

# FEATURE

## Why South Africa Should Provide Free Sanitary Pads for Its Women

*Ehigie Marilyn Okojie*

*‘No country can ever truly flourish if it stifles the potential of its women and deprives itself of the contribution of half of its citizens’ – Michelle Obama*

*‘There is no tool for development more effective than the empowerment of women’ – Kofi Annan*

*Menstruation has been a taboo topic since time immemorial. One may ask why that is, given that it is a natural, inescapable biological process most if not all women inevitably experience. Menstrual blood is violence-free blood, yet for many it is offensive for the ear to hear of it and distasteful for the tongue to speak of it. How is it that we can indulge in conversation about someone murdering his family with an axe, but find it appalling even to mention a woman being on her period?*

### Free sanitary pads: A multifaceted right

Access to free sanitary pads falls within the scope of three rights guaranteed by South Africa’s Constitution: the right to dignity, right to reproductive health care, and right to education. This article examines the meaning, content and scope of these rights and explains how free sanitary pads align with them.

### The right to dignity

‘Dignity’ can be defined as the state or quality of being worthy, honoured or esteemed. It is the conceptual basis for the formulation and realisation of human rights, and is neither granted by society nor can it be legitimately granted by society. An imperative implication of human dignity

is that every human being should be regarded as an invaluable member of society endowed with a right to life, including to bodily integrity (Chapman 2010). Many scholars argue that if a person is in a humiliating or compromising situation, this is a threat to his or her dignity. Humans deserve dignity not because of their achievements but by virtue of being human (TerMeulen, 2010).

Although the concept of human dignity has no set definition under South African law, the Constitutional Court has described the right to dignity as the most important of human rights and the source of all other personal rights entrenched in the Bill of Rights.

In *S v Makwanyane*, O’Regan J stated, ‘The importance of dignity as a founding value cannot be overemphasized. Recognizing the right to dignity is an acknowledgement of [the] intrinsic

worth of human beings: human beings are entitled to be treated as worthy of respect and concern.’

Similarly, in *National Coalition for Gay and Lesbian Equality v Minister of Justice*, Ackermann J recognised the difficulty in defining dignity with precision, but said, ‘At its least, it is clear that the constitutional protection of dignity requires us to acknowledge the value and worth of all individuals as members of our society.’

It is, as such, almost inconceivable that a woman could live a dignified life if she is unable to afford or have access to sanitary supplies, such as pads. The ability of young girls and women to practice good menstrual hygiene lies at the heart of dignity as well as gender equality. When, due to inadequate menstrual hygiene management, young women are secluded, made to feel insecure about their bodies, or teased and harassed, dignity is difficult to maintain. All citizens have the right to live in dignity, and having limited to no access to absorbent sanitary supplies, and nowhere to change sanitary materials or clean oneself in private, is clearly a breach of dignity.

Related to the right to dignity are the human rights to water, sanitation and health. There are innumerable documented examples of women in rural India using old cloths, ash and leaves to soak up their periods (Garg 2001). This lack of sanitation, of course, has a massive impact on a woman’s health. One need not be a gynaecologist to know that using dirty, bacteria-ridden rags is going to cause an infection. The alarming fact is that hundreds upon thousands of women around the world are in this situation, yet only a handful of states are taking steps to make proper menstrual health and hygiene a reality for women.

## The right to reproductive health

---

The Programme of Action of the 1994 International Conference on Population and Development defines ‘sexual and reproductive health’ as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or

infirmity, in all matters relating to the reproductive system and to its functions and processes’ (United Nations Population Fund 2014).

Menstruation, a key function of the reproductive system, is fundamental to sexual and reproductive health and rights. Menstrual hygiene management should be part of an expanded definition of sexual and reproductive health, since at its core menstruation is about reproduction: one cannot separate menstruation from reproductive health, as it plays an essential role in the female reproductive system (Wilson 2016).

It is, after all, the pre-eminent biological indicator that pregnancy has not occurred. When a woman gets her period or menstruates, it means that the egg that was released from her ovary was not successfully fertilised and implanted in the uterus and that the uterine lining is subsequently being shed from the body, thus resulting in bleeding.

