Subsidize Menstruation, Period.

Menstruation is taboo. It's likely that the etymology of the word 'taboo' even stems from the Polynesian word for menstruation, "tupua" (Boosey and Wilson 2013:19). Even though it is "one of the most important physiological changes" for women, it is stigmatized (Garg, Goyal, and Gupta 2011:767). In the United States, advertisements for feminine hygiene products, such as pads and tampons, use blue dye to represent blood (Rutter-Jensen 2012:71). Commercials skirt around this issue because it is considered improper, shameful, and disgusting. Billions of people menstruate, and yet, conversations about menstruation must be done in private. Women internalize this and consequently feel ashamed and disgusting; what's worse, millions of women cannot afford feminine hygiene products, making them feel just as unclean as how society sees them. The cost of these products is a barrier that results in the violation of women's rights to health, education, work and economic equality, and privacy, perpetuating inequality. In order to raise the status of women, we must subsidize feminine hygiene products and eliminate the stigma of menstruation through education.

VIOLATION OF RIGHTS

The stigma of menstruation and unaffordable feminine hygiene products violate the human right to the highest possible standard of health and safety. Menstruation is unmentionable; consequently, many schools around the globe do not address reproductive health education (Garg, Goyal, and Gupta 2011:770). Women without proper reproductive education and feminine hygiene products respond to their monthly period with unsanitary practices that put their health at risk. When women across the

globe cannot afford pads, tampons, or menstruation cups, they turn to old rags (p. 768). If this option is not viable, women will use "husks, dried leaves, grass, ash, sand or newspaper…as substitutes for unaffordable and more hygienic products" (Klasing 2014). Many women, due to the "culture of shame and embarrassment" that surrounds menstruation, dry and store their menstruation products in damp, dark places, putting them at risk for Reproductive Tract Infections, cervical cancer, and infertility (Garg, Goyal, and Gupta 2011:768). Women who cannot afford to change their tampons regularly additionally expose themselves to Toxic Shock Syndrome (Freedman 2015). One study of Bangladeshi factory workers found that 75% of the women used "highly chemically charged and often freshly dyed" rags from the factory floor to absorb their menstrual blood, leading to frequent infections (Boosey and Wilson 2013:5). Above all, failure to recognize menstrual hygiene as health care is a violation of a basic human right.

Inadequate menstrual hygiene management also violates women's right to education. Boosey and Wilson found that in Nepal and Kenya, a little over half of adolescent girls miss school during menstruation because they cannot afford feminine sanitary products; in Malawi, it jumps to 90 percent. On average, these girls miss 3-5 days, but even when they do attend school while on their period, they "struggle to concentrate in lessons and are reluctant to participate because they worry about other children seeing menstrual blood stains on their clothes" (2013:4). These accidents are inevitable, as there are few bathroom breaks, if there even are bathrooms in the school. UNICEF found that 83 percent of girls in Burkina Faso did not have a place "to change

their menstrual materials" at school (Klasing 2014). When girls miss school, they fall behind, and eventually, many drop out. Fear of stigmatization, absence of sanitary facilitations, and unaffordable sanitary hygiene products violate women's right to an education.

Unsanitary menstrual practices also result in women missing work, violating their right to economic equality. In Bangladesh, where one in three women do not have proper menstrual hygiene (Boosey and Wilson 2013:15), 73 percent of female factory workers miss work for an average of six days monthly due to Reproductive Tract Infections (Valenti 2014). Astonishingly, when these workers were provided with subsidized feminine hygiene products, this number dropped to 3 percent (Boosey and Wilson 2013:5). Women, forced to compromise more than a week's pay each month, have their right to economic equality violated (Klasing 2014). However, even when given subsidized menstrual hygiene products, many do not have access to sanitary facilities.

