







# TOWARDS DIGNIFIED MENSTRUATION FOR ALL: A HUMAN RIGHTS IMPERATIVE



#### Published in Malaysia by THE HUMAN RIGHTS COMMISSION OF MALAYSIA (SUHAKAM)

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FIRST PRINTING, 2025

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Cataloguing-in-Publication Data

Perpustakaan Negara Malaysia

A catalogue record for this book is available from the National Library of Malaysia

ISBN 978-967-2295-35-8

Cover: Safrizaman Mohammad

**Citation:** Kathirvelu, S., Al-Attas, S. F. A. S. H. (2025). *Towards Dignified Menstruation For All:* A Human Rights Imperative. The Human Rights Commission of Malaysia (SUHAKAM).

**Disclaimer:** This report does not claim to be exhaustive in its coverage of the subject matter. The findings and discussions presented are based on the information gathered during the course of this study and are intended to provide an overview of key issues relating to period poverty in Malaysia. They are not meant to serve as a substitute for expert opinion or in-depth academic analysis. Readers are encouraged to consider this report as a foundational reference to further explore and engage with the complexities of the topic.

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## **Synopsis**

Towards Dignified Menstruation for All: A Human Rights Imperative is the first national-level human rights report in Malaysia addressing period poverty and menstrual equity. Produced by the Human Rights Commission of Malaysia (SUHAKAM), the report explores how menstruation intersects with fundamental rights, including education, health, equality, and dignity. It sheds light on the lived experiences of marginalized communities: rural, Indigenous, incarcerated, migrant, disabled, and homeless women and girls who continue to face barriers in managing menstruation safely and with dignity.

Using qualitative research methods, including a roundtable discussion, stakeholder interviews, and desk review, the report identifies six key dimensions of period poverty: lack of financial means, poor sanitation, limited privacy, inadequate information, insufficient healthcare, and lack of emotional support. It further critiques the absence of legal recognition for menstrual health and proposes an expanded interpretation of Article 5(1) of the Federal Constitution to include the right to dignified menstruation.

Drawing inspiration from best practices in countries like Scotland, Kenya, and Sweden, the report makes recommendations covering legislative reform, policy integration, data collection, education, healthcare training, and gender-sensitive infrastructure. Ultimately, it calls for menstrual health to be treated not as a niche issue, but as a matter of justice, equality, and constitutional rights urging Malaysia to build a future where no one is left behind because of their period.

## Acknowledgements

The authors would like to extend their sincere appreciation to the Chairman of the Commission, Dato' Seri Mohd Hishamudin Bin Md Yunus, for his support and for taking the time to vet the report, as well as to the Commissioners (2022–2025) for approving the publication of this report. The authors express their deepest appreciation to Dr. Farah Nini Dusuki for her instrumental role in facilitating the Roundtable Discussion (RTD) on period poverty organized by SUHAKAM on 16 February 2024, representing SUHAKAM during engagement sessions with the Ministry of Education (MOE) on this issue, and for her thoughtful review of the report. The authors also wish to thank Prof. Dato' Noor Aziah Mohd Awal for graciously co-facilitating the RTD and supporting the discussion with her insights.

Thank you to the current Secretary of SUHAKAM, Altaf Deviyati, and the former Deputy Secretary for the Policy and Law Group, Dato' Ann Jennifer Victor Isaacs, for their encouragement and support. Special thanks to the former Head of the Law and International Treaties Division (LITD), Muhammad Afiq Mohamad Noor, whose suggestion led to the initiation of this report.

While the authors assume full responsibility for the content of this research, we acknowledge the many individuals whose contributions were instrumental to its development. We are especially thankful to Dr. Amjad Rabi, Dr. Hannah Nazri, Dato' Dr. Amar Singh, Dr. Jemaima Wee, Dr. Noralina Omar, Ms. Anja Juliah, Ms. Mary Ulok, Ms. Glorene Das, Dr. Zufar Yadi, Ms. Ita Bah Nan, Ms. Syahirah Hamdan, Ms. Nasrikah, Cikgu Mohd Huzaire, and Ms. Arissa Jemaima for generously sharing their time and expertise.

A special note of appreciation goes to the National Population and Family Development Board (LPPKN) for sharing their study on period poverty, which enriched the report's findings. The authors also wish to thank all participants of the RTD held in February 2024 for their meaningful engagement.

Gratitude is also extended to the team at the LITD, especially Sarah Adibah Hamzah, Yustina Ishak, Nor Diana Mohd Roslan, and Nurulhuda Rahim, for their support throughout the process. Lastly, heartfelt thanks to everyone who contributed directly or indirectly to the successful completion of this important work.

## Chairman's Message

The awareness of period poverty is itself a privilege. Many Malaysians remain unfamiliar with the term or its far-reaching implications. To some, it simply refers to the absence of menstrual products. However, period poverty extends beyond that; it is a form of deprivation and a reflection of systemic inequality that impedes health, education, dignity, and the participation of women and girls in all spheres of life.

As Malaysia continues to honor its obligations under the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), Convention on the Rights of the Child (CRC), Convention on the Rights of Persons with Disabilities (CRPD), the Beijing Declaration and Platform for Action (BPfA), the Sustainable Development Goals (SDGs), and other international frameworks, it is imperative to acknowledge menstrual health as a fundamental human right. Correspondingly, SUHAKAM recognizes and commends the collective efforts of government bodies, the private sector, and civil society organizations who have worked tirelessly to address this issue. Your continued commitment is essential.

This report by SUHAKAM is timely. It breaks new ground by highlighting the multifaceted nature of period poverty and its impact on marginalized communities, whose voices are often overshadowed by structural barriers and systemic neglect. We are proud to present this pioneering study, which brings together data, expert perspectives, and lived experiences. The findings serve as a call to action and also as a roadmap for meaningful reform.

As we work towards a Malaysia where everyone can menstruate with dignity, let this report serve as both a catalyst and a commitment to progress. SUHAKAM believes that dignified menstruation extends beyond a social need; it is a constitutional right. As such, this report proposes a dynamic interpretation of Article 5(1) of the Federal Constitution to include the right to dignified menstruation as an essential component of the right to life.

On behalf of the Commission, I extend our deepest appreciation to all contributors and reaffirm our unwavering commitment to ensure that menstrual dignity is recognized, protected, and fulfilled for all.

