, C., Davis, J., Macintyre, A., Menu, S., Namba Wilson, J., Ramosaea, M., Sami, M., Barrington, D.J., McSkimming, D., & Natoli, L. (2018). A qualitative exploration of menstruation-related restrictive practices in Fiji, Solomon Islands and Papua New Guinea. PLoS ONE, 13(12): e0208224 available at <https://doi.org/10.1371/journal.pone.0208224>

[17] Sommer, M., Hirsch, J.S., Nathanson, C. and Parker, R.G., 2015a. Comfortably, safely, and without shame: defining menstrual hygiene management as a public health issue. American journal of public health, 105(7), pp.1302-1311.

[18] Ginette Azcona, Antra Bhatt and Serge Kapto, The COVID-19 boomerang effect: New forecasts predict sharp increases in female poverty, available at <https://data.unwomen.org/features/covid-19-boomerang-effect-new-forecasts-predict-sharp-increases-female-poverty?mkt_tok=eyJpIjoiWTJWaVpEVm1aR1ZqTkRNNCIsInQiOiJcL1BCNjdvZ1dZV095YnZUVGJ1ejdLT3RWelA1ZW1jb0FQYW9pelJ5NVJTcDBiWW93NDFpZUYzaXhmUWtIWWU4Z1czUk94YytxYkNMWmxnUDMrem4zMDVzQldLMWJ1b1VqY0FHc1I5MzhEVXRQenUwTE5mNlN0M3orXC8wQVhVcXlGIn0%3D>

[19] UN Women Cameroon, Advocating for the integration of menstrual hygiene management needs of women and gender sensitive policy reforms, April 30, 2018 available at < https://africa.unwomen.org/en/news-and-events/stories/2018/04/un-women-cameroon-advocating-for-the-integration-of-menstrual-hygiene>

[20] Ibid.

arise when the law is engaged to address poor MHM. Are schools and health centres obligated to provide MHM services? Does the law provide a budget for MHM? Does the law set out principles, functions, budget, institutional framework? Does the law provide for mandatory education, compulsory attendance of school and what are the exceptions, especially in case of MHM? Does the law on social safety nets cater for women challenged with period poverty by providing free sanitary products? Legal empowerment of these women and other role occupants, a process of systemic change through which the poor and excluded become able to use the law, the legal system, and legal services to protect and advance their rights and interests as citizens and economic actors,[21] is another aspect to bear in mind when discussing poor MHM. Additionally, it is critical to take note of the limitations of justiciability of socio-economic rights and how this may affect MHM. The judicial enforcement of socio-economic rights remains a challenge in many countries and this is generally attributable to the inadequacy of a country's legal framework, in particular its constitutional framework.[22]

This paper seeks to analyze poor MHM, a barrier to access to health and education as a facet of inequality and poverty in selected High-Income countries in Sub-Saharan Africa, Seychelles and Botswana and a Western industrialized country such as the UK as will be seen below. To do this systematically, this paper applies two theoretical frameworks to guide the problem analysis required for the select countries to tackle period poverty or poor MHM using legislative intervention.

2 The Legal Aspects of Menstrual Hygiene Management and Sustainable Development

Period poverty is a barrier which affects countries' performance on the development spectrum and improved MHM is directly linked to fulfilling several of the proposed Sustainable Development Goals (SDGs), including Goal 3 on health, Goal 4 on education,[23] Goal 5 on gender equality,[24] and Goal 6 on sustainable management of water and sanitation.[25][26] Other relevant Goal 5 targets include universal access to sexual and reproductive health and

[21] UNDP, Report of the Commission on the Legal Empowerment of the Poor Volume I, Making the Law Work for Everyone, available at <https://issat.dcaf.ch/Learn/Resource-Library2/Policy-and-Research-Papers/Making-the-Law-Work-for-Everyone>

[22] Bonolo Ramadi Dinokopila (2013). The Justiciability of Socio-Economic Rights in Botswana. Journal of African Law, 57(1), 108-125. doi:10.1017/S0021855312000174

[23] Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

[24] Achieve gender equality and empower all women and girls

[25] Ensure availability and sustainable management of water and sanitation for all

[26] United Nations Department of Economic and Social Affairs (2015). Sustainable Development Goals Platform. available at <https://sustainabledevelopment.un.org/sdgs>. Also see, Kerina Tull (2019), *supra*, note 15.

reproductive rights established under the Programme of Action of the International Conference on Population and Development[27] and the Beijing Declaration and Platform for Action.[28] Improving MHM can substantially improve girls' education, health and wellbeing through ease of participation in public life.[29] MHH is important for the fulfilment of girls' and women's rights, a key objective of the SDGs. Women and girls' access to MHH is a component of gender-responsive WASH services. SDG 6.2 acknowledges the right to menstrual health and hygiene, with the explicit aim of achieving access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations by 2030. Without ensuring safe and dignified menstruation, the global community cannot achieve the vision for sanitation and hygiene under Goal 6.

Women and girls' access to MHH and MHM are also central to achieving other SDGs by promoting the participation of women and girls in socio-economic and political development activities and reducing the likelihood of sexual exploitation in exchange for money to purchase sanitary products. The lack of basic knowledge about puberty and menstruation may contribute to early and unwanted pregnancy; the stress and shame associated with menstruation can negatively affect mental health; and unhygienic sanitation products may make girls susceptible to reproductive tract infections – all affecting SDG health outcomes (Goal 3). Another challenge is that girls may be absent or less attentive in school during menstruation due to a lack of WASH facilities or support from the school community, affecting education (Goal 4), or at work, affecting economic opportunities (Goal 8). The UN Commission on the Status of Women in 2019, recognized that, despite gains in providing access to education, girls are still more likely than boys to remain excluded from education and that among the gender-specific barriers to girls' equal enjoyment of their right to education are the lack of safe and adequate sanitation facilities, including for menstrual hygiene management.[30] One study in Uganda, a

[27] UNFPA, International Conference on Population and Development Programme of Action, Twentieth Anniversary Edition, available at <https://www.unfpa.org/publications/international-conference-population-and-development-programme-action

[28] https://www.un.org/en/events/pastevents/pdfs/Beijing_Declaration_and_Platform_for_Action.pdf>

[29] Kerina Tull (2019), *supra*, note 15.

[30] UN Commission on the Status of Women, Sixty-third session, 2019. Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century." Social protection systems, access to public services and sustainable infrastructure for gender equality and the empowerment of women and girls. Agreed conclusions (No. Agenda item 3(a)(i)). United Nations Economic and Social Council, New York available at<https://undocs.org/pdf?symbol=en/E/2019/27>

low income country in sub Saharan Africa, found that 64.7 percent of girls avoided standing in class to answer questions during their period, and 51 percent of girls reported having trouble concentrating in class during menstruation.[31] Gender equality (Goal 5) cannot be achieved when taboos and myths prevent menstruating women and girls from full participation in meaningful economic and social activities in society. Failure to develop markets for quality menstrual materials can impact on sustainable consumption and production patterns (Goal 12).[32]

Whereas the role of law in fostering sustainable development is recognised, not many countries have enacted legislation to address period poverty and MHM. The United Nations Office of the High Commissioner of Human Rights (OHCHR) has recognized the rule of law as one of the most effective routes to eradicate poverty and that poverty should be addressed according to the law and the system of legal rights and obligations on poverty eradication should be constructed.[33] The OHCHR's recommends that obligation subject of poverty eradication should be the governments and the international society and that the legal obligations of poverty eradication could be categorized as four types: the moral obligations in soft law (e.g., charitable donations), the contractual obligations in private law, the institutional obligations and mandatory obligations in public law, the interventional obligations and the relief obligations in social law.[34]

Agenda 2030 on Sustainable Development focuses on a holistic and inclusive approach to development, including through strengthened legal frameworks, thus the need to comprehensively address the challenges presented by poor MHM. Deficiency in menstrual health impacts sustainable development and any plans to ensure that countries meet the targets of the SDGs must ensure that countries are in position to provide adequate menstrual health services. This emphasizes the role of law in providing the frameworks necessary for countries, development partners and communities to promote MHM. An assessment of the operational

[31] WoMena, Does menstruation make girls miss school? available at < https://womena.dk/does-menstruation-make-girls-miss-school/>
[32] World Bank, Menstrual Hygiene Management Enables Women and Girls to Reach Their Full Potential available at <https://www.worldbank.org/en/news/feature/2018/05/25/menstrual-hygiene-management>
[33] United Nations Office of the High Commissioner of Human Rights, The Recommendation for the 18th session of UN Working Group on the Right to Development: Eradicating Poverty and the Role of the Right to Development, p.2 available at <https://www.ohchr.org/Documents/Issues/Development/Session18/XigenWang.pdf#:~:text=Actually, the poverty eradication should be guided by,to development on poverty reduction should be highlighted> .
[34] Ibid.

environment in the select countries, using two theoretical frameworks will establish how the countries are faring in terms of applying the rule of law as a mechanism to eradicate poverty and barriers to development, such as poor MHM.

3 The law and MHM: Theoretical frameworks to inform interventions to address poor MHM

The inclusion of the rule of law ais a development goal in Agenda 2030, namely, SDG 16 and specifically SDG 16.3 which focuses on promoting the rule of law at the national and international levels and ensure equal access to justice for all by 2030, makes a stronger case for countries and development partners to examine how legal frameworks support elimination of poor MHM. It is envisaged that countries keen to address poor MHM would use policy and legislation to bring about behavioral change, however, information on how countries have used policy and legislation to promote MHM is not widely available. Before delving into a discussion of the theoretical frameworks, it is imperative to point out that MHM is not widely regulated through legal frameworks. The policies and guidelines for MHM, products and waste disposal are quite limited in the entire sub-Saharan Africa.[35] Global guidelines, for example those issued by UNICEF,[36] do not mention legislative interventions to manage MHM. This has led communication for development specialists at UNICEF to advocate for the creation of an enabling policy and legislative environment for MHM that produces and sustains social transformation and influences policymakers, political and social leaders.[37]

While research has been undertaken to improve menstrual health, there is limited documented evidence of significant work done by governments to develop the legal and policy frameworks.[38] To that end, this paper will examine the policy and legal aspects of poor MHM or period poverty in the UK, Seychelles and Botswana and make recommendations on how countries can harness the benefit of legislative interventions to bring about the necessary reforms.

This paper employs the general theory of law and development, supported by the Institutionalist Legislative Theory and Methodology (ILTAM). The general theory of law and

[35] Rashmi Verma, supra, note 4.
[36] UNICEF, Guidance on Menstrual Health and Hygiene, available at <https://www.unicef.org/wash/files/UNICEF-Guidance-menstrual-health-hygiene-2019.pdf>
[37] Ibid. p.35
[38] Kerina Tull (2019), *supra*, note 15.

development will serve to locate MHM in the sustainable development spectrum and highlight the regulatory mechanisms and the ILTAM will aid in establishing the underlying behaviours that perpetuate period poverty as a problem. Through application of the general theory and ILTAM, one is able to come to a satisfactory assessment of the legal, policy and institutional framework and to conclude on the causal factors and behavioural factors; to discuss some of the key factors, such as state capacity and political will, and also identify all relevant social, political, cultural, and economic issues around MHM in the selected countries.

This paper will first apply ILTAM, with a view to laying bare poor MHM as a problem and barrier to sustainable development with emphasis on explanations for the behaviours of key role occupants and will use the general theory of law and development to illustrate the role of the state and justify the relevance of the law, legal frameworks and institutions in addressing poor MHM. The two theoretical frameworks complement each other to provide an in-depth assessment of poor MHM as a barrier to sustainable development.

3.1 Institutionalist Legislative Theory and Methodology and MHM

Law and especially legislation, is a vehicle through which a programmed social evolution can be brought about and ILTAM posits that laws solve problems only by changing patterns of behaviour.[39] Designing an effective law, and justifying it rationally, requires identifying those patterns of behaviour, responding to their causes, and showing the relationship between the reasons for the behavior and the requirements of the proposed law.[40] By navigating the behavioural landscape, one is then able to develop effective policy. ILTAM posits that the law can only solve a problem by changing behaviour.[41] It allows for the identification of a social problem; identification of the causes of the problematic behaviours which lays the essential evidential base and the design of a solution that addresses the behaviours of two actors (the role occupant and the implementing agency), and appropriate monitoring and evaluation of the new law's implementation.[42]

ILTAM, which applies ROCCIPI, an acronym for Rules, Opportunity, Capacity,

[39] Cynthia M. Barr, Clean Cookstoves for a Billion Cooks Designing Diverse Laws to Solve a Worldwide Problem, Colo. Nat. Resources, Energy & Envtl. L. Rev. Vol. 24:2 p.290, available at <https://www.colorado.edu/law/sites/default/files/Barr_6713.pdf>
[40] Ibid.
[41] Ibid.
[42] Ann Seidman and Robert B. Seidman, Instrumentalism 2.0: Legislative Drafting for Democratic Social Change, 5 Legisprudence (2011)

Communication, Interest, Process and Ideology, as a tool aimed to identify social problems, distinguishes between causes and conditions, and to determine who – whether role occupant (or stakeholder) or implementing agency – is responsible for what problematic behaviour.[43]

The ROCCIPI tool explains, in detail, the repetitive problematic behaviour of a role occupant in order to better understand the behaviour. After identifying the social problem, the role occupant (or stakeholder), and implementing/lead agencies, the tool allows one to address explanations for the causes of problematic social behaviour by utilising each of the ROCCIPI factors to better assess and understand the problem. Each factor focuses on one aspect of behaviour and asks questions that will lead to a better understanding of the problem and more meaningful policy responses.[44] When an explanation for the problematic behaviour is found, a legislative drafter or policy maker is in position to provide more appropriate solutions to the problem, leading to evidence-based policy and legislative interventions.[45]

ILTAM offers a four-step checklist of evidence-based questions to guide one in designing and justifying an effective law. The checklist will require one to: identify the harm and the behaviour; explain the behaviour- why the actors do what they do; identification of solutions and justifications: design and justify the proposed law; and monitoring and evaluation for reflective learning and adaptive programming. ROCCIPI is relevant and supportive of the general theory of law and development because it delves deeper in interrogating the behaviours of role occupants. Balancing the need for development and political motives, in this case, ILTAM further interrogates how the state would facilitate the behavioural change required to eliminate poor MHM.

