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FROM JUDICIAL RECOGNITION TO CONSTITUTIONAL REALISATION: A COMPARATIVE STUDY OF MENSTRUAL HEALTH UNDER ARTICLE 21

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I. ABSTRACT

The fact that the right to menstrual health now has a constitutional footing by being brought under the umbrella of Article 21 (the right to life) is revolutionary under Indian constitutional law. In the case of Dr. Jaya Thakur v. Government of India & Ors., the Supreme Court addressed menstrual health in the wider context of health, dignity, equality, and access to education and commanded the State to adopt measures for better menstrual hygiene management in educational institutions. In light of the judgment, this paper explores whether the judgment reflects an elaboration of an already existent constitutional right or an extension to the scope of Article 21 of the Indian Constitution. Using doctrinal as well as comparative research methodology, the paper undertakes analysis of the legal provisions regulating menstrual health and the evolution of the right to health under Article 21 and reviews critically the Court's judicial approach and argumentation. In addition to analyzing the linkage between Article 21 A (right to education) and menstrual health, the paper sheds light on the problems that poor sanitation for menstrual hygiene causes with regard to educational institutions and the resultant impact on gender equity. The paper endeavors to highlight the emergent understanding of dignified health that the implementation of menstrual leave and menstrual friendly facilities in public institutions displays. Drawing lessons from comparable countries such as Scotland, Kenya, New Zealand and England, the paper points out certain practices which could fortify the legal framework in India. The paper will establish that while the foundation for menstruation was already present in Article 21 of the

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Indian Constitution, it was the judgment which provided clarity regarding the obligations of the State, paving the way for realizing the right to dignified health.

II. KEYWORDS

Article 21; Menstrual Health; Constitutional Jurisprudence; Menstrual Justice; Right to Education.

III. INTRODUCTION AND RATIONALE FOR THE STUDY

A. Menstrual Health as a Constitutional and Public Health Concern

Menstrual health has increasingly become an important public health as well as human rights issue in Indian public health, human rights and constitutional law as it addresses concerns beyond personal well-being and hygiene to matters of life and dignity. While menstruation was “once considered a shameful secret in both public discourse and personal lives”, it is today acknowledged as much more than merely possessing feminine hygiene products but encompass knowledge about their appropriate use, availability of sanitary facilities, health services, adequate understanding of menstruation and menstrual hygiene practices, the existence of privacy as well as dignity and environment that does not encourage stigma and ostracization.³ It states that: “The WHO has underlined that menstrual health is crucial for well-being, especially when people menstruate within an inclusive societal context or are accommodated within society's existing social structures.”⁴

B. Stigma, Silence and Misinformation in India

Social taboos, cultural traditions and lack of awareness continue to shape the experience of menstruation in India. Although menstruation is a normal biological process, it remains stigmatised and alienating for many women and girls because of deeply rooted social beliefs and traditions. Misinformation and stigma surrounding menstruation

³ INDIA CONST. arts. 14, 21, 21A.

⁴ World Health Organization, *WHO Statement on Menstrual Health and Rights* (2022), <https://www.who.int/news/item/22-06-2022-who-statement-on-menstrual-health-and-rights>.

continue to impede access to accurate knowledge. This lack of understanding contributes to exclusionary treatment at home, in schools and in public spaces, as well as to silence around menstrual needs.

Menstrual beliefs shape perceptions of menstrual management and create social barriers affecting personal dignity, autonomy and participation.⁵ Health concern goes beyond the availability of sanitary products and safe facility to that which concerns human belief and institutional response to the same. A rights-based framework must address the deeply entrenched inequalities which hinder their safe and dignified management of menstruation.⁶ The entry of menstrual health rights into the Indian Constitution by adding Article 21 affirms that dignity and equality cannot be fully attained in a system where menstrual stigma and ostracization persist.

C. School Absenteeism, Dropout and Health Outcomes

Girls in adolescence are highly vulnerable and the challenges concerning their health in regards to menstruation directly impacts their wellbeing and participation in education. Reasons students are denied education while having menstruation such as lack of menstrual health products and lack of access to proper toilet facilities at school coupled with stigma and unawareness of the same forces girls to miss school. The period during menstruation reduces their active participation at school, leads to absenteeism and dropouts in certain cases.⁷

The connection between menstruation and education demonstrates the relationship between the right to health and the right to education. It is clear that for girl students not to face any hindrances when attaining education on an equitable base there must be

⁵ WaterAid, *Menstrual Hygiene Management: Towards Gender Equality* 8-9 (2016), <https://washmatters.wateraid.org/publications/menstrual-hygiene-management-towards-gender-equality>.

⁶ INDIA CONST. arts. 14, 21.

⁷ United Nations Children's Fund, *Guidance on Menstrual Health and Hygiene* 21-22 (2019), <https://www.unicef.org/wash/menstrual-hygiene>.

availability of adequate menstruation facilities at school.⁸ Lack of proper personal hygiene can result in uncomfortable situations, cause infections or even affect girl students on psychological levels. The Supreme Court has affirmed these conditions by passing the judgment in the writ petition filed by Dr. Jaya Thakur v. Government of India & Ors. The Court states that ensuring menstrual hygiene facilities at schools is paramount to upholding the right to dignity and the right to education.⁹ Thus menstruation is not only a question of women's health and rights but also of equality in rights.