#### "HUMAN RIGHTS FOR ALL"

Dato' Seri Mohd Hishamudin Bin Md Yunus Chairman The Human Rights Commission of Malaysia 1 July 2025

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#### List of Abbreviations

**AWAM** All Women's Action Society

**CEDAW** Convention on the Elimination of All Forms of Discrimination Against Women

**CRC** Convention on the Rights of the Child

**CRPD** Convention on the Rights of Persons with Disabilities

**CSE** Comprehensive Sexuality Education **fMRI** Functional Magnetic Resonance Imaging

FRHAM Federation of Reproductive Health Associations, Malaysia

ICESCR International Covenant on Economic, Social and Cultural Rights

**IUD** Intrauterine Device

**JAKIM** Jabatan Kemajuan Islam Malaysia

(Department of Islamic Development Malaysia)

JKM Jabatan Kebajikan Masyarakat (Department of Social Welfare)
LPPKN Lembaga Penduduk dan Pembangunan Keluarga Negara

(National Population and Family Development Board)

MHM Menstrual Hygiene Management

MOE Ministry of Education

NGO Non-Governmental Organizations

**OHCHR** Office of the High Commissioner for Human Rights

**OCC** Office of the Children's Commissioner

O&G
 PMS
 Premenstrual Syndrome
 PTG
 Pusat Transit Gelandangan
 PWD
 Persons with Disabilities
 RTD
 Roundtable Discussion

**SDG** Sustainable Development Goal

**SHUT** Stop Human Trafficking

**SRH/SRHR** Sexual and Reproductive Health / Rights **SUHAKAM** Suruhanjaya Hak Asasi Manusia Malaysia

(Human Rights Commission of Malaysia)

**UDHR** Universal Declaration of Human Rights

UMS Universiti Malaysia SabahUNFPA United Nations Population FundUNHRC United Nations Human Rights Council

**UNICEF** United Nations Children's Fund

**UPR** Universal Periodic Review

VP(TE) Visit Pass (Temporary Employment)
 WASH Water, Sanitation, and Hygiene
 WHO World Health Organization
 YKN Yayasan Kebajikan Negara

## Glossary

Below are the terms used to describe menstrual products in this report:

	Description	Visual
1	Disposable sanitary pads Disposable sanitary pads are absorbent sheets worn in the underwear to absorb menstrual blood. They are for single use only and must be discarded after a few hours. While widely used due to convenience, their frequent disposal contributes significantly to environmental waste.	
2	Cloth Napkins (Reusable Pads) Cloth napkins or reusable pads are washable and reusable fabric pads that absorb menstrual blood. They are often made from cotton and can last several years with proper care. Reusable pads are more sustainable and cost-effective over time compared to disposable pads.	
3	Menstrual cup A menstrual cup is a flexible, bell-shaped device inserted into the vagina to collect menstrual fluid and can be reused for several years, making it an environmentally friendly and costeffective option.	
4	Menstrual disc  A menstrual disc is a flexible, disc-shaped device inserted into the vaginal canal to collect menstrual blood. It sits higher than a menstrual cup, near the cervix, and can be worn for up to 12 hours. Like menstrual cups, some discs are reusable while others are disposable.	



### **Executive Summary**

In Malaysia, many women and girls continue to face period poverty. This is defined by the inability to manage menstruation and menstrual health due to the lack of access to menstrual products, clean water and sanitation, private and safe spaces, adequate information, and psychosocial support. This report by SUHAKAM is the first national-level human rights analysis on period poverty and dignified menstruation in Malaysia.

Drawing on data from the RTD, stakeholder interviews, and desk review, the study highlights how menstrual inequality intersects with structural poverty, discrimination, and the failure to integrate menstrual health into law and policy. Key findings reveal that while positive initiatives exist, efforts remain fragmented and lack long-term strategy and legal protection. Accordingly, a working definition of period poverty was proposed, which encapsulated both material and non-material dimensions:

Lack of financial means to afford menstrual products

Lack of access to clean water and adequate sanitation facilities

Lack of privacy or safe, hygienic spaces to manage menstruation

Lack of knowledge on menstruation and sexual reproductive health

Inadequecy in access to menstrual health diagnosis and treatment

Lack of emotional support when facing menstruation-related challenges

#### Impacts on vulnerable groups

The report highlights the intersecting challenges experienced by various vulnerable groups, including rural, Indigenous, incarcerated, migrant, disabled, and homeless women and girls. An analysis of existing laws reveals significant gaps in addressing menstrual health and dignity. For instance, the Persons with Disabilities Act 2008 [Act 685] does not explicitly affirm the right to bodily autonomy, informed consent, or protection from coercion, provisions essential for safeguarding women and girls with disabilities from forced medical interventions such as hysterectomies and ensuring their menstrual health needs are met.

Similarly, the Destitute Persons Act 1977 [Act 183], often cited in matters of homelessness, has been criticised for its punitive rather than rehabilitative approach and lacks guarantees to essential rights such as shelter, healthcare, and access to basic hygiene products. Migrant workers holding the Visit Pass (Temporary

Employment) [VP(TE)] face multiple restrictions. This includes prohibitions on family reunification, marriage, and access to sexual and reproductive health rights (SRHR), with limited or no access to gender-sensitive facilities in the workplace.

Refugee girls are particularly vulnerable, often dropping out of school upon reaching menarche due to social stigma and remain unprotected due to the absence of a legal framework. Similarly, Indigenous women and girls, many of whom live in remote areas, face chronic water insecurity and lack access to affordable menstrual products. Notably, women in detention are subjected to inadequate provisions and rely heavily on external donations, highlighting systemic gaps in institutional care. Meanwhile, in educational settings, period-related bullying continues to be reported, creating an unsafe and undignified environment for school-going girls.

#### **Best Practices**

This report highlighted the best practices from the United Kingdom (UK), Kenya, Sweden, and Thailand. While the list is not exhaustive, the implementation in Malaysia must be adapted to suit the local cultural and societal contexts.

#### United Kingdom

• The Women's Health Strategy for England (2022–2032), a ten-year plan which aims to improve the affordability and accessibility to menstrual products, promote health litercay, introduce practical measures to support women's health at work, and increase research in areas such as endometriosis, menopause, maternity disparities.

#### Kenya

- Development of Menstrual Hygiene Management (MHM) Teacher's Handbook.
- PWD Act was amended to include stronger protections on legal capacity, informed consent, and bodily integrity.
- The Constitution of Kenya affirms the right to dignity.

#### Sweden

Menstrual Certification ("Menscertifiering") programme, which focuses on educating
workplaces about menstrual health and creating an inclusive, emphathetic work
environment for employess who menstruate.

#### Thailand

• Enactment of the Prevention and Solution of the Adolescent Act (2016) to reduce adolescent pregnancy in Thailand.

#### Recommendations

In response, SUHAKAM proposes the following recommendations in the areas of policy advocacy, legislative reform, public awareness, education, and healthcare:

- 1. Adopt a dynamic and liberal interpretation of Article 5(1) inspired by the jurisprudence of Article 21 of the Indian Constitution to explicitly encompass menstrual health as a right.
- 2. Advocate for gender responsive budgeting to prioritize SRH needs within national plans and for the inclusion of period poverty-related issues in the Government's next budget.
- 3. Advocate for the inclusion of menstrual products as a critical item of national emergency preparedness and response plans for pandemics, conflicts, and climate-related disasters.
- 4. Implement legislation to distribute free sanitary pads to all individuals, regardless of their economic background, recognizing menstruation as a fundamental right.
- 5. Amend the Persons with Disabilities Act 2008 [Act 658] to explicitly include protections for bodily integrity, informed consent, and freedom from coercion, especially for women, girls, and those with high support needs.
- 6. Examine the best practices of countries that have introduced menstrual leave on the first day of menstruation as a workplace policy to ensure a sustainable implementation.
- 7. Strengthen data collection efforts to inform evidence-based policymaking by gathering data from relevant ministries to formulate a comprehensive framework on SRHR. This includes initiating national data collection on period poverty to enable targeted interventions.
- 8. Develop Comprehensive Sexual Education (CSE) and integrate menstrual health education into school curricula to provide timely and age-appropriate information for children, teenage girls, and adults.
- 9. Equip teachers and religious educators with adequate training to effectively impart menstruation-related knowledge to students. Additionally, equip teachers with the necessary training to act as protectors and trusted adults within the school environment. Suppose in situations where a student discloses incidents of abuse, particularly within the home. In that case, it is imperative

- that teachers understand the appropriate Standard Operating Procedures (SOPs) to respond effectively and sensitively.
- 10. Initiate discussions with the Department of Islamic Development Malaysia (JAKIM) to encourage a comprehensive address of period poverty, including within religious contexts.
- 11. Introduce compulsory postgraduate training for medical practitioners in women's health or require the completion of a certified module on women's health prior to the establishment of private clinics.
- 12. Offer proper training for doctors to diagnose and treat menstruation-related health issues.
- 13. Involving men in conversations and initiatives regarding menstruation and encouraging understanding, support, and amplification of women's needs, particularly in areas such as menstrual health.
- 14. Ensure that marginalized communities are not overlooked in period poverty interventions.



#### Introduction

The World Health Organization (WHO) has emphasized that menstrual health extends beyond a mere hygiene issue; instead, it is a fundamental human right tied to the broader domains of health, education, dignity, and gender equality. Malaysia, as a State Party to the CEDAW, has an obligation to ensure that women and girls can fully enjoy their rights without discrimination, including those related to health. This report seeks to strengthen Malaysia's commitments under CEDAW by advocating for the explicit recognition of menstrual rights in national laws. Furthermore, the absence of a legal framework that directly acknowledges the right to menstrual health remains a critical gap. Notably, this will be the first ever report by SUHAKAM to cover period poverty among marginalized girls and women, as well as the broader aspects of how it intersects with many other aspects of life. For instance, inadequate menstrual support may cause students to skip school, reduce workplace productivity, and lead to shame, distress, or untreated health issues.

In 2022, the LPPKN conducted a national-level study on period poverty among high school students aged 13 to 17 under the Kit Seri initiative (Social Empowerment of Reproductive Health Initiatives). The findings revealed that 9.9% of girls experience difficulties obtaining period products. This is a commendable initiative as it highlights the Government's commitment to examining the period poverty issue among school-going girls. However, period poverty does not just affect school-going girls; it affects women as well. The case of Endang, the violinist who fasted to stop menstruating, sheds light on this vital discourse. Note that this practice can be harmful to reproductive health. When the body is starved to the point of halting menstruation, it enters a state of physiological stress. This signals to the body that it is not in a condition to support a pregnancy, thereby suppressing reproductive functions. Consequently, this puts the body into a survival mode, potentially compromising both immediate and long-term reproductive well-being.

<sup>1</sup> Kindly note that this report is not accessible online.

Nazri, H. (2022, Jan 23). Suara Empuan: Terpaksa berlapar kerana miskin haid, apa kata doktor. Retrieved from: https://hannah.nazri.org/suara-empuan-terpaksa-berlapar-kerana-miskin-haid



News articles on period poverty in Malaysia

Pan (2025) highlighted the experience of a domestic violence survivor who was under the control of her abuser for ten years and was denied basic necessities, including menstrual pads.<sup>3</sup> This serves as a stark reminder that there are many other vulnerable groups of women who face similar struggles.

In Selangor, approximately six to seven years ago, cases were reported of schoolgirls missing classes due to the inability to afford menstrual products. One such case emerged in Bestari Jaya (formerly known as Batang Berjuntai), where a Non-Governmental Organization (NGO) based in the area reached out to a social enterprise to raise this concern. In particular, the issue predominantly affected girls from single-parent households with many siblings, and the school principal was aware of the situation. Four schools within the vicinity that were identified as being affected. In response, a collaborative initiative was established involving various stakeholders, including a corporation, a social enterprise, an NGO, and the State Government.

Meanwhile, in 2021, the All-Women's Action Society (AWAM) released the 'Save The Schools report (2021),' which revealed that 94.6% of all period spot check violations occurred in primary and secondary schools in Malaysia. This issue raises concerns about the violation of students' privacy and bodily autonomy. In response, the MOE issued a directive on 2<sup>nd</sup> November 2021 to prohibit physical examinations related to menstruation.

<sup>&</sup>lt;sup>3</sup> Pan, E. J. (2025, Mac 8). She survived 10 years of horror, a prisoner in her own home. Free Malaysia Today. Retrieved from: https://www.freemalaysiatoday.com/category/nation/2025/03/08/she-survived-10-years-of-horror-a-prisoner-in-her-own-home/

In the region, some countries have begun to implement progressive steps toward menstrual equity. For instance, the Philippines and Indonesia have implemented laws granting menstrual leave. In Indonesia, Article 18 of Law No. 13/2003 on Labor provides female workers with two days of paid menstrual leave. However, this benefit is not mandatory for all companies, as it depends on whether the employment contract explicitly includes menstrual leave. If menstrual leave is not mentioned in the employment agreement, the company is not obligated to offer it.<sup>4</sup> Concurrently, this creates a gap, as it leaves the decision up to individual employers whether to provide such leave. In the Philippines, the Menstrual Leave Act (House Bill 7758), introduced in 2023, proposes that female employees be granted up to two days of paid leave per month for menstrual-related issues.