3.1.2 Poor MHM as a Social Problem

MHH is a state in which women and adolescent girls (menstruators) are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used

[43] A. Seidman & R.B. Seidman, 'ILTAM: Drafting Evidence-Based Legislation for Democratic Social Change', available at <www.bu.edu/law/journals-archive/bulr/volume89n2/documents/seidman_000.pdf >
[44] *See* Ann Seidman, Robert B. Seidman, Nalin Abeyesekere, Legislative Drafting for Democratic Social Change, Kluwer Law International B.V., 2001
[45] Elizabeth Bakibinga-Gaswaga, Implementing Agenda 2030 for Sustainable Development in Africa Is It Time to Shift the Paradigm on Law and Development? European Journal of Law Reform, available at <https://www.elevenjournals.com/tijdschrift/ejlr/2018/1/EJLR_1387-2370_2018_020_001_004>

menstrual management materials.[46] Menstruators understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear.[47] However, the reality is that many women and girls experience poor MHM. In this case, the social problem emanates from the circumstances and behaviours (causes, enables, or contributes to that harm) that together ensure that women and girls in the three countries do not enjoy MHH which manifests in poor MHM (the harm to be alleviated).

The harmful symptoms of poor MHM include: the lack of access to sanitary products menstrual hygiene education, toilets, handwashing facilities and waste management for MHM and when menstruators resort to unhygienic alternatives, they are vulnerable to harmful physical and mental outcomes.[48] The behaviours that manifest as poor MHM may and will involve multiple actors, both private and public and include negligence, lack of prioritisation, apathy and perpetuation of taboos and harmful traditional practices on the part of key role occupants.
An assessment of the behaviours and explanations behind poor MHM is best placed after establishment of the prevalence of poor MHM in the three select countries.

3.1.2.1 Prevalence of poor MHM in the UK, Seychelles and Botswana

Poor MHM is prevalent in the three select countries, however the true extent of the condition is not known. In most countries, the evidence base for MHH is limited and even where previous studies exist on MHH, information may not be available for specific subpopulations, such as remote geographical areas, specific cultural or religious groups, girls with varying types of disabilities, or transgender boys.[49] Whilst specific figures may not be availed for specific countries, UN agencies have highlighted the prevalence of poor MHM at a sub-regional and regional level.[50] Empirical evidence from low- and middle-income countries has accumulated, confirming a negative effect on school attendance at varying levels (from less than 10 to more than 50 percent absence during menstruation).[51] The limited data that is available identifies poor MHM as a barrier to access to education and health and as a problem.

[46] UNICEF, *supra*, note 35.
[47] WHO/UNICEF (2012), Consultation on draft long list of goal, target and indicator options for future global monitoring of water, sanitation and
Hygiene, available at <https://washdata.org/sites/default/files/documents/reports/2017-06/JMP-2012-post2015-consultation.pdf>
[48] Ashley Rapp and Sidonie Kilpatrick, Changing the Cycle: Period Poverty as a Public Health Crisis, available at <https://sph.umich.edu/pursuit/2020posts/period-poverty.html>
[49] UNICEF, supra, note 35, p.32.
[50] Rashmi Verma, supra, note 4.
[51] WoMena, supra, note 30.

3.1.2.1.1 Poor MHM in the UK: relevant statistics

The true extent of poor MHM in the UK is not known since the available statistics are based on surveys which may not be nationally representative.[52] Plan International UK has conducted the most comprehensive national data collection to date on the subject. The following statistics, based on Opinium Research survey of a representative weighted sample of 1,000 girls and young women aged 14-21, carried out online between 22-24 August 2017 by girls' rights charity Plan International UK, are the only current UK-wide quantitative estimate of the extent of period poverty in the UK and on taboo and stigma surrounding periods and menstruation:

a. One in ten girls (10 per cent) have been unable to afford sanitary wear;
b. One in seven girls (15 per cent) have struggled to afford sanitary wear;
c. One in seven girls (14 per cent) have had to ask to borrow sanitary wear from a friend due to affordability issues;
d. More than one in ten girls (12 per cent) has had to improvise sanitary wear due to affordability issues;
e. One in five (19%) of girls have changed to a less suitable sanitary product due to cost;
f. Nearly half (48 per cent) of girls aged 14 to 21 in the UK are embarrassed by their periods;
g. One in seven (14 per cent) girls admitted that they did not know what was happening when they started their period and more than a quarter (26 per cent) reporting that they did not know what to do when they started their period;
h. Only one in five (22%) girls feel comfortable discussing their period with their teacher;
i. Almost three quarters (71%) of girls admitted that they have felt embarrassed buying sanitary products;
j. One in ten had been asked not to talk about their periods in front of their mother (12 per cent) or father (11 per cent);
k. 49 per cent of girls have missed an entire day of school because of their period, of which 59 per cent have made up a lie or an alternate excuse; and
l. 64 per cent of girls have missed a PE or sport lesson because of their period, of which 52 per cent of girls have made up a lie or excuse.[53]

3.1.2.1.2 Poor MHM in Botswana: relevant statistics

Poor MHM exists in Botswana but as elsewhere, accurate figures are unknown. UNICEF estimates that one in 10 girls in sub-Saharan Africa, including Botswana, misses school during their monthly menstrual period, adding that some girls reportedly lose 20 per cent of their

[52] Full Fact, Period poverty: how widespread is it?, available at <https://fullfact.org/health/period-poverty-how-widespread-it/>
[53] Plan International UK, Plan International UK's Research on Period Poverty and Stigma, available at <https://plan-uk.org/media-centre/plan-international-uks-research-on-period-poverty-and-stigma>

education due to menstrual periods, making them more likely to drop out of school altogether.[54] Rural women in Botswana often struggle to access sanitary and comfortable menstrual hygiene methods, worsened by persistent water cuts at homes and schools, which sometimes prevents young girls from attending school all together when they are menstruating.[55]
Additional statistics on MHM in Botswana are not readily available.

3.1.2.1.3 Poor MHM in Seychelles: relevant statistics

As a high-income country, and a Small Island Developing State, the challenges faced by Seychelles are different in terms of contexts of poverty elsewhere.[56] The evidence base for poor MHM in Seychelles is not clear and available. The only available mention of period poverty is a reaction by Soroptimist International Club of Victoria to the reclassification, in June 2020, by the Government of Seychelles Department of Trade of sanitary products as essential products on which no taxes would be levied.[57] It should be noted that the imposition of taxes on sanitary products makes them more costly and not readily affordable to the users.

With the evidence of prevalence of poor MHM established, it is timely to delve into the behaviours and explanations behind the problem in the three countries.

3.1.3 Behaviours and Explanations behind poor MHM

Poor MHM has been identified in the three select countries as a social problem, as a component of failure to manage menstrual health, due to unaffordability. The next step in ILTAM, is to establish the behaviours behind poor MHM, the explanations of which are critical in shaping the way forward.

In Step Two of ILTAM, it is critical to assess why the key role occupants behave the way they do. The role occupants whose responsibility it is to ensure that menstruators enjoy optimal MHH act or fail to act for several reasons. Individuals and organizations act for multiple

[54] Susan Lafraniere, Another School Barrier for Girls- No Toilet, available at <http://wehaitians.com/another%20school%20barrier%20for%20girls%20in%20sub%20saharan%20africa%20no%20toilet.html>
[55] Gynopaedia, Botswana, available at <https://gynopedia.org/Botswana>
[56] Government of Seychelles, Multidimensional Poverty Index Report 2019 Seychelles, available at <https://mppn.org/wp-content/uploads/2020/05/MPI-2019-Seychelles-Report_Final_May_2020.pdf>
[57] Soroptimist International Club of Victoria, Period poverty refers to lack of access to sanitary products, available at <https://www.facebook.com/225099074224202/posts/period-poverty-refers-to-having-a-lack-of-access-to-sanitary-products-due-to-fin/3158807460853334/>

reasons, both subjective and objective. For brevity, this paper is limited to review the behaviours of governments and private sector partners. ILTAM will facilitate an evaluation of the role occupants' intentions (practical and principled); the opportunities and constraints of the role occupants' environment; the rules that govern the role occupants' environment (both as understood and not); and the process by which the role occupants' reach a decision (as an individual or as a group).The totality of the findings of the evaluation will provide the explanations behind the role occupants' behaviours.

ROCCIPI as a tool aimed to identify social problems, distinguishes between causes and conditions, and to determine who – whether role occupant (or stakeholder) or implementing agency – is responsible for what problematic behavior, whether it is the communities, menstruators, Local Authorities, Schools or Central Government, among others. The proposed law or policy may change the role occupant's behaviour directly (for example, by requiring relevant officials and governments to prioritise MHM and abolish taxes on the import or manufacture of sanitary products, health facilities to provide sanitation facilities, schools to provide separate WASH facilities for girls) or indirectly (perhaps raising awareness of other stakeholders on the need to promote MHM, do-it-yourself arrangements, in order to change the attitudes of society towards menstrual health).[58]

Identifying relevant actors/role occupants and their actions under the ILTAM process always produces a lengthy list of candidates given the systemic and crosscutting nature of social problems. While it is important to take into account the totality of the role occupants and implementing agencies who are involved in and impacted by poor MHM in the whole value chain - girls and women, the family members, neighbours, and community leaders who influence attitudes and perceptions to MH; the many actors along the MH supply chain (including designers and engineers, manufacturers, wholesale and retail distributors, and public and private entities that test and certify sanitary products); a variety of actors that address issues of environmental management, education and school enrolment, economic development, and public health; funding entities (government agencies, NGOs, banks, and development partners organizations); and a variety of other actors, public and private. The list may be reduced based

[58] Also see Siri Tellier and Maria Hyttel, Menstrual Health Management in East and Southern Africa: a Review Paper, available at <https://esaro.unfpa.org/sites/default/files/pub-pdf/UNFPA%20Review%20Menstrual%20Health%20Management%20Final%2004%20June%202018.pdf>

on the most direct correlation and the most influential role occupant and implementing agency to focus on entities most likely to directly impact policy and legislative interventions.

3.1.3.1 The UK

In the UK, applying ROCCIPI allows one to lay bare the behaviours that perpetuate poor MHM.

Rules: The rules regulating MHH in the UK are rather limited in compelling officials to address poor MHM as a problem. While these countries address public health regulation through legislation, there is no arrangement in place for MHM. There are no legally binding guidelines on MHM for the UK. Of the four political entities that make up the UK, only Scotland has enacted legislation to compel officials to provide period products free of cost "for anyone who requires them". The *Period Products (Free Provision) (Scotland) Act* introduces a legal obligation on the Scottish government to set up a Scotland-wide scheme to allow anyone who needs period products to get them free of charge; schools, colleges and universities must make a range of period products available for free, in their toilets; and the Scottish Government will have the power to make other public bodies provide period products for free.[59]

Previously, relevant EU legislation[60] categorised sanitary products as luxury goods and imposed a 5% tax which made sanitary products more costly and unaffordable to menstruators. Taxation on sanitary products was therefore an issue and is significant to the cost and ease of access to sanitary products by menstruators. To ease the burden on menstruators, the UK government established the Tampon Tax Fund in 2015 and the Treasury used the approximately £15 million-a-year tax revenue as donations to women's charities and organisations working with vulnerable women and girls.[61] Following the UK's exit from the EU, the 'tampon tax' was abolished with effect from 1 January 2021, meaning there is now a zero rate of VAT applying to women's sanitary products.[62]

[59] UK government, Period Products (Free Provision) (Scotland) Act , available at <https://www.parliament.scot/parliamentarybusiness/CurrentCommittees/112914.aspx>

[60]Council Regulation (EEC) No 2658/87Show https://www.legislation.gov.uk/eur/1987/2658/contents In Annex I to Regulation (EEC) No 2658/87, CN codes 9619 00 to 9619 00 90 in Chapter 96 of Section XX of Part Two, http://researchbriefings.files.parliament.uk/documents/SN01128/SN01128.pdf. Also see http://eulawanalysis.blogspot.com/2015/10/the-tampon-tax-uk-and-eu-standstill.html

[61] See UK Digital Culture Media Sport,, Tampon Tax Guidance, available at<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/759625/Tampon_Tax_Fund_2019-20_-_Guidance_for_Applicants.pdf >

[62] Amy Jones, Tampon tax abolished as Brexit allows Treasury to scrap VAT on sanitary products available at <https://www.telegraph.co.uk/news/2021/01/01/tampon-tax-abolished-brexit-allows-treasury-scrap-vat-sanitary/>

Other pieces of legislation are limited because they do not address MHM. The *Health and Social Care Act 2012* introduced the first legal duties about health inequalities. It included specific duties for health bodies including the Department of Health, Public Health England, Clinical Commissioning Groups, and National Health Service England to have due regard to reducing health inequalities between the people of England. The Act also brought in changes for local authorities on public health functions. The *Equality Act 2010* established equality duties for all public sector bodies which aim to integrate consideration of the advancement of equality into the day-to-day business of all bodies subject to the duty. These pieces of legislation may be complementary in establishing a framework for the public sector to take action to reduce inequalities within England at local and national levels but remain limited to the extent that their application cannot be seen to address poor MHM.

The *Social Value Act 2012* requires public sector commissioners – including local authorities and health sector bodies – to consider economic, social and environmental wellbeing in procurement of services or contracts. Creating social value has clear connections with efforts to reduce health inequalities through action on the social determinants of health – for example, by improving employment and housing. While defining social value with reference to the social determinants of health can help to reduce local inequalities, improve the health and wellbeing of local people and in the longer term reduce the demand on health services and other services, it is critical to note that menstrual health may not be addressed thereunder.[63]

In 2019, the government presented its policy before the UK Parliament, with the objective to end poor MHM and ensure that every woman and girl in the UK society can access the menstrual products they need. Charities and businesses (role occupants) are leading impressive initiatives around the country to change old-fashioned, uninformed attitudes to menstruation and break down taboos. Many organisations and businesses have exhibited willingness to act to tackle poor MHM by promoting awareness and making products available to their staff and visitors.

[63] Matthew Saunders | Ben Barr | Phil McHale | Christoph Hamelmann, Key policies for addressing the social determinants of health and health inequities, Health Evidence Network Synthesis Report 52World Health Organisation, available at <https://www.euro.who.int/__data/assets/pdf_file/0009/345798/HEN52.pdf >

Consultative approaches and stakeholder engagement with relevant organisations, including the legislature are critical to promoting policy development, identifying good practice and growing partnerships around the UK. In April 2019, it was further announced that free period products will be offered to girls in all primary schools in England from early 2020 (not Scotland, Wales and Northern Ireland). Extension of the programme to all primary schools followed feedback from teachers, students and parents. The Department for Education is working with key stakeholders in the public and private sector to roll-out the programme in a cost-effective manner that supports girls and young women across the country. The *Education Act* provides for compulsory attendance at primary and secondary schools in the UK and local education authorities and parents have obligations to ensure compliance.[64] However, the obligations of local education authorities to support school attendance through measures that enhance MHM are not established in the *Education Act*.

In March 2019, the National Health Service in England announced that it would offer free period products to every hospital patient who needs them. In 2020, the Home Office announced that it was set to change the law to ensure that all menstruating women, and others with personal health and hygiene needs, are treated with dignity whilst in custody. Police forces will provide menstrual products to female detainees if required, free of charge. The intended changes will be brought into effect when the revised *Police and Criminal Evidence Act 1984* Codes of Practice have been laid in Parliament.

The government provides guidance on choosing and ordering period products, distributing products within institutions and tackling stigma.[65]

Opportunity: The role occupants, namely governments, local authorities, schools and government agencies have the opportunity to address poor MHM and those that have chosen to intervene have designed policies and implemented programmes that allow menstruators to access sanitation products at no cost. Since February 2020, the Scottish government has put in place a policy to provide free period products to those in need, namely lower-income families. This was followed by a policy developed in 2018, for Scotland to become the first country in

[64] Education Act 1944, UK Public General Acts1944 c. 31 https://www.legislation.gov.uk/ukpga/Geo6/7-8/31/part/II/crossheading/compulsory-attendance-at-primary-and-secondary-schools/enacted as amended Education Act 1996 UK Public General Acts1996 c. 5 available at <https://www.legislation.gov.uk/ukpga/1996/56/part/VI/chapter/II/crossheading/school-attendance-orders>

[65] UK Government, Department of Education, Period product scheme for schools and colleges in England, available at <https://www.gov.uk/government/publications/period-products-in-schools-and-colleges/period-product-scheme-for-schools-and-colleges-in-england>

the world to make sanitary products free to students at schools, colleges, and universities following a survey conducted amongst youth.[66] This initiative aims to ensure that lack of access to products does not impact on anyone's ability to fully participate in education at all levels. England quickly followed suit, passing a law that will make sanitary products free in secondary schools and colleges in England starting in 2020.[67] In March 2019, the Government announced that it will support a new scheme to provide free sanitary products in secondary schools and further education colleges in the whole of UK. Local authorities across England have started to offer free sanitary products in their buildings for both staff and users.[68] Information on the uptake or use of the sanitary products by lower-income families and young people is not yet available.

Capacity: MHM in the UK is costly to menstruators. The total cost of sanitary items, pain relief for cramps, new underwear and other period-related costs such as sweets or magazines due to their period across their lifetime of women in the U.K. amounts to 18,450 euros (20,744 USD).[69] The cost of MHM to local authorities or other role occupants is not established.
Some of the role occupants, namely governments, local authorities have the capacity to finance the acquisition of sanitation products, which come at high cost as seen in Scotland where the cost of implementing the *Period Products (Free Provision) (Scotland) Act* was originally estimated at £24 million annually but the Bill's accompanying financial memorandum estimates the policy could cost roughly £8.7 million a year by 2022, depending on the number of women who will take advantage of the free products.[70] Other local authorities may not be in position to comfortably do so but other local councils in Scotland like North Ayrshire, have been providing free tampons and sanitary towels in its public buildings since 2018.[71] The Scottish government has also funded a project in Aberdeen to deliver free period products to low-income households as well as a further £4m for councils to continue the roll-out to other

[66] TRTWorld, Scotland becomes first country in the world to make sanitary products free, available at <https://www.trtworld.com/life/scotland-becomes-first-country-in-the-world-to-make-sanitary-products-free-41782>
[67] Maria Volkova, The Global Implications of Period Poverty and What You Can Do to Help, available at <https://www.bloodandmilk.com/the-global-implications-of-period-poverty-and-what-you-can-do-to-help/>
[68] Royal College of Nursing, Debate: Period poverty, available at <https://www.rcn.org.uk/congress/what-happened-at-congress-2019/11-Period-poverty>
[69] Gwen Schemm, Top 10 facts about period poverty in the U.K., available at <https://borgenproject.org/top-10-facts-about-period-poverty-in-the-uk/>
[70] Amy Jones, *supra*, note 64.
[71] Libby Brooks, Scotland becomes first nation to provide free period products for all, available at <https://www.theguardian.com/uk-news/2020/nov/24/scotland-becomes-first-nation-to-provide-free-period-products-for-all>

public places.[72] Additionally, governments and the local authorities are empowered to raise awareness and develop policies within their remit to address poor MHM. The role of the private sector in providing support to eradicate poor MHM has been harnessed through a private and public sector partnership.

In April 2020, the Period Poverty Taskforce was set up by the UK's Government Equalities Office to focus its efforts on tackling the issue of poor MHM and wider stigma around menstruation in the UK.[73] The taskforce chaired by the Minister for Women and Equalities, Plan International UK and Procter & Gamble focuses on tackling period poverty and stigma around menstruation; providing a joined-up approach, working with experts from all sectors and beginning by learning from and building on existing initiatives. All these aspects will contribute to the evolution of policy, effective legislation and successful enforcement with a view to promoting better MHM and eradicating period poverty. The taskforce was provided with financial support and so far, £250,000 has been committed in seed funding to support the work and promote financial sustainability of the taskforce. The UK government has also pledged some of the £15m from the "tampon tax" to the fight against period poverty.[74]
Questions arose at the onset of the COVID-19 pandemic whether universal child benefits aimed at reducing poverty and inequality while promoting social cohesion and public support for social protection could be applied to support MHM in Scotland, Wales and Northern Ireland.[75]

Communication: Effective communication will be measured by how well role occupants are informed of their rights and obligations with respect to MHM. The legislative intervention to address MHM and period poverty are relatively new in parts of the UK and therefore questions will arise regarding the effectiveness of communication of the law (in the case of Scotland) and policies relating to the availability of support for MHM to the stakeholders affected by the law, rules or social norms. Communication and knowledge of the expected norms set out in the law and guidelines should help role occupants know their limits or obligations. In the UK, information on the policy and legislative changes is made available through established

[72] Ibid.
[73] UK government, Period Poverty Taskforce - Minister announces next steps on Menstrual Hygiene Day available at <https://www.gov.uk/government/news/period-poverty-taskforce-minister-announces-next-steps-on-menstrual-hygiene-day>
[74] UK government, Women and girls set to benefit from £15 million Tampon Tax Fund, available at <https://www.gov.uk/government/news/women-and-girls-set-to-benefit-from-15-million-tampon-tax-fund>
[75] Francesca Bastagli et al, Would UCBs cover cost of sanitary products for underprivileged girls in Scotland, Wales and Northern Ireland? Is it time for universal child benefits?, available at <https://www.odi.org/publications/16997-universal-child-benefits-policy-issues-and-options>

communication means-via government websites and the mainstream media. Policy and legislation are communicated through the usual channels of communication, including the government website www.gov.uk [76] and the parliamentary website, www.parliament.uk .[77] The government has also commissioned a digital platform, which gives young people all the information they need about periods and access to menstrual hygiene products. [78] The effectiveness of the communication has to be established by monitoring and evaluating the knowledge of role occupants in the UK of what actions the policies and legislation permit, require or prohibit, which information is not readily available now.

Interest: Public discussions concerning MHM are limited because of the taboo associated with menstruation in most communities. Overall, reproductive health as a whole generates a lot more interest than MHM would. The lack of interest and failure to generate as much interest in poor MHM as in other areas of reproductive health has repercussions on how interventions are handled. In effect, there is no evidence-base and understanding of how poor MHM affects different groups in society and therefore, improving the data in this area should be a priority for the taskforce. Addressing stigma will be another main area of focus, given the shame and taboo that still exists around periods. The taskforce will consider the role of education, communications and role models in shifting social attitudes. The UK Government's new relationships, sex and health education, published in 2020, will ensure every pupil learns about leading healthy lives, including menstrual wellbeing, as part of a well-rounded education on mental and physical health.[79]

The multinational companies which make these products have slowly started to accept that they have a responsibility to their consumers and are getting involved with awareness raising charity campaigns and providing free products to schools.[80] The involvement of the private sector has been criticized, with demands being made for the private sector to educate and not merely

[76] UK government, Guidance Period product scheme for schools and colleges in England , available at <https://www.gov.uk/government/publications/period-products-in-schools-and-colleges/period-product-scheme-for-schools-and-colleges-in-england>. Also see https://www.gov.uk/government/news/period-poverty-taskforce-meets-for-the-first-time

[77] UK Parliament, https://www.parliament.uk/

[78] World Health Organisation, Tackling the taboo of menstrual hygiene in the European Region, available at <https://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/news/news/2018/11/tackling-the-taboo-of-menstrual-hygiene-in-the-european-region>

[79] UK government, New relationships and health education in schools, available at <https://www.gov.uk/government/news/new-relationships-and-health-education-in-schools>

[80] The conversation, Why private companies shouldn't be involved in 'menstrual education', available at <https://theconversation.com/why-private-companies-shouldnt-be-involved-in-menstrual-education-94322>

advertise and for the product developers to eliminate period shaming.

Process: There is evidence that on different occasions, discussions and campaigns have been put in place to prioritise and address period poverty at the highest levels of government. Until the announcement of the joint-task force, it was not clear how MHM and period poverty would be handled, especially considering that it is a multi-faceted issue, with different stakeholders within and outside of government. The government has contracted a private sector entity, Personnel Hygiene Services Limited to provide the services to learners at all state-maintained schools and 16 to 19 education organisations in England to ensure that they continue to have access to free period products in their place of study. Users are required to open an account to access the services.[81]

Ideology: The ideology around poor MHM tallies with the government and private sector's interest and the opportunities available to address poor MHM, mainly through policy initiatives and legislation. Lack of enough data and evidence-based interventions is symbolic of a lack of prioritisation of poor MHM as a serious challenge and impediment to reproductive health in the UK and may also be hampered by the taboos and myths surrounding MHM. Clinical aspects of MHM are addressed through the National Health Service but this does not address how women and girls manage aspects of it for example affordability and access to sanitary products. Mainstream activism into women's menstrual experiences place 'women' as a separate category and does not take into consideration minority women's intersecting identities or their socioeconomic status. Research shows the Black, Asian and Minority Ethnicities (BAME) community are the most vulnerable and excluded segment of society. This means they are at higher risk of period poverty, menstrual stigmatization, and underrepresentation in discussions regards to menstrual health issues.[82] In a report published in October 2019, Women for Refugee Women and Bloody Good Period revealed that asylum-seeking women in the UK are prevented from accessing vital period products.[83] Plan International UK's Menstrual Manifesto health calls for a number of measures namely: a commitment to listening to girls and other menstruators; a change in the conversation about periods to reduce stigma; real world

[81] UK Government, Guidance: Period product scheme for schools and colleges in England, available at <https://www.gov.uk/government/publications/period-products-in-schools-and-colleges/period-product-scheme-for-schools-and-colleges-in-england>

[82] Emma Shakir, How Effective Are Menstrual Campaigns in Reaching BAME Women? Available at <Https://Www.Wen.Org.Uk/2019/05/22/How-Effective-Are-Menstrual-Campaigns-In-Reaching-Bame-Women/#:~:Text=Research%20shows%20the%20bame%20community,Regards%20to%20menstrual%20health%20issues>

[83] Women for Refugee Women, "A Pad for Me, Or A Nappy for My Baby?: : Asylum-seeking women prevented from accessing period products," available at < https://www.refugeewomen.co.uk/period-poverty/>

education to enable all primary and secondary school pupils in the UK to learn about periods; bring an end to period poverty; encouraging companies to act as part of the solution; and investment in research through a cross-government working group set up on menstrual health management, focusing on research and pilot projects.[84]

UK's management of MHM reveals a limited but growing use of policy and legislation to counter poor MHM. There is increase in streamlining processes and increased interest from both the public and private sector in providing funding to support MHM initiatives. The stigmatization of menstruation remains an issue but increased interest and awareness raising will make it easier to tackle MHM.

3.1.3.2 Botswana

Rules: The Health sector in Botswana is regulated by the *Public Health Act*.[85] It is critical to note that the legislative framework in Botswana does not address MHM specifically. However, Botswana adopted a parliamentary motion for compulsory provision of sanitary pads at schools in 2017[86] which has not yet been progressed to legislation. The government also developed a national adolescent health strategy.[87] The Essential Health Strategic Plan addresses Sexual and Reproductive Health (SRH), Family Planning, Sexually Transmitted Infections and Adolescent SRH as one of the core components but does not reference MHM.[88] All cost-effective interventions in priority programmes as such as HIV and AIDS, Tuberculosis, reproductive and child health, accidents and emergency, and others shall be part of the essential health services package.[89] While the 1998 National Gender Programme Framework addresses women's health and issues such as GBV, it does not explicitly address MHM.[90]

[84] Rachel Crews, Our Menstrual Manifesto: how we change the conversation about periods in the UK, available at <https://plan-uk.org/blogs/our-menstrual-manifesto >
[85] Government of Botswana, Ministry of Health, Regulatory Services, available at <https://www.moh.gov.bw/regulatory.html>
[86] Gender links for equality and justice, SADC Gender Protocol 2018 Barometer # The Girl Child, available at <https://genderlinks.org.za/wp-content/uploads/2018/10/FS2-2018-GirlChild.pdf>
[87] UNAIDS, Survive, Thrive, Transform Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)
2018 monitoring report: current status and strategic priorities, available at <https://www.unaids.org/sites/default/files/media_asset/EWECGSMonitoringReport2018_en.pdf>
[88] Government of Botswana, Ministry of Health, Integrated Health Service Plan: A Strategy for Changing the Health Sector for Healthy Botswana 2010-2020, available at <https://www.moh.gov.bw/Publications/policies/Botswana%20IHSP%20Final%20HLSP.pdf>
[89] Government of Botswana, Ministry of Health, National Health Policy "Towards a Healthier Botswana" Ministry of Health, Gaborone December 2011
[90] WHO, Botswana, Rapid Assessment of Sexual and Reproductive Health and HIV Linkages, available at <https://www.who.int/reproductivehealth/topics/linkages/RASbotswana.pdf>

Information about MHM, as a part of puberty education, is included in National Health and School Health policies and strategies for in- and out-of-school youth with UNFPA support.[91] In 2017, the Botswana parliament adopted a motion for government to consider providing sanitary pads to all schools in Botswana in anticipation that government provision of sanitary pads to all schools would improve access to education in a country where many could not afford sanitary products like pads.[92] During the parliamentary debate, it was noted that the SADC Parliamentary Forum was slated to pass a similar motion.[93] Noteworthy, girls who have dropped out of school would not benefit from the policy.

From the policy level, the government rolled out a similar programme that catered for the provision of sanitary pads and toiletry to all needy students registered with the social and community development department.

In 2015, the UN Special Rapporteur on the human rights to Water and Sanitation had reported that there was a lack of adequate water, sanitation and hygiene facilities in both schools and health centres in Botswana. In particular, few accommodations had been made for women and girls by providing facilities to allow them to safely and hygienically manage their menstrual cycles.[94]The Special Rapporteur recommended that the government of Botswana, "improve access to water, sanitation and hygiene in schools, in particular install menstrual hygiene management systems in all schools, as well as in health centres."[95] In the follow up report in 2019, the Special Rapporteur noted the positive developments that funds have been allocated for the refurbishment, rehabilitation and development of the infrastructure of water and sanitation.[96] The Special Rapporteur urged the Government to continue with its efforts to increase water availability in schools, with the goal of ensuring every school in Botswana has

[91] Siri Tellier and Maria Hyttel, Menstrual Health Management in East and Southern Africa: a Review Paper, available at <https://esaro.unfpa.org/sites/default/files/pub-pdf/UNFPA%20Review%20Menstrual%20Health%20Management%20Final%2004%20June%202018.pdf>
[92] Courtenay Columbus, The Problem With Free Menstrual Pads, available at <https://www.npr.org/sections/goatsandsoda/2017/09/18/547108709/the-problem-with-free-menstrual-pads>
[93] Daily News, Parliament adopts motion on provision of sanitary pads to schools, available at <http://www.dailynews.gov.bw/news-details.php?nid=37536>
[94] UN OHCHR, Report of the Special Rapporteur on the human right to safe drinking water and sanitation on his mission to Botswana (A/HRC/33/49/Add.3, para. 52) available at <https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/33/49/Add.3>
[95] Ibid., para. 72.
[96] UN OHCHR, Follow-up on the visit of the Special Rapporteur to Botswana - Report of the Special Rapporteur on the human rights to safe drinking water and sanitation (A/HRC/42/47/ADD.5) available at <https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/42/47/Add.5>

access to a continuous supply of safe water. The Special Rapporteur further recommended that the Government ensure that all schools are provided with appropriate menstrual management facilities and that students and staff have access to adequate sanitation at all times.[97]

In response to the Special Rapporteur's follow-up questionnaire, the Government contended that most schools in the country had water infrastructure, including emergency reservoirs to ensure availability in droughts. It further stated that the majority of schools now have disposal facilities for sanitary products, either by way of storage bins or pit latrines. The Botswana Government accepted the recommendation to provide facilities to promote menstrual hygiene in all schools and health centres. Section 29 of the *Education Act* empowers the Minister to make regulations for compulsory attendance at schools in any area, and the manner in which compulsory attendance is to be ensured.[98] There is no evidence that such regulations have been made so it is clear that MHM does not feature expressly in the legislation.

The *Local Governments Act* empowers local councils established in each administrative district in Botswana to perform the functions it is required to perform and otherwise exercise its powers, including to make byelaws, so as to secure and promote the health, safety, well-being, good order, security and good governance of the area for which it has been established.[99]

Opportunity: The national strategic priorities of national health provide an opportunity for role occupants. There is a possibility to take advantage of relevant programmes given the discussions in public and private spheres to tackle poor MHM and the opportunities presented through government programmes and private projects. Botswana has a robust reproductive health programme which provides a possible avenue for interventions. Other initiatives exist such as the UNFPA-supported comprehensive sexuality education (CSE) programme for out-of-school young people. Through CSE sessions, boys and girls are empowered with knowledge that helps them make better choices regarding their sexual and reproductive health and they gain this knowledge in a youth-friendly space without any judgments being made, which

[97] Ibid.
[98] Education Act (Cap. 58:01) (Act No. 40 of 1966) Laws of Botswana, available at < https://botswanalaws.com/alphabetical-list-of-statutes/education >
[99] Section 44, Local Governments Act, Laws of Botswana, available at < https://botswanalaws.com/StatutesActpdf/2012Actpdf/LOCAL%20GOVERNMENT%20ACT,%2018%20OF%202012.pdf>

promotes openness.[100]

Development partners have provided support as evident in the UK's allocation of up to £2 million for small and medium charities working on period poverty in DFID priority countries, including Botswana.[101] The project builds on existing UK aid programmes that enable women and girls around the world to access sanitary products, facilities and knowledge about their periods, including through the Girls Education Challenge[102], Amplify Change[103] and DFID's water and sanitation, reproductive health and research programmes.[104] Other opportunities are presented through projects financed by UNICEF[105] and Plan International[106] among others.

Capacity: Spending on healthcare in Botswana is higher than in most countries in sub-Saharan Africa, and a large share of this is financed domestically.[107] Only Botswana was rated as having an agreed and consistently followed financing plan for hygiene of the countries in southern Africa.[108] Financial limitations arise from the imposition of import duties and value-added sales tax on menstrual hygiene products which lead to higher priced products for consumers. Duty rates for sanitary products are as high as 40% in Botswana and these taxes are passed down to consumers and disproportionately affect economically disadvantaged girls and women.[109]

Communication: It is not possible to gauge the nature of communication on prioritisation of

[100] UNFPA, We shouldn't be made to feel ashamed of menstruation, a normal and essential process, 11 September 2020, available at <https://prod.uruguay.unfpa.org/en/news/we-shouldnt-be-made-feel-ashamed-menstruation-normal-and-essential-process>

[101] They Work For You, Period Poverty: Women and Equalities – in the House of Commons on 11th March 2020 available at <https://www.theyworkforyou.com/debates/?id=2020-03-11b.258.1>

[102] UK government, Girls' Education Challenge, available at <https://www.gov.uk/international-development-funding/girls-education-challenge>

[103] Amplify Change, A fund to break the silence on SRHR, available at <https://amplifychange.org/>

[104] Independent Commission for Aid Impact, Assessing DFID's Results in Water, Sanitation and Hygiene An Impact Review
May 2016, available at < https://icai.independent.gov.uk/wp-content/uploads/ICAI-Impact-Review-Assessing-DFIDs-Results-in-Water-Sanitation-and-Hygiene-1.pdf>

[105] UNICEF, Water, Sanitation and Hygiene (WASH) Safe water, toilets and good hygiene keep children alive and healthy, available at <https://www.unicef.org/wash#:~:text=UNICEF's water, sanitation and hygiene (WASH) team works,water and over 11 million with basic toilets>

[106] Plan International, Menstruation, available at <https://plan-international.org/sexual-health/menstruation>

[107] USAID-PEPFAR, Health Policy Project/Botswana, Building capacity for improved health policy, advocacy, governance, and finance, available at <https://www.healthpolicyproject.com/ns/docs/CRS_Botswana.pdf>

[108] Wateraid, State of hygiene in Southern Africa, August 2018 Summary of key findings, available at <https://washmatters.wateraid.org/sites/g/files/jkxoof256/files/State%20of%20Hygiene%20in%20South%20Africa.pdf>

[109] FSG, An Opportunity to Address Menstrual Health and Gender Equity, available at <https://www.pseau.org/outils/ouvrages/fsg_an_opportunity_to_address_menstrual_health_and_gender_equity_2016.pdf>

MHM and the level of awareness of MHM in Botswana. The national health policy and essential packages plan do not explicitly mention menstrual health. It is therefore difficult to assess the effectiveness of communication around the rights and obligations of different role occupants.

Interest: The government, some members of parliament and the private sector have expressed interest and motivation to address poor MHM. This is evident in the passage of the parliamentary motion to provide free sanitary products to school-age women. The Government in response to the Special Rapporteur's queries acknowledged the importance of ensuring women and girls are able to access facilities for the management of menstruation in school, however no information has been provided regarding the improvement of menstrual hygiene facilities in health centres.[110] The private sector's intervention is evident through innovations made to provide low cost options of sanitary pad production. Jayashree Industries, a social enterprises entity leading in low cost production and marketing of sanitary products reported that it has received requests from several other countries, including Botswana for assistance in replicating the model.[111]

Process: While there is no evidence of an elaborate process for managing MHM, a scoping study by UNICEF revealed that Botswana has multiple agencies, including Ministries of Education, Water and Sanitation, Health, Gender and Public Infrastructure, all playing separate roles in promoting WASH facilities and infrastructure in schools across the country.[112] UNICEF reports that there is no data for Botswana on whether there are national policies, strategies or guidelines addressing MHM.[113]

Ideology: Within the community and society, negative cultural norms and attitudes to MHM were identified to reduce girls' attendance. Many girls in Botswana have their first period

[110] UN OHCHR, Forty-second session 9–27 September 2019 Agenda item 3 Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development, available at
<https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/42/29>

[111] Inclusive Innovations, Changing the Lives of Women and Girls through Affordable Feminine Hygiene Products, available at
<https://www.innovationpolicyplatform.org/www.innovationpolicyplatform.org/system/files/6_Health%20Female%20Hygiene%20Case_Jun21/index.pdf>

[112] UNICEF, Scoping Study of WASH in Schools Programming in Eastern and Southern Africa: A review of evidence, bottlenecks and opportunities to meeting Sustainable Development Goal (SDG) targets, p.17 available at <https://www.unicef.org/esa/media/4356/file/UNICEF-Wash-in-Schools-Scoping-Report.pdf>

[113] Ibid. p.20

before their parents talk to them about it because periods have long been associated with shame, secrecy and misinformation, largely due to the prevailing conservative cultural attitudes.[114] This means that many of them skip school when menstruating as they are unable to manage their periods.[115] The ideology of government on poor MHM is not as clear as what has been projected on reproductive health or health in general.

Botswana's management of MHM reveals a limited use of policy and legislation and no evident process to address health and does not explicitly address poor MHM and how this may affect access to education and health by menstruators. There is increased interest from both the public and private sector as well as the international and development community in promoting accountability and providing funding to support MHM initiatives. The stigmatization of menstruation remains an issue, but it is expected that increased interest and awareness raising including through the parliamentary initiatives will make it easier to tackle MHM.

3.1.3.3 Seychelles

Rules: The legislative framework in Seychelles, the national health policy and the national reproductive health policy do not address MHM specifically.[116]MHM is not listed among the health care services and in the Seychelles Charter for Health.[117] Seychelles' Sexual Reproductive Health Policy is integral to the country's National Gender Policy that is aligned to the SADC Gender Protocol. Article 28 of the SADC Gender protocol[118] relates to health-provision of hygiene and sanitary facilities [119] but does not refer to MHM. During the drafting of the first ever National Gender Policy, the Seychelles Gender Secretariat ensured that there was harmony between the objectives of the Gender policy and the 2011 National Sexual and Reproductive Policy.[120]

---

[114] UNFPA Botswana: We Shouldn't Be Made to Feel Ashamed of Menstruation, a Normal and Essential Process, available at <https://botswana.unfpa.org/en/news/we-shouldnt-be-made-feel-ashamed-menstruation-normal-and-essential-process >

[115] Ibid.

[116] Government of Seychelles, Seychelles National Health Policy, available at <http://www.health.gov.sc/wp-content/uploads/National-Health-Policy_final-26062015.pdf>

[117] Government of Seychelles, Reproductive Health Policy for Seychelles, available at <http://www.health.gov.sc/wp-content/uploads/REPRODUCTIVE-HEALTH-POLICY-2012-last-version.pdf>

[118] SADC Protocol on Gender and Development, available <https://www.sadc.int/files/8713/5292/8364/Protocol_on_Gender_and_Development_2008.pdf>

[119] Trade Law Centre, Agreement amending SADC Protocol on Gender and Development, available at <https://www.tralac.org/documents/resources/sadc/1187-agreement-amending-the-sadc-protocol-on-gender-and-development-31-august-2016/file.html>

[120]Gender links for equality and justice, Seychelles Sexual Reproductive Health Policy, Date: October 23, 2012, available at <https://genderlinks.org.za/programme-web-menu/seychelles-sexual-reproductive-health-policy-2012-10-23/>

Section 57 of the *Education Act* imposes an obligation on parents to ensure regular school attendance.[121] A student may be excused from school attendance if — (i) the student is excluded from attendance under any law; (ii) the student is unable to attend school because of illness or danger of infection; or (iii) there are compelling family reasons.[122] Poor MHM is not likely to qualify as a reason for exemption. According to the arrangement of sections, Section 37 of the Act covers health and sanitation but the detail relates to how the Minister responsible for education may, on the advice of the Minister responsible for Health, order the closure of any private school or educational institution or classroom thereof or the exclusion of certain pupils for a specified time with a view to preventing the spread of disease or any danger to health. The Act does not impose obligations on the government or local authorities to facilitate this attendance school attendance. However, Section 5 of the *Local Governments Act* obligates district councils to ensure the delivery of community services in the district in collaboration with concerned Ministries, departments and other agencies which places the local authorities on the list of role occupants.[123] Health legislation focuses on public health, tobacco and food regulation and others and not on MHM.[124]

Opportunity: Seychelles has extensive access to water, while other countries struggle[125] and a robust reproductive health programme which could be used to stimulate discussions on possible interventions in the public and private spheres to tackle poor MHM. The work of Soroptimist International on period poverty could provide a launch pad for such discussions.

Capacity: Seychelles has a robust reproductive health programme as well as a viable health sector. The country has a pluralistic health care system, with different public and private providers and financing agents and the major health care provider is the Government (Ministry of Health). The health service is well financed by the government of Seychelles, external sources (donors and development partners) parastatals and the private sector (households and

[121] Seychelles Legal Information Inc, Education Act of the Laws of Seychelles, Act. 13 of 2004, available at < https://seylii.org/sc/legislation/act/2005/13>
[122] Ibid. Section 58, Education Act of the Laws of Seychelles
[123] Seychelles Legal Information Inc, Local Governments Act, Act 7/2015 Laws of Seychelles, https://seylii.org/sc/legislation/act/2015/7
[124] Government of Seychelles-Ministry of Health, Health Laws, available at <http://www.health.gov.sc/index.php/health-care-laws/>
[125]Gender links for equality and justice, supra, note 89.

NGOs), the equivalent to 3.3 percent of GDP or Seychelles Rupees 4, 048 (US$297).[126] With a high literacy rate, public awareness and education campaigns would not be difficult to achieve. The reclassification of sanitary products as essential goods that are exempt from taxes should make them more affordable to users in Seychelles.[127]

Communication: It is not possible to establish through analysis of available data on the effectiveness of communication around MHM in Seychelles. Soroptimist International communicates via social media but does not appear to have as many followers.

Interest: The information that is available does not provide a clear picture on the level of interest in MHM at national level. The only available information is that provided by Soroptimist International. UNICEF's global report on water, sanitation and hygiene in health facilities for the year 2020 does not reflect any data on Seychelles.[128]

Process: Seychelles boasts of a basic supply-side funded, publicly owned and operated, and integrated health system which can produce excellent health outcomes in a cost-effective and sustainable way. This is attributed to high political commitment, strong voice and a downward accountability culture, strong public health functions, and an impressive investment in primary health care.[129] The parliamentary process is ongoing. It should be noted that the Committee on HIV/AIDS and Sexual Reproductive Health SRHR of the 6th Assembly convened for the first time as a Committee in February 2017 to meet the requirements of the Southern African Development Community Parliamentary Forum vis-a vis the battle against HIV/AIDS and issues of SRHR.[130] These laudable developments meet critical health needs but do not address MHM.

---

[126] World Bank, Republic of Seychelles, Ministry of Health, Seychelles First National Health Accounts 2009, June 2011, available at <http://documents1.worldbank.org/curated/en/294081468194636866/pdf/707820ESW0P1150lles0nha0report02009.pdf>

[127] Soroptimist International Club of Victoria, supra, note 57.

[128] UNICEF, Global Progress Report on Wash in Health Care Facilities, available at < <https://www.unicef.org/media/89201/file/Water-sanitation-and-hygiene-in-health-care-facilities-fundamentals-first-2020.pdf>>

[129] Netsanet Walelign Workie, Emelyn Shroff, Abdo S. Yazbeck, Son Nam Nguyen &Humphrey Karamagi, Who Needs Big Health Sector Reforms Anyway? Seychelles' Road to UHC Provides Lessons for Sub-Saharan Africa and Island Nations ORCID Icon Pages 362-371, Published online: 06 Nov 2018, available at <https://doi.org/10.1080/23288604.2018.1513265>

[130] National Assembly of Seychelles, Progress Report SRHR, HIV/Aids and Governance: a SADC - PF project funded by the Swedish government September 2016 - September, 2017, available at <https://www.nationalassembly.sc/sites/default/files/2020-10/HIV%20AIDS%20%20SRHR%20Committee%20report%202017.pdf>

Ideology: It is not clear what the government's ideology towards MHM is. Multidimensional Poverty Index Report 2019 Seychelles does not mention period poverty or access to MHM as a measure of the incidence or indicator of multidimensional poverty or deficiency in the examination of poverty indices.[131] Seychelles has undergone a swift transition from merely looking at poverty from a monetary perspective, to taking up a Multidimensional Poverty Measurement approach. Through this approach, the connection between statistics and measured outcomes are undeniable, evidenced through infinite volumes of readily available documentation. It remains to be seen if MHM will be included. Information on the cultural norms and taboos associated with MHM is not available.

Overall, the policy and legislative framework in Seychelles does not specifically address MHM. Whilst there is interest in, capacity including adequate funding, and opportunity to address poor MHM, there is no explicit ideology that prioritises MHM nor obvious process through which interventions to alleviate MHM can be advanced.

Having completed the explanatory analysis of the environment in the three countries, the next steps would involve development of solutions.

3.1.4 Developing solutions

In Step Three, one moves to develop a solution, based on the explanations in step Two. The solution must be legitimate and should be effective in changing the role occupants' behaviours. Considering the behaviours identified above and given the need to ensure that there is a clear obligation on the roles of key role occupants, the solution will consist of the development of a binding regulatory framework, that is supported by policy frameworks and well-adjusted institutions. The recommendation to adopt a binding regulatory framework in the form of rules and regulations to address poor MHM in the UK, Botswana and Seychelles is premised in the recognition that the law making process is transparent, inclusive and participatory which allows stakeholders to have a say in MHM. Role occupants would have the benefit of participating in a process through which the creation of an enabling policy and legislative environment for MHH produces and sustains social transformation, influencing policymakers, political and

[131] Government of Seychelles, supra, note 56.

social leaders.[132]

Governments and development partners would have to consider the inclusion of hygiene and MHM as part of national policy; enact national legislation explicitly recognising the human rights to water and sanitation and fully incorporating the normative content of the human rights to water and sanitation in the national policy and legislative discourse.[133] Laws supported by a stronger political will and embraced by a country's legislative institutions are more likely to be enforced as a priority and, in turn, result in stronger compliance.

Following the adoption and implementation of policy and legislation to address poor MHM, the fourth and last step in the ILTAM process involves monitoring and evaluation.

3.1.5 Monitoring and evaluation

In Step Four, ILTAM requires monitoring and evaluation to check and respond to results of the implementation of the law. The proposed solutions when implemented will have to be monitored regularly and reviewed to ensure that the legislation is fit for purpose and whether and when adjustments need to be made. Regulatory impact assessment is also required at different time intervals. To make sure that the law remains a living organism, the legal framework for MHM should include provisions that provide for monitoring and evaluation of its effects.[134]

Following the application of ILTAM and establishing poor MHM as a social problem, this paper now applies the general theory of law and development to poor MHM as a societal problem.

3.2 The general theory of law and development and poor MHM

The general theory of law and development systematically explains the interrelationship between law and development, sets the disciplinary parameters and explains the causal relationship between law and development through regulatory impact mechanisms, the

[132] UNICEF, Supra, note 35, p.35
[133] WaterLex and WASH United, The Human Rights to Water and Sanitation in Courts Worldwide: A Selection of National, Regional and International Case Law, available at <https://hrbaportal.undg.org/wp-content/files/Human-rights-to-water-and-sanitation-in-courts_WEB_2015.pdf>
[134] Cynthia. M. Barr, supra, note 38, p.14

mechanisms by which law impacts development, with references made to institutional frameworks and socioeconomic conditions.[135]

3.2.1 Poor MHM as a barrier to sustainable development

Applying the general theory of law and development to poor MHM would require first, qualifying the elimination of poor MHM and promotion of MHM as components of sustainable development and secondly, explaining the causal relationship between law and poor MHM as a development challenge which should be addressed through "the regulatory impact mechanisms," that is, the mechanisms by which law impacts development, with references made to institutional frameworks and adaptability of the law to socioeconomic conditions.

MHM and MHH are slowly but increasingly considered significant components of reproductive health.[136] Previously, despite its importance, global health practitioners have often overlooked the value of menstruation and therefore, girls and women do not receive appropriate education about their menstrual cycle and fertility, contributing to a lack of confidence and ownership of their own bodies, which are essential elements to make informed decisions throughout their sexual and reproductive health journeys.[137] This paradigm shift places MHM squarely within sexual and reproductive health, and MHM moves closer to the forefront of sustainable development as seen above. However, the strong but currently under-recognized relationship between menstrual health and the main monitoring framework of progress in global development in the years 2015–2030, the SDGs remains an impediment.[138] Hygiene is mentioned under SDG 6[139] in target 6.2. Menstrual Hygiene is – as said before – not explicitly mentioned, but both target 6.2 (access to sanitation and hygiene for all with special attention to the needs of women and girls) and target 4a (building and upgrading education facilities that are gender sensitive), provide clear opportunities to make MHM part

[135] Y. S. Lee, Cornell International Law Journal Vol. 50 pp 417-418, available at <https://www.lawschool.cornell.edu/research/ILJ/upload/Lee-final.pdf>

[136] Crankshaw, T.L., Strauss, M. & Gumede, B. Menstrual health management and schooling experience amongst female learners in Gauteng, South Africa: a mixed method study. Reprod Health 17, 48 (2020), available at <https://doi.org/10.1186/s12978-020-0896-1>

[137] Maria Carmen Punzi, Menstrual Health Focal point at PSI-Europe and Odette Hekster, Deputy Managing Director at PSI-Europe., Technical brief for the Integration of Menstrual Health in SRHR, available at <https://www.psi.org/wp-content/uploads/2019/06/PSI_MHSRH_TechnicalBrief_English-1.pdf>

[138] Loughnan L., Mahon T., Goddard S., Bain R., Sommer M. (2020) Monitoring Menstrual Health in the Sustainable Development Goals. In: Bobel C., Winkler I., Fahs B., Hasson K., Kissling E., Roberts TA. (eds) The Palgrave Handbook of Critical Menstruation Studies. Palgrave Macmillan, Singapore, available at <https://doi.org/10.1007/978-981-15-0614-7_44, https://link.springer.com/chapter/10.1007/978-981-15-0614-7_44>

[139] Availability and sustainable management of water and sanitation for all.

of the agenda.[140] Within other targets, including the SRHR-related ones SDG 3 and SDG 5, the link to MHM is even more implicit – but nevertheless there. Improved Menstrual Hygiene will, for example, result in less girls dropping out of school, which in turn will contribute to a reduction in early and forced marriage (target 5.3).[141] The co-relation between MHM and education is relevant because a growing body of evidence shows that girls' inability to manage their menstrual hygiene in schools, results in school absenteeism, which in turn, has severe economic costs on their lives and on the country.[142] It is therefore not questionable that MHM has implications on sustainable development and the ability of countries to meet their targets under Agenda 2030.

Having already established that MHM is not widely regulated by law, it is important to delve into the role of the state in addressing poor MHM as a development challenge and how the law can be used to promote better MHM.

3.2.2 The role of the state in regulating MHM

State obligations in support of sustainable development include policy development, law making budgetary oversight, accountability and diplomatic representation at international and other forums. In promoting MHM and eradicating period poverty using the law and legal frameworks, the state would have to address the following questions: Would eradicating period poverty depend on regulatory mechanisms? Does it require policy only, without a law and enforcement mechanism? Have other countries applied the law or policy to eradicate period poverty or poor MHM successfully?

The UN OHCHR has recommended that states be the subject of obligations for the right to development and highlighted the need for states to move from the moral obligations in soft law (e.g., charitable donations), the contractual obligations in private law, the institutional obligations and mandatory obligations in public law, the interventional obligations and the relief obligations in social law to legal obligations to provide a conducive environment for human rights to thrive within national development.[143]

---

[140] Simavi, Menstrual Hygiene and the SDGs, available at <https://simavi.org/duo-interview/menstrual-hygiene-sustainable-devt-goals/>

[141] Ibid.

[142] World Bank, Menstrual Hygiene Management Enables Women and Girls to Reach Their Full Potential, available at <https://www.worldbank.org/en/news/feature/2018/05/25/menstrual-hygiene-management>

[143] United Nations Office of the High Commissioner of Human Rights, The Recommendation for the 18th session of UN Working Group on the Right to Development: Eradicating Poverty and the Role of the Right to Development, p.2 available at

In 2015, at the UN General Assembly 70th session, states undertook to meet targets of the SDG Agenda and this will be manifested through multistakeholder approaches that support fulfilment of the national pathways selected for attainment of the SDGs. At the follow-up High Level Political Forum on sustainable development, the main United Nations platform on sustainable development, countries have continued to conduct regular and inclusive country-led and country-driven reviews of progress at the national and sub-national levels.[144] Few governments, corporations, or NGOs consider menstrual health a systemic problem, and therefore, they are missing the opportunity to address the problems sustainably and at scale.[145] Rigorous evaluations of menstrual health programming to understand what works and is replicable at scale have been limited.[146]

State actors in the UK, Botswana and Seychelles will be expected to marshall the relevant multiple actors or role occupants, private and public, acting in different ways and often influencing each other to support MHM and address period poverty. The analysis above of the handling of MHM in the three select countries using ILTAM has shown how the state has executed its role in terms of providing an enabling legal, policy, institutional and operational environment and what remains outstanding.

Having established the role of the state in MHM, this part focuses on analysis of regulatory impact mechanisms.

3.2.3 Regulatory design of interventions to address poor MHM

An assessment of the design of interventions aimed at addressing poor MHM will include analysis of how optimally a law is designed to achieve its regulatory objective. Period poverty or poor MHM is not fully regulated by law in the three countries yet (with the exception of Scotland in the United Kingdom) so this assessment will be done hypothetically for the greater part of the UK (England, Wales and Northern Ireland) and for Botswana and Seychelles.

<https://www.ohchr.org/Documents/Issues/Development/Session18/XigenWang.pdf#:~:text=Actually, the poverty eradication should be guided by,to development on poverty reduction should be highlighted>
[144] UN Sustainable Development Knowledge Platform, High Level Political Platform, available at <https://sustainabledevelopment.un.org/vnrs/>
[145] Alexandra Geertz, Three Levers to Address Global Menstrual Health Challenges, available at < https://www.fsg.org/blog/three-levers-address-global-menstrual-health-challenges>
[146] FSG, supra note 112, p.3 >

An optimal regulatory design would require the following: fitness of purpose of the measure to address the problem; a proper drafting scheme that elaborates the roles, obligations, a chain of command, adequate funding and review mechanisms; and localization and adaptation of solutions to socio-economic conditions. The regulatory design of interventions to address poor MHM commences with an assessment of the anticipated policy outcomes.

3.2.4 Anticipated Policy Outcome

The anticipated policy outcome should be the change of behaviours that hamper role occupants from fulfilling their obligations as expected in successful MHM and eradicate period poverty or strengthen MHM by easing the burden of poor MHM on menstruators. This will entail making sanitary products affordable, accessible and menstrual waste management sustainable. Using the regulatory impact assessment (RIA) model, well thought out and evidence-based options will be designed, and chances of unintended consequences eliminated since period poverty is a complex issue and its causes are not restricted to poverty (cultural limitations, taboos, access).

Issues that need to be addressed include whether increased funding, reduced taxation, increased access to sanitary products will reduce period poverty and whether taboos and harmful traditional practices will be eliminated. A regulatory impact assessment will help inform the design of the most suitable policy outcome.

The assessment of how the state has handled in MHM in the three countries, seen in section 3.1 above has shown variations in policy approaches to handling poor MHM. The state in the UK has applied a multi-pronged approach that involves increased access of sanitary products through local authorities, health and education service providers and collaborative partnerships with the private sector and corporations. In the case of Botswana, the legislative arm of government has provided leadership in prioritizing MHM for school-going women and girls. In Seychelles, the government has sought to reduce the financial burden of MHM by reclassification of sanitary products. It is therefore clear that there is no single approach to MHM but that the state is a key role occupant in driving policy outcomes.

Further to this, it is important to assess the organisation of the legal frameworks and the institutions that are tasked with promoting good MHM. The next part therefore examines the

organisation of law, legal frameworks and institutions and how these can be used to eliminate poor MHM as a development problem.

3.2.5 Organisation of Law, Legal Frameworks, and Institutions

The state of readiness of the law, legal frameworks and institutions (LFIs) makes up the second sub-element of the regulatory design compounded by the general theory. As illustrated in section 3.1 above, which examines rules, policy and capacity to deal with poor MHM, among others, LFIs and how they are organised to fulfil their respective objectives and mandates will inform of their viability to address poor MHM. In order to conduct the analysis of LFIs, the general theory deploys the Analytical Law and Development Model" (ADM). The ADM by conducting comparative analysis of the LFIs can examine whether the legal frameworks and institutions are fit for purpose, with the adequate management structures, chain of command, adequate funding mechanisms, etc. The ADM is even more useful given the systemic and crosscutting nature of MHM and the involvement of multiple mandate and stakeholders. The information required to conduct a full ADM for the three countries is not readily available given the limited use of LFIs to address poor MHM as revealed above. It is however beneficial to conduct a limited and generic assessment of how the three countries would fare if the ADM was to be applied.

The question here is whether the LFIs in the three countries are suitable and effective in imposing obligations and implementing the provisions of the legal frameworks. A law on poor MHM should impose obligations on identified role occupants and impose sanctions should there be failure to meet obligations. It streamlines the process of administrative rule making, and how and where in the legislation government discretion should be lodged and provides an institutional framework within which the law is resourced (financed), implemented and monitored for effectiveness. Ease of implementation, amendment and reform of legislation and policy frameworks are some of the factors to consider when making recommendations for the enactment of LFIs for the eradication of poor MHM.

An optimal regulatory design, which increases synergies among LFIs and their overall effectiveness, will strengthen regulatory impact on MHM and on sustainable development.[147]

[147] Y. S. Lee, supra note 138, p.442.

The analysis above that applied ILTAM revealed that the responsiveness of LFIs to poor MHM in the three select countries varies from country to country. Of the three select countries, only parts of the UK (namely Scotland) have explicitly legislated on MHM and imposed legal obligations on role occupants. The policies have recommended measures for schools, the NHS, local councils, ministries, departments and agencies to promote MHM. There is increasingly cumulative progress in enhancing the adequacy of LFIs in promoting access to education and health facilities by menstruators in the UK. The LFIs in Botswana and Seychelles are geared more towards the provision of health and are very limited in the explicitly addressing MHM, even as a component of reproductive health or SRHR.

Following assessment of the LFIs, it is important to examine the adaptability of proposed interventions to the prevailing socioeconomic conditions.

3.2.6 Adaptability to Socioeconomic Conditions

This step examines conformity to the socioeconomic conditions (a range of social, political, economic, and cultural conditions that are essential to the successful operation of law, including social or religious norms that may or may not support the law)[148]of the geopolitical space whether it is the UK, Seychelles or Botswana. Law may not be effective if it does not conform to the socioeconomic conditions in the respective country, and law's adaptability to socioeconomic conditions is the third sub-element that determines the effectiveness of regulatory design. The information garnered through the application of ILTAM in section 3.1 above, to an extent provides context for the socioeconomic conditions, especially as it provides explanations for the behavior of role occupants. The socioeconomic conditions relevant to MHM in the UK differ from those in Botswana and Seychelles which will affect the choice of interventions.

Regulatory compliance in the context of law and development does not mean only the absence of rule violations, but also the knowledge of law and participation in the processes mandated by law. The regulatory impact assessment would examine the behaviour of the general public and role occupants in response to and in compliance with the provisions of the law that the state and its agencies implement through legislation, judicial decisions, and administrative actions.

[148] Y. S. Lee, supra note 138, p.444.

A regulatory design that supports MHM requires knowledge of the law; availability of implementation agencies; a culture of compliance, a culture of the rule of law, and for the UK, Botswana and Seychelles, as Commonwealth member countries, the rule of law is one of the core principles affirmed in the Commonwealth Charter.[149] Enforcement also requires considerable resources and capacity on the part of the state, such as efficient monitoring, policing, and the appropriate execution of penalties, which can be an issue for developing countries that lack sufficient personnel, financial resources, and technical expertise and some high income countries which have not prioritized MHM in resource allocation at national and local levels of government. Successful implementation of MHM policies and legislation and regulatory compliance will depend on behavioural change on the part of the role occupants, which will include provision of adequate budgetary support and streamlining processes that ensure that MHM is a priority within the national health and education policies of the select countries.

3.2.7 Regulatory Compliance -for a law on MHM

The quality of implementation, which includes regulatory enforcement, is the third and final element of the regulatory impact mechanisms. Specific regulatory compliance is associated with the resource constraints that inevitably compel governments to prioritize which policies to implement and laws to enforce. Implementation refers to the act of a state meeting the requirements of law and undertaking mandates under the terms of law to fulfill its objectives. This would involve mandate fulfilment, assessment of capacity (human, financial resources and institutional framework); state capacity (enough financial, technological, and administrative resources to implement all the laws and policy effectively; awareness/knowledge of law by role occupants); political will to deliver-provide oversight, budget, legal framework, policy review); addressing harmful traditional practices where they exist; and certainty in application of the law.

Faced with competing priorities in terms of national development, MHM has not received the attention it deserves from state actors. Additionally, the failure to address poor MHM as a systemic challenge and barrier to access to education and other services also remains a shortcoming in the quest of the governments in the three countries to enforce compulsory

[149] Commonwealth Secretariat, Charter of the Commonwealth, available at <https://thecommonwealth.org/about-us/charter>

attendance of school. That said, it is too soon to gauge how well Scotland will ensure compliance by the role occupants mandated under the *Period Products (Free Provision) (Scotland) Act*.

3. 2.8 Quality of implementation of MHM legislation

The third and final element of the mechanisms is quality of implementation which assesses the degree to which a state meets the requirements of law and undertakes the mandates under the latter to fulfill its objectives.[150] Section 3.1 above reveals how the three select countries have implemented MHM related laws and policies through legislation, in the case of Scotland of the UK and through legislative actions and administrative actions, with the establishment of the Tampon Tax Fund in the UK, categorization of sanitary products as essential goods in Seychelles and passing of a parliamentary motion to provide sanitary products to school-goers in Botswana. The general theory identifies two outstanding factors, state capacity and political will that determine the quality of implementation. The capacity and political will (interest and ideology) of the three countries to promote MHM have been assessed in detail in section 3.1 above.

The effectiveness of the law and policy measures on MHM, especially to the extent that it affects access to education and health, should be measured in terms of how well role occupants monitor its application in schools, homes and health facilities, and impose sanctions or remedial measures for violations or lapses.

4 Regulating MHM through the law in the UK, Botswana and Seychelles

The above assessment of MHM through ILTAM and the general theory of law and development has revealed critical aspects of addressing poor MHM or period poverty in the three countries. Assessment of poor MHM as a social problem in the three select countries has revealed that poor MHM is a problem in high income countries as in LMICs and affects menstruators' access to education and health in the select countries.

Except for Scotland, the law in UK, Botswana and Seychelles does not specifically address MHM, neither does health or education legislation. There has been a glaring failure to reduce

[150] Y.S. Lee, supra, note 138, p.450

MHM provisions where they exist into law in all countries except in the UK, where Scotland enacted legislation that makes it a legal obligation for the free provision of sanitary products by public entities. In all the three countries, the legislative agenda is limited when it comes to addressing MHM as a systemic challenge. Inadequacy of the policy and legal regimes still poses a significant challenge that hampers behavioural change and limits the state and other role occupants' accountability.

Lastly, there is a limited evidence base in each of the three countries supported by a large amount of scientific and objective research into poor MHM and how it is a barrier to education and health as well as other aspects of sustainable development that are critical to the attainment of the SDGs by 2030. Lack of interest, including from the policy research community and political commitment to promote MHM as a relevant component of sustainable development remains a significant challenge.

The above assessment is a snapshot of how poor MHM hampers sustainable development in high income countries by acting as a barrier to access to education and health and how the law is a powerful tool that can be used by multistakeholders to address poor MHM or period poverty worldwide.

5 Recommendations and Conclusions

Poor MHM remains a significant social problem worldwide and with potential economic impacts in all countries. The evidence base required to ensure that policy options for MHM are informed is wanting. For the challenge of poor MHM to be addressed, countries will have to create compulsory intervention obligations. There is need to build an evidence base and generate more and higher-quality evidence on the impact of MHH on girls' lives, and the effectiveness of MHH interventions.[151] Given the shortage of information on period poverty globally, the expected sensitivities around the topic, and the lack of standardised tools and methods,[152] evidence is predominantly provided from qualitative, participatory, and descriptive methods.[153] There is clearly a need for more research in this area as it is difficult from the

[151] UNICEF, supra, note 35.

[152] Phillips-Howard PA, Nyothach E, ter Kuile FO, et al. Menstrual cups and sanitary pads to reduce school attrition, and sexually transmitted and reproductive tract infections: a cluster randomised controlled feasibility study in rural Western Kenya. BMJ Open 2016;6:e013229. doi:10.1136/bmjopen-2016- 013229, 2016, Menstrual cups and sanitary pads to reduce school attrition, and sexually transmitted and reproductive tract infections: a cluster randomized controlled feasibility study in rural Western Kenya, available at <https://bmjopen.bmj.com/content/bmjopen/6/11/e013229.full.pdf>

[153] Hennegan J, Montgomery P (2016) Do Menstrual Hygiene Management Interventions Improve Education and Psychosocial Outcomes for Women and Girls in Low and Middle Income Countries? A Systematic Review. PLoS ONE 11(2): e0146985 available at <https://doi.org/10.1371/journal.pone.0146985>

qualitative studies to determine the extent to which period poverty impacts any of these outcomes or economic empowerment, or how influential period poverty contrasts with other challenges facing women and girls in the contexts studied.[154]

Additionally, there should be documentation of laws on MHM to allow countries to learn lessons from what other countries have done, including best practices to facilitate affordability and access to sanitary products. Countries will have to assess whether MHM is or should be a significant component of reproductive health and how to prioritise MHM during policymaking and budgeting for health and education. The relevance of the law in creating binding obligations and providing parameters for all role occupants will have to be considered seriously to ensure that the role occupants are better placed to manage MHM. Countries will have to examine how to use the law to impose obligations upon the role occupants to cause behaviour change as envisaged through ILTAM and the Law and Development theory. Countries will also have to focus on the creation and implementation of a progressive and gender-inclusive enabling policy and legislative environment for MHH that produces and sustains social transformation and influences policymakers, political and social leaders to mainstream MHM in the education, health and other sectors.[155] With a more robust legal regime that creates obligations for role occupants and promotes accountability, it is anticipated that high income countries will be better placed to foster MHM that leaves no one behind as envisaged in Agenda 2030.

REFERENCES

A. Seidman & R.B. Seidman, 'ILTAM: Drafting Evidence-Based Legislation for Democratic Social Change', available at <www.bu.edu/law/journals-archive/bulr/volume89n2/documents/seidman_000.pdf > (accessed date).

Aïdara, R. (2016). Poor Access to WASH: a barrier for women in the workplace. Social Protection and Human Rights. 16 November 2016. available at < http://socialprotection-humanrights.org/expertcom/poor-access-wash-barrier-women-workplace/>

[154] UK government, Period Poverty Impact on the Economic Empowerment of Women, available at <https://www.gov.uk/research-for-development-outputs/period-poverty-impact-on-the-economic-empowerment-of-women>
[155] UNICEF, supra, note 35, p.35

Aïdara, R. (2016). Poor Access to WASH: a barrier for women in the workplace. Social Protection and Human Rights. 16 November 2016 available at <. http://socialprotection-humanrights.org/expertcom/poor-access-wash-barrier-women-workplace/ >

Alexandra Geertz, Three Levers to Address Global Menstrual Health Challenges, available at < https://www.fsg.org/blog/three-levers-address-global-menstrual-health-challenges>

Amplify Change, A fund to break the silence on SRHR, available at <https://amplifychange.org/>

Amy Jones, Tampon tax abolished as Brexit allows Treasury to scrap VAT on sanitary products available at <https://www.telegraph.co.uk/news/2021/01/01/tampon-tax-abolished-brexit-allows-treasury-scrap-vat-sanitary/>

Amy Lieberman, Menstrual health, while excluded from SDGs, gains spotlight at UN political forum, 23 July 2018, https://www.devex.com/news/menstrual-health-while-excluded-from-sdgs-gains-spotlight-at-un-political-forum-93137

Ann Seidman and Robert B. Seidman, Instrumentalism 2.0: Legislative Drafting for Democratic Social Change, 5 Legisprudence (2011)

Ann Seidman, Robert B. Seidman, Nalin Abeyesekere, Legislative Drafting for Democratic Social Change, Kluwer Law International B.V., 2001Seidman et al, 2000.

Ashley Rapp and Sidonie Kilpatrick, Changing the Cycle: Period Poverty as a Public Health Crisis, available at <https://sph.umich.edu/pursuit/2020posts/period-poverty.html>

Asonele Kotu, Period Poverty: Everything You Need to Know, available at < https://www.youthlead.org/resources/period-poverty-everything-you-need-know>

Bodyform, What is period poverty? available at <https://www.bodyform.co.uk/our-world/period-poverty/#:~:text=In%20the%20UK%2C%201%20in,school%20because%20of%20this%20issue>

Bonolo Ramadi Dinokopila (2013). The Justiciability of Socio-Economic Rights in Botswana. Journal of African Law, 57(1), 108-125. doi:10.1017/S0021855312000174

Boosey, R., Prestwich, G., Deave, T., 2014. Menstrual hygiene management amongst schoolgirls in the Rukungiri district of Uganda and the impact on their education: a cross-sectional study, Pan African Medical Journal. Pan African Medical Journal 19(253):253 November 2014 DOI: 10.11604/pamj.2014.19.253.5313

Commonwealth Secretariat, Charter of the Commonwealth, available at <https://thecommonwealth.org/about-us/charter>

Council Regulation (EEC) No 2658/87Show https://www.legislation.gov.uk/eur/1987/2658/contents In Annex I to Regulation (EEC) No 2658/87, CN codes 9619 00 to 9619 00 90 in Chapter 96 of Section XX of Part Two, http://researchbriefings.files.parliament.uk/documents/SN01128/SN01128.pdf. Also see http://eulawanalysis.blogspot.com/2015/10/the-tampon-tax-uk-and-eu-standstill.html

Courtenay Columbus, The Problem With Free Menstrual Pads, available at Sanitary pads are expensive. And in some parts of the world, hard to come by. So why not give pads away for free? <https://www.npr.org/sections/goatsandsoda/2017/09/18/547108709/the-problem-with-free-menstrual-pads>

Crankshaw, T.L., Strauss, M. & Gumede, B. Menstrual health management and schooling experience amongst female learners in Gauteng, South Africa: a mixed method study. Reprod Health 17, 48 (2020), available at <https://doi.org/10.1186/s12978-020-0896-1>

Cynthia M. Barr, Clean Cookstoves for a Billion Cooks Designing Diverse Laws to Solve a Worldwide Problem, Colo. Nat. Resources, Energy & Envtl. L. Rev. Vol. 24:2 p.290, available at <https://www.colorado.edu/law/sites/default/files/Barr_6713.pdf>

Cynthia. M. Barr, supra, note 38, https://www.colorado.edu/law/sites/default/files/Barr_6713.pdf p.14

Daily News, Parliament adopts motion on provision of sanitary pads to schools, available at <http://www.dailynews.gov.bw/news-details.php?nid=37536>

Education Act (Cap. 58:01) (Act No. 40 of 1966) Laws of Botswana, available at < https://botswanalaws.com/alphabetical-list-of-statutes/education >.

Education Act 1944, UK Public General Acts1944 c. 31 https://www.legislation.gov.uk/ukpga/Geo6/7-8/31/part/II/crossheading/compulsory-attendance-at-primary-and-secondary-schools/enacted as amended Education Act 1996 UK Public General Acts1996 c. 5 available at <https://www.legislation.gov.uk/ukpga/1996/56/part/VI/chapter/II/crossheading/school-attendance-orders>

Elizabeth Bakibinga-Gaswaga, Implementing Agenda 2030 for Sustainable Development in Africa Is It Time to Shift the Paradigm on Law and Development? European Journal of Law Reform, available at <https://www.elevenjournals.com/tijdschrift/ejlr/2018/1/EJLR_1387-2370_2018_020_001_004>

Emma Shakir, How Effective Are Menstrual Campaigns in Reaching BAME Women? Available at <Https://Www.Wen.Org.Uk/2019/05/22/How-Effective-Are-Menstrual-Campaigns-In-Reaching-Bame-Women/#:~:Text=Research%20shows%20the%20bame%20community,Regards%20to%20menstrual%20health%20issues>

Francesca Bastagli et al, Would UCBs cover cost of sanitary products for underprivileged girls in Scotland, Wales and Northern Ireland? Is it time for universal child benefits? available at <https://www.odi.org/publications/16997-universal-child-benefits-policy-issues-and-options>

FSG, An Opportunity to Address Menstrual Health and Gender Equity, available at <https://www.pseau.org/outils/ouvrages/fsg_an_opportunity_to_address_menstrual_health_and_gender_equity_2016.pdf>

Full Fact, Period poverty: how widespread is it? available at < https://fullfact.org/health/period-poverty-how-widespread-it/>

Gender links for equality and justice, SADC Gender Protocol 2018 Barometer # The Girl Child, available at <https://genderlinks.org.za/wp-content/uploads/2018/10/FS2-2018-GirlChild.pdf>

Gender links for equality and justice, Seychelles Sexual Reproductive Health Policy, Date: October 23, 2012, available at <https://genderlinks.org.za/programme-web-menu/seychelles-sexual-reproductive-health-policy-2012-10-23/>

Gender links for equality and justice, supra, note 89. https://genderlinks.org.za/wp-content/uploads/2018/10/FS2-2018-GirlChild.pdf

Ginette Azcona, Antra Bhatt and Serge Kapto, The COVID-19 boomerang effect: New forecasts predict sharp increases in female poverty, available at <https://data.unwomen.org/features/covid-19-boomerang-effect-new-forecasts-predict-sharp-increases-female-poverty?mkt_tok=eyJpIjoiWTJWaVpEVm1aR1ZqTkRNNCIsInQiOiJcL1BCNjdvZ1dZV095YnZUVGJ1ejdLT3RWelA1ZW1jb0FQYW9pelJ5NVJTcDBiWW93NDFpZUYzaXhmUWtIWWU4Z1czUk94YytxYkNMWmxnUDMrem4zMDVzQldLMWJ1b1VqY0FHc1I5MzhEVXRQenUwTE5mNlN0M3orXC8wQVhVcXlGIn0%3D>

Global Citizen, Water & Sanitation: Period Poverty: Everything You Need to Know, available at <https://www.globalcitizen.org/en/content/period-poverty-everything-you-need-to-know/>

Government of Botswana, Ministry of Health, Integrated Health Service Plan: A Strategy for Changing the Health Sector for Healthy Botswana 2010-2020, available at <https://www.moh.gov.bw/Publications/policies/Botswana%20IHSP%20Final%20HLSP.pdf>

Government of Botswana, Ministry of Health, National Health Policy "Towards a Healthier Botswana" Ministry of Health, Gaborone December 2011

Government of Botswana, Ministry of Health, Regulatory Services, available at <https://www.moh.gov.bw/regulatory.html>

Government of Seychelles, Multidimensional Poverty Index Report 2019 Seychelles, available at < https://mppn.org/wp-content/uploads/2020/05/MPI-2019-Seychelles-Report_Final_May_2020.pdf>

Government of Seychelles, Reproductive Health Policy for Seychelles, available at <http://www.health.gov.sc/wp-content/uploads/REPRODUCTIVE-HEALTH-POLICY-2012-last-version.pdf>

Government of Seychelles, Seychelles National Health Policy, available at <http://www.health.gov.sc/wp-content/uploads/National-Health-Policy_final-26062015.pdf>

Government of Seychelles, supra, note 56. Multidimensional Poverty Index Report 2019 Seychelles, https://mppn.org/wp-content/uploads/2020/05/MPI-2019-Seychelles-Report_Final_May_2020.pdf

Government of Seychelles-Ministry of Health, Health Laws, available at <http://www.health.gov.sc/index.php/health-care-laws/>

Gwen Schemm, Top 10 facts about period poverty in the U.K., available at <https://borgenproject.org/top-10-facts-about-period-poverty-in-the-uk/>

Gynopaedia, Botswana, available at <https://gynopedia.org/Botswana>

Hennegan J, Montgomery P (2016) Do Menstrual Hygiene Management Interventions Improve Education and Psychosocial Outcomes for Women and Girls in Low and Middle Income Countries? A Systematic Review. PLoS ONE 11(2): e0146985 available at <. https://doi.org/10.1371/journal.pone.0146985>

Inclusive Innovations, Changing the Lives of Women and Girls through Affordable Feminine Hygiene Products, available at <https://www.innovationpolicyplatform.org/www.innovationpolicyplatform.org/system/files/6_Health%20Female%20Hygiene%20Case_Jun21/index.pdf>

Independent Commission for Aid Impact, Assessing DFID's Results in Water, Sanitation and Hygiene an Impact Review May 2016, available at < https://icai.independent.gov.uk/wp-content/uploads/ICAI-Impact-Review-Assessing-DFIDs-Results-in-Water-Sanitation-and-Hygiene-1.pdf>

Kerina Tull (2019), supra, note 15. Period poverty impact on the economic empowerment of women, University of Leeds Nuffield Centre for International Health and Development 23 January 2019, available at <https://assets.publishing.service.gov.uk/media/5c6e87b8ed915d4a32cf063a/period.pdf>

Kerina Tull, Period poverty impact on the economic empowerment of women, Knowledge, evidence and learning for development, available at <https://assets.publishing.service.gov.uk/media/5c6e87b8ed915d4a32cf063a/period.pdf>

Lee, Y.S., *General Theory of Law and Development*, 50 Cornell International Law Journal, no. 3 (2017), 417-418, available at <https://www.lawschool.cornell.edu/research/ILJ/upload/Lee-final.pdf>

Libby Brooks, Scotland becomes first nation to provide free period products for all, available at <https://www.theguardian.com/uk-news/2020/nov/24/scotland-becomes-first-nation-to-provide-free-period-products-for-all>

Local Governments Act, Laws of Botswana, available at < https://botswanalaws.com/StatutesActpdf/2012Actpdf/LOCAL%20GOVERNMENT%20ACT,%2018%20OF%202012.pdf>.

Loughnan L., Mahon T., Goddard S., Bain R., Sommer M. (2020) Monitoring Menstrual Health in the Sustainable Development Goals. In: Bobel C., Winkler I., Fahs B., Hasson K., Kissling E., Roberts TA. (eds) The Palgrave Handbook of Critical Menstruation Studies. Palgrave Macmillan, Singapore, available at. <https://doi.org/10.1007/978-981-15-0614-7_44, https://link.springer.com/chapter/10.1007/978-981-15-0614-7_44>

Maria Carmen Punzi, Menstrual Health Focal point at PSI-Europe and Odette Hekster, Deputy Managing Director at PSI-Europe., Technical brief for the Integration of Menstrual Health in SRHR, available at <https://www.psi.org/wp-content/uploads/2019/06/PSI_MHSRH_TechnicalBrief_English-1.pdf>

Maria Volkova, The Global Implications of Period Poverty and What You Can Do to Help, available at <https://www.bloodandmilk.com/the-global-implications-of-period-poverty-and-what-you-can-do-to-help/>

Mason, L., Nyothach, E., Alexander, K., Odhiambo, F.O., Eleveld, A., Vulule, J., Rheingans, R., Laserson, K.F., Mohammed, A., & Phillips-Howard, P.A. (2013). 'We keep it secret so no one should know'—a qualitative study to explore young schoolgirls attitudes and experiences with menstruation in rural Western Kenya. PLoS ONE, 8: e79132. DOI: 10.1371/journal.pone.0079132 available at <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0079132>

Matthew Saunders | Ben Barr | Phil McHale | Christoph Hamelmann, Key policies for addressing the social determinants of health and health inequities, Health Evidence Network Synthesis Report 52World Health Organisation, available at <https://www.euro.who.int/__data/assets/pdf_file/0009/345798/HEN52.pdf >

Mohamed, Y., Durrant, K., Huggett, C., Davis, J., Macintyre, A., Menu, S., Namba Wilson, J., Ramosaea, M., Sami, M., Barrington, D.J., McSkimming, D., & Natoli, L. (2018). A qualitative exploration of menstruation-related restrictive practices in Fiji, Solomon Islands and Papua New Guinea. PLoS ONE, 13(12): e0208224 available at <https://doi.org/10.1371/journal.pone.0208224>

National Assembly of Seychelles, Progress Report SRHR, HIV/Aids and Governance: a SADC - PF project funded by the Swedish government. Also see the National Assembly of Seychelles September 2016 - September 2017, available at <https://www.nationalassembly.sc/sites/default/files/2020-10/HIV%20AIDS%20%20SRHR%20Committee%20report%202017.pdf>

Naughton, Meleesa Hannah Marie; Pena Pereira Weiss, Lilian; Vargas-Ramirez, Miguel.2017, Providing sustainable sanitation services for all in WASH interventions through a menstrual hygiene management approach. Water Global Practice Washington, D.C.: World Bank Group, available at <http://documents.worldbank.org/curated/en/368761488446710301/Providing-sustainable-sanitation-services-for-all-in-WASH-interventions-through-a-menstrual-hygiene-management-approach>

Netsanet Walelign Workie, Emelyn Shroff, Abdo S. Yazbeck, Son Nam Nguyen &Humphrey Karamagi, Who Needs Big Health Sector Reforms Anyway? Seychelles' Road to UHC Provides Lessons for Sub-Saharan Africa and Island Nations ORCID Icon Pages 362-371, Published online: 06 Nov 2018, available at <https://doi.org/10.1080/23288604.2018.1513265>

Phillips-Howard PA, Nyothach E, ter Kuile FO, et al. Menstrual cups and sanitary pads to reduce school attrition, and sexually transmitted and reproductive tract infections: a cluster randomised controlled feasibility study in rural Western Kenya. BMJ Open 2016;6: e013229. doi:10.1136/bmjopen-2016- 013229, 2016, Menstrual cups and sanitary pads to reduce school attrition, and sexually transmitted and reproductive tract infections: a cluster randomized controlled feasibility study in rural Western Kenya, available at <https://bmjopen.bmj.com/content/bmjopen/6/11/e013229.full.pdf>

Plan International UK, Plan International UK's Research on Period Poverty and Stigma, available at < https://plan-uk.org/media-centre/plan-international-uks-research-on-period-poverty-and-stigma>

Plan International, Menstruation, available at <https://plan-international.org/sexual-health/menstruation>

Rachel Crews, Our Menstrual Manifesto: how we change the conversation about periods in the UK, available at <https://plan-uk.org/blogs/our-menstrual-manifesto >

Rashmi Verma, Menstrual hygiene in Africa: No pad or no way to dispose it: Women in sub-Saharan Africa still struggle to have a healthy and safe period, available at < https://www.downtoearth.org.in/news/waste/menstrual-hygiene-in-africa-no-pad-or-no-way-to-dispose-it-63788#:~:text=Period%20poverty%20is%20an%20overwhelming%20concept%20in%20sub%2DSaharan%20Africa.&text=Women%20in%20resource%2Dpoor%20parts,is%20worse%20for%20school%20girls>.

Royal College of Nursing, Debate: Period poverty, available at <https://www.rcn.org.uk/congress/what-happened-at-congress-2019/11-Period-poverty>

SADC, SADC Protocol on Gender and Development, available <https://www.sadc.int/files/8713/5292/8364/Protocol_on_Gender_and_Development_2008.pdf>

Seychelles Legal Information Inc, Education Act of the Laws of Seychelles, Act. 13 of 2004, available at < https://seylii.org/sc/legislation/act/2005/13>.

Seychelles Legal Information Inc, Local Governments Act, Act 7/2015 Laws of Seychelles, https://seylii.org/sc/legislation/act/2015/7

Simavi, Menstrual Hygiene and the SDGs, available at <https://simavi.org/duo-interview/menstrual-hygiene-sustainable-devt-goals/>Menstrual Hygiene and the SDGs, https://simavi.org/duo-interview/menstrual-hygiene-sustainable-devt-goals/

Siri Tellier and Maria Hyttel, Menstrual Health Management in East and Southern Africa: a Review Paper, available at <https://esaro.unfpa.org/sites/default/files/pub-pdf/UNFPA%20Review%20Menstrual%20Health%20Management%20Final%2004%20June%202018.pdf>

Siri Tellier and Maria Hyttel, Menstrual Health Management in East and Southern Africa: a Review Paper, available at <https://esaro.unfpa.org/sites/default/files/pub-pdf/UNFPA%20Review%20Menstrual%20Health%20Management%20Final%2004%20June%202018.pdf>UNFPA ESARO 2017a

Sommer, M., Caruso, B.A., Sahin, M., Calderon, T., Cavill, S., Mahon, T., & Phillips-Howard, P.A. (2016a). A Time for Global Action: Addressing Girls' Menstrual Hygiene Management Needs in Schools. PLoS Med, 13(2), e1001962 available at <. https://doi.org/10.1371/journal.pmed.1001962>

Sommer, M., Hirsch, J.S., Nathanson, C. and Parker, R.G., 2015a. Comfortably, safely, and without shame: defining menstrual hygiene management as a public health issue. American journal of public health, 105(7), pp.1302-1311.

Soroptimist International Club of Victoria, https://www.facebook.com/225099074224202/posts/period-poverty-refers-to-having-a-lack-of-access-to-sanitary-products-due-to-fin/3158807460853334/ supra, note 57.

Soroptimist International Club of Victoria, Period poverty refers to lack of access to sanitary products, available at <https://www.facebook.com/225099074224202/posts/period-poverty-refers-to-having-a-lack-of-access-to-sanitary-products-due-to-fin/3158807460853334/>

Sumpter, C., & Torondel, B. (2013). A Systematic Review of the Health and Social Effects of Menstrual Hygiene Management. PLoS One, 8(4) available at. <https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0062004&type=printable>

Susan Lafraniere, Another School Barrier for Girls- No Toilet, available at <http://wehaitians.com/another%20school%20barrier%20for%20girls%20in%20sub%20saharan%20africa%20no%20toilet.html>

The conversation, Why private companies shouldn't be involved in 'menstrual education', available at <https://theconversation.com/why-private-companies-shouldnt-be-involved-in-menstrual-education-94322>

They Work For You, Period Poverty: Women and Equalities – in the House of Commons on 11th March 2020 available at UK FCDO, <https://www.theyworkforyou.com/debates/?id=2020-03-11b.258.1>

Trade Law Centre, Agreement amending SADC Protocol on Gender and Development, available at <https://www.tralac.org/documents/resources/sadc/1187-agreement-amending-the-sadc-protocol-on-gender-and-development-31-august-2016/file.html>

TRTWorld, Scotland becomes first country in the world to make sanitary products free, available at <https://www.trtworld.com/life/scotland-becomes-first-country-in-the-world-to-make-sanitary-products-free-41782>

UK Digital Culture Media Sport, Tampon Tax Guidance, available at <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/759625/Tampon_Tax_Fund_2019-20_-_Guidance_for_Applicants.pdf >

UK Government, Department of Education, Period product scheme for schools and colleges in England, available at <https://www.gov.uk/government/publications/period-products-in-schools-and-colleges/period-product-scheme-for-schools-and-colleges-in-england>

UK government, Girls' Education Challenge, available at <https://www.gov.uk/international-development-funding/girls-education-challenge>

UK government, Guidance Period product scheme for schools and colleges in England, available at <https://www.gov.uk/government/publications/period-products-in-schools-and-colleges/period-product-scheme-for-schools-and-colleges-in-england>. Also see https://www.gov.uk/government/news/period-poverty-taskforce-meets-for-the-first-time

UK Government, Guidance: Period product scheme for schools and colleges in England, available at <https://www.gov.uk/government/publications/period-products-in-schools-and-colleges/period-product-scheme-for-schools-and-colleges-in-england>

UK government, New relationships and health education in schools, available at <https://www.gov.uk/government/news/new-relationships-and-health-education-in-schools>

UK government, Period Poverty Impact on the Economic Empowerment of Women, available at <https://www.gov.uk/research-for-development-outputs/period-poverty-impact-on-the-economic-empowerment-of-women>

UK government, Period Poverty Taskforce - Minister announces next steps on Menstrual Hygiene Day available at <https://www.gov.uk/government/news/period-poverty-taskforce-minister-announces-next-steps-on-menstrual-hygiene-day>

UK government, Period Products (Free Provision) (Scotland) Act, available at <https://www.parliament.scot/parliamentarybusiness/CurrentCommittees/112914.aspx>

UK government, Women and girls set to benefit from £15 million Tampon Tax Fund, available at <https://www.gov.uk/government/news/women-and-girls-set-to-benefit-from-15-million-tampon-tax-fund>

UK Parliament, https://www.parliament.uk/

UN Commission on the Status of Women, Sixty-third session, 2019. Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century." Social protection systems, access to public services and sustainable infrastructure for gender equality and the empowerment of women and girls. Agreed conclusions (No. Agenda item 3(a)(i)). United Nations Economic and Social Council, New York available at. <https://undocs.org/pdf?symbol=en/E/2019/27>

UN OHCHR, Follow-up on the visit of the Special Rapporteur to Botswana - Report of the Special Rapporteur on the human rights to safe drinking water and sanitation (A/HRC/42/47/ADD.5) available at <https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/42/47/Add.5>

UN OHCHR, forty-second session 9–27 September 2019 Agenda item 3 Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development, available at <https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/42/29>

UN OHCHR, Report of the Special Rapporteur on the human right to safe drinking water and sanitation on his mission to Botswana (A/HRC/33/49/Add.3, para. 52) available at <https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/33/49/Add.3>

UN Sustainable Development Knowledge Platform, High Level Political Platform, available at <https://sustainabledevelopment.un.org/vnrs/>

UN Women advocating for the integration of menstrual hygiene management needs of women and gender sensitive policy reforms, Date: Monday, April 30, 2018

https://africa.unwomen.org/en/news-and-events/stories/2018/04/un-women-cameroon-advocating-for-the-integration-of-menstrual-hygieneIbid.

UN Women Cameroon, Advocating for the integration of menstrual hygiene management needs of women and gender sensitive policy reforms, Date: Monday, April 30, 2018 available at < https://africa.unwomen.org/en/news-and-events/stories/2018/04/un-women-cameroon-advocating-for-the-integration-of-menstrual-hygiene>

UNAIDS, Survive, Thrive, Transform Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), 2018 monitoring report: current status and strategic priorities, available at <https://www.unaids.org/sites/default/files/media_asset/EWECGSMonitoringReport2018_en.pdf>

UNDP, Report of the Commission on the Legal Empowerment of the Poor Volume I, Making the Law Work for Everyone, available at < https://issat.dcaf.ch/Learn/Resource-Library2/Policy-and-Research-Papers/Making-the-Law-Work-for-Everyone>

UNFPA Botswana: We Shouldn't Be Made to Feel Ashamed of Menstruation, a Normal and Essential Process, available at <https://botswana.unfpa.org/en/news/we-shouldnt-be-made-feel-ashamed-menstruation-normal-and-essential-process >

UNFPA, International Conference on Population and Development Programme of Action, Twentieth Anniversary Edition, available at <https://www.unfpa.org/publications/international-conference-population-and-development-programme-action

UNFPA, Menstrual Health Day 2020, available at < https://esaro.unfpa.org/en/events/menstrual-hygiene-day>

UNFPA, We shouldn't be made to feel ashamed of menstruation, a normal and essential process, 11 September 2020, available at < https://prod.uruguay.unfpa.org/en/news/we-shouldnt-be-made-feel-ashamed-menstruation-normal-and-essential-process> https://botswana.unfpa.org/en/news/we-shouldnt-be-made-feel-ashamed-menstruation-normal-and-essential-process

UNICEF, Global Progress Report on Wash in Health Care Facilities, available at < <https://www.unicef.org/media/89201/file/Water-sanitation-and-hygiene-in-health-care-facilities-fundamentals-first-2020.pdf>https://www.unicef.org/media/89201/file/Water-sanitation-and-hygiene-in-health-care-facilities-fundamentals-first-2020.pdf>

UNICEF, Guidance on Menstrual Health and Hygiene, available at < https://www.unicef.org/wash/files/UNICEF-Guidance-menstrual-health-hygiene-2019.pdf>

UNICEF, Guidance on Menstrual Health and Hygiene, https://www.unicef.org/wash/files/UNICEF-Guidance-menstrual-health-hygiene-2019.pdfsupra, note 35.

UNICEF, Scoping Study of WASH in Schools Programming in Eastern and Southern Africa: A review of evidence, bottlenecks and opportunities to meeting Sustainable Development Goal (SDG) targets, p.17 available at

<https://www.unicef.org/esa/media/4356/file/UNICEF-Wash-in-Schools-Scoping-Report.pdf>

UNICEF, Supra, note 35, Guidance on menstrual health and hygiene https://www.unicef.org/wash/files/UNICEF-Guidance-menstrual-health-hygiene-2019.pdf p.35

UNICEF, Water, Sanitation and Hygiene (WASH) in Schools – UNICEF, available at < https://www.unicef.org/wash>

UNICEF, Water, Sanitation and Hygiene (WASH) Safe water, toilets and good hygiene keep children alive and healthy, available at <https://www.unicef.org/wash#:~:text=UNICEF's water, sanitation and hygiene (WASH) team works,water and over 11 million with basic toilets>

United Nations Department of Economic and Social Affairs UNDESA (2015). Sustainable Development Goals Platform. United Nations Department of Economic and Social Affairs available at <https://sustainabledevelopment.un.org/sdgs>.

United Nations Office of the High Commissioner of Human Rights, The Recommendation for the 18th session of UN Working Group on the Right to Development: Eradicating Poverty and the Role of the Right to Development, p.2 available at <https://www.ohchr.org/Documents/Issues/Development/Session18/XigenWang.pdf#:~:text=Actually, the poverty eradication should be guided by,to development on poverty reduction should be highlighted> .

United Nations Office of the High Commissioner of Human Rights, The Recommendation for the 18th session of UN Working Group on the Right to Development: Eradicating Poverty and the Role of the Right to Development, p.2 available at <https://www.ohchr.org/Documents/Issues/Development/Session18/XigenWang.pdf#:~:text=Actually, the poverty eradication should be guided by,to development on poverty reduction should be highlighted> .

United Nations, Beijing Declaration and Platform for Action, https://www.un.org/en/events/pastevents/pdfs/Beijing_Declaration_and_Platform_for_Action.pdf>

United Nations, World Social Report 2020, Inequality in a Rapidly Changing World, available at <https://www.un.org/en/file/71229/download?token=cylubVd>_

USAID-PEPFAR, Health Policy Project/Botswana, Building capacity for improved health policy, advocacy, governance, and finance, available at <https://www.healthpolicyproject.com/ns/docs/CRS_Botswana.pdf>

Wateraid, State of hygiene in Southern Africa, August 2018 Summary of key findings, available at <https://washmatters.wateraid.org/sites/g/files/jkxoof256/files/State%20of%20Hygiene%20in%20South%20Africa.pdf>

WaterLex and WASH United, The Human Rights to Water and Sanitation in Courts Worldwide: A Selection of National, Regional and International Case Law, available at

<https://hrbaportal.undg.org/wp-content/files/Human-rights-to-water-and-sanitation-in-courts_WEB_2015.pdf>

WHO, Botswana, Rapid Assessment of Sexual and Reproductive Health and HIV Linkages, available at <https://www.who.int/reproductivehealth/topics/linkages/RASbotswana.pdf>?

WHO/UNICEF (2012), Consultation on draft long list of goal, target and indicator options for future global monitoring of water, sanitation and Hygiene, available at <https://washdata.org/sites/default/files/documents/reports/2017-06/JMP-2012-post2015-consultation.pdf>

Women for Refugee Women, "A Pad for Me, Or A Nappy for My Baby? : Asylum-seeking women prevented from accessing period products," available at < https://www.refugeewomen.co.uk/period-poverty/>Https://Www.Bloodygoodperiod.Com/Period-Poverty

WoMena, Does menstruation make girls miss school? available at < https://womena.dk/does-menstruation-make-girls-miss-school/>Hennegan et al. 2016

WoMena, Womena FAQs: Does Menstruation Make Girls Miss School? 2020.01.26supra, note 30.

World Bank, Menstrual Hygiene Management Enables Women and Girls to Reach Their Full Potential available at <https://www.worldbank.org/en/news/feature/2018/05/25/menstrual-hygiene-management>

World Bank, Menstrual Hygiene Management Enables Women and Girls to Reach Their Full Potential, available at <https://www.worldbank.org/en/news/feature/2018/05/25/menstrual-hygiene-management>

World Bank, Ministry of Health, June 2011 Republic of Seychelles, Ministry of Health, Seychelles First National Health Accounts 2009, June 2011, available at <http://documents1.worldbank.org/curated/en/294081468194636866/pdf/707820ESW0P1150lles0nha0report02009.pdf>

World Health Organisation, Tackling the taboo of menstrual hygiene in the European Region, available at <https://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/news/news/2018/11/tackling-the-taboo-of-menstrual-hygiene-in-the-european-region>