D. Doctrinal Significance of an Unenumerated Right

Supreme Court is ever expanding article 21. Now under article 21 the rights of living a life with dignity have also been interpreted as they are implied by the said provisions. These are rights of having a life with integrity, autonomy and health.¹⁰

In the judgment of Dr. Jaya Thakur. V Government of India & Ors. The SC has interpreted the term health to mean as incorporated within Art. 21.¹¹ This raises an issue- did Supreme Court create the right or did it recognize pre-existing in Article 21 law?

E. Research Questions and Rationale for the Comparative Study

This paper examines whether the recognition of menstrual health under Article 21 in *Dr. Jaya Thakur v. Government of India & Ors.* amounts to the creation of a new constitutional right or, instead, expressly acknowledges an entitlement already implicit within the evolving jurisprudence on life, dignity, health, equality and education. It further considers the legal consequences of treating menstrual health as a constitutional concern and assesses whether existing policy and institutional mechanisms are sufficient to translate such recognition into effective implementation.

⁸ World Health Organization, *WHO Statement on Menstrual Health and Rights* (2022), <https://www.who.int/news/item/22-06-2022-who-statement-on-menstrual-health-and-rights>.

⁹ *Dr. Jaya Thakur v. Government of India & Ors.*, W.P. (C) No. 1000 of 2022, Judgment dated Jan. 30, 2026 (India).

¹⁰ *Maneka Gandhi v. Union of India*, (1978) 1 SCC 248 (India); *Francis Coralie Mullin v. Administrator, Union Territory of Delhi*, (1981) 1 SCC 608 (India).

¹¹ *Dr. Jaya Thakur v. Government of India & Ors.*, W.P. (C) No. 1000 of 2022, Judgment dated Jan. 30, 2026 (India).

The comparative dimension is included to draw relevant lessons from jurisdictions that have adopted statutory, school-based or rights-oriented approaches to menstrual health, particularly Scotland, Kenya, New Zealand and England.

F. Research Objectives

The specific objectives of this paper are:

1. To examine the constitutional basis for recognising menstrual health within Articles 14, 15, 21 and 21A of the Indian Constitution;
2. To analyse the reasoning and implications of *Dr. Jaya Thakur v. Government of India & Ors.* in the context of dignity, substantive equality, health and education;
3. To assess whether the judgment recognises an existing constitutional entitlement or expands the scope of Article 21;
4. To evaluate the adequacy of existing legal and policy measures relating to menstrual hygiene management in educational and public institutions; and
5. To draw comparative lessons from Scotland, Kenya, New Zealand and England for strengthening India's legal and institutional framework on menstrual health.

G. Research Methodology

This paper adopts a doctrinal legal research methodology. It examines constitutional provisions, judicial precedents, statutory materials, government policies and relevant international human rights instruments to analyse the development of menstrual health as a rights-based issue under Indian constitutional law. The doctrinal inquiry is particularly focused on the interpretation of Article 21 and its relationship with dignity, health, equality and access to education.

The paper also uses a comparative research method. Scotland, Kenya, New Zealand and England have been selected because each jurisdiction offers a distinct model for addressing menstrual health. Scotland provides an example of a statutory entitlement to

free period products through the *Period Products (Free Provision) (Scotland) Act 2021*, under which local authorities and education providers are legally required to make period products available free of charge.

Kenya is relevant because its Constitution expressly protects economic and social rights, including health, sanitation, water and education, alongside equality and dignity guarantees. New Zealand's school-based *Ikura Manaakitia te whare tangata* initiative is useful for examining institutional delivery of free period products in schools, with official materials noting that an estimated 98% of menstruating students in participating schools and kura can access such products.

England is considered because its government-funded period product scheme provides free period products to students in state-maintained schools and Department for Education-funded 16–19 education organisations. These jurisdictions have therefore been selected not for direct transplantation, but to identify legally and institutionally relevant practices that may inform India's constitutional and policy response.

IV. CONSTITUTIONAL AND JURISPRUDENTIAL FRAMEWORK

A. Constitutional Foundations of Menstrual Health Rights

The constitutional recognition of health relies on the wider guarantees of equality, dignity and personal liberty. Articles 14, 15 and 21 of the Constitution create the framework for treating menstrual health as a rights-based issue. Health, on this view, is more than a private biological matter. Article 14 guarantees equality before the law and equal protection of the laws, requiring the State to address structural disadvantages that prevent equal access to opportunities.

Articles 15(1) and 15(3) guard against discrimination on the ground of sex while permitting affirmative action for women and children. Menstrual health, therefore, cannot be treated as an isolated issue; it is directly connected to equality and gender

justice.¹² The Supreme Court has looked at Article 21 in a way to include things that are needed for a respectful way of living. In the past the Court has said that health, control over one's body and being able to get medical care are important parts of the right to life. The link, between health and education is supported by Article 21A because not having good menstrual health facilities can stop students from properly using their right to education.¹³

B. Directive Principles and Statutory Framework

The Directive Principles of State Policy give guidance about what the State should do for public health and welfare. Article 39(e) says the State must make sure that the health and strength of people are not used or harmed. Article 42 calls for humane working conditions. Article 47 tells the State to take steps to improve health.¹⁴ Even though these articles are not enforceable in court they have still had an influence, on how the Constitution is understood and how policies are made.

Many government programs have tried to improve health by raising awareness providing menstrual products and improving sanitation facilities. Yet most of these efforts stay within a welfare framework. The recognition of health in Article 21 shifts the view making it a state duty to protect fundamental rights rather, than optional welfare.

C. International Obligations and Human Rights Perspective

India's response to the issue of Menstrual health is also determined by its international obligations. Thus, the Convention on the Elimination of All Forms of Discrimination Against Women requires the States to eliminate discrimination against women and provide access to healthcare services.¹⁵ The International Covenant on Economic, Social

¹² INDIA CONST. arts. 14, 15(1), 15(3).

¹³ INDIA CONST. art. 21, 21A.

¹⁴ INDIA CONST. arts. 39(e), 42, 47.

¹⁵ Convention on the Elimination of All Forms of Discrimination Against Women art. 12, Dec. 18, 1979, 1249 U.N.T.S. 13.

and Cultural Rights recognises the right of everyone to the highest attainable standard of physical and mental health.¹⁶

The Sustainable Development Goals add gender equality, quality education and access to healthcare as core components of sustainable development.¹⁷ These international obligations reinforce the idea that menstrual health is tied to dignity, equality and non-discrimination. They also give a wider human rights frame within which to examine domestic constitutional developments.

D. Evolution of Article 21 and Judicial Recognition of Health, Dignity and Autonomy

The current understanding of Article 21 is the product of gradual judicial expansion. In *Kharak Singh v. State of Uttar Pradesh*, the Supreme Court examined the scope of personal liberty, though its reading of Article 21 remained relatively narrow at that stage. This position changed in *Maneka Gandhi v. Union of India*, where the Court held that any procedure restricting personal liberty must be fair, just and reasonable, thereby expanding the substantive meaning of Article 21. Later, in *Francis Coralie Mullin v. Administrator, Union Territory of Delhi*, the Court held that the right to life includes the right to live with human dignity and the basic conditions necessary for human existence. The scope of the right to health was further broadened in *Paschim Banga Khet Mazdoor Samity v. State of West Bengal*, where the State was held to have a constitutional obligation to provide adequate medical facilities under Article 21.

A crucial later development in this doctrinal line is *K.S. Puttaswamy v. Union of India*, in which a nine-judge Bench of the Supreme Court held that the right to privacy is protected as an intrinsic part of the right to life and personal liberty under Article 21 and as part of the freedoms guaranteed by Part III of the Constitution. The judgment is particularly

¹⁶ International Covenant on Economic, Social and Cultural Rights art. 12, Dec. 16, 1966, 993 U.N.T.S. 3.

¹⁷ United Nations, *Transforming Our World: The 2030 Agenda for Sustainable Development* (2015).

significant for the present study because it links privacy with dignity, bodily integrity, personal autonomy and decisional freedom.

It recognises that constitutional liberty protects an individual's authority to make intimate choices concerning the body, identity and personal life. This provides the doctrinal foundation for treating menstrual health not merely as a sanitation or welfare issue, but as a matter connected with bodily autonomy, privacy and decisional control over one's own person.

This line of cases demonstrates that Article 21 operates as an active constitutional instrument for recognising unenumerated rights where such recognition is necessary to secure dignity, autonomy, health and meaningful human development. Within this framework, menstrual health is not an isolated claim but a logical extension of the Court's established Article 21 jurisprudence.

E. Menstrual Health as a Doctrinal Extension of Article 21

The inclusion of menstrual health in Article 21 is a natural extension of the Supreme Court's long-standing interpretive method of universal fundamental rights as interpreted in the face of changing social realities. Over time, the court has consistently ruled that the right to life is not a fundamental right but an extended one, which includes the ingredients necessary to live with dignity.¹⁸ With that being said, access to and information about menstrual health care, facilities and institutional support measures are directly related to a woman's dignity and equality, as well as her autonomy over her body.

Menstrual health care is also deeply connected to a variety of other fundamental rights. For example, restrictions on access to menstrual health care can affect a woman's ability to receive education and access public spaces, as well as her overall position in society. Therefore, by including menstrual health care in Article 21, the Supreme Court actually relied on several existing constitutional fundamentals, rather than creating a new one.

¹⁸ *Olga Tellis v. Bombay Municipal Corp.*, (1985) 3 SCC 545 (India).

Dr. Jaya Thakur v. Government of India & Ors. is precisely this kind of precedent, which further expands on the constitutional right to equal and dignified healthcare access for all.

F. Constitutional Implications of Recognising Menstrual Health as a Right

The recognition of menstrual hygiene as integral to article 21 transforms the nature of responsibility. State responsibility changes from one based on administrative choice to one based on a constitutional obligation. Policy initiatives on menstrual hygiene have been in place for years, but the constitutional recognition provides these with stronger foundations for effective implementation and accountability at the institutional level. This also contributes to a wider interpretation of gender justice, where biological facts are not barriers to education, employment or other areas of public life. Recognizing menstrual hygiene in this way is an extension of the jurisprudence of article 21 and raises a doctrinal question that deserves a direct answer: did the Supreme Court merely state an entitlement that was implicit in the jurisprudence of article 21 or did it take the right to life beyond its previous scope?