Importantly, menstrual health significantly impacts school attendance, workplace participation, mental health, and overall well-being. In addition, the stigma surrounding menstruation also impacts conversations around menarche, menopause, and menstrual leave, which are often excluded from public discourse and policy development.

#### **Objectives**

The primary objective of the study is to support the Commission in identifying issues related to period poverty. Specific objectives of the study are summarized as follows:

- To examine the impact of period poverty on distinct demographic groups, including women and girls from low-income backgrounds, students, and marginalized communities. This includes elucidating the socio-economic, educational, and health implications to foster a nuanced understanding of the issue.
- 2. To propose to expand the interpretation of Article 5(1) of the Federal Constitution to include menstrual dignity as a part of the right to life, hence a constitutional precedent could be set that would strengthen protections for menstruators in Malaysia.
- 3. To provide actionable recommendations to initiate and facilitate national data collection on period poverty, addressing the current gap in understanding and paving the way for evidence-based policies and interventions.

Kridasaksana, D. O. D. D. Y., Santoso, B. U. D. I., Roisah, K. H. O. L. I. S., & Natalis, A. (2020). Menstrual leave from a health law perspective in Indonesia. *Pak J Med Health Serv*, 14(4), 1592-1594.

#### Methodology

This research employed a qualitative approach to gain insights into the multifaceted issue of period poverty in Malaysia. The research methodology encompasses a desk review, interviews with different groups of women and girls, and RTD. Specifically, the RTD was held on 16 February at the SUHAKAM Office in Kuala Lumpur. It was attended by 40 participants ranging from parliamentarians, activists, and representatives from CSOs. Below is the list of participants who attended the RTD:

	Position/Organization of Participants	Attendance
1	Members of Parliament	Physical
2	Representatives from the Ministry of Education	Physical
3	Representatives from the Ministry of Health	Physical
4	Representatives from the LPPKN	Virtual
5	Representatives from the Prison Department	Physical
6	Officers from the Parliament of Malaysia	Physical
7	Legal professional	Physical
8	Representatives from an NGO that advocates for reproductive rights	Physical
9	Representatives from an NGO that supports the needs of children	Physical
10	Representative from an NGO that advocates for Muslim women's rights	Physical
11	Representatives from grassroot movement	Physical
12	Representative from a service-based organization	Physical
13	Representatives from social enterprises	Virtual
14	SUHAKAM Officers	Physical

Data was gathered through a desk review of both primary and secondary sources. Primary sources, such as human rights treaties, General Comments interpreting treaty provisions, documentation related to the committee's review of individual state parties' compliance with the treaty, including state reports, NGO reports, and the committee's Concluding Observations, as well as case law, will be examined. Meanwhile, secondary sources will be gathered through extensive research, using peer-reviewed journals, news portals, and various books. As such, keywords such as "menstrual health," "menstrual equity," "reproductive rights," "gender equality," "international human rights frameworks," and "menstrual hygiene management" will be used to identify relevant literature.

Since there is limited research on menstrual equity, to complement the existing data, in depth, semi-structured interviews were conducted with ten stakeholders. However, please note that these ten stakeholders are not representative of the whole population. In line with this, interviews were conducted with selected professionals to gain a clearer understanding of specific issues. Prior to the interviews, written informed consent were obtained from the respondents. Below is the list of respondents who were interviewed online:

Table 1: List of respondents that were interviewed online

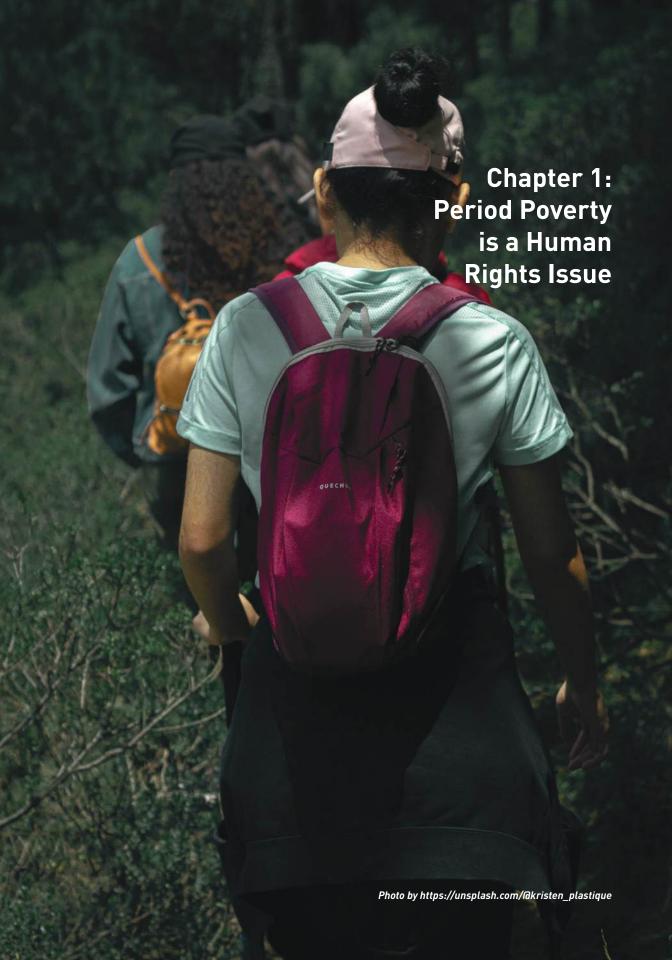
	Position/Organisation of Respondents
1	0&G specialist
2	Pediatrician, Child Rights Activist
3	Representative from an NGO that supports Indigenous women
4	Former social worker from an NGO that supports refugees
5	Social worker from an NGO that advocates for Indonesian migrant domestic workers
6	President of a PWD club
7	Academician and researcher on homeless women
8	Healthcare professionals at Sabah
9	Founder of an NGO that provides accessible healthcare to underprivileged communities in need
10	Founder of a social enterprise

Respondents who were unable to attend an interview provided written responses:

Table 2: List of respondents that provided written responses

	Position/Organisation of Respondents
1	Social worker from a shelter that supports women and children
2	Representative from an NGO protecting migrants, refugees, women and children
3	Representative from the Sarawak Social Development Council (MPS)
4	Healthcare professionals at Sabah

The interviews were recorded, transcribed, and thematically coded. Several key themes emerged from this process: the definition of period poverty; challenges faced by women and girls in accessing menstrual products and managing menstrual hygiene; levels of awareness and knowledge about menstruation and SRH; legal and policy gaps that hinder access to menstrual products or the ability to manage menstruation with dignity; and recommendations to address these identified gaps.



## Chapter 1: Period Poverty is a Human Rights Issue

#### 1.1 Background of the report

Menstruation is fundamental to human existence, as it is an essential part of the reproductive process. Recognizing the significance of supporting women's basic bodily needs should extend beyond merely evaluating their 'productivity.' In 2019, a group of United Nations (UN) human rights experts acknowledged that:

"The stigma and shame generated by stereotypes around menstruation have severe impacts on all aspects of women's and girls' human rights. This includes their human rights to equality, health, housing, water, sanitation, education, freedom of religion or belief, safe and healthy working conditions, and to participate in cultural life and public life without discrimination". [United Nations 2019].

This is a matter of dignity, equality, and humanity. The Terminology Action Group developed the definition of menstrual health.<sup>5</sup> The definition is as follows:

Menstrual health is a state of complete physical, mental, and social well-being, extending beyond the mere absence of disease or infirmity, in relation to the menstrual cycle. Accordingly, achieving menstrual health implies that women, girls, and all other people who experience a menstrual cycle, throughout their lifecourse, are able to:



access to accurate, timely, age-appropriate information about the menstrual cycle, menstruation, and changes experienced throughout the life-course, as well as related self-care and hygiene practices.



care for their bodies during menstruation such that their preferences, hygiene, comfort, privacy, and safety are supported. This includes accessing and using effective and affordable menstrual materials and having supportive facilities and services, including water, sanitation and hygiene services, for washing the body and hands, changing menstrual materials, and cleaning and/or disposing of used materials.

<sup>&</sup>lt;sup>5</sup> Hennegan, J., Winkler, I. T., Bobel, C., Keiser, D., Hampton, J., Larsson, G., ... & Mahon, T. (2021). Menstrual health: a definition for policy, practice, and research. Sexual and reproductive health matters, 29(1), 31-38.



access to timely diagnosis, treatment and care for menstrual cycle-related discomforts and disorders, including access to appropriate health services and resources, pain relief, and strategies for self-care.



experience a **positive and respectful environment** in relation to the menstrual cycle, free from stigma and psychological distress, including the resources and support they need to confidently care for their bodies and make informed decisions about self-care throughout their menstrual cycle.



decide whether and **how to participate in all spheres of life**, including civil, cultural, economic, social, and political, during all phases of the menstrual cycle, free from menstrual-related exclusion, restriction, discrimination, coercion, and/or violence.

Period poverty is not just a matter of human rights, but also a sustainable development issue. It intersects several Sustainable Development Goals (SDGs), including:

- SDG 1 No Poverty
- SDG 3 Good Health and well-being
- SDG 4 Quality education
- SDG 5 Gender equality
- SDG 6 Clean Water and Sanitation
- SDG 10 Reduced inequalities
- SDG 16 Peace Justice and Strong Institutions

SDGs are steadily advancing toward their 2030 deadline, prompting nations to accelerate efforts in achieving transformative outcomes. In Malaysia, while SDG 1 progress indicates that extreme poverty has nearly been eradicated, the national poverty rate of 6.3% conceals significant disparities, with Sabah recording a much higher rate of 19.7%. Meanwhile, SDG 3 demonstrate a generally positive trend, although the healthcare system remains strained, particularly in its emergency preparedness. Conversely, for SDG 5, most targets are off track, especially those concerning violence against women, gender-based discrimination, child marriage, and women's representation.

The Global Gender Gap Report by the World Economic Forum ranked Malaysia at 108<sup>th</sup> out of 148 countries, reflecting gradual progress in gender equality. This marks an improvement compared to Malaysia's ranking of 114<sup>th</sup> in 2024.

<sup>&</sup>lt;sup>6</sup> United Nations. (2024, Sept 17). Resident Coordinator's speech: Malaysia SDG Summit 2024. Retrieved from: https://malaysia.un.org/en/279306-resident-coordinators-speech-malaysia-sdg-summit-2024

Remarkably, this upward shift indicates that efforts to advance gender parity are yielding results. This progress aligns with Malaysia's commitment to international frameworks such as the Beijing Declaration and Platform for Action, which calls for the full and equal participation of women in all spheres of public and private life.

However, this broader progress stands in contrast to the persistent reality of period poverty, which continues to deprive many girls and women of access to basic resources. In rural areas of Sabah, for instance, women still struggle with limited access to clean water and electricity, making it challenging to manage menstruation with dignity. This highlights how structural inequalities disproportionately affect certain groups of women and emphasizes the need for intersectional policies that leave no one behind. Concurrently, Babbar et al. (2022) argued that across many countries seeking to address menstrual health, distributing period products is the priority. However, interventions should augment these efforts by providing affordable, quality materials and information on different types of products. This ensures, that individuals can make an informed choice about the product that best suits their needs. Therefore, this report will highlight the key issues surrounding period poverty in Malaysia, its impact on women and girls, and the critical need for systemic change to ensure equitable access to resources, education, and opportunities for all. This report is divided into three main sections, which include:

- i. Introduction to the Right to Dignified Menstruation
- ii. Barriers to Fulfilling the Right to Dignified Menstruation in Malaysia
- iii. Best Practices and Recommendations for Achieving the Right to Dignified Menstruation

#### 1.1.1 Initiatives by the Federal and State Governments

In 2018, Malaysia eliminated the pink tax, marking a significant step in the right direction. The pink tax refers to the additional costs that women often incur for essential goods, such as sanitary products and items marketed specifically toward women. At the national level, the government has initiated measures such as distributing free sanitary pads to menstruators from low-income backgrounds as an initial step to address period poverty.

<sup>&</sup>lt;sup>7</sup> Babbar, K., Martin, J., Ruiz, J., Parray, A. A., & Sommer, M. (2022). Menstrual health is a public health and human rights issue. *The Lancet Public Health*, 7(1), e10-e11.

Bespite the elimination of the "pink tax," women's products often remain more expensive than comparable items marketed to men. This ongoing gender-based pricing disparity is especially apparent in categories such as personal care, clothing, and toys, where higher prices for women's products persist without clear justification.

In 2023, the Government allocated nearly RM800 million for toilet maintenance and repairs in schools and institutions under the MOE. In October 2024, the MOE organized an engagement session with stakeholders to understand the ongoing efforts being carried out pertaining to period poverty. During this session, the Sabah State Education Department shared that, among 126,878 primary and secondary school students in the state, 49% lacked adequate access to sanitary products. In



Engagement Session on Period Poverty organized by Ministry of Education on 24th October 2024

In recognizing menstrual needs, it is crucial to highlight that there have been earlier initiatives addressing period poverty. For instance, efforts such as teaching regarding menstruation in schools and ensuring the availability of sanitary bins in schools and public spaces have been undertaken. In fact, many of these initiatives were implemented under broader banners such as sanitation or reproductive health. However, the framing of period poverty as a distinct issue was largely absent. It is commendable that the Government acknowledges the existence of period poverty, which manifests in the form of limited access to products. Nonetheless, the absence of a comprehensive national-level background study to support this effort, along with a lack of long-term planning to ensure its sustainability is a concern. This highlights the urgent need for a robust national framework to address period poverty effectively.

Gimino, G., Carvalho, M., Ho, J. W. (2024, Oct 22). Flush(ing) with funds: RM800mil allocated for school toilet repairs and maintenance. The Star. Retrieved from: https://www.thestar.com.my/news/nation/2024/10/22/flushing-with-funds-rm800mil-allocated-for-school-toilet-repairs-and-maintenance

Data was shared during the Engagement Session on Period Poverty organized by the MOE on 24<sup>th</sup> October 2024.

At the state level, the Sabah and Sarawak Health Departments collaborated with relevant stakeholders to deploy healthcare workers and mobile health teams to rural and remote locations, providing essential health services to children and families in need. 11 Similarly, in Johor, RM1.3 million was allocated for mobile clinics offering basic health services, ensuring greater accessibility for underserved populations. 12 Furthermore, Selangor became the first Malaysian state to provide free sanitary pads with RM200,000 allocation as part of its RM2.45 billion (US\$550 million) budget for 2023. 13 Regarding sexual and reproductive education, the Social Development Council Sarawak and the Department of Education of Sarawak have been conducting programs on Sex Education known as Kesedaran dan Advokasi Pendidikan Seksual (KAPS), since 2016. In April 2022, the Government approved the National Reproductive Health and Social Education Policy and Action Plan (PEKERTI) 2022-2025.14 This policy aims primarily to enhance awareness of reproductive and social health education at the individual, family, and community levels. While it primarily focuses on educational aspects, it is equally crucial to address other challenges concerning SRHR.

#### 1.1.2 Initiatives by other organizations

The issue of period poverty has recently garnered significant attention from various organizations, particularly in the media, following the COVID-19 pandemic. In July 2019, the Malaysian NGO MyCorps Alumni launched the Bunga Pads initiative, a program that provides sanitary pads to low-income female students. In 2020, the Rotary Club Petaling Jaya contributed a sanitary pad-making machine to Kajang Prison, capable of producing 160 to 170 pads per day. In 2023, the ElShaddai Center, in collaboration with NGOs specializing in SRH, conducted a series of workshops in Ampang for Rohingya and Afghan women. These workshops covered topics such as SRHR, Unplanned Pregnancies and Contraceptives, and Breast and Cervical Cancer.

UNICEF. (2023). Going mobile to reach children in rural Sabah Retrieved from: https://www.unicef. org/malaysia/stories/going-mobile-reach-children-rural-sabah; The Official Portal of Sarawak Government. (2018, Jan 24). iM Sarawak Mobile Clinic Seeks to Serve Rural Communities. Retrieved from: https://www.sarawak.gov.my/web/home/news\_view/244/10104/

<sup>&</sup>lt;sup>12</sup> Yee, X. Y. (2024, Jul 29). RM1.3mil for mobile clinics with basic health services. *The Star*. Retrieved from: https://www.thestar.com.my/metro/metro-news/2024/07/29/rm13mil-for-mobile-clinics-with-basic-health-services

<sup>&</sup>lt;sup>13</sup> Muthiah, W. (2022, Dec 1). Selangor first state to address period poverty with RM200,000 allocation. *The Star.* Retrieved from: https://www.thestar.com.my/news/nation/2022/12/01/selangor-first-state-to-address-period-poverty-with-rm200000-allocation

<sup>&</sup>lt;sup>14</sup> Bernama. (2022, Sept 8). Pekerti 2022-2025 an improvement from its predecessor: Rina. *The vibes. com.* Retrieved from: https://www.thevibes.com/articles/news/70866/pekerti-2022-2025-an-improvement-from-its-predecessor-rina

<sup>&</sup>lt;sup>15</sup> Jaafar, H., Ismail, S. Y., & Azzeri, A. (2023). Period poverty: A neglected public health issue. *Korean journal of family medicine*, 44(4), 183.

<sup>&</sup>lt;sup>16</sup> ElShaddai. (2023). ElShaddai Centre's 2023 Annual Report. Retrieved from: https://ecb.org.my/media/

A representative from Stop Human Trafficking (SHUT), an NGO advocating for the prevention of human trafficking in Malaysia, shared that rescued victims receive a kit containing menstrual pads, funded by the government. The kit also includes essential items such as disposable panties, a toothbrush, toothpaste, shampoo, shower gel, a towel, and sanitary pads. Additionally, SHUT went the extra mile by providing blankets and pillows. For rescued children, soft toys and clothing are also included. Meanwhile, a short survey was conducted by TENAGANITA among their survivors in their shelters in Petaling Jaya and Penang in March 2025. The conclusion was that both shelters provided adequate access to menstrual products, ensuring that survivors can obtain sanitary pads when needed. While a majority of survivors in the Penang Shelter have reached menopause, they continue to be informed about menstrual hygiene. Moreover, some survivors in Petaling Jaya expressed a preference for hygiene wash products and menstrual pain relief medication, which could further improve their comfort and well-being.

In May 2023, SUHAKAM in collaboration with Host International, Federation of Reproductive Health Associations, Malaysia (FRHAM), organized a program to gather data on refugees' access to healthcare, hygiene, and reproductive health services.<sup>17</sup> Data was obtained from 74 respondents, and the data reveal that respondents lack awareness of the risks associated with child marriage and the significance of pregnancy prevention. In May 2024, Atlas Vending provided free sanitary product dispensing machines for the underprivileged, partnering with Datuk Seri Wan Azizah Wan Ismail, the Member of Parliament for Bandar Tun Razak, and Libresse Malaysia.<sup>18</sup>



Source: Altas Vending (2024)

<sup>&</sup>lt;sup>17</sup> SUHAKAM. (2023). SUHAKAM's Internal Report titled "Laporan Pelaksanaan Program Tinjauan Hak Pelarian Kepada Akses Kepada Kesihatan, Kebersihan & Reproduktif" prepared in June 2023.

<sup>&</sup>lt;sup>18</sup> Free Malaysia Today. (2024). Atlas Vending and Libresse® Malaysia address period poverty. Retrieved from: https://www.freemalaysiatoday.com/category/leisure/2024/05/17/atlas-vending-and-libresse-malaysia-address-period-poverty

The moment that marked the beginning of this report was when the Law and International Treaties Division (LITD) of SUHAKAM held its first meeting with expert Dr. Syarifah Fatimah AlZahrah Bt Syed Hussien from the Islamic International University Malaysia on the issue of period poverty at the SUHAKAM office in January 2024.



LITD with Dr. Fatimah during the first meeting in the SUHAKAM Office

Despite ongoing initiatives, there remains a lack of comprehensive data and coordinated efforts to effectively guide and inform policymaking. While efforts are being made, the absence of a strategic and data-driven approach may result in reactive measures that are challenging to sustain in the long term.

#### 1.2 The Right to Dignified Menstruation

The right to dignified menstruation is inherently multifaceted, intersecting with various fundamental rights such as the right to equality and non-discrimination, the right to SRH, and the right to access quality healthcare and education.

#### 1.2.1 Right to equality and non-discrimination

The Universal Declaration of Human Rights 1948 (UDHR) posits the right to Article 1 and 2 (Right to Equality and Non-discrimination). The Human Rights Commission Act 1999 defines "human rights," referring to the fundamental liberties as enshrined in Part II of the Federal Constitution, 19 and due regard shall be had to the UDHR to the extent that it is not inconsistent with the Federal Constitution. 20

<sup>&</sup>lt;sup>19</sup> Section 2 of the Human Rights Commission Act 1999 [Act 597].

<sup>&</sup>lt;sup>20</sup> Section 4(4) of the Human Rights Commission Act 1999 [Act 597].

Article 1 of the CEDAW defines discrimination as all forms of discrimination against women that lead to an infringement of their human rights should be eliminated. Having acceded to the CEDAW in July 1995, Malaysia has committed to incorporating the principle of gender equality into the legal system, abolishing all discriminatory laws. This eliminates harmful and negative stereotypes and adopts appropriate legislation to prohibit any form of discrimination against women. While many countries have enacted anti-discrimination legislation, in Malaysia gender equality is enshrined under the Federal Constitution. In particular, Article 8 of the Federal Constitution states that 'all persons are equal before the law and are entitled to the equal protection of the law.' Thus, to comply with Malaysia's obligation under CEDAW, Article 8(2) was amended in 2001 by adding the term 'gender', which prohibits discrimination on the grounds of gender. In July 2011, in the landmark case of Noorfadilla Ahmad Saikin v. Chayed Basirun & Ors, 21 the Federal Court ruled that dismissal of a pregnant employee amounted to discrimination, which is a significant decision on gender equality. Conversely, in the case of Indra Gandhi A/P Mutho v Pengarah Jabatan Agama Islam Perak & Ors,22 the High Court highlighted that:

"The principles propounded in these conventions (CRC and CEDAW) are highly persuasive and should provide that guiding light to help us interpret the fundamental liberties enshrined in our Constitution taking into consideration accepted norms of international law in these international conventions that have been widely accepted and ratified by countries across the world."

In the case of Vishaka v State of Rajasthan<sup>23</sup>, Verma CJI held that:

"International conventions and norms were to be read into the fundamental rights of the Constitution in the absence of enacted domestic law when there was no inconsistency between them."

In the United Kingdom, Lord Woolf even went one step ahead to declare that citizens are entitled to expect the government to act by the international treaty it had acceded to.<sup>24</sup> However, despite these legal frameworks, gender inequality persists.

<sup>&</sup>lt;sup>21</sup> Noorfadilla Ahmad Saikin v. Chayed Basirun & Ors [2012] 1 CLJ 769.

<sup>&</sup>lt;sup>22</sup> Indra Gandhi A/P Mutho v Pengarah Jabatan Agama Islam Perak & Ors [2013] 5 MLJ 552.

<sup>&</sup>lt;sup>23</sup> Vishaka v State of Rajasthan AIR 1997 SC 3011.

<sup>&</sup>lt;sup>24</sup> R v Secretary of State for Home Department, ex parte Mohammed Hussain Ahmad [1998] EWCA (Civ) 1345; Tan, J. H. (2023). CEDAW: Implementation of Women's Rights in Malaysia. The Law Review 2023, 490 - 515.

In Malaysia, having access to Water, Sanitation, and Hygiene (WASH) facilities still remains an issue. Lack of access to clean water and adequate sanitation facilities for menstruating bodies can lead to severe health issues, including urogenital infections such as Bacterial Vaginosis (BV), Urinary Tract Infections (UTIs) and can negatively impact overall health of the reproductive system.<sup>25</sup>

Lack of access to clean water and toilets is a violation of one's right to equality (Article 7 Universal Declaration of Human Rights) and right to life (Article 5(1) of the Federal Constitution and Article 3 Universal Declaration of Human Rights). In the case of Muhamad Juzaili Bin Mohd Khamis & Ors v State Government Of Negeri Sembilan & Ors<sup>26</sup> the Court of Appeal decided that the right to life encompasses the right to live with dignity. The Court of Appeal referred to the decision in the case of Lembaga Tatatertib Perkhidmatan Awam Hospital Besar Pulau Pinang & Anor v Utra Badi K Perumah<sup>27</sup> which explained that the word 'life' in Art 5(1) includes the right to live with dignity:

"... it is the fundamental right of every person within the shores of Malaysia to live with common human dignity."

# 1.2.2 Right to sexual and reproductive health

The right to an adequate standard of living should encompass the right to access menstrual products, as well as the more general right to protection against period poverty. In 2004, the Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health defined sexual health as a state of physical, emotional, mental, and social well-being related to sexuality. It extends beyond the mere absence of disease, dysfunction, or infirmity. It

Ahmad, N., & Majid, L. A. (2023). Issues and Challenges of Period Poverty During the Covid-19 Pandemic in Malaysia. Islāmiyyāt: International Journal of Islamic Studies, 45.

<sup>&</sup>lt;sup>26</sup> Muhamad Juzaili Bin Mohd Khamis & Ors v State Government of Negeri Sembilan & Ors [2015] MLJU 65.

<sup>&</sup>lt;sup>27</sup> Lembaga Tatatertib Perkhidmatan Awam Hospital Besar Pulau Pinang & Anor v Utra Badi K Perumah [2000] 3 CLJ 224.

<sup>&</sup>lt;sup>28</sup> Day, I. (2024, April). *Menstruation, human rights and the patriarchy: How international human rights law puts menstruating people at risk*. Harvard Human Rights Journal. Retrieved from: https://journals.law.harvard.edu/hrj/2024/04/menstruation-human-rights/#:~:text=To%20begin%2C%20 the%20Committee%20on,to%20protection%20against%20period%20poverty

Office of the United Nations High Commissioner for Human Rights. (2004). E/CN.4/2004/49: Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Retrieved from: https://www.ohchr.org/en/documents/reports/report-special-rapporteur-right-everyone-enjoyment-highest-attainable-standard-mental-health-2004

Dr Jen Gunter, an 0&G specialist and health communicator, describes that the education about menstruation is framed in the context of pregnancy and preventing pregnancy, as opposed to what a menstrual cycle is and what it means for a person's body. United Nations Children's Fund (UNICEF) (2024) reported that the current sexual health education and awareness campaigns, particularly targeting marginalized groups with lower levels of education, have gaps and need to be improved.<sup>30</sup> Specifically, there are challenges in providing SRH education due to language barriers faced by refugees and the Indigenous community.

According to the United Nations Population Division (UNPD) World Population Prospects 2024, Malaysia is one of only four countries globally that have experienced an increase in the unmet need for family planning over the past decade. In Malaysia, access to abortion remains highly restricted despite the existence of legal provisions that allow for termination of pregnancy up to 20 weeks under certain circumstances. While the law is not entirely prohibitive, it is often considered unclear and inconsistently applied, particularly in relation to mental health exceptions. Under Section 312 of the Penal Code, abortion is permissible if a registered medical practitioner determines that continuing the pregnancy poses a risk to the woman's life or physical and/or mental health. However, the law's language, especially regarding its psychological impact, is vague and open to interpretation, making implementation challenging for both patients and providers.

Accordingly, there is a need for greater clarity regarding what constitutes acceptable physical and psychological grounds for abortion. Medical professionals must also refer to the Ministry of Health's clinical guidelines, which outline who is qualified to provide abortion-related care and under what circumstances. Note that without clear operational definitions and consistent application, women's access to safe and legal abortion remains severely limited.

#### Menarche

Access to comprehensive menstrual education before the age of nine is essential, especially as some girls begin experiencing menarche as early as nine years old.<sup>31</sup> Providing menstruation education to pre-menarche primary school girls ensures they are well-informed and prepared to manage their menstrual health effectively. This education should not be limited to basic biological explanations; it should also incorporate practical guidance on hygiene and emotional health related to menstruation.

<sup>&</sup>lt;sup>30</sup> UNICEF. (2024). Living on the Edge. Retrieved from: https://www.unicef.org/malaysia/media/4626/file/Living%20on%20the%20Edge%20(key%20findings)(ENG).pdf

<sup>&</sup>lt;sup>31</sup> Godoy, M. (2024, May 31). Girls are getting their first periods earlier. Here's what parents should know. NPR. Retrieved from: https://www.npr.org/sections/shots-health-news/2024/05/31/nx-s1-4985074/girls-are-getting-their-first-periods-earlier-heres-what-parents-should-know

The lack of proper menstrual education and access to menstrual products has far-reaching consequences. In addition, insufficient education perpetuates stigma and misinformation surrounding menstruation. For example, Brown et al. (2024) discovered that pupils lack the understanding of how to manage menstruation at school, highlighting a deficit in understanding and the need for comprehensive menstrual education.<sup>32</sup> Accordingly, pupils shared that generally, education focused on the biology of the menstrual cycle rather than lived experiences and management solutions. Notably, a lack of proper menstrual education becomes a barrier to education for girls, and this loss of education can limit their future opportunities, perpetuating cycles of poverty and inequality. Additionally, girls who stay in school throughout their adolescence are less likely to experience teen pregnancy, early/child marriage, and sexual harm.<sup>33</sup>

## Menopause

As Malaysia is set to be an aging country by 2040, it is crucial to acknowledge that the rate of mature women's participation in the paid workforce will increase. Therefore, this shift underscores the significance of understanding and addressing the health challenges faced by women as they age. A study presented at the Association's 2022 Epidemiology, Prevention, Lifestyle & Cardiometabolic Health Conference reported that women who entered menopause by the age of 40 had a 40% increased risk of developing coronary heart disease over their lifetime as opposed to women who did not go through early menopause.<sup>34</sup>

Further insights from neuroscientist and author Lisa Mosconi, who studied menopausal women's brains using fMRI scans for her book The Menopause Brain, highlight the profound impact of menopause on the brain.<sup>35</sup> Consistent with this, Mosconi stated, "Menopause impacts the brain just as much as it impacts the ovaries," revealing that the process originates in the brain, with the ovaries merely reflecting these changes. This finding emphasizes the wide-reaching effects of menopause on women's overall health and well-being.

A new survey of 2,000 American women discovered that many feel they are overly targeted with information about pregnancy and childbirth; however, they feel under-resourced when it comes to perimenopause and menopause.<sup>36</sup>

<sup>&</sup>lt;sup>32</sup> Brown, N., Forrest, L. J., Williams, R., Piasecki, J., & Bruinvels, G. (2024). 'Everyone needs to be educated': pupils' voices on menstrual education. *Reproductive Health*, 21(1), 121.

Shah, V., Nabwera, H., Sonko, B., Bajo, F., Faal, F., Saidykhan, M., Jallow, Y., Keita, O., Schmidt, W., Torondel, B. (2022). Effects of menstrual health and hygiene on school absenteeism and drop-out among adolescent girls in rural Gambia. *International Journal of Environmental Research and Public Health*, 19(6), 3337.

<sup>&</sup>lt;sup>34</sup> Beccia, C. (2024, Oct 23). I want to die like a man. *Medium*. Retrieved from: https://medium.com/wise-well/i-want-to-die-like-a-man-796d645b74ea

<sup>&</sup>lt;sup>35</sup> Beccia, C. (2024, Oct 23). I want to die like a man. Medium. Retrieved from: https://medium.com/ wise-well/i-want-to-die-like-a-man-796d645b74ea

<sup>&</sup>lt;sup>36</sup> Swns. (2024, Oct 14). Most women don't seek medical knowledge on this life-changing stage, study reveals. Retrieved from: https://nypost.com/2024/10/14/lifestyle/most-women-dont-seek-medical-knowledge-on-this-life-changing-stage/

Munn et al. (2022) revealed that many women feel 'scared' about menopause due to a lack of education and discussion, which perpetuates the taboo associated with this life stage.<sup>37</sup> Therefore, effective menopause education is essential to help women identify symptoms, seek treatