



International Journal of Public Health and Nursing (IJPHN)

ISSN: 3070-202X (ONLINE)

VOLUME 2 ISSUE 2 (2026)



PUBLISHED BY
E-PALLI PUBLISHERS, DELAWARE, USA

A Comparison of India & US Menstrual Health Equity Policy

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Article Information

Received: July 13, 2026

Accepted: September 15, 2026

Published: October 07, 2026

Keywords

*Menstrual Health Equity,
Menstrual Poverty, Menstrual
Health Inequity, Menstruating
Individuals*

ABSTRACT

Menstrual poverty is defined as the inability to afford to adequately and hygienically manage menstrual flow due to a limited access to free or affordable menstrual products. Globally, menstruating individuals miss work or school due to the inability to manage their menstrual flow. This significant global health inequity is underrecognized and complicated by stigma which hinders discussion and policy development. The purpose of this article is to compare policies addressing menstrual poverty in two countries: India and the United States. There is a paucity of data comparing the policies addressing menstrual poverty. The findings highlight the variations in approach and implementation across both countries. Guided by the United Nations Sustainable Development Goals and the World Health Organization's framework on health equity, this policy review examines diverse strategies aimed to mitigate menstrual health inequities. Approaches to address the menstrual poverty problem include tax exemption or reduction on menstrual products, provision of low-cost or free products, increased access to menstrual products in schools, and the development of menstrual leave policies which serve as the criteria for policy investigation. An interprofessional, collaborative study group was created between two university entities. The group examined existing policies regarding menstrual health equity. Menstrual health policy was searched using online electronic databases and federal, state, and local policies for both countries. Geographic information system (GIS) maps are used to provide a visual representation of the gaps in policy in both countries. The findings indicate the need for more resources applied to address menstrual health poverty.

INTRODUCTION

Menstruation is a fundamental component of adolescent growth and development. Menstruation is a milestone and an important determinant of physical health, mental, and emotional well-being for menstruating individuals. Many menstruating individuals lack the resources to effectively manage their menstrual cycles, resulting in lost days at work and school. Gaps in public health policy to address menstrual hygiene management exist in many parts of the world. Access to menstrual hygiene products, insufficient knowledge, and persistent social stigma continue to compromise the education and health of menstruating individuals. This article looks at the policies of two distinct countries, India and the United States (US) to address menstrual health inequities. India is considered a low- to middle-income country, whereas the US is considered a high-income country. The article examines the efforts to address menstrual health and minimize the negative effects of menstrual poverty. The authors reviewed data available in both countries to assess which types of policies are in place.

LITERATURE REVIEW

Millions of menstruating individuals lack access to safe water and menstrual products to manage their menstrual cycles. The lack of access to menstrual products results

in missed days of work and school. Insufficient education and persistent social stigma continue to compromise the education and health of menstruating individuals worldwide. While global conversations emphasize health equity and access for interventions, it is essential to evaluate menstrual health through a global policy lens.

Many countries are affected by menstrual stigma, taboo, inadequate exposure to menstrual health and its management, lack of education about menstruation, and shortage of access to menstrual products and facilities (Jaafar, *et al.*, 2023). Affordable and free menstrual products allow menstruating individuals to maintain good health and dignity which affords positive wellbeing. When menstrual products are offered free in schools menstruating individuals have the opportunity for successful attainment of higher levels of education. Gender equality is enhanced when menstrual product insecurity is addressed as menstruating individuals are treated with humanity and respect. Inequities between countries can be improved by addressing menstrual poverty for all menstruating individuals as the opportunity for quality education, gender equality, and health and wellbeing are advanced.

The Impact of Menstrual Poverty in India

Menstrual poverty has emerged as a critical public health

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and social issue, encompassing lack of access to menstrual products, sanitation facilities, and adequate education. According to Ungvarsky (2020), menstrual poverty affects millions globally and contributes significantly to gender inequality. The study highlights that limited access to menstrual hygiene products leads to school absenteeism, workplace challenges, and reinforces stigma surrounding menstruation. It also emphasizes the role of policy interventions such as tax removal on sanitary products and free distribution programs in addressing the issue.

De Paula *et al.* (2022) conducted a scoping review using databases including CINAHL (EBSCO), identifying menstrual poverty as a multidimensional problem influenced by economic, cultural, and infrastructural factors. The review categorized findings into determinants, impacts, hygiene practices, and coping mechanisms. It found that individuals often resort to unsafe alternatives due to lack of affordability and access, which increases the risk of infections and poor reproductive health outcomes.

Further, Delanerolle *et al.* (2023) carried out a systematic review and meta-analysis of 80 studies, providing comprehensive global evidence on menstrual poverty. The findings reveal that women in rural areas and low-income settings are disproportionately affected. The study also links menstrual poverty to negative mental health outcomes such as anxiety and stress, along with increased school absenteeism due to lack of resources and menstrual pain. It underscores the urgent need for inclusive policies and health education.

Mann and Byrne (2023) approach menstrual poverty from a public health and human rights perspective. Their review highlights how societal stigma, gender discrimination, and insufficient legislative frameworks exacerbate the issue. The authors connect menstrual poverty with several Sustainable Development Goals (SDGs), particularly those related to health, education, and gender equality. They argue that addressing menstrual health is essential for ensuring dignity and overall well-being.

Similarly, Rossouw and Ross (2021) examine socio-economic inequalities associated with menstrual hygiene management across low- and middle-income countries. Their study identifies key determinants such as income level, education, and access to sanitation facilities. The research stresses that menstrual poverty extends beyond product availability to include safe and private infrastructure. It calls for integrated policy measures that address both economic and infrastructural barriers.

Overall, the literature consistently demonstrates that menstrual poverty is not merely a hygiene issue but a complex intersection of social, economic, and cultural challenges. Addressing it requires comprehensive strategies including education, improved infrastructure, affordable products, and policy-level interventions to ensure menstrual equity and dignity. Education and awareness are key to addressing these misconceptions. Comprehensive menstrual education in schools,

community programs, and media campaigns can help normalize conversations and dispel myths. Encouraging open dialogue within families is equally important to create a supportive environment regarding menstrual health equity. Government initiatives and non-profit organizations in India have already made progress by promoting access to sanitary products and improving sanitation infrastructure, but more work is needed to reach marginalized communities. Marginalized communities in India include the following groups: Schedule Caste, Schedule Tribe, minority groups, Adivasi, women and people aged 60 and older.

The Impact of Menstrual Poverty in the US

While the US is considered a financially developed country, it is not without issues related to menstrual health equity. The COVID-19 pandemic exacerbated menstrual poverty in the U.S. There were challenges with low accessibility and unaffordability of products due to supply chain challenges (Jaafar, Ismail, & Azzeri, 2023). Thirty percent of survey respondents had difficulty accessing menstrual products because of stay at home requirements, 29% struggled to purchase menstrual products, and 18.5% struggled to afford any menstrual products during the pandemic. Women with small children had more difficulty accessing menstrual products during the pandemic. As a result, those who indicated challenges in accessing menstrual hygiene supplies were more likely to report absenteeism from work or school (Hunter, Palovick, Teni, & Sebert Kuhlmann, 2022).

Students surveyed by the State of the Period reported an inability to afford menstrual products at a rate of 25% (2025). Almost 39% of students feel unable to successfully complete school assignments due to lack of access to menstrual products. Nearly 6 in 10 teens (59%) feel personally affected by stigma associated with menstruation. Thirty seven percent of menstruating individuals feel more confident using an AI chatbot than a tampon (Thinx Inc. & PERIOD, 2025).

Federal assistance programs such as women infant and children (WIC) or supplemental nutrition (SNAP) prohibit the use of these benefits for the purchase of menstrual products (USDA, 2025). New Jersey has a program called Workfirst (WFNJ) which provides cash and supportive services to families in need for childcare, employment training, and job assistance. Workfirst includes a \$14 per month benefit for individuals who qualify for WFNJ (NJ.gov/humanservices/wfnj, ND).

UN Sustainable Goals

Addressing menstrual poverty aligns with the following UN Sustainable Goals (UN SDGs, ND). Goal #3 Good health & wellbeing is addressed by allowing menstruating individuals to have the ability to live their lives to the fullest in mind, body, and spirit. Menstrual poverty inhibits this goal. Goal #4 Quality education is addressed when menstruating individuals have the resources to adequately manage their menstrual cycle and affording

them the opportunity to attend school. Higher levels of education can be achieved when menstruating individuals do not miss days at school due to their menstrual cycle. Goal #5 Gender equality is improved when barriers for employment and education are minimized as menstruating individuals are able to properly address their needs for menstrual hygiene. This is also true for vulnerable populations that may be incarcerated and unhoused.

Goal #10 Reduce inequities between countries can occur when countries identify existing gaps in public health policy related to a health equity issue. In this case, addressing menstrual poverty for each country allows for identification of solutions to address the problem. A shared knowledge of policy and practices can serve as a global model for other countries to adopt (UN SDGs, ND).

World Health Organization (WHO)

The WHO states health equity is absence of unfair, unjust, and remediable actions for populations of people (WHO, 2010). Health inequalities are measurable differences in health across population subgroups which includes menstruating inequities (WHO, 2026). Equity discrimination is worsened by stereotyping, and prejudice based on gender, age, race, ethnicity, or disability. Discriminatory practices are often embedded in structural and systematic processes, resulting in groups being under-represented in decision-making at all levels and underserved. Inequality monitoring includes addressing gaps created by gender and other biases in how data has been previously collected, analysed and reported (WHO, 2026). The UN Sustainable Goals and the WHO (2026) served as the conceptual framework for this international collaborative evaluation of policy to address health inequities related to menstrual poverty.

MATERIALS AND METHODS

A collaborative study group was created between two university entities, one from Maharashtra, India and the

other a public university from New Jersey, United States of America. The group agreed to examine existing policies in each country regarding menstrual health equity and analyzed efforts in place to address this health inequity. Menstrual health policy was searched using online electronic databases and federal, state, and local policies for both India and the US. A range of resources were accessed including federal, state legislative, and regulatory registers from both countries. Online resources included academic and advocacy organizational sites. Searches were conducted in databases including PubMed, ProQuest, Science Direct, and included peer reviewed studies. The data was collected and synthesized by the team. Public policy related to menstrual health equity, including access to menstrual products, education, workplace, institutional accommodations, and menstrual leave were examined for each country. The team created tables to form GIS map images to reflect the findings for each country.

Ethical Considerations

This policy review was approved with exempt status by the institutional review board.

RESULTS AND DISCUSSION

India Policy

India has introduced several national policies and programs to improve menstrual health, hygiene, and awareness. The Menstrual Hygiene Scheme (MHS) was launched by the Ministry of Health in 2011. This program promotes awareness about menstrual hygiene in rural areas and provides low-cost sanitary napkins (often branded as Freedays) to adolescents through ASHA workers. A broader adolescent health program that includes menstrual hygiene as a key component was introduced in 2014 titled Rashtriya Kishor Swasthya Karyakram (RKSK). It focuses on education, counseling, and improving access to sanitary products (RKSK, 2014). Goods and Services Tax (GST) exemption on sanitary napkins was introduced in 2018. The GST made sanitary

Table 1: India National Policy to Increase Access to Menstrual Products

Bill title	Bill number	Action	Year
Menstrual Hygiene Scheme (MHS) India	Do No. M/12015/1013/2010MCH	Improve menstrual hygiene knowledge, increase access to high-quality sanitary napkins, & ensure safe disposal methods	2011
Rashtriya Kishor Swasthya Karyakram (RKSK)		Adolescence health program focusing on education, counseling, & access to menstrual hygiene products	2014
Goods and Services Tax (GST) exemption		Sanitary pads were made tax-free	2018
Swachh Bharat Mission		Sanitation campaign that emphasizes access to toilets in schools to promote privacy & safe disposal of menstrual products	2014
Ayushman Bharat Health Scheme - School Health Programme		Promotes menstrual hygiene education, reduces stigma, and trains teachers and health workers to guide students on safe practices	2018

pads tax-free, thereby making them more affordable and accessible.

Swachh Bharat Mission is a nationwide sanitation campaign that emphasizes access to toilets, especially in schools. This indirectly supports menstrual hygiene management by providing privacy and safe disposal facilities. A School Health Programme under Ayushman Bharat was introduced which is another health-related scheme. This program promotes menstrual hygiene education, reduces stigma, and trains teachers and health workers to guide students on safe practices. Overall, these policies aim to reduce stigma, improve access to menstrual hygiene products, and promote education about menstruation, though challenges in implementation and awareness remain.

India has implemented several policies and programs to improve menstrual health and hygiene among

menstruating individuals. The Menstrual Hygiene Scheme (MHS), launched in 2011, aimed to increase awareness about menstrual hygiene, improve access to affordable and quality sanitary napkins, and promote safe disposal practices. The Rashtriya Kishor Swasthya Karyakram (RKSK), introduced in 2014, expanded adolescent health services by providing education, counseling, and access to menstrual products.

The Ayushman Bharat School Health Programme (2018) promotes menstrual hygiene education, addresses stigma and misconceptions, and trains teachers and health workers to support students in adopting safe menstrual practices. Overall, these initiatives demonstrate India's multifaceted approach to menstrual health by combining education, affordability, accessibility, sanitation infrastructure, and awareness-building to improve menstrual hygiene management across the country.

Table 2: India State Activities to Increase Access to Menstrual Products

Bill title	Action	Year
Jan Aushadhi Suvidha Sanitary Napkins	Creates outlets known as Janaushadi Kendras to provide sanitary napkins at an affordable rate of ₹1 per pad through over 16,000 Kendras nationwide.	2008
Khushi Scheme (Odisha)	Provides free sanitary pads to all menstruating students in government and aided schools from grades 6 to 12 aiming to reduce dropouts and to promote economic empowerment and hygiene.	2018
Menstrual leave (Bihar)	Allows menstruating individuals two days of paid menstrual leave per month	2023
Menstrual leave (Kerala)	Menstrual leave is available to all menstruating individuals in higher education institutions.	2023
Menstrual leave for Industrial Training Institutes (ITI) (Kerala)	Vocational education students are entitled to menstrual leave.	2025
Menstrual leave (Odisha)	Allows one day menstrual relief for individuals in both government and private sectors.	2024
Menstrual leave (Sikkim)	Menstrual leave policies in Sikkim are currently implemented in specific public institutions rather than through a blanket state law	2024
Menstrual leave (Karnataka)	Mandates 1 day of paid menstrual leave per month (up to 12 days annually) for women employees aged 18 to 52 across both private and public sector.	2025
Shuchi Programme- Free Sanitary napkins and M-cup (Karnataka)	Under the government's Shuchi programme, the Health and Family Welfare Department and the (KSMSCL) are supplying free sanitary Napkins (2013) and menstrual cups (2024) for students in classes 9 to 12.	2013 and 2024
Thinkal project - M cup campaign (Kerala)	Government funded initiative to provide professional support and promote the use of M-cups as sustainable, safe, and cost-effective alternatives to traditional sanitary products.	2024
SHE pad Scheme (Kerala)	Provides free sanitary napkins, proper storage, and eco-friendly incinerators in schools to enhance hygiene practice among adolescents.	2017

The table presents various state-level initiatives and programs in India aimed at improving access to menstrual products and supporting menstrual health. These measures include the provision of affordable and free sanitary products, menstrual leave policies, and the promotion of sustainable menstrual hygiene practices. The Jan Aushadhi Suvidha Sanitary Napkins initiative (2008) increased affordability by offering sanitary pads at ₹1 per pad through a nationwide network of Janaushadhi Kendras. States such as Odisha and Kerala have implemented targeted programs, including free sanitary

pad distribution schemes, menstrual leave policies, and menstrual hygiene awareness initiatives.

Kerala has been particularly proactive, introducing the SHE Pad Scheme (2017) to provide free sanitary napkins and disposal facilities in schools, the Thinkal Project (2024) to promote menstrual cups as a sustainable alternative, and menstrual leave provisions for higher education and vocational training students. Odisha's Khushi Scheme (2018) supplies free sanitary pads to schoolgirls, while its menstrual leave policy extends support to employees in both government and private sectors. Collectively,

these state-level efforts focus on improving affordability, support, and sustainable menstrual hygiene management accessibility, educational participation, workplace for menstruating individuals.

Table 3: States of India - Efforts to Increase Access to Menstrual Products

States of India	Menstrual leave* (1-2 days)	M-cup campaigns	Free menstrual products (Sanitary napkins)	Affordable menstrual products (Sanitary napkins)	School based access to free menstrual products
Andhra Pradesh				X	
Arunachal Pradesh				X	
Assam				X	
Bihar	X			X	
Chhattisgarh				X	
Goa				X	
Gujarat				X	
Haryana				X	
Himachal Pradesh				X	
Jammu and Kashmir (UT)				X	
Jharkhand				X	
Karnataka	X	X	X	X	
Kerala	X	X	X	X	X
Ladakh (UT)				X	
Madhya Pradesh				X	
Maharashtra				X	
Manipur				X	
Meghalaya				X	
Mizoram				X	
Nagaland				X	
Odisha	X		X	X	
Punjab				X	
Rajasthan			X	X	
Sikkim	X			X	
Tamil Nadu			X	X	
Telangana				X	
Tripura				X	
Uttar Pradesh				X	
Uttarakhand				X	
West Bengal				X	

GIS mapping was done to evaluate the policies and actions of the states of India in addressing menstrual poverty. The maps give a visual approach to understanding policies in place. States in India offer multiple approaches to address menstrual health equity. The maps show efforts including menstrual leave, free products, affordable products, and school-based health campaigns.

United States Policy

The United States does not have unified federal policy or law to address menstrual poverty. Multiple bills have been introduced in the Senate and House of Representatives, but only The Coronavirus Aid, Relief, & Economic

Security Act (CARES) Act was passed and signed into law in 2020. Table 4 reviews regulations to address menstrual health equity in federal buildings, schools, shelters, and correctional facilities.

US Individual States' Actions to Increase Access to Menstrual Products

Individual states may address menstrual poverty through local or state level policy. Actions to improve access to menstrual products include tax elimination, free product availability in schools, correctional facilities, and homeless shelters. Some states have extended Supplemental Nutrition Assistance Program (SNAP) and the Special

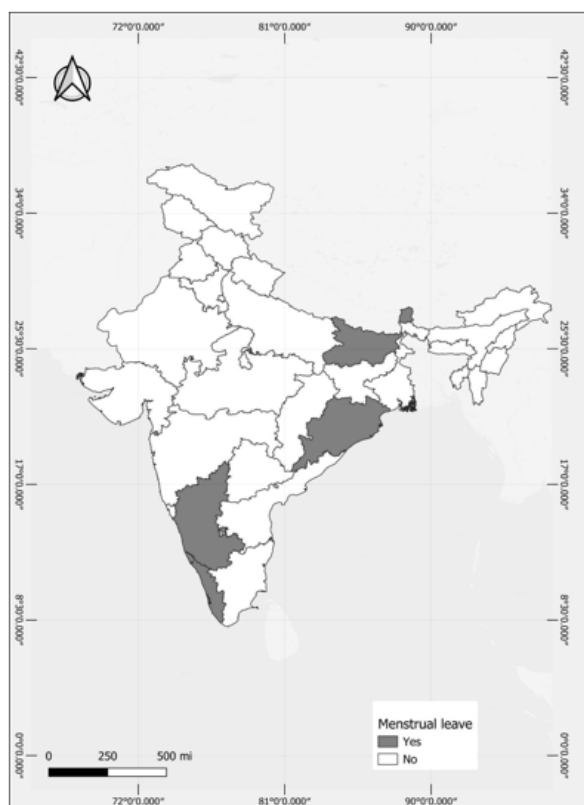


Figure 1: India States with Policy for Menstrual Leave
Note: Menstrual leave days are offered in 5 out of 28 states and 8 union territories.

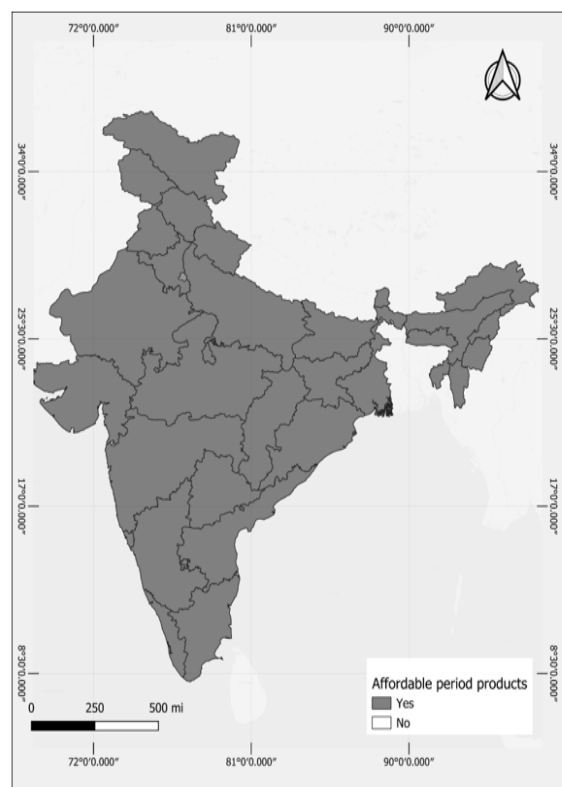


Figure 3 : India States with Access to Affordable Menstrual Products
Note: Menstrual products are made affordable in all states and Union Territories in India.

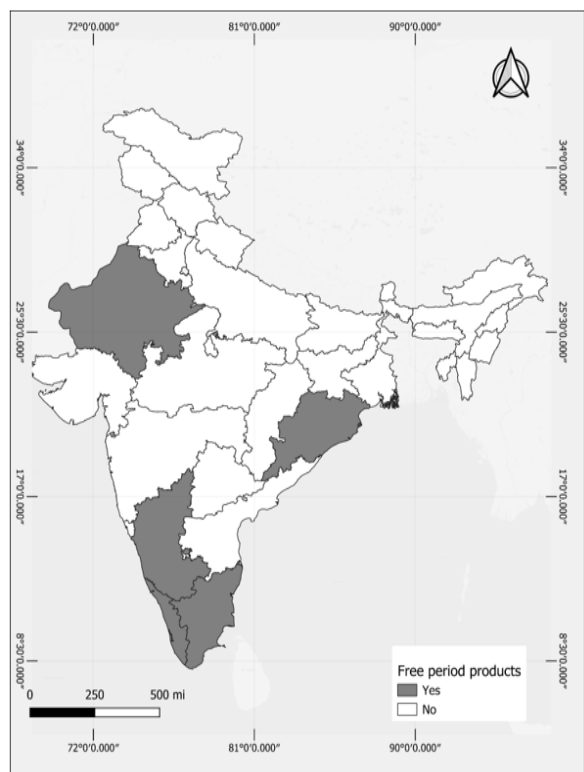


Figure 2: India States with Free Menstrual Products
Note: Menstrual products are free in 5 out of 28 states and 8 union territories.

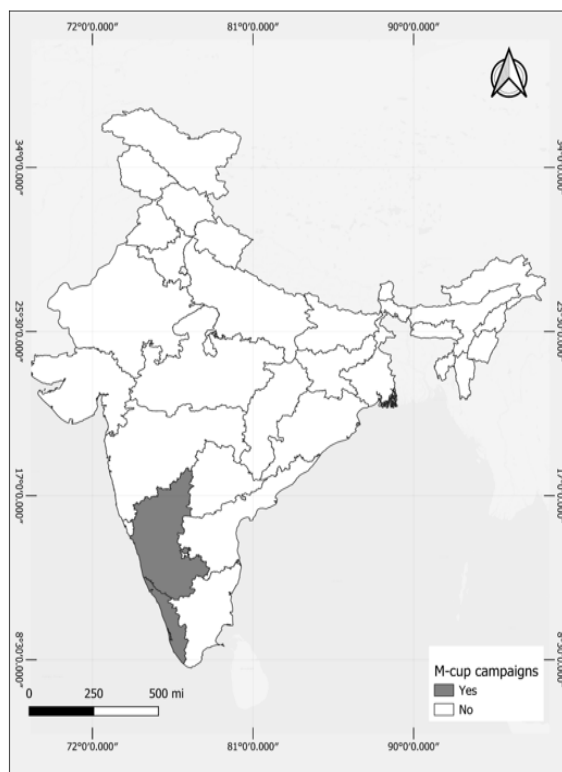


Figure 4: India States with M-cup campaigns
Note: M-cups are promoted as an alternative product in 2 of 28 states and 8 union territories.

Table 4: US Federal Actions to Increase Access to Menstrual Products

Bill Title	Bill number or law	Action	Year
First Step Act (FSA)	S 756	All federal prisons make tampons & sanitary napkins available free	2018
The CARES Act	Signed into law	Menstrual products may be purchased using pre-tax dollars from health saving or flexible savings accounts	2020
Period PROUD	H.R. 4475	Supports access to menstrual products for low-income individuals	2023
STAMP Act	H.R. 7905	Makes taxation of menstrual products illegal	2024
Menstrual Equity for all Act	H.R. 3646 H.R. 3644	Aimed to increase access to menstrual products for all, free products in schools, federal buildings, prisons, and shelters.	2023 2025

Supplemental Nutrition Program for Women, Infants and Children (WIC) to use benefits for the purchase of menstrual products. This contrasts with federal policy that does not allow for the purchase of menstrual products under SNAP or WIC (USDA, 2025). Table 5 indicates

individual US states with activities to address access for menstrual products. It specifically looks at states with legislation or policies in place to increase access in schools, correctional facilities, homeless shelters, and tax relief efforts.

Table 5: US States - Actions to Address Menstrual Poverty

State or district	Schools Bill /legislation	Correctional facilities Bill/legislation	Homeless shelters	Tax relief (reduced or no tax applied for menstrual products)
Alabama	X	X		
Alaska				X
Arizona	X	X		X
Arkansas	X	X		X
California	X	X		X
Colorado	X	X		X
Connecticut	X	X		X
Delaware	X	X		X
District of Columbia	X	X		X
Florida		X		X
Georgia	X			X
Hawaii	X			X
Idaho				X
Illinois	X	X	X	X
Indiana				
Iowa				X
Kansas				
Kentucky		X		
Louisiana		X		X
Maine	X	X		X
Maryland	X	X	X	X
Massachusetts				X
Michigan				X
Minnesota	X	X		X
Mississippi		X		
Missouri	X	X		
Montana				X
Nebraska	X	X		X

Nevada	X			X
New Hampshire	X	X		X
New Jersey	X	X	X	X
New Mexico	X			X
New York	X	X	X	X
North Carolina	X	X		X
North Dakota				X
Ohio	X			X
Oklahoma				
Oregon	X	X		X
Pennsylvania	X			X
Rhode Island	X			X
South Carolina		X		
South Dakota				
Tennessee		X		
Texas		X		X
Utah	X			
Vermont	X			X
Virginia	X	X		X
Washington	X			X
West Virginia				
Wisconsin				
Wyoming				

GIS mapping was conducted to evaluate the US policy efforts to address menstrual health equity. The US maps demonstrate the gaps that exist from state to state with variability in access in schools, homeless shelters, correctional facilities, and tax relief. Figure 6 shows US

states with policies or provisions to address menstrual poverty. Some states have no initiatives in place while others address all four criteria being evaluated - schools based increased actions, correctional facilities, homeless shelters, and tax relief efforts.

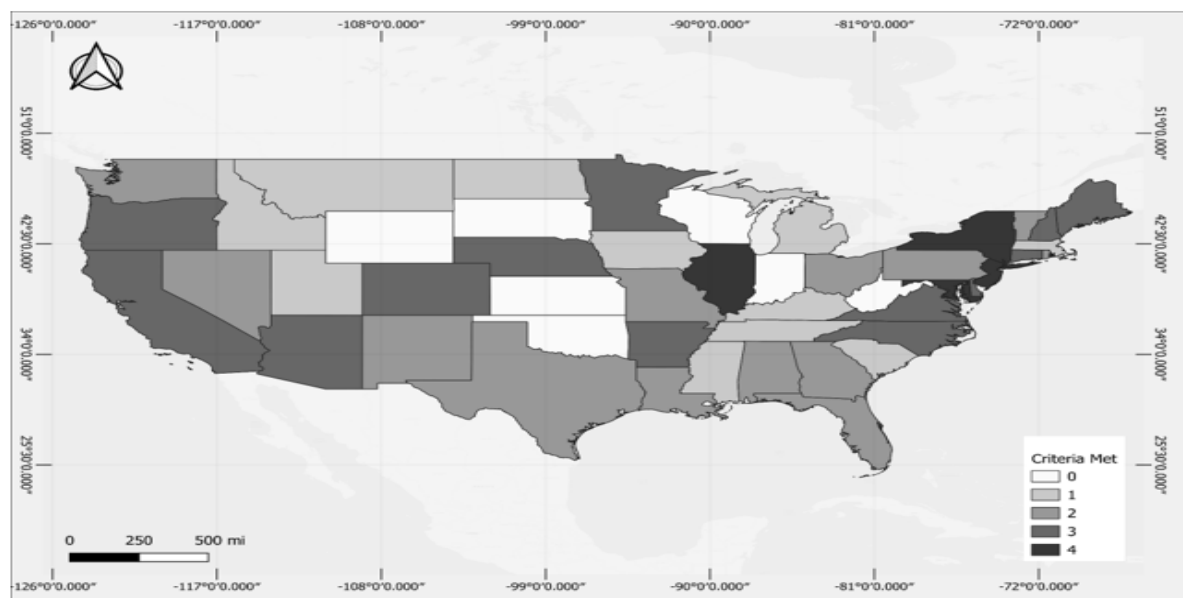


Figure 5: US States with Provisions to Address Menstrual Poverty

Note. This map gives an overview of efforts in the US by each state with zero having no actions in place and four having policies to increase access in schools, homeless shelters, correctional facilities, and tax relief. Forty three out of 50 states have one or more policies in place to address menstrual poverty.

Subsequent GIS maps were created to evaluate state by state and see visually the gaps which exist in the US to address menstrual health equity. Figure 7 demonstrates that 29 out of 50 US states have policies in place to provide access to menstrual

hygiene products in schools. There is variation in how the states adopt the policies. Some schools may offer free products in some lavatories and the grade level for which products are made available has variability.

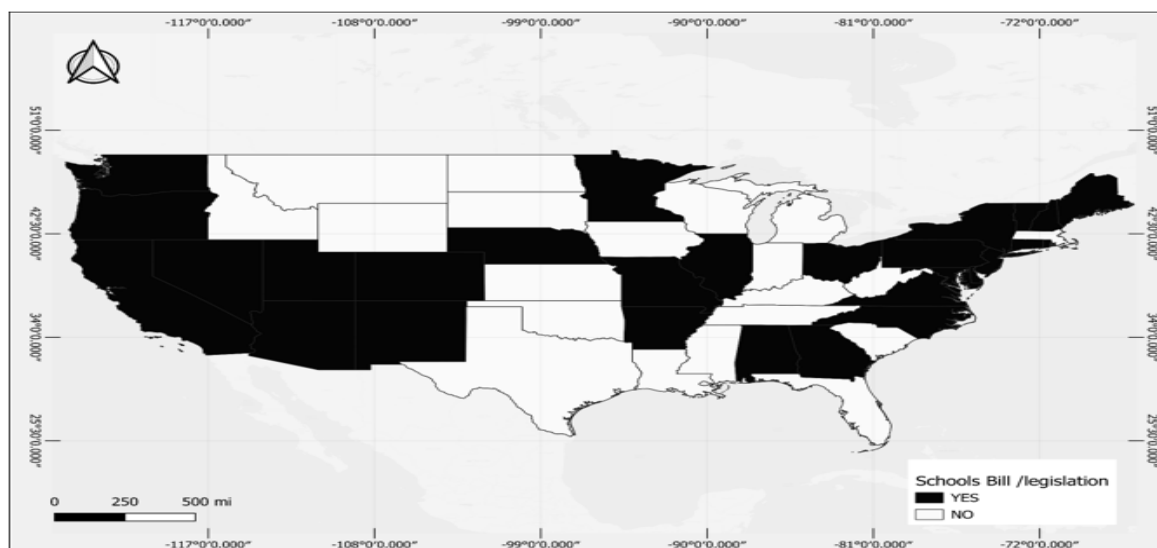


Figure 6: US States with Legislation or Policy to Provide Access to Menstrual Products in Schools

Note. Twenty-nine US states out of 50 have policies in place for free menstrual products in schools.

Another vulnerable population to be addressed are incarcerated individuals. Incarcerated individuals may not have access to menstrual products for a period after incarceration. Some may have to wait to have an account created in the commissary to purchase products. This can

create added stress and mental health challenges for those who are already in a complex situation. Figure 8 shows that 29 out of 50 US states have provisions in place to increase access to menstrual products for incarcerated individuals who may be menstruating.



Figure 7: US States with Menstrual Products Accessible for Incarcerated Individuals.

Note. Twenty six out of 50 US states have policies in place to increase access to menstrual products in correctional facilities.

Individuals experiencing homelessness already have significant stressors to manage. They lack basic needs and may be more concerned about safety and stability for their children without needing to worry about having

supplies to manage their menstrual flow. Figure 9 shows that only four out of 50 states in the US offer increased access to menstrual products from those in homeless shelters.

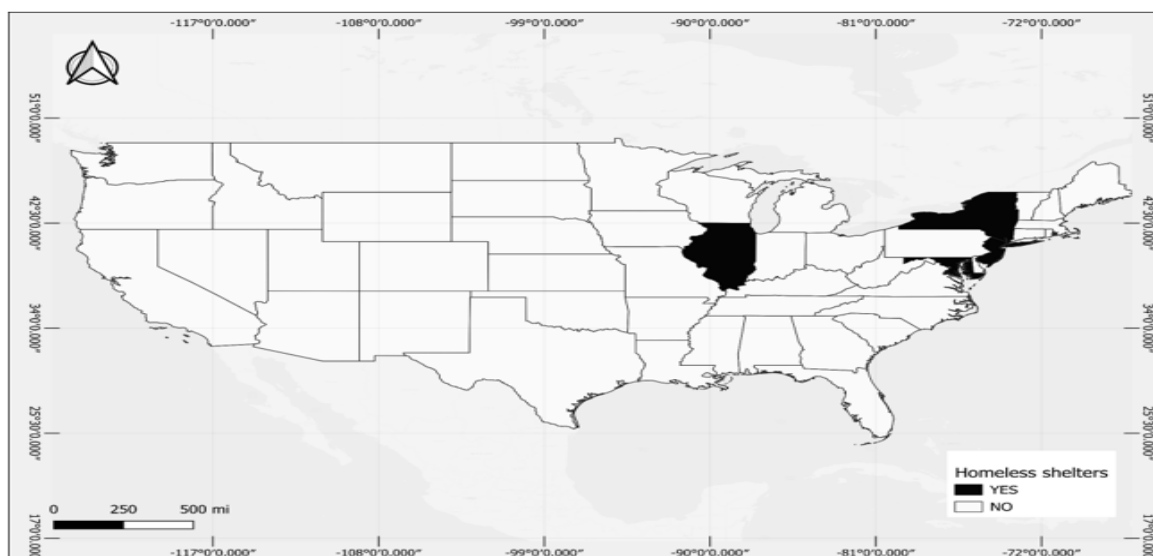


Figure 8 : US States with Provisions to Address Menstrual Poverty in Homeless Shelters

Note. Only four out of 50 states offer increased access to those in homeless shelters.

“Pink taxes” are applied to products marketed to individuals who identify as female (NOW, 2024). Menstrual products in the US are taxed as luxury items (Alliance for Period Supplies, 2025). The tampon tax taxes menstrual products as non-essential items placing an unfair burden on people who menstruate by making

necessary items for everyday life unaffordable for some (NOW, 2024). In an effort to address this inequity some states offer no tax or reduced taxes for menstrual hygiene products. Figure 10 demonstrates that 36 out of 50 US states do offer some tax relief to increase access to menstrual products.

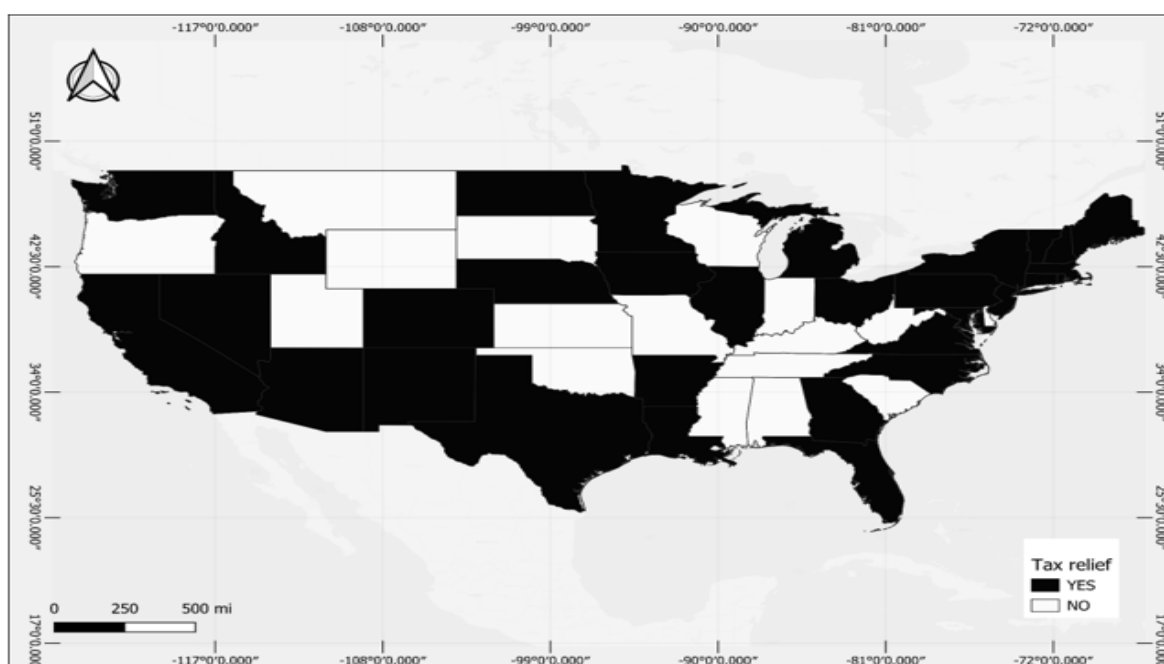


Figure 9: US States with Tax Relief for Menstrual Products

Note. Tax relief for menstrual products indicates either reduced or no tax on these items. Thirty six out of 50 US states offer tax relief.

A Comparison of Policies Between India and the US

Several states across the US have created legislation and policies to address menstrual poverty in schools, correctional facilities, homeless shelters, and by addressing cost via tax relief. The practices are varied among the different states with some states offering no relief. The

authors note there are six US states with no actions to address menstrual poverty.

India addresses menstrual poverty by affording menstrual leave, m-cup campaigns, free menstrual hygiene products, affordable menstrual hygiene products, and free access to menstrual products in school. There is no existing policy

to address menstrual poverty for incarcerated individuals or those who are unhoused. One state, Kerala offers all the actions noted above. Unique to India a policy for menstrual leave for one to two days exists depending on the state. Pending approval is a policy for menstrual leave in an additional state, Maharashtra, India (D'Cunha, 2026).

The US offers general sick days, but nothing specific for menstruating individuals. Additionally, if you were to calculate two days per month for menstrual leave, this would exceed the average number of days some employees are provided for sick or personal leave. In the US, this could potentially lead to legal action, views of discriminatory practice, and, or gender inequality. It may also result in a reluctance to hire women if leave were required monthly.

CONCLUSION

Tables and maps illustrate the policy efforts of two countries with differing income levels to address menstrual health equity. The maps clearly demonstrate the gaps that exist within each country and between countries. India has taken steps over the last two decades to address this health inequity. Kerala is the state which is most advanced in its efforts to address this health concern in line with the UN SDGs and WHO recommendations. Unified federal policy in the US could minimize the negative effects of menstrual poverty. In the US, the UN SDGs could be addressed by requiring universal access to menstrual products for all populations. As it stands now, the inconsistencies in US state to state policy and the lack of federal policy inhibit the achievement of the UN SDGs 3,4,5 and WHO goals for health equity. Both countries appear to have made the greatest strides in addressing menstrual health equity in schools. Public health personnel and nurses need to be aware of these policies to advocate for menstrual health equity for all.

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