V. CRITICAL ANALYSIS OF DR. JAYA THAKUR V. GOVERNMENT OF INDIA & ORS.

A. Background and Procedural History

The writ petition in Dr. Jaya Thakur v. Government of India & Ors. was filed under Article 32 of the Constitution and the Court was asked to declare menstrual hygiene as a fundamental aspect in the dignity, health and equality of women. The petition highlighted the challenges in menstrual hygiene and sought directions to give effect to the various measures contemplated including those in relation to educational institutions with the joint efforts of the Union and the States.¹⁹

¹⁹ Dr. Jaya Thakur v. Government of India & Ors., W.P. (C) No. 1000 of 2022, Judgment dated Jan. 30, 2026 (India) 1-7.

During the hearing, however, the Union Government informed the Court of various initiatives taken by the different Ministries in respect of menstrual hygiene management in the country including distribution of sanitary napkins, awareness campaigns and guidelines issued in this regard. Therefore, while considering the submissions made by the Union, the question before the Court was whether a uniform direction could be issued or whether it would be for the executive in the Ministry and the States to take appropriate measures.²⁰

B. Constitutional Reasoning and Substantive Equality Framework

Instead of addressing the problem of menstruation as only a public health issue, the Court focused on the idea of substantive equality. They saw the problems related to equality and dignity in the context of rights. The Court held that menstruation can affect the right to education, health or even access to other areas of public life if women and girls are unable to manage their periods hygienically due to the lack of appropriate facilities or social stigma. The Court ruled that by addressing biological differences between women and men, state organs should take active steps to achieve substantive equality.²¹

The Court further pointed that dignity as contemplated by Article 21 includes all aspects which are required for the enjoyment of a life of dignity and therefore, menstrual hygiene cannot be considered as a matter of choice or individual preference and must be viewed as an aspect of the state's obligation to ensure equality and justice as mandated by the Constitution. The Court also recognised that there is a need for sustained policy approach both by the Union and the State Governments for the implementation of such measures and therefore, the issue cannot be viewed as merely a judicial mandate.²²

C. Privacy, Bodily Autonomy and Decisional Freedom

A significant doctrinal aspect of *Dr. Jaya Thakur v. Government of India & Ors.* is its reliance on privacy and decisional autonomy as part of Article 21. The Court's reasoning does not

²⁰ *Id.* 18–27.

²¹ *Id.* 30–37.

²² *Id.* 38–45.

treat menstrual hygiene management as a matter confined to sanitation or access to products. Rather, it recognises that menstrual health also concerns the individual's control over bodily processes, private decision-making and the ability to manage menstruation without coercion, stigma or institutional neglect. This reasoning draws directly from the constitutional principles developed in *K.S. Puttaswamy v. Union of India*, where privacy was recognised as intrinsic to life, liberty, dignity and autonomy under Article 21.

This autonomy-based reasoning strengthens the constitutional basis of menstrual health in a manner distinct from the equality and dignity analysis. Equality reasoning focuses on removing structural barriers that disadvantage menstruating persons, while dignity reasoning protects them from humiliation, exclusion and stigma. The privacy and decisional autonomy limb add a further dimension: it recognises that the State must create conditions in which menstruating persons can make informed and private choices about menstrual products, hygiene practices, pain management and participation in education or public life. In this sense, *Jaya Thakur* does not merely extend Article 21 to menstrual hygiene as a public health concern; it situates menstrual health within the broader constitutional protection of bodily integrity and decisional freedom.

D. Barriers Identified by the Court

The Court was of the view that menstrual health in India is compromised by factors such as structural, social and institutional barriers, in addition to the availability of sanitary napkins. It held that inadequate sanitation, availability of affordable menstrual hygiene products, social stigma, and lack of awareness about menstruation contribute to the deprivation of dignity of persons menstruating. The judgment gave particular attention to the effect of these barriers on school-going girls, noting that the lack of appropriate facilities contributes to absenteeism and limits their ability to participate equally in education.²³

²³*Id* 46–58.

E. Directions Issued by the Court

While acknowledging the constitutional significance of menstrual health, the Court stopped short of issuing a detailed nationwide code governing menstrual hygiene. Instead, it accepted the Union Government's submission that menstrual health requires coordinated policy implementation involving both the Union and the States. The Court directed the Union Government to convene a meeting with the Chief Secretaries and Administrators of all States and Union Territories, to work out a uniform national framework for menstrual hygiene management that accounts for existing government initiatives and local requirements.²⁴ It also directed that the progress of these deliberations be placed before the Court through a status report.

F. Whether the Judgment Recognised an Existing Constitutional Right or Created a New Constitutional Entitlement

The judgment reads as an affirmation of an existing constitutional entitlement rather than the creation of a new fundamental right. Instead of introducing a distinct right to menstrual health, the Court situated menstrual health within the established jurisprudence of Articles 14, 15 and 21, treating dignity, equality and access to healthcare as inseparable constitutional guarantees.²⁵ The decision, then, is a doctrinal application of existing constitutional principles to an issue that had gone largely unaddressed, while at the same time clarifying what the State is obligated to do.

G. Critical Scholarly Reception

Early commentary on *Dr. Jaya Thakur v. Government of India & Ors.* has generally recognised the judgment as significant for moving menstrual health from a welfare-based policy concern to a rights-based constitutional issue. The Supreme Court Observer, for instance, describes the decision as recognising menstrual health as part of the right to life under Article 21 and the right to free and compulsory education under Article 21A.

²⁴*Id.* 70–76.

²⁵*Id.* 30–45.

Similarly, commentary in *LiveLaw* notes that the Court treated menstrual health as linked to dignity, equality, personal liberty and access to education, thereby reinforcing a substantive-equality understanding of menstrual hygiene management.

At the same time, academic commentary has also identified limits in the judgment. The Oxford Human Rights Hub characterises the decision as “timidly groundbreaking,” observing that although the Court recognised menstrual health within Article 21, its reasoning moves between a broader social-justice framing and a narrower focus on menstrual hygiene management. Other scholarly analysis has similarly argued that while the judgment’s strength lies in its deeper understanding of menstruation as a constitutional concern, it may still leave some wider structural and social dimensions under-examined.

Therefore, the better view is not that “judges” have commented on the judgment’s institutional prudence, but that commentators have noted both its constitutional importance and its restrained institutional method. The decision acknowledges menstrual health as a fundamental-rights issue while leaving detailed implementation to the Union, States and educational authorities, subject to continuing judicial monitoring. This balance reflects the Court’s attempt to constitutionalise menstrual health without completely displacing executive responsibility for policy design and enforcement.

VI. MENSTRUAL HEALTH AND THE RIGHT TO EDUCATION: FROM INFRASTRUCTURE TO INSTITUTIONAL ACCOUNTABILITY

A. Attendance, Absenteeism and Dropout Data

The link between menstruation and education is far from hypothetical: The Supreme Court identified absence due to menstruation and school dropout as the two main consequences of deficient MHM in educational institutions.²⁶ Research on Kerala's SHE Pad Scheme backs this up: providing free menstrual products significantly reduced

²⁶ *Dr. Jaya Thakur v. Government of India & Ors.*, 2026 INSC 97, 7–9 (India).

dropout among adolescent girls, with the strongest effect showing up among seventh-grade girls, around the age when many experience menarche.²⁷

Earlier UNICEF-linked research found that roughly 23 million girls in India leave school after their first period.²⁸ At the national level, NFHS-5 recorded a rise in the use of hygienic menstrual protection among women aged 15–24 from 57.6% to 77.3%, though this figure still masks inequalities in access across social and economic groups.²⁹ These findings show that menstrual absenteeism is not an incidental educational difficulty. It is tied to the availability of basic facilities, and the Supreme Court has now expressly recognised it as a barrier to the effective enjoyment of Article 21A.³⁰

B. Infrastructure Gaps and the Right to Meaningful Access

The Court's reasoning goes beyond simply providing sanitary pads. It held that the fundamental right to education necessarily includes basic enabling facilities such as functional separate toilets, access to sanitary napkins and hygienic disposal mechanisms. The judgment treats these facilities as conditions of barrier-free access to education, not optional welfare measures.

The Court's directions require every school, government and privately managed alike, in both urban and rural areas, to provide functional gender-segregated toilets with usable water, handwashing facilities, free oxo-biodegradable sanitary napkins, MHM corners and environmentally compliant disposal systems. This matters because the Court expressly rejected financial convenience as a justification for falling short of these educational standards.

²⁷Sumit Agarwal, Liu Ee Chia & Pulak Ghosh, *Does Providing Free Sanitary Pads Keep Girls in School?* VoxDev (Aug. 20, 2025).

²⁸UNICEF Ireland, *Helping Girls Stay in School in India* (citing research on menstrual hygiene and school dropout).

²⁹Ministry of Health & Family Welfare, Government of India, *National Family Health Survey (NFHS-5), 2019–21*.

³⁰*Dr. Jaya Thakur*, 2026 INSC 97, 159–63, 173.

C. Curriculum Reform and Menstrual Awareness

The Supreme Court has ordered the National Council of Educational Research and Training (NCERT) and State Councils of Educational Research and Training (SCERTs) to develop gender responsive curricula concerning menstruation, puberty and related issues, and to provide teachers with appropriate training and sensitisation.³¹ The National Menstrual Hygiene Policy for School-Going Girls therefore addresses access to menstrual products and sanitation as well as awareness, curriculum-based education and teacher training.

This approach recognises that menstrual health education can't be aimed at girls alone. The Court specifically pointed to the role of boys, male teachers and school staff in dismantling stigma and building an environment where menstruation can be discussed without shame. The Ministry of Education's advisory of June 7, 2024, and the UGC advisory of March 18, 2025, show that menstrual health is increasingly being treated as an institutional concern across educational spaces.³²

D. Institutional Accountability of Schools and Educational Authorities

The most significant legal development here is the transformation of these requirements into enforceable institutional standards. The Court held that absence of menstrual hygiene measures causing absenteeism or dropout is not just an administrative one. It further clarified that privately managed schools too must adhere to the norms and standards set by the Right to Education Act and de-recognition can be done in case of non-adherence, while the State will be accountable for government-run institutions. In addition to the above, the judgment lays down a monitoring mechanism.

³¹ Ministry of Health & Family Welfare, Government of India, *Menstrual Hygiene Policy for School-Going Girls* (2024).

³² Ministry of Education, Government of India, *Advisory on Menstrual Hygiene Management*, June 7, 2024; University Grants Commission, *Advisory on Menstrual Hygiene Management in Higher Educational Institutions*, Mar. 18, 2025.

The District Education Officers have been directed to carry out periodic inspections and collect anonymous student feedback on sanitation, menstrual products, disposal systems and awareness measures. The NCPCR and SCPCRs have been directed to monitor the implementation process. Most importantly, the Court issued a continuing mandamus to the Union, requiring it to report on substantial compliance and directing implementation within three months. The judgment thus moves menstrual health from policy aspiration to ongoing constitutional accountability.³³

E. Menstrual Leave as an Emerging Dimension of Dignified Health

The constitutional conversation has also started extending beyond school infrastructure to menstrual leave. In March 2026, the Supreme Court declined to issue a nationwide mandatory direction for paid menstrual leave and instead left the matter to the competent authority for consideration as part of a broader model policy.³⁴ The Court's restrained approach was based on the concern that a compulsory leave requirement, if imposed without careful policy design, could operate against women by creating an additional ground for employment-related discrimination.³⁵

A different approach was adopted by the Karnataka High Court in *Chandravva Hanamant Gokavi v. State of Karnataka*, where the Court directed implementation of Karnataka's 2025 Menstrual Leave Policy and connected menstrual leave with dignity, health and substantive equality.³⁶ Karnataka's policy provides one paid day of menstrual leave per month, up to twelve days annually, without requiring a medical certificate.³⁷

These developments suggest that menstrual health is increasingly being recognised by public institutions as relevant to dignified participation in both education and

³³Dr. Jaya Thakur, 2026 INSC 97, 164-182.

³⁴ *Shailendra Mani Tripathi v. Secretary, Ministry of Women & Child Development, Union of India & Ors.*, W.P. (C) No. 327 of 2024, order dated Mar. 13, 2026 (India). The Supreme Court disposed of the petition by leaving the matter for consideration by the competent authority in relation to a model policy.

³⁵ Id.; see also *Shailendra Mani Tripathi v. Union of India*, W.P. (C) No. 327 of 2024, order dated July 8, 2024, where the Court had earlier treated menstrual leave as a policy issue requiring stakeholder consultation.

³⁶ *Chandravva Hanamant Gokavi v. State of Karnataka*, 2026 SCC OnLine Kar 2479 (India).

³⁷ Id.

employment, although the constitutional status of menstrual leave remains distinct from the now-settled recognition of menstrual health and hygiene.

F. Emerging Workplace and Institutional Practices

The move toward menstrual-sensitive workplaces predates these judicial developments too. Zomato introduced up to ten days of paid period leave annually in 2020, framing the policy explicitly around trust and removing stigma.

More recently, a Naukri survey of over 70,000 women professionals found that 34% named menstrual leave as their preferred workplace policy, while 75% said their workplaces did not provide such support.³⁸ These developments point to an important distinction. Menstrual health infrastructure has now received direct constitutional recognition, while menstrual leave remains an emerging policy question. The two shouldn't be treated as legally identical. Even so, both reflect the same larger constitutional movement: recognising biological realities as relevant to substantive equality, dignity and meaningful participation in public institutions.

VII. POLICY AND IMPLEMENTATION CHALLENGES

A. Existing Government Schemes and the Implementation Gap

India has taken up menstrual health through a number of policy initiatives over the years. One of these is the Menstrual Hygiene Scheme, brought in by the Ministry of Health and Family Welfare for adolescent girls. The scheme aims to improve awareness, access to sanitary napkins and environmentally safe disposal, with implementation routed through the States and Union Territories under the National Health Mission.³⁹

The Government followed this up with the Menstrual Hygiene Policy for School-Going Girls in November 2024, which takes a broader approach covering menstrual products, gender-responsive sanitation, education, stigma reduction and coordination across

³⁸ Naukri.com, *Women at Work in India: Challenges, Bias & Career Growth* (2025).

³⁹Ministry of Health & Family Welfare, Government of India, *Menstrual Hygiene Scheme (MHS)*, National Health Mission.

government departments.⁴⁰ Despite this policy architecture, implementation remains uneven. The Supreme Court itself has acknowledged that the mere existence of the policies does not guarantee their implementation, hence the directions given to Dr. Jaya Thakur were mandatory in addition to the prevailing State schemes and the Union's policy.⁴¹ The proceedings in regard to compliance also bring out the same fact, that substantial compliance requires constant monitoring and not just a policy document.⁴²

B. Rural-Urban and Socio-Economic Disparities

Menstrual health cannot be tackled through the assumption that access is universal. The burden is disproportionately borne by those who experience poverty, poor sanitation, lack of menstrual products and lower-grade institutional support. Menstrual Hygiene Scheme itself was initially aimed primarily at adolescent girls in rural areas, in consideration of the specific need for affordable products and awareness in such localities.⁴³ The 2024 Policy, likewise, acknowledges the importance of equitable access to products and gender-responsive sanitation facilities.⁴⁴

However, infrastructural disparities, differences in household incomes and access to information affect girls' ability to manage menstruation with dignity. Constitutional recognition, therefore, has to be accompanied by targeted measures in rural, economically disadvantaged and generally underserved communities, rather than simply a formal commitment.

C. Affordability, Accessibility and Disposal

Affordability is an integral part of menstrual health. While the government has addressed this aspect to a large extent through the subsidized sanitary napkins under the Menstrual

⁴⁰Ministry of Health & Family Welfare, Government of India, *Menstrual Hygiene Policy for School-Going Girls* (2024).

⁴¹ *Dr. Jaya Thakur v. Government of India & Ors.*, 2026 INSC 97, 177 (India).

⁴² *Dr. Jaya Thakur v. Government of India & Ors.*, W.P. (C) No. 1000 of 2022, order dated May 25, 2026.

⁴³ Ministry of Health & Family Welfare, Government of India, *Menstrual Hygiene Scheme (MHS)*.

⁴⁴ Ministry of Health & Family Welfare, Government of India, *Menstrual Hygiene Policy for School-Going Girls* (2024).

Hygiene Scheme and Jan Aushadhi Suvidha sanitary napkins, availability cannot be ignored.⁴⁵ It is necessary to make it possible for girls to buy these products near their location, especially in conjunction with private sanitary facilities, water, and other amenities.

It is not enough to simply make products accessible to girls in terms of affordability; it is necessary to ensure their availability.⁴⁶ The Supreme Court has taken this into account, directing to provide free menstrual hygiene products in schools, with MHM corners and appropriate waste disposal.

D. Social Stigma, Awareness and Data Deficits

Menstrual stigma persists as a barrier, even when physical infrastructure is in place. The 2024 Policy explicitly names misinformation and stigma as concerns that require age-appropriate education, community engagement and teacher capacity-building.⁴⁷ The Supreme Court similarly directed NCERT and SCERTs to incorporate menstrual health into gender-responsive curricula, and requires teachers to be trained and sensitised.⁴⁸ Another challenge is the lack reliable, disaggregated data.

Appropriate action requires understanding the situation, such as access to menstrual products, school infrastructure, absenteeism, sanitation, disposal systems, and experiences of students. The Court's continued monitoring mechanism addresses this by requiring the Union to collect information from States and report on compliance at intervals.⁴⁹ The central challenge, however, is no longer the lack of a policy framework.

The task now is to make the constitutional recognition and policy commitment result in measurable tangible outcomes that can be adequately funded and monitored on an ongoing basis. Whether the right of menstrual health truly makes a difference will

⁴⁵ Press Information Bureau, Government of India, *Update on Menstrual Hygiene Practices* (Feb. 2, 2024).

⁴⁶ *Dr. Jaya Thakur*, 2026 INSC 97, 173–77.

⁴⁷ Ministry of Health & Family Welfare, Government of India, *Menstrual Hygiene Policy for School-Going Girls* (2024).

⁴⁸ *Dr. Jaya Thakur*, 2026 INSC 97, 173.

⁴⁹ *Id.* (178–82); *Dr. Jaya Thakur v. Government of India & Ors.*, order dated May 25, 2026.

depend on the extent to which institutional commitment will transform constitutional standards into lived realities for girls nationwide.

VIII. COMPARATIVE PERSPECTIVES AND RECOMMENDATIONS

A. Comparative Perspectives

The comparative experience indicates that menstrual health can be promoted through a combination of legal entitlements, institutional mandates and educational interventions. Scotland has the most advanced statutory framework in place. The Period Products (Free Provision) (Scotland) Act 2021 imposes a duty on local authorities to ensure that period products are available free of charge to anyone who needs them, and separately requires education providers to make such products freely available to pupils and students.⁵⁰ What sets the Scottish model apart is that it elevates access to menstrual products from the realm of welfare entitlement to a statutory entitlement which applies across the country.

New Zealand has taken a school-based route through its “Ikura | Manaakitia te wharetangata” initiative. State, state-integrated and charter schools can provide free pads, tampons and liners to students, and schools are encouraged to make products available privately, without requiring students to ask for them. The programme is aimed squarely at removing menstruation-related barriers to school attendance, and currently reaches an estimated 98% of menstruating students in participating institutions.⁵¹

England runs a similar government-funded period product scheme for state-maintained schools and publicly funded 16–19 education organisations. The scheme provides a range of menstrual products free of charge and ties product availability directly to keeping

⁵⁰ Period Products (Free Provision) (Scotland) Act 2021, asp 1, 1–2 (Scot.).

⁵¹Ministry of Education, New Zealand, *Period Products in Schools*.

menstruation from becoming a barrier to education. English policy also pairs product access with menstrual education, anti-stigma measures and equality obligations.⁵²

Kenya is a particularly useful constitutional comparison. Unlike India, its Constitution expressly recognises the right to the highest attainable standard of health, including reproductive healthcare, along with rights to sanitation, water and education under Article 43.⁵³ Article 27 guarantees substantive equality and expressly allows affirmative measures to redress disadvantage, while Article 28 protects human dignity.⁵⁴ Kenya's Menstrual Hygiene Management Policy, launched in 2020, situates menstrual health within a wider governmental framework of dignity, health and participation.⁵⁵

B. Comparative Lessons for India

These countries bring three lessons for India. Firstly, the entitlement to menstrual hygiene can only emerge if backed by clear law/policy not the discretion available through schemes alone. Whereas Scotland lays down a mechanism by framing statutory duties for providing free products to relevant stakeholders, Kenya illustrates the use of constitution guarantees of health, sanitation and education to further establish state accountability.

Secondly, 'provision of products alone is not sufficient'. It needs to go hand in hand with sanitation, privacy, disposal facilities, and awareness. Scotland and England illustrate how making products readily available in school environs is critical over emergency distribution alone. Lastly, implementation needs to be accountable and supported through precise institutional responsibilities. So far Dr. Jaya Thakur has paved this way in India. What India needs is to codify into laws and administrative framework the very

⁵²Department for Education, U.K. Government, *Period Product Scheme for Schools and Colleges* (updated May 15, 2025).

⁵³Constitution of Kenya, 2010, art. 43(1).

⁵⁴*Id.* arts. 27–28.

⁵⁵Ministry of Health, Kenya, *Menstrual Hygiene Management Policy* (2020).

same principle as established in its constitution, instead of leaving states to act through individual fragmented schemes.⁵⁶

C. Legislative and Policy Reforms

At the very centre, one of the key reform measures would be for the Government to create a broad national framework for menstrual health which will outline minimum standards in schools and public institutions. Such legislation should guarantee free or affordable menstrual products, safe water, functional gender-segregated toilets, private changing spaces and environmentally appropriate disposal mechanisms.

It should also set minimum standards for rural and economically disadvantaged areas, so that constitutional protection does not depend on where a school happens to be or how well-resourced it is. The existing policy framework needs dedicated funding and stronger coordination between departments. Responsibility should be clearly split between the Ministries of Health and Family Welfare, Education, and Women and Child Development, with matching responsibilities assigned to State Governments and local authorities.

D. Institutional Accountability and Curricular Reform

The comparative models also indicate that access is most effective when the responsibility for provision falls directly on institutions. Indian schools should retain publicly available MHM standards as well as have appointed officers and confidential channels through which students can report shortages or infractions. The monitoring mechanism the Supreme Court mandated, which includes periodic inspections, should be retained.⁵⁷

Menstrual health education is to be compulsory, age appropriate, and part of a broader school curriculum which includes information about menstruation as a normal biological function, as well as hygiene, sexual health, pain management, products, and disposal.

⁵⁶Ministry of Education, New Zealand, *Period Products in Schools*; Department for Education, U.K. Government, *Period Product Scheme for Schools and Colleges*.

⁵⁷ *Dr. Jaya Thakur v. Government of India & Ors.*, 2026 INSC 97, 173–82 (India).

Such education is not restricted to female students, but is given to male students, teachers, and support staff as well, in order to destigmatise the issue. This builds on the Supreme Court's broader mandate, as well as the educational models used in England and New Zealand.⁵⁸

E. Judicial Follow-Through and Monitoring

The continuing mandamus in *Dr. Jaya Thakur* gives an important mechanism for making sure constitutional recognition doesn't stay purely declaratory. Periodic compliance reports, inspections by educational authorities and participation by child-rights institutions let the Court assess whether the prescribed standards are actually being met.⁵⁹ Nonetheless, judicial supervision must be complementary to legislative and executive action and not supplementary.

In sum the comparative evidence offers a clear lesson—there cannot be any notion of menstrual justice without products being available at a shop. India can move beyond the constitutional recognition provided in *Dr. Jaya Thakur* through a blend of enforceable minimum standards, institutional accountability, menstrual education and continuous monitoring to ensure that the right to menstrual health ceases to be a judicial abstraction; and translates into tangible assurance of dignity equality, and access to education.

IX. CONCLUSION

A. Key Findings

Menstrual health can no longer be considered an issue to be pushed to individual hygiene and public welfare matters. Lack of access to products; poor sanitation infrastructure; stigmatisation and unawareness, in combination, have led to two clear results, women and girls missing out on education and health; the deprivation of dignity and full equality in the public sphere. The significance of *Jaya Thakur v. Government of India & ors.* lies in that, it brought these matters under existing Indian Constitutional framework through

⁵⁸ *Id.* 173; Department for Education, U.K. Government, *Period Product Scheme for Schools and Colleges*.

⁵⁹ *Dr. Jaya Thakur*, 2026 INSC 97, 178–82.

Art 14, 21, 21A and took care that school and government authorities should discharge certain duties beyond simple recognition.

B. Constitutional Significance of the Judgment

What the judgment constitutionally does then is recognize menstruation hygiene as existing right and not as the newest right. By linking menstrual hygiene with dignity and substantive equality, as well as access to and enjoyment of education, the Court provided Article 21A with content, and added to the positive obligations flowing from Articles 14 and 21. It is the Constitution responding to a biological reality that, if ignored, resulted in inequality. Yet the judiciary can only go so far. The Court set minimum standards and provided a mechanism to ensure compliance. Whether menstrual health rights are realized for the marginalized populations, is a matter of legislators' will, finances, and administrators' zeal.

C. Future Scope for Menstrual Justice Under Article 21

This ruling, meanwhile, creates room for Article 21 to develop towards areas not covered at all by the judgment: the right to access menstrual products outside school hours, to general information on reproductive and menstrual health, working conditions, and finally, menstrual leave. The issue of menstrual leave in particular remains highly contentious in courtrooms, as it presents a real danger of being used as another channel for employers to discriminate against women.

D. Comparative Constitutional Learning and the Way Forward

Scotland, New Zealand, England, and Kenya can each teach India a lesson on this front. Statutory duties, free products, school-based delivery systems, constitutional mandates relating to health and sanitation, and institutions that are actually held accountable can all be leveraged to design a policy in India that fits its constitutional framework and social moorings.

Dr. Jaya Thakur provides India with a constitutional foundation, but what happens next is what will determine whether menstrual justice in India will finally deliver on its

promise. The real test will be if toilets are built, products supplied, students educated, and institutions held accountable. Article 21 not only recognizes women's menstrual health but continues to be a tool that ensures that menstruation does not become a barrier to education, employment, and empowerment.

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