These limited sanitary facilities, including private bathrooms, violate women's rights to privacy and sanitation. As menstruation is considered shameful, women must hide all evidence of this natural cycle. Consequently, women require gender specific or private bathrooms in order to change their hygiene products, but in rural areas these can be rare. In India, over half of adolescent girls do not have access to a private toilet (Garg, Goyal, and Gupta 2011:768). Without sanitary facilities, women are forced "to work in unsafe and unhealthy conditions or lose their jobs" (Boosey and Wilson 2013:12). Additionally, many women, especially in rural villages, do not have access to enough water to clean their menstrual rags in private (Garg, Goyal, and Gupta

2011:768). With their rights to sanitation and privacy violated, many are forced to "change menstrual materials in the open," bringing public shame (Klasing 2014). This shame is just one product of the stigmatization of menstruation; this stigma also produces inequality as it violates many human rights, including right to education, work, health, privacy, and "most importantly, the right to human dignity" (Valenti 2014).

RESPONSES TO INEQUALITY

Over the last decade, a handful of NGOs and charities have become aware that women who cannot afford feminine hygiene products feel humiliated and degraded. While NGOs have struggled to provide girls in low and lower-middle-income countries with a regular supply of menstrual hygiene products, the governments of India and Bangladesh have shown that it's possible. In Bangladesh, the government partnered with a charity to install gender specific bathrooms in schools. Within the first year, the dropout rate of girls fell by 11% (Garg, Goyal, and Gupta 2011:771). The partnership has also subsidized pads and distributed them to factory workers, which again, led to the drop in percentage of women who missed work each month due to Reproductive Tract Infections from 73 percent to just 3 percent (Boosey and Wilson 2013:5). In 2010, India also began subsidizing feminine hygiene products and distributing them to girls living in rural, low-income communities. Garg, Goyal, and Gupta found that the government of India spent 1,500 million Indian Rupees (2015 equivalent to 22 million USD) on the program during the first year, which is infinitesimal compared to the incredible effects it had (2012:770). While the program initially gave women access to menstrual hygiene

products, they also helped them set up women-run businesses so that they could begin producing pads for the villages themselves. Nepal has started similar programs and found that women were making on average 8,000 USD profit a year producing sanitary napkins (Ruiz et al. 2014:5). After the program began in India, not a single girl surveyed used old rags or clothes to absorb menstrual blood, the number of girls with vaginal discharge dropped by nearly 50 percent, and the girls' quality of life improved (Shah et al. 2013:209). The Indian and Bangladeshi governments have demonstrated that the subsidy of feminine hygiene products promotes equality: women have greater economic opportunity, lower school dropout rates, fewer health complications, and most importantly, a higher quality of life. While the effects of these programs and the work of NGOs are stunning, efforts to pass similar legislation in the United States are crushed.

In the United States, products that are considered necessities or non-luxury are exempt from sales tax. While these exemptions extend to food, health related items, electricity, and water, they do not extend to feminine hygiene products (Valenti 2014). As a luxury good, "tampons, pads, liners, cups, sponges," or other materials used by women to absorb menstrual blood are not covered by the Supplemental Nutrition Assistance Program: feminine hygiene products are not covered by food stamps (U.S. Congress; DiBenedetto 2015). For the 40 million women in this country living near or below the poverty line, affording expensive tampons and pads and maintaining proper menstrual hygiene is challenging at best (Weiss-Wolf 2015). Unsurprisingly, incarcerated women do not have it easier. According to *The Guardian*, many American prisons sell a package of 24 pads at the commissary for nearly 3 dollars, or three and a

half day's pay. Frequently, commissaries will not have feminine hygiene products in stock. In 2014, menstruation products in Michigan prisons were so scarce that inmates filed suit, stating that their civil rights had been violated. The prisons, while crippled financially, also withhold pads and tampons in order to "crystallize the power differential between inmates and guards" (Bozelko 2015). Women who cannot afford menstrual hygiene products lose their dignity; they are humiliated and powerless. Menstrual hygiene is not seen as health care, and it's not even seen as necessary; it's seen as a luxury. This policy—this belief—stems from and perpetuates inequality. The cost of proper menstrual hygiene is too high for too many; we must eliminate that barrier in order to stop the systematic degradation of women. While a few bills have been proposed to make this a reality, none have been successful.

