Page: 2814-2843 *URL: www.lijdlr.com*

LAWFOYER INTERNATIONAL JOURNAL OF DOCTRINAL LEGAL RESEARCH

ISSN: 2583-7753

LawFoyer International Journal of Doctrinal Legal Research

[ISSN: 2583-7753]

Volume 4 | Issue 2

2026

DOI: https://doi.org/10.70183/lijdlr.2026.v04.259

MENSTRUAL HYGIENE IN THE TIMES OF DISASTER IN INDIA: A SOCIO-LEGAL STUDY

Tridipanna Sarmah[1]

I. ABSTRACT

Menstrual health is a fundamental aspect of woman's life. Safe and hygienic menstrual hygiene management is essential for protecting women's health, dignity, and overall well-being. However, menstrual hygiene is often overlooked during disaster in India. When disaster strikes, minimum relief standards primarily focus on basic survival needs such as food, water, and shelter while the menstrual hygiene needs of women and adolescent girls are often neglected. The lack of sanitary products, privacy, safe sanitation facilities, and proper waste disposal not only affects health but also compromises dignity. The traditional or cultural norms of the society still reinforce negative perspective towards menstrual health and menstrual hygiene management. This study investigates the condition of menstruation hygiene management during disasters in India. It will also examine the socio-cultural, economic and institutional factors contributing to its non-prioritisation. The study further explores the legal and policy framework that shapes menstrual hygiene governance with other notable state-level initiatives. Despite the existence of disaster management laws in India, there are no specific provisions addressing menstrual hygiene. The famous jurist John Rawls, in his book A Theory of Justice, emphasises that a just society must ensure fairness in the distribution of resources and opportunities. This paper argues that menstrual hygiene should be recognised as a core element of disaster management policy. This paper also critically examines the legislative gaps and calls for better laws, policies, and awareness to ensure that menstrual hygiene is not as a luxury health issue but a matter of human rights even during disasters.

[1] LL.M (Criminology and Criminal Law), 4th Semester, Student at Department of Law, Tezpur Central University, Assam (India). Email:tridipannasarma@gmail.com

 (ISSN: 2583-7753)

II. KEYWORDS

Menstrual Hygiene, Disaster Management, Article 21, Human Rights, India.

III. INTRODUCTION

"Comfortable management of menstruation is a fundamental need for all women of reproductive age, and its absence is a denial of their basic rights."[2]

Disasters, whether natural or man-made, always create serious problems for people and make it hard to meet basic needs like food, shelter, and water. In 2023 alone, natural disasters affected approximately 93.1 million people and claimed 86,473 lives worldwide.[3] In the past 25 years, there have been nearly 7,000 disasters that killed more than 1.35 million people.[4] India is among the most disaster-prone countries in the world. It faces recurring floods, cyclones, droughts, earthquakes and landslides, which affect a large section of the population.[5]

According to the Country Report India 2024, out of 36 states and union territories, 27 of them are vulnerable to the disasters. During disasters, the chances of women and children losing their lives are 14 times greater than those of men.[6] For women and adolescent girls, disasters make it harder to manage periods as menstrual hygiene is not properly maintained. Around 500 million women and girls across the world do not have

[2] Rita Jalali, 'Global Health Priorities and the Neglect of Menstrual Health and Hygiene: The Role of Issue Attributes' (2023) 9(4): 317-345 Sociology of Development https://online.ucpress.edu/socdev/article/9/4/317/198258/Global-Health-Priorities-and-the-Neglect-of accessed 18 August 2025.

[3] Centre for Research on the Epidemiology of Disasters (CRED), 2023 Disasters in Numbers: A Significant Year of Disaster Impact (2024) https://un-spider.org/news-and-events/news/cred-publication-2023-disasters-numbers-significant-year-disaster-impact accessed 11 August 2025.

[4] ibid.

[5] Natural Disaster Risk by Country 2026' (World Population Review) https://worldpopulationreview.com/country-rankings/natural-disaster-risk-by-country accessed 22 July 2026.

[6] Asaka Okai, 'Women are Hit Hardest in Disasters, So Why are Responses too Often Gender-Blind?' (UNDP, 24 March 2022) https://www.undp.org/blog/women-are-hit-hardest-disasters-so-why-are-responses-too-often-gender-blind accessed 11 August 2025.

proper facilities to manage their menstrual hygiene even under normal circumstances, and the problem worsens during emergencies.[7]

Every month, approximately 1.8 billion people around the world menstruate.[8] It is concerning that many of them including girls, women, transgender men, and non-binary people cannot manage it in a safe and respectful way.[9] In India, the Disaster Management Act, 2005 serves as the primary legal framework governing disaster management. Nevertheless, a critical gap exists in the government's response towards menstrual hygiene during disasters. Even after decades of legislative development, the legal framework continues to inadequately address menstrual hygiene as an essential component of women's rights in disaster relief.

A. Research Problem

Disasters, whether natural or man-made, always creates serious challenges for affected populations and make it difficult to access basic necessities. When disasters strike, millions of people lose access to their basic needs such as food, shelter, water, and healthcare. For women and girls, managing their menstruation becomes one of the most significant yet often overlooked challenges. Menstruation is a natural biological process, and safe menstrual health management is directly linked to women's health, dignity, and equality.

The Constitution of India, under Article 21 guarantees the right to life and personal liberty, which has been explicitly judicially interpreted to includes the rights to health

[7] 'Mukherjee and others, Menstrual Health and Hygiene Management: Survey and Gap Analysis Report' (UNESCO, 2023) https://unesdoc.unesco.org/ark:/48223/pf0000385512.locale=en accessed 11 August 2025.

[8] Aishwarya Rohatgi and Sambit Dash, 'Period poverty and mental health of menstruators during COVID-19 pandemic: Lessons and implications for the future' (2023) 4 NLM https://www.frontiersin.org/journals/global-womens-health/articles/10.3389/fgwh.2023.1128169/full accessed 12 August 2025.

[9] 'Menstrual hygiene Gender inequality, cultural taboos and poverty can cause menstrual health needs to go unmet' (UNICEF) https://www.unicef.org/wash/menstrual hygiene#:~:text=Every%20month%2C%201.8%20billion%20 people, in%20a%20dignified%2C%20healthy%20way accessed 12 August 2025.

and dignity.[10] Additionally, Articles 14 and 15 provide the foundation for equality and the prohibition of discrimination.[11] It protects women from being discriminated on various grounds.[12] The Supreme Court of India, in *Dr. Jaya Thakur v Government of India and Ors*[13], recognised menstrual health and hygiene as being intrinsically linked to the fundamental right to life under Article 21.

During disasters, relief camps and affected areas often lack sanitary products, clean water, and adequate hygiene facilities. For instances, in 2019, after the outbreak of cyclone Fani in Odisha, many women reported being compelled to tear parts of their saris (a traditional Indian garment worn by women) and blouses to use as menstrual cloths due to absence of menstrual products in the relief kit and essential supply of commodities. As a result, they were left to wear torn cloth, which highlights the severity of deprivation and lack of care faced during such crises. [14] Due to the lack of legal provisions related to menstrual health in times of disasters, the needs of women and girls are often ignored in official relief work. They have to depend on the random donations, which are often not enough a permanent solution.

There is a pressing need to recognise menstrual hygiene as a basic right during disasters and to strengthen laws and policies so that disaster relief in India is equitable and sensitive to women's menstrual needs. At present, there are no explicit policies or legislation mandating the provision of free menstrual products in the relief camps during the disaster. As menstruation is an unavoidable biological process, even during natural calamities, the lack of adequate menstrual hygiene support undermines the dignity,

[10] The Constitution of India 1950, art 21.
[11] ibid arts 14,15.
[12] ibid.
[13] *Dr. Jaya Thakur v Government of India and Ors*, 2026 INSC 97, W.P.(C) No. 1000 of 2022 (Supreme Court of India, 30 January 2026).
[14] Pragati Prava, 'Cyclone Fani: Women were left with just one cloth to cover body, manage menstruation' Down to Earth (New Delhi, 7 June 2019) https://www.downtoearth.org.in/natural-disasters/cyclone-fani-women-were-left-with-just-one-cloth-to-cover-body-manage-menstruation-64977 accessed 13 August 2025.

privacy, and bodily integrity of women. This highlights that menstrual health and hygiene are still not considered as an essential aspect of disaster relief, which violates the basic human rights related to womanhood. This study aims to critically analyse these gaps and propose legislative and ancillary solutions that would improve menstrual hygiene during disasters in India.

B. Research Objectives

1. To conceptualise menstrual hygiene during the times of disaster.
2. To understand the main factors responsible for the non-prioritisation of menstrual health and hygiene in India.
3. To examine the Indian legal regime pertaining to menstrual hygiene during the times of disaster.
4. To propose suggestions to ensure menstrual hygiene during the times of disaster in India.

C. Research Questions

1. How can menstrual hygiene be conceptualised in the context of disasters?
2. What are the factors that are responsible for the non-prioritisation of menstrual health and hygiene in India?
3. What is the Indian legal regime pertaining to menstrual hygiene during times of disaster?
4. What measures can be suggested for ensuring menstrual hygiene in the times of disasters in India?

D. Research Hypotheses

1. The lack of clear statutory provisions in disaster laws leads to neglect of menstrual hygiene in relief camps in India.
2. Socio-cultural taboos, lack of awareness, and gender in sensitive policy framework are primary factors responsible for the non-prioritisation of menstrual hygiene in India.

3. Legal framework of India governing disaster management does not clearly address the menstrual needs during disaster.
4. Menstrual hygiene and rights during disasters in India can be improved by awareness, equality, and implementation of better gender-sensitive laws and policies.

E. Research Methodology

This research paper is based on doctrinal method. It aims to explore the menstrual hygiene, with an analysis of the Indian legal framework that covers menstrual right during the times of disasters. The mode of writing is descriptive and analytical.

The descriptive method is used in providing an overview and description of menstrual hygiene during the times of disaster, and the analytical method is used in examining existing laws, the gaps and identifying the areas for improvement, etc.

Primary and secondary sources of data are utilised for a holistic understanding and insights into this research. The primary sources encompass national and international legislations for understanding the legal framework regarding the menstrual hygiene during the time of disasters. Secondary sources comprise scholarly articles, published journals, research papers and other e-sources, etc.

The researcher has adopted the OSCOLA 4th edition citation style for referencing legal materials, judicial decisions and academic sources.

F. Literature Review

Schmitt, Clatworthy and others (2017)[15] highlight that 30 million women and girls are currently displaced due to conflict and disasters while managing menstrual health. Their

[15] Margaret L Schmitt and others, 'Understanding the menstrual hygiene management challenges facing displaced girls and women: findings from qualitative assessments in Myanmar and Lebanon' (2017) 11(19) Conflict and Health https://www.researchgate.net/publication/320427894_Understanding_the_menstrual_hygiene_management_challenges_facing_displaced_girls_and_women_Findings_from_qualitative_assessments_in_Myanmar_and_Lebanon/link/5fc4d61ea6fdcc6cc685396a/download accessed 17 August 2025.

study in Myanmar and Lebanon revealed challenges such as a lack of access to sanitary products, inadequate privacy, unsafe or poorly equipped toilets, and limited water for washing or disposal. The study emphasises the urgent need for cross-sectoral integration of MHM into disaster response, including WASH, health, protection, and education sectors.

Salim and Salim (2020)[16] in their study underline that in order to live with dignity, the right to menstruation health in India must be interpreted in light of the Fundamental Right of life. However, because of deep rooted myths, cultural taboos and patriarchal societal systems, menstruation health is being neglected in India.

Hennegan and others (2021)[17] in their paper, they explain that the phrase "menstrual health" as a word combining mental, social and physical well- being is becoming more prominent. The term is commonly used but it has no universal recognition, which has complicated and made it difficult for organisations to comprehend and address menstrual health in a way that is consistent with their missions. They further define the term as a condition of total physical, mental and social well-being associated with the menstrual cycle, rather than merely being free from menstruation related illness.

Krishnan and Twigg (2021)[18] talks about the fact of neglected menstrual hygiene in disaster management. It stresses the need to address this issue in relief plans. Healthcare professionals should make sure menstrual products are available during the time of emergencies. They should also provide safe facilities. Education on menstrual hygiene should be included. These steps will help protect women's health.

[16] Divya Salim and Kavya Salim, 'Ensuring Right to Menstrual Hygiene and Health in India: A Microcosm of Right to Life' in Dr Bindu Sangra and Dr Balwindar Singh (eds), Expanding Horizons of Article 21 of Indian Constitution: A Critique (1st edn, Delhi Law House 2021).
[17] Julie Hennegan et al, 'Menstrual Health: a definition for policy, practice and research' (2021) 29(1) Sexual and Reproductive Health Matters 31, 32 https://pubmed.ncbi.nlm.nih.gov/33910492/191168#abstract accessed 19 August 2025.
[18] Sneha Krishnan And John Twigg, 'Menstrual hygiene: a 'silent' need during disaster recovery' (2016) 35(3) JSTOR https://www.jstor.org/stable/26600765 accessed 17 August 2025.

Sadique, Ali and Ali (2022)[19] in this article present a framework for managing menstrual health and hygiene during emergencies in Pakistan. It highlights the need to make menstrual hygiene a core part of disaster relief and outlines practical steps for implementation. These include ensuring a steady supply of menstrual products in relief kits, providing female-friendly toilets and bathing facilities, creating safe spaces for washing reusable materials, and managing menstrual waste properly.

Purkayastha (2025)[20] talks about Menstrual Health as a Human Right. Even though health is considered a fundamental right by other countries, India's legal and regulatory frameworks are still insufficient to address the larger socio-cultural and infrastructure issues. The writer discusses the impact of social, cultural and economic factors as social stigma, cultural taboos and economic inequality. She also mentions that the statistical data shows that about 355 million women menstruate in India, and almost 23 million girls leave school every year because of period related problems. It is also highlighted by her that poor menstrual hygiene causes two- thirds of the 60,000 cervical cancer deaths annually. NFHS-5 report shows that 77% of Indian women use sanitary pads, but usage in some states remains very low.

Although there is extensive literature on menstrual hygiene and gender issues in disasters, a notable gap exists in examining the legal frameworks of India that govern menstrual hygiene during disasters. This gap shows the need for a legal study that looks at menstrual hygiene as a part of basic rights, and human dignity.

[19] Salma Sadique, Inayat Ali and Shahbaz Ali, 'Managing menstruation during natural disasters: menstruation hygiene management during "super floods" in Sindh province of Pakistan' [2023] 56(3) JBS <https://Managing menstruation during natural disasters: menstruation hygiene management during "super floods" in Sindh province of Pakistan | Journal of Biosocial Science | Cambridge Core> accessed 17 August 2025.

[20] Kritanjali Purkayastha, 'Menstrual Health Under the Expansive Canopy of Rights: A Critical Legal Appraisal of the Indian Framework' [2025] 3(3) LIJDLR <https://doi.org/10.70183/lijdlr.2025.v03.83> accessed 27 August 2025.

IV. MENSTRUAL HYGIENE DURING DISASTER IN INDIA

Menstrual hygiene management means using clean materials to absorb or collect blood.[21] It requires that women and girls have access to privacy for changing these materials as often as necessary, along with adequate facilities. It also includes access to safe and appropriate mechanisms for the disposal of used menstrual products. They should use soap and water to wash and safe facilities to dispose of used materials.[22] An important part of menstrual health and hygiene is access to water, sanitation and hygiene in various institutions. According to UNICEF, 2019 Report, there must be adequate water and washing materials for handwashing, cooking, personal hygiene, cleaning and maintenance of toilets with appropriate information, education and communication materials.[23]

Women and girls require reliable menstrual hygiene products to manage their period safely, hygienically and with dignity. UNICEF provides different types of hygiene products related to menstruation, as-

1. **Menstrual Cups:** it is a reusable bell-shaped silicone or rubber device inserted into the vagina to collect menstrual blood. It is durable and eco-friendly, and lasts for several years.
2. **Disposal Sanitary Pads:** these are absorbent materials worn in underwear to soak menstrual blood. They are convenient and widely used.
3. **Reusable Pads:** these kinds of pads are cloth-based absorbent products worn un underwear to soak menstrual blood. They can be washed, dried, and reused multiple times.

[21] Van Leeuwen, Crystel and Belen Torondel, 'Improving menstrual hygiene management in emergency contexts: literature review of current perspectives' (2018) 10 IJWH https://pubmed.ncbi.nlm.nih.gov/29692636/ accessed 25 September 2025.
[22] ibid.
[23] Bhagat and Kiran, 'Menstrual health hygiene and environmental issues A sociological study with special reference to district Pauri Garhwal Uttarakhand' (PhD thesis, Hemwati Nandan Bahuguna Garhwal University, 2023) http://hdl.handle.net/10603/594933 accessed 25 September 2025.

4. **Menstrual Cloths:** it refers to reusable fabric used to absorb menstrual flow. It is low-cost and accessible, but it requires proper washing and drying to maintain hygiene,
5. **Tampons:** these are absorbent products small, soft, disposable plugs inserted into the vagina to absorb menstrual blood. Unlike cups, they are thrown away after one use and need to be changed frequently.

Disasters make it harder for women to access basic health and hygiene. Women face difficulties in managing menstrual hygiene due to lack of privacy. Women need special care to manage menstrual hygiene. The management of this hygiene is dependent on their personal choice, available resources, money, culture, traditions and knowledge.[24] During disasters, the focus is typically on shelter, food, water; but the issue related to the period of women during disasters is often ignored.[25] Failing to address these needs results in inadequate sanitation and dangerous living environments such as the absence of appropriate hygiene products, insufficient facilities for disposing of menstrual waste.[26] Nearly two-third of approximately 60,000 cervical cancer deaths reported annually in India due to poor menstrual hygiene.[27] This highlights that inadequate attention to menstrual need during disaster can significantly increase the health risks for women.

[24] Ayse Aydın, Meltem Sirin Gok and Bahar Ciftci, 'A "Quiet" need in the disaster of the century: a qualitative study on menstrual hygiene management' [2025]1471-2458 BMC Public Health https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-025-21499-9#citeas accessed 17 August 2025.

[25] Budhathoki, Bhattachan and others, 'Menstrual hygiene management among women and adolescent girls in the aftermath of the earthquake in Nepal' (2018) 18(33) BMC Women's Health https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-018-0527-y #citeas accessed 25 September 2025.

[26] Sommer, Caruso and others, 'A Time for Global Action: Addressing Girls' Menstrual Hygiene Management Needs in Schools' (2016) 13(2) PLOS Medicine https://doi.org/10.1371/journal.pmed.1001962 accessed 26 September 2025.

[27] Aishwarya Upadhyay, Sonia Bhaskae, 'Ladies, This Women's Day Take the Pledge to Stay Healthy and Guard Against These Common Health Problems Faced by Women in India' NDTV (New Delhi, 8 March 2020) https://swachhindia.ndtv.com/womensday-2020-swasth-india-health-problems-faced-by-women-india-42105/ accessed 25 September 2025.

To ensure proper menstrual hygiene management, having access to hygiene products, a secure and private place for changing materials, soap and water is crucial.[28] Fundamental menstrual hygiene routines involve washing the genital parts with water, use of sanitary pads and ensuring their proper disposal. During disasters, it becomes much harder to meet these basic needs.[29]

V. MENSTRUAL HYGIENE AS A RIGHT

Menstrual hygiene is not only a health need but also a matter of human rights. International human rights laws uphold the rights to health, dignity, equality, and privacy, which require that women and girls have access to safe menstrual hygiene management even during disaster.

The World Health Organisation (WHO) in its 1948 Constitution[30] defines health as a complete state of physical, mental, and social well-being and not merely the absence of diseases. It emphasised that every individual has the fundamental right to the highest attainable standard of health.[31] This interprets that health is associated with the right to hygiene, including menstrual hygiene. When women or girls are denied safe places, clean water and hygiene products during disasters, their health and dignity are compromised. This neglect violates the right to health.

---

[28] Bhawna Kathuria and Sherin Raj, 'Effects of Socio-Economic Conditions on Usage of Hygienic Method of Menstrual Protection among Young Women in EAG States of India' (2018) 3(1) Amity Journal of Healthcare Management https://www.researchgate.net/publication/353176222_Effects_of_Socio-Economic_Conditions_on_Usage_of_Hygienic_Method_of_Menstrual_Protection_among_Young_Women_in_EAG_States_of_India?enrichId=rgreq6a71151dc431c8bdff4cb39439a4168dXXX&enrichSource=Y292ZXJQYWdlOzM1MzE3NjIyMjtBUzoxMDQ0Njc2MTYxMzIzMDA4QDE2MjYwODE2MTQxMTM%3D&el=1_x_2&_esc=publicationCoverPdf accessed 26 September 2025.

[29] Mudi, Pradhan and others, 'Menstrual health and hygiene among Juang women: a particularly vulnerable tribal group in Odisha, India' (2023) DOI: 10.1186Reproductive Health https://www.researchgate.net/publication/369654866_Menstrual_health_and_hygiene_among_Juang_women_a_particularly_vulnerable_tribal_group_in_Odisha_India accessed 27 September 2025.

[30] World Health Organization, Constitution of the World Health Organization (adopted 22 July 1946, entered into force 7 April 1948) 14 UNTS 185.

[31] Lily Srivastava, 'The Right to Health in Relation to Human Rights' (2017) 37(1) Sri JNPG College Law Review https://www.researchgate.net/publication/323388675_The_Right__in_Relation_to_Human_Rightsto Health Human Rights accessed 10 May 2026.

In 2010, the United Nations General Assembly adopted Resolution 64/292[32], which recognises safe and clean drinking water and sanitation as a human right. This right guaranteed to every person without discrimination. The resolution also calls upon governments and international bodies to provide financial resources, technology, and support to countries to provide these rights. During disasters, water and sanitation facilities are often inaccessible or become hard to reach. As a result, women find it difficult to manage menstruation during such times. The lack of access to basic necessities required for menstruation can lead to health issues.

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)[33] further reinforces menstrual hygiene as a matter of human rights under Article 2(f). It requires States to remove laws, customs, and practices that discriminate against women. During disasters, this means governments must address menstrual taboos and ensure women have access to proper menstrual hygiene facilities. By including menstrual health and hygiene as essential in disaster relief policies, States can prevent gender bias and make emergency responses more inclusive and women-friendly.

Article 12 of CEDAW obliges States to ensure women's right to health. It prohibits discrimination against women and provides equal access to health care, including reproductive health, which is associated with menstrual hygiene. In disaster situations, women and girls face specific challenges in managing menstruation, such as violations of the right to privacy, absence of menstrual products in relief camps and unhygienic menstrual practices. Ignoring these needs amounts to gender-based discrimination and violates the rights to equality and dignity protected under CEDAW.

Menstrual hygiene is also linked to several United Nations Sustainable Development Goals (SDGs),[34] set in 2015 to end poverty, protect the planet and promote well-being by

[32] UNGA, 'The human right to water and sanitation' 64/292 64th Session (28 July 2010).
[33] Convention on the Elimination of All Forms of Discrimination against Women (adopted 18 December 1979, entered into force 3 September 1981) 1249 UNTS 13 arts 2,12.
[34] UNGA, 'Transforming our world: the 2030 Agenda for Sustainable Development' 70/1 79th Session (25 September 2015).

2030. It is especially connected to SDG 3 (health) and SDG 6 (sanitation). The SDG 3 aims to ensure healthy lives for everyone. Poor menstrual hygiene can cause infections and reproductive health problems, so women and girls need access to sanitary products, adequate information and facilities to manage menstruation safely and with dignity.

During disasters, access to menstrual health care and hygiene as well as clean water and sanitation becomes devastating. Poor menstrual hygiene during emergencies increases the risk of infections and other health issues. Ensuring the right to menstrual hygiene in disaster response is therefore essential to protect women's health and uphold dignity.

VI. CONSTITUTIONAL PROTECTION OF MENSTRUAL HEALTH AND HYGIENE

The Right to Equality under Article 14 of the Indian Constitution states that: "The State shall not deny any person equality before law or the equal protection of the laws within the territory of India."[35]

This fundamental right is the basis of commitment towards equality. However, in terms of menstruation, several inequalities persist that violates women's rights. For example, there are no uniform laws regarding the protection of women's health and hygiene during disaster. State or District Disaster Management Authorities and some private organisations occasionally recognise this need for the protection regarding this. But many women face disadvantages during the time of emergency.

The Supreme Court's decision in Maneka Gandhi v Union of India[36] clarified that equality encompasses both formal equality and substantive equality.[37] Applying this principle to menstrual health, mere equal treatment is not enough. The government must remove barriers that restrict women from participating equally.[38]

---

[35] Constitution (n 10).
[36] *Maneka Gandhi v Union of India*, AIR 1978 SC 597.
[37] ibid.
[38] Shubhangi Baranwal and Kavita Solanki, 'Breaking the Barriers through the Law: A Constitutional Perspective on Menstrual Health Rights in India' (2025) 3(2) JARWS 125

The Article 15 provides that the government cannot discriminate against citizens based on religion, sex, race, caste, or birthplace.[39] Discrimination based on menstruation is violative of the Constitutional mandate.[40] This principle further implies that mere formal equality is inadequate to ensure hender-sensitive distribution of disaster relief resources. Moreover, Article 15(3) empowers States to make special protections for women and children.[41]

Article 21 of the Indian Constitution guarantees that no person can be deprived of life or personal liberty except according to procedure established by the law.[42] This right has been interpreted to include the right to live with dignity. The lack of necessary menstrual hygiene facilities and resources for women during disasters amounts to a violation of this right, as it undermines both dignity and personal liberty.

VII. JUDICIAL RECOGNITION TOWARDS THE MENSTRUAL HYGIENE AND HEALTH

The Supreme Court of India, in *Dr. Jaya Thakur v Government of India and Ors*,[43] 2026 INSC 97, delivered a significant judgment on 30 January 2026 recognising menstrual hygiene management as closely connected with the rights to dignity, equality, health, and education under Articles 14, 21, and 21A of the Constitution. However, it is important to note that the judgment arose in specific context of menstrual hygiene management in government and government-aided schools. The court directed the States to ensure the availability of free sanitary pads, gender-specific toilets, safe disposal facilities.[44] It further recognised dignified menstrual health as an integral facet of the right to life.

---

https://www.researchgate.net/publication/399154812_Breaking_Barriers_through_Law_A_Constitutional_Perspective_on_Menstrual_Health_Rights_in_India accessed 4 May 2026.

[39] Constitution (n 10).

[40] ibid.

[40] Shubhangi Baranwal (n 38).

[41] Constitution (n 10).

[42] ibid.

[43] *Dr. Jaya Thakur v Government of India and Ors*, 2026 INSC 97, W.P.(C) No. 1000 of 2022 (Supreme Court of India, 30 January 2026).

[44] ibid.

Although the judgment does not directly address menstrual hygiene management in disaster relief camps, its recognition of menstrual hygiene management as a fundamental right reflects a progressive constitutional approach towards protecting women's dignity. These concerns are equally relevant in disaster relief camps, where women and girls often face inadequate sanitation, lack of privacy, limited access to menstrual hygiene and disposal facilities.

VIII. FACTORS BEHIND THE NON-PRIORITISATION OF MENSTRUAL HEALTH IN INDIA

Menstrual hygiene management is influenced by several factors, including access to clean sanitation facilities, cultural beliefs, economic conditions and education. The non-prioritisation of menstrual health is not merely a health issue but a reflection of deep-rooted gender inequality, cultural taboos, and inadequate policy intervention.

1. Indian History and Mythological Impact

In ancient India, menstruation was not always regarded as impure; rather it was often considered sacred and powerful. The menstrual blood believed to have spiritual value and seen as symbol of fertility and life.[45] However, over time, patriarchal influences and changing religious interpretations transformed this perception. A myth from the Rig Veda suggested that Lord Indra transferred his guilt to women, which appeared as menstruation with sin and impurity.[46] Similar beliefs exist in other cultures; for example, in early British history, where menstruation was viewed as a punishment for Eve's actions and a sign of women's weakness.[47] These ideas reinforced patriarchal control and led to restrictions on women's participation in social and religious life. As a result,

[45] Rajvi Desai, 'From Riches to Rags: The Evolution of Menstrual Taboos in India' (THE SWDL, 29 March 2019) https://www.theswaddle.com/from-riches-to-rags-the-evolution-of-menstrual-taboos-in-india accessed 18 August 2025.
[46] Nupur Agarwal, 'Understanding the Outlook on Menstruation in India "Let's talk PERIOD!' (2020) 9(1) IJSS 10.30957 https://ndpublisher.in/admin/issues/IJSSv9n1b.pdf accessed 10 August 2025.
[47] 'History of Menstruation' (Asan, 19 July 2024) https://asancup.in/blogs/blogs/history-of-menstruation?srsltid=AfmBOorkorBIoq1bHUxFd2xegkeGICf5RyYvi3cm8p5nW5HQoQjAqbSJ accessed 8 August 2025.

menstruation gradually became associated with shame, secrecy, and stigma, and these perceptions continue across generations.

2. Social Stigma and Practices

Menstrual health and hygiene are strongly influenced by social and cultural beliefs in India. Many traditional notions still consider menstruation as impure aspect of life. As a result, women often face many restrictions during their periods. They may be prohibited from entering temples, kitchens or participating in social and religious activities.[48] In some places, women are discouraged from maintaining proper hygiene, which can increase health risks. In certain communities, women bury cloths used during menstruation to prevent perceived supernatural (spiritual) harm.[49] These taboos create an invisible but suppressed shame and silence around menstruation. Girls are often unable to talk openly about it, which leads to lack of awareness. Due to these reasons many girls are also more likely to miss school or drop out of the regular educational institutions.[50]

3. Religious Beliefs

Religious beliefs also play an important role in shaping attitudes towards menstruation. In many traditions, menstruating women are considered impure and are restricted from participating in religious practices.[51] Texts such as the Manu Smriti describe menstruating women as unclean and advise others to avoid contact with them. For instance, certain interpretations instruct Brahmin men to avoid contact with

[48] Addison Scales, 'Socio-Cultural Norms and Perceptions of Menstruation: An Intergenerational Analysis of Rur ational Analysis of Rural Jamkhed, Mahar al Jamkhed, Maharashtra' (2019) ISP https://digitalcollections.sit.edu/cgi/viewcontent.cgi?article=4229&context=isp_collection accessed 8 September 2025.
[49] Addison (n 48).
[50] Shalini, Vijeta Singh and Rakesh Kumar Behmani, 'Menstruation: The Socio-cultural Perspective in the Indian Society' (2022) 22(1) Change Management https://www.researchgate.net/publication/366973653_Menstruation_The_Sociocultural_Perspective_in_the_Indian_Society accessed 8 May 2026.
[51] Pratibha Acharya and Jeevan Khanal, 'Menstruation, myth, and modernity: Navigating tradition and transformation among college-going women in Nepal' (2025) 25 ELSEVIER https://www.sciencedirect.com/science/article/pii/S2590291125009556 accessed 2 January 2026.

menstruating women,[52] including refraining from speaking to them, sharing a bed, or consuming food touched by them.

In Islam, the Holy Quran treats menstruation as a natural condition, although but certain religious practices, such as prayer and fasting are restricted during this period. Women are generally not permitted to enter mosque while menstruating.[53] In Judaism, women are required to undertake a ritual bath, known as Mikvah, after menstruation.[54] Similarly, in some Christian traditions, women are advised to refrain from fasting, prayer, or confessing during menstruation.[55]

4. Gender Discrimination

The gender discrimination towards menstruation still remains common and is deeply rooted in many parts of Indian culture and traditions.[56] The beliefs about purity and impurity associated with menstruation have long been used to control and discriminate against women. These customs portray menstruation as something shameful, thereby it reinforces a patriarchal mindset that lowered women's status in society. Menstruation is seen as a period of ritual, which further ceremonial impurity. These kinds of attitudes have played a major role in upholding the historical power structures that have placed women in inferior roles.[57]

5. Lack of Menstrual Literacy

In India, many girls have limited awareness regarding menstruation. It continues to be treated as a taboo, which results in lack of proper education. Many myths such as

[52] Astha Tiwari, 'Comparing the text of Manusmriti and Vedas on Menstruation' (Parenting.com, 18 November 2020) https://dhaaramagazine.in/2020/11/18/comparing-the-text-of-manusmriti-and-vedas-on-menstruation/ accessed 9 May 2026.
[53] Arunita Jalan and others, 'A Sociological Study of the Stigma and Silences around Menstruation' (2020) 1(1) 50 https://www.researchgate.net/publication/351421424_A_Sociological_Study_of_the_Stigma_and_Silences_around_Menstruation accessed 10 May 2026.
[54] Purkayastha (n 20).
[55] ibid.
[56] ibid.
[57] Salim (n 16).

tampons affects virginity or that menstruating women spoil food while cooking are still existed in our societies.[58] As a result, girls feel shy and uncomfortable discussing menstruation. They may hesitate to seek help or access menstrual products and it may lead to absence from school or work. Lack of awareness also leads to poor hygiene practices.

According to UNESCO report (2014), approximately one in ten adolescent girls in India misses school during menstruation due to inadequate access to menstrual products and resources.[59] Fear of judgement further discourages open discussion. It is equally important to also educate boys so they understand that menstruation as a natural biological process.

IX. INDIAN LEGAL REGIME GOVERNING DISASTER MANAGEMENT AND MENSTRUAL HYGIENE: AN ANALYSIS

The issue of menstrual hygiene during humanitarian emergencies in India requires critical examination. There is a need to assess whether the existing legal framework satisfactorily addresses the menstrual heath and dignity of women during disasters.

A. The Disaster Management Act, 2005 after the Disaster Management (Amendment) Act, 2005

The Disaster Management Act, 2005 (DMA) remains the principal statutory framework governing disaster management in India. However, its legal structure was substantially altered by the Disaster Management (Amendment) Act, 2025, which came into force on 9 April 2025. The amendment is particularly significant because sections 12, 13 and 19 of the principal Act, which earlier dealt with minimum standards of relief, relief in loan repayment and minimum standards of relief by State Authorities, have now been omitted. Consequently, any discussion of minimum relief standards must be framed with

[58] Hafiz Jaafar, Suraya Yasmin Ismail and Amirah Azzeri, 'Period Poverty: A Neglected Public Health Issue' (2023) KJFM https://pmc.ncbi.nlm.nih.gov/articles/PMC10372806/pdf/kjfm-22-0206.pdf accessed 10 May 2026.
[59] ibid.

reference to the amended statutory scheme, rather than treating the earlier section 12 mechanism as presently operative.[60] Prior to the 2025 amendment, section 12 empowered the National Disaster Management Authority to recommend guidelines for minimum standards of relief, including relief relating to shelter, food, drinking water, medical cover and sanitation. That provision formed the statutory basis for the earlier minimum-relief framework, including the National Disaster Management Authority Guidelines on Minimum Standards of Relief, 2016. However, after the omission of section 12, the present legal basis must be located in the amended provisions of the Act, especially the NDMA's revised functions under section 6 and the National Executive Committee's powers under section 10 to coordinate disaster response and issue guidelines or directions to Ministries, Departments, State Governments and State Authorities regarding measures to be taken in response to a threatening disaster situation or disaster.[61]

The omission of sections 12 and 19 has altered the earlier minimum-standards architecture. The amended Act no longer retains the same express statutory formulation under which the NDMA recommended minimum standards of relief and State Authorities were required to follow standards not lower than those recommended at the national level. Instead, the amended Act relies more heavily on institutional coordination, directions and guideline-making functions. In particular, the National Executive Committee may coordinate disaster response, monitor preparedness, issue directions, and lay down guidelines for Ministries, Departments, State Governments and State Authorities concerning response measures. This creates a revised framework in which menstrual hygiene can still be included within relief planning, but the statutory route is no longer the earlier section 12-based minimum standards mechanism.[62]

At the State and district levels, the amended framework continues to be relevant because disaster-response authorities remain responsible for providing essential relief such as

Disaster Management Act 2005, ss 6 and 10, as amended by the Disaster Management (Amendment) Act 2025.

[61] ibid.

[62] ibid s 18.

shelter, food, drinking water, healthcare, sanitation, services and other necessary support to disaster-affected persons. These provisions are broad enough to permit the inclusion of menstrual hygiene products, privacy-sensitive sanitation facilities and menstrual-waste disposal mechanisms within disaster relief. However, the Act still does not expressly classify menstrual hygiene products or menstrual hygiene management as mandatory relief components.

B. Legislative Gap in Menstrual Hygiene Management after the 2025 Amendment

The amended DMA establishes an institutional framework for planning, coordinating and implementing disaster response from the national level to local authorities. Nevertheless, the legislative gap has shifted after the 2025 amendment. Earlier, the principal concern was that the section 12 minimum-standards framework did not expressly mention menstrual hygiene. After the omission of sections 12 and 19, the concern is broader: the Act no longer contains the same express minimum-relief mechanism, and the amended provisions also do not specifically require menstrual hygiene products, private changing spaces, gender-sensitive sanitation or menstrual-waste disposal facilities as compulsory elements of disaster relief.

Prior to the amendment, section 12 specifically dealt with recommendations for minimum standards of relief for disaster-affected persons. Following the 2025 amendment, section 12 was omitted. The current framework does not simply reproduce the earlier section 12 mechanism in the same form; rather, it distributes responsibility through amended institutional powers, including the NDMA's functions under section 6 and the National Executive Committee's expanded powers under section 10. Therefore, the manuscript should not describe the old section 12 framework as currently operative. The present critique should instead emphasise that the amended Act has failed to expressly incorporate gender-specific and menstruation-specific relief obligations within the new disaster-response framework.

Although statutory expressions such as 'sanitation', 'healthcare', 'essential provisions and 'relief' may be interpreted broadly enough to include menstrual hygiene products

and related facilities, the DMA does not impose a clear and enforceable obligation on disaster-management authorities to provide them. This omission is particularly important after the 2025 amendment because the previous minimum-standards framework has been removed, while the amended guideline-and-direction mechanism has not expressly filled the gap. As a result, menstrual hygiene remains dependent on administrative discretion, State-level initiatives and ad hoc relief practices, rather than being secured as a uniform statutory entitlement during disasters.

C. State-Level Initiatives

In India, several States have begun addressing menstrual hygiene during disasters by incorporating Menstrual Hygiene Management (MHM) into their disaster response guidelines.

1. **Kerela Minimum Standards of Relief Guidelines:** Kerela has introduced clear provisions for sanitation during disasters. The guidelines mandate one toilet for every twenty persons and separate toilets and bathing spaces for male and female.[63] The guideline also ensures to provide dignity kits for women, which explicitly mentions menstrual products for women who faced the hardship in disaster. This provision not only ensures cleanliness and proper disposal but also protects the health, safety and dignity of women and girls. It reflects a progressive step towards integrating menstrual hygiene management into disaster response, although its effectiveness depends on implementation, regular waste collection, and practices.
2. **Assam Disaster Management Authority:** In May 2021, the Assam State Disaster Management Authority included sanitary napkins in the list of essential flood relief commodities. This initiative was influenced by the efforts of the local activists, and social workers.[64] The State also introduced the period-

[63] Kerala State Disaster Management Authority, 'Kerala State Minimum Standards of Relief' (9 July 2020).
[64] Sumir Karmakar, 'Assam to distribute sanitary napkins as flood relief' DH Deccan Herald (1 June 2021) https://www.deccanherald.com/india/assam-to-distribute-sanitary-napkins-as-flood-relief-992438.html accessed 11 May 2026.

friendly camps through the installation of pad vending machines, and disposal systems in the flood relief camps.

3. **Ladakh Minimum Standards of Relief Guidelines:** The Union Territory Ladakh has also recognised the menstrual right as an essential need during disasters. Its guidelines explicitly provide for dignity kits, including of sanitary napkins, and disposal bags.[65] This initiative demonstrates an increasing policy awareness of gender-specific needs in disasters management framework.

X. SUGGESTIONS AND RECOMMENDATIONS

The researcher has proposed several suggestions to address the challenges related to menstrual health during disasters:

1. Awareness, Education and Health Campaign

Awareness, education, and health campaigns are essential components of menstrual hygiene management during disasters. Menstrual health and hygiene practices are must be safe and effective so that women can manage their menstruation hygienically with dignity. Healthcare staffs and relief personnel should be adequately trained to address the specific needs of women during disasters.[66] In addition, community-based awareness programmes should be given to the vulnerable groups, including adolescent girls and elderly women.

2. Recognition of Menstrual Product as an Essential Commodity

Menstrual hygiene products should be legally recognised as an essential commodity rather than luxury items to ensure their availability and affordability. Such recognition would mandate their inclusion in relief supplies and strengthen policy measures for continuous and equitable distribution in India. it would also enable better price regulation and prevent shortage during emergencies. This recognition would reinforce

[65] Ladakh Disaster Management Authority, 'Ladakh Minimum Standards of Relief' (16 August 2023).
[66] Aydin (n 17).

the understanding of menstrual hygiene as a public health necessity rather than a private concern.

3. Statutory and Policy Recognition of Menstrual Hygiene in Disaster Relief after the 2025 Amendment

In light of the Disaster Management (Amendment) Act, 2025, menstrual hygiene can no longer be recommended merely as an addition to the earlier section 12-based 'minimum standards of relief' framework, since section 12 has been omitted. Parliament should either reinstate a minimum-standards-of-relief provision expressly covering menstrual hygiene, or insert a new statutory provision requiring disaster-management authorities to include menstrual hygiene products, privacy-sensitive sanitation facilities and menstrual-waste disposal mechanisms as essential components of disaster relief**.** Pending such legislative reform, the National Executive Committee should use its amended powers under section 10 to issue binding guidelines or directions requiring Ministries, Departments, State Governments and State Authorities to include sanitary products, clean water, private changing and bathing spaces, and safe disposal mechanisms in disaster-response measures. These requirements should also be incorporated into the National Disaster Management Plan and State Disaster Management Plans, so that menstrual hygiene is treated as part of preparedness, response and relief rather than as an optional welfare measure. The deletion of the earlier minimum-relief mechanism should not dilute gender-sensitive disaster protection. On the contrary, the 2025 amendment creates an urgent need to rebuild the relief framework in a more rights-based form. A revised statutory or policy framework should expressly recognise menstrual hygiene as integral to health, dignity, privacy and equality, and should create monitoring duties for authorities responsible for relief camps and emergency shelters.

4. Uniform State-Level Policies on Menstrual Health and Hygiene

State government should adopt standardised and comprehensive policies on menstrual hygiene, menstrual health, hygiene, and sanitation within disaster management framework to reduce regional disparities. Clear and uniform guidelines would ensure

that women and girls across all States have access to sanitary products, private toilets, safe disposal options, and healthcare services during disasters. Such standard guidelines would also facilitate effective monitoring of relief responses. It would further help to train officials, healthcare workers, and volunteers to handle the menstrual health needs of women during disasters in India, which would promote coordination between different agencies.

5. Monitoring and Accountability

A robust monitoring system should be established to track the distribution of products, access to private sanitation facilities, availability of proper disposal system, and implementation of awareness programmes. A transparent reporting system should ensure accountability at all levels. The use of digital tools for record-keeping and distribution tracking can further enhance transparency, improve efficiency, and minimize the misuse of resources. Regular audits and field inspections should be conducted to access the effectiveness of implementation. Feedback mechanism should be also created to allow beneficiaries to report gaps and challenges in real time.

XI. CONCLUSION

Disasters are not gender-neutral, they have a greater impact on women and girls. However, India's disaster management system does adequately address menstrual hygiene. Managing menstruation safely and with dignity is not a privilege but a basic necessity that everyone deserves. It is closely linked to women's physical health and their constitutional right to live with dignity under the Article 21 of the Indian Constitution.[67]

Although the Disaster Management Act, 2005 addresses various aspects of disaster management, it does not explicitly address menstrual hygiene. The noted jurist John Rawls, in his work *A Theory of Justice*, emphasises that a just society must ensure fairness

[67] Constitution (n 10).

in the distribution of resources and opportunities.[68] He argues that social institutions should be designed from the perspective of the 'veil of ignorance', which

States such as Kerela, Ladakh, and Assam have taken significant steps by incorporating dignity kits, sanitary products, and menstrual waste management into their disaster management framework. These examples prove that menstrual hygiene management can effectively integrated into disaster relief measures through strong legislative commitment, well designed policies, and active community involvement.

Addressing menstrual hygiene in disaster management is a crucial step towards improving public health, promoting gender equality, and upholding human dignity. A disaster management system that recognises menstrual hygiene as an essential part of relief efforts will ensure that the needs of all affected individuals are met in a fair and respectful manner.

XII. REFERENCES

A. Primary Sources

1. Cases

- *Dr. Jaya Thakur v Government of India and Ors*, 2026 INSC 97, W.P.(C) No. 1000 of 2022 (Supreme Court of India, 30 January 2026)
- *Maneka Gandhi v Union of India*, AIR 1978 SC 597

2. Statutes and International Instruments

- Constitution of World Health Organization 1946
- Convention on the Elimination of All Forms of Discrimination against Women 1979
- The Constitution of India 1950
- Disaster Management Act 2005
- Disaster Management (Amendment) Act 2025

[68] John Rawls, *A Theory of Justice* (Harvard University Press 1971).

B. Secondary Sources

1. Books

- John Rawls, A Theory of Justice (1st ed, Harvard University Press 1971).

2. E-Resources

- Acharya P and Khanal J, 'Menstruation, myth, and modernity: Navigating tradition and transformation among college-going women in Nepal' (2025) 25 ELSEVIER https://www.sciencedirect.com/science/article/pii/S259029112500955 accessed 2 January 2026.

- Agarwal N, 'Understanding the Outlook on Menstruation in India "Let's talk PERIOD!' (2020) 9(1) IJSS 10.30957 https://ndpublisher.in/admin/issues/IJSSv9n1b.pdf accessed 10 August 2025.

- Aydın A, Gok M and Ciftci B, 'A "Quiet" need in the disaster of the century: a qualitative study on menstrual hygiene management' [2025]1471-2458 BMC Public Health https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-025-21499-9#citeas accessed 17 August 2025.

- Baranwal S and Solanki K, 'Breaking the Barriers through the Law: A Constitutional Perspective on Menstrual Health Rights in India' (2025) 3(2) JARWS 125 https://www.researchgate.net/publication/399154812_Breaking_Barriers_through_Law_A_Constitutional_Perspective_on_Menstrual_Health_Rights_in_India accessed 4 May 2026.

- Bhattachan and others, 'Menstrual hygiene management among women and adolescent girls in the aftermath of the earthquake in Nepal' (2018) 18(33) BMC Women's Health

https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-018-0527-y #citeas accessed 25 September 2025.

- Desai R, 'From Riches to Rags: The Evolution of Menstrual Taboos in India' (THE SWDL, 29 March 2019) https://www.theswaddle.com/from-riches-to-rags-the-evolution-of-menstrual-taboos-in-india accessed 18 August 2025.
- Hennegan J et al, 'Menstrual Health: a definition for policy, practice and research' (2021) 29(1) Sexual and Reproductive Health Matters 31, 32 https://pubmed.ncbi.nlm.nih.gov/33910492/191168#abstract accessed 19 August 2025.
- Jaafar H, Ismail S and Azzeri A, 'Period Poverty: A Neglected Public Health Issue' (2023) KJFM https://pmc.ncbi.nlm.nih.gov/articles/PMC10372806/pdf/kjfm-22-0206.pdf accessed 10 May 2026.
- Jalali R, 'Global Health Priorities and the Neglect of Menstrual Health and Hygiene: The Role of Issue Attributes' (2023) 9(4): 317-345 Sociology of Development https://online.ucpress.edu/socdev/article/9/4/317/198258/Global-Health-Priorities-and-the-Neglect-of accessed 18 August 2025. Jalan A and others, 'A Sociological Study of the Stigma and Silences around Menstruation' (2020) 1(1) 50 https://www.researchgate.net/publication/351421424_A_Sociological_Study_of_the_Stigma_and_Silences_around_Menstruation accessed 10 May 2026.
- Karmakar S, 'Assam to distribute sanitary napkins as flood relief' DH Deccan Herald (1 June 2021)

https://www.deccanherald.com/india/assam-to-distribute-sanitary-napkins-as-flood-relief-992438.html accessed 11 May 2026.

- Kathuria B and Raj S, 'Effects of Socio-Economic Conditions on Usage of Hygienic Method of Menstrual Protection among Young Women in EAG States of India' (2018) 3(1) Amity Journal of Healthcare Management https://www.researchgate.net/publication/353176222_Effects_of_SocioEconomic_Conditions_on_Usage_of_Hygienic_Method_of_Menstrual_Protection_among_Young_Women_in_EAG_States_of_India?enrichId=rgreq6a71151dc431c8bdff4cb39439a4168dXXX&enrichSource=Y292ZXJQYWdlOzM1MzE3NjIyMjtBUzoxMDQ0Njc2MTYxMzIzMDA4QDE2MjYwODE2MTQxMTM%3D&el=1_x_2&_esc=publicationCoverPdf accessed 26 September 2025.
- Krishnan S and Twigg J, 'Menstrual hygiene: a 'silent' need during disaster recovery' (2016) 35(3) JSTOR https://www.jstor.org/stable/26600765 accessed 17 August 2025.
- Leeuwen V, Crystel and Belen Torondel, 'Improving menstrual hygiene management in emergency contexts: literature review of current perspectives' (2018) 10 IJWH https://pubmed.ncbi.nlm.nih.gov/29692636/ accessed 25 September 2025.
- Okai A, 'Women are Hit Hardest in Disasters, So Why are Responses too Often Gender-Blind?' (UNDP, 24 March 2022) https://www.undp.org/blog/women-are-hit-hardest-disasters-so-why-are-responses-too-often-gender-blind accessed 11 August 2025.
- Prava P, 'Cyclone Fani: Women were left with just one cloth to cover body, manage menstruation' Down to Earth (New Delhi, 7 June 2019) https://www.downtoearth.org.in/natural-disasters/cyclone-fani-

women-were-left-with-just-one-cloth-to-cover-body-manage-menstruation-64977 accessed 13 August 2025.

- Purkayastha K, 'Menstrual Health Under the Expansive Canopy of Rights: A Critical Legal Appraisal of the Indian Framework' [2025] 3(3) LIJDLR https://doi.org/10.70183/lijdlr.2025.v03.83 accessed 27 August 2025.
- Rohatgi A and Dash S, 'Period poverty and mental health of menstruators during COVID-19 pandemic: Lessons and implications for the future' (2023) 4 NLM https://www.frontiersin.org/journals/globalwomenshealth/articles/10.3389/fgwh.2023.1128169/full accessed 12 August 2025.
- S, Caruso and others, 'A Time for Global Action: Addressing Girls' Menstrual Hygiene Management Needs in Schools' (2016) 13(2) PLOS Medicine https://doi.org/10.1371/journal.pmed.1001962 accessed 26 September 2025.
- Sadique S, Ali I and Ali S, 'Managing menstruation during natural disasters: menstruation hygiene management during "super floods" in Sindh province of Pakistan' [2023] 56(3) JBS https://Managing menstruation during natural disasters: menstruation hygiene management during "super floods" in Sindh province of Pakistan | Journal of Biosocial Science | Cambridge Core accessed 17 August 2025.
- Schmitt ML and others, 'Understanding the menstrual hygiene management challenges facing displaced girls and women: findings from qualitative assessments in Myanmar and Lebanon' (2017) 11(19) Conflict and Health https://www.researchgate.net/publication/320427894_Understanding_the_menstrual_hygiene_management_challenges_facing_displaced_girls_and_women_Findings_from_qualitative_assessments_in_Myanmar_and_

Lebanon/link/5fc4d61ea6fdcc6cc685396a/download accessed 17 August 2025.

- Srivastava L, 'The Right to Health in Relation to Human Rights' (2017) 37(1) Sri JNPG College Law Review https://www.researchgate.net/publication/323388675_The_Right__in_Relation_to_Human_Rightsto Health Human Rights accessed 10 May 2026.
- Tiwari A, 'Comparing the text of Manusmriti and Vedas on Menstruation' (Parenting.com, 18 November 2020) https://dhaaramagazine.in/2020/11/18/comparing-the-text-of-manusmriti-and-vedas-on-menstruation/ accessed 9 May 2026.
- Upadhyay A, Bhaskae S, 'Ladies, This Women's Day Take the Pledge to Stay Healthy and Guard Against These Common Health Problems Faced by Women in India' NDTV (New Delhi, 8 March 2020) https://swachhindia.ndtv.com/womensday-2020-swasth-india-health-problems-faced-by-women-india-42105/ accessed 25 September 2025.