Poor menstrual hygiene can adversely affect women’s health. When women and girls cannot afford or access absorbent sanitary products, they might use improvised materials such as improperly cleaned or scavenged cloth, or other material, such as newspaper or even grass. As already suggested, this may cause reproductive tract infections, or RTIs, such as bacterial vaginosis or vulvovaginal candidiasis, which if left untreated, can increase susceptibility to HIV infection and other STIs (House 2012).

There are other menstrual disorders and menstrual-related symptoms that affect a woman’s health and ability to engage in daily activities. For instance, anaemia, a major contributor to maternal morbidity, is associated with menorrhagia, or heavy periods. Having heavy periods without access to quality absorbent sanitary products is an emotional burden no woman should have to bear (Wilson 2016).

Additionally, there are direct links between family planning and menstruation. One of the most common side-effects of hormonal and intrauterine contraception are changes in menstrual-bleeding patterns. Some methods, like the hormonal IUD, may lead to reduced menstruation or even amenorrhea, a condition in which a woman has

no period. On the other hand, the copper IUD may increase monthly bleeding. The contraceptive implant and injectable DMPA disrupt bleeding patterns.

However, when women are counselled on and offered family-planning methods, health-care providers typically do not offer practical advice and resources to manage menstruation and menstrual changes related to contraceptive use.

## The right to education

---

The right to education encounters a two-fold violation where menstruation is concerned. The first stems from the reality that girls who lack access to quality sanitary products will often miss school on days when they are on their period, and that women in the labour force who encounter a similar issue will miss work.

The second violation arises from the consequences young women face when they are not informed and educated about menstruation either in the school setting or in clinics and hospitals. As a result, they are unprepared for menarche, the onset of menstruation, and dealing with ‘that time of the month’.

Puberty and menarche are a window of opportunity in which to teach adolescent girls and boys not only about the changes in their bodies but about fertility, contraception and other aspects of sexual and reproductive health. This type of programme can be an avenue for reducing early pregnancy, the risk of HIV and sexually transmitted infections, and for helping to keep girls in school.

## An issue of equity

---

At the most basic level, menstrual health is an issue of equity for girls and women. The sexual and reproductive rights of girls and women are compromised when they have to alter their daily routines, face stigma and discrimination in their communities, schools and workplaces, and be at risk of poor sexual and reproductive



## Menstrual health is a cross-sectoral issue that requires a coordinated response and partnership between governments and stakeholders

health outcomes because they cannot manage menstruation with dignity.

Governments, global-health development partners and the private sector must work together to ensure that girls and women in low-resource settings no longer face discrimination as a result of their basic biology (PATH 2016). Taking advantage of opportunities to address menstrual health through health and sexuality education, access to appropriate and affordable supplies and infrastructure, and improved collaboration across sectors could reduce disparities and contribute to the improved physical, mental and social well-being of girls and women.

## Recommendations

---

Menstrual health is a cross-sectoral issue that requires a coordinated response and partnership between governments and stakeholders in health, WASH, education, and employment. Civil society, education, public health, and commercial actors can integrate menstrual health in their ongoing work in order to 1) provide both girls and boys with clear and accurate information about menstruation and reproductive physiology; 2) ensure that girls grow and develop in contexts where menstruation is seen as healthy and positive; and 3) ensure that girls and women are supported by their families and communities at the time of menarche and during menstruation (PATH 2016).

The following recommendations highlight the steps that can be taken to engage policy-makers on the issue of menstrual hygiene.



## **Women would no longer need to miss school or work because they are on their period ...**

### ***Remove VAT from all sanitary pads***

---

Commercial menstrual health supplies are made more expensive by import and sales taxes, ultimately taxing women for their physiology. In 2011, Kenya eliminated import taxes on menstrual products, reducing costs by about 18 per cent (Lukale 2014). These products may also be considered an unnecessary expense at the policy, community, or household level, particularly when finances are limited and/or controlled by men who lack understanding and empathy when it comes to menstruation.

The removal of VAT would be the first step towards lifting the financial burden of buying sanitary pads and allowing women across the country, both those economically privileged and disadvantaged, to have access to proper products in order to maintain a reasonable standard of menstrual hygiene.

### ***Subsidise sanitary pads***

---

Subsidies involve the government's paying part of the cost of a good to the firm: this reduces the price of the good and stands to encourage more consumption. Subsidies make sense when considering fairness or equity issues, or when considering markets for necessities such as sanitary supplies, where the limitation

on willingness to pay is one of affordability rather than product attractiveness. Although microeconomics theory inform us that a subsidy results in a deadweight loss to society, this would likely not be the case if and when a subsidy is applied to the prices of sanitary pads.

For example, if a price floor were set in place for sanitary supplies like pads, the government would be forced to purchase the resulting surplus from the sanitary product suppliers and thereafter distribute that surplus of sanitary pads to clinics, schools and rural communities remote from clinics. However, while consumers would have to pay higher taxes for the government to purchase the surplus and achieve this goal, it should not be seen as a 'loss'.

The reason for this that, from a public economics point of view, as more people become educated about menstrual hygiene and come to the realisation that paying higher taxes is for the greater good of the women of the country, more people would become cognisant of the fact that free sanitary pads are a positive externality that results in a marginal social benefit to society.

Women would no longer need to miss school or work because they are on their period, but instead be able to go back to school and get an education, or go back to work and put food on the table. This would result in the advancement of women in society through education and employment simultaneously.

Although some taxation, such as income tax, may reduce incentives to work, an alternative, and efficient, way to raise revenue for subsidising positive externalities, such as sanitary pads, would be to tax goods with negative externalities, for example impose a greater tax percentage on alcohol or cigarettes and use the money to pay for sanitary pads.

### ***Promote menstruation awareness***

---

People are more inclined to be sensitive towards

a project or initiative if and when they are aware of it and or have sufficient information and understanding to take action and make a difference.

For example, thanks to campaigns throughout the country on HIV, people have taken it upon themselves to ensure they understand how HIV is transmitted and how to avoid being infected; for its part, the government has played an active role in preventing the transmission of HIV by providing free condoms and treating the disease by providing ARVs or Nevirapine to pregnant mothers to avoid mother-to-child transmission.

Nevertheless, the country has never quite stopped to wonder whether poor menstrual hygiene could be the reason why women tend to be at a higher risk than men of being infected with HIV.

The country has also 'oversexualised' the transmission of HIV and has, as a result, spent a large amount of time, energy and money to ensure that safe sex is top priority, forgetting that sex is a choice, just as the governmental condom brand-name declares, and something over which consenting adults have control, whereas menstruation is involuntary and inevitable.

In short, the country should include menstrual hygiene as a component in raising awareness for HIV and other sexually transmitted diseases by highlighting the sexual-health risks linked to poor menstrual hygiene. Furthermore, the curriculum for Life Orientation should cover menstruation and menstrual hygiene management extensively in order to prepare young girls for the onset of menstruation and inform young boys that, during that time of the month, they should treat their counterparts with the utmost respect and dignity.

These awareness mechanisms would dismantle the idea that menstruation is something to look down upon and further combat the stigma attached to menstruation. It would also result in the state's fulfilling its mandate to respect women's physiology, protect them from health risks linked to poor menstrual hygiene, promote

menstruation awareness, and effectuate the right to free sanitary supplies, such as pads.

*Ehigie Marilyn Okojie is a final-year BCom Law student at the University of the Western Cape who aspires to be a passionate human rights advocate and activist after she completes her studies.*

## References

Chapman AR (2010) 'Inconsistency of human rights approaches to human dignity with transhumanism.' *American Journal of Bioethics*, 10(7), pp. 61–63

Garg S (2001) 'Socio-cultural aspects of menstruation in an urban slum in Delhi, India.' *Reproductive Health Matters*, 9(17), pp. 16–25

House S (2012) *Menstrual Hygiene Matters: A Resource for Improving Menstrual Hygiene around the World*. New York: WaterAid

Locale N (2014) 'Stand up tall and break the taboo of menstruation.' *Huffington Post*. Available at <https://bit.ly/2OtKPA7>

PATH (2016) 'Girls' and women's right to menstrual health: Evidence and opportunities.' *PATH*. Available at [www.path.org/publications/detail.php?i=2583](http://www.path.org/publications/detail.php?i=2583)

Vermeulen R (2010) 'Dignity, posthumanism, and the community of values.' *American Journal of Bioethics*, 10(7), pp. 69–70

United Nations Population Fund (2014) *Programme of Action: International Conference on Population and Development*. New York: UNFPA

Wilson LFS (2016) 'The importance of menstrual hygiene management for sexual and reproductive health.' Available at <https://bit.ly/2y8nHv7>