"Fund Essential Menstruation Products Act of 2015" was introduced in the House of Representatives in July of 2015. The purpose of the bill is "to amend the Internal Revenue Code of 1986 to provide reimbursement from health flexible spending arrangements for feminine hygiene products" (U.S. Congress). Essentially, anyone who works for the state would pay less for feminine hygiene products because health flexible spending accounts are taxed at a lower rate. Critically, this bill does not help anyone who is not employed by the state. Additionally, even those working for the state are still paying for feminine hygiene products -- just less. Once introduced in the House, the bill was referred to the committee, where it still remains. While this bill has little to no hope of passing, it has sparked discussion and the introduction of a second bill.

Wisconsin State Representative Melissa Sargent proposed a state bill requiring all government buildings and public schools to supply feminine hygiene products in every female bathroom. During my interview with one of State Representative Sargent's aides, he stated, "Sargent is not hopeful that the bill will pass." This seems likely considering the bill does not have a single Republican supporter. Unlike the rest of Wisconsin, Dane County was inspired by the bill and has approved a similar program. The program, beginning in 2016, will provide tampons and pads in eight state buildings, including public schools. The county budget has allocated $6,500 to fund the program. This pilot program, if as successful proportionally as the programs in India and Bangladesh, gives hope that affordable feminine hygiene products are in the future (DiBenedetto 2015).

These two bills were not passed; even so, they are not strong enough. In order to truly curtail inequality, we need to acknowledge that menstrual hygiene care is healthcare, and for many, this care is too expensive. We must pass federal legislation requiring Medicaid to cover menstrual hygiene products. Critically, women should not pay higher health premiums; this additional expense will be paid for across gender lines, as having a uterus is not a pre-existing condition.

DISSENT

Dissent comes most ardently from a distinctly conservative, male-dominated group. They argue that bigger government is not the answer to this problem. Tim Worstall, one such dissenter, believes that the answer is to throw money at the problem, or, more specifically, at women. Worstall doubts that women actually cannot afford menstrual products but believes, "if this is a public policy problem to which a solution

must be found then that solution is to give women some money." He does not say where this money should come from, who will determine how much money, or how it should be distributed (2014). Worstall's idea is not only less efficient but also more expensive; while the United States government has the buying power to negotiate lower prices, individual women do not. Furthermore, Worstall's idea of simply giving women money will not solve this issue. The stigma of menstruation and the degradation of women will not be curtailed by handing women a check every month that enables them to buy products that are a human right. Worstall's theory treats the symptom, rather than the problem. In order to truly tackle this issue, society's mindset surrounding menstruation must change—this can be started by enacting changes in public policy that acknowledge menstruation as healthcare and that access to menstrual products is a human right.

CONCLUSION

This conversation is not about tampons or pads; it's not even about menstrual hygiene. This conversation is about sexual hegemony and oppression. Many societies use religious texts to dominate women and establish an oppressive patriarchy: Hinduism defines menstruation as polluting; Christianity deems menstruating women impure; the Torah states that menstruating women and anything they touch are tainted; menstruating Muslims are forbidden from holding the Quran or praying (Garg, Goyal, and Gupta 2011:768). Women internalize these restrictions and are socialized to see menstruation as disgusting and shameful. "Poor menstrual hygiene causes inequality," (Boosey and Wilson 2013:15), but attempts to "[redistribute] a very minor quality of…material power," are met only with resistance (Rutter-Jensen 2012:83). These

beliefs perpetuate inequality; therefore, it is necessary to provide subsidized feminine hygiene products and education about menstruation in order to raise the status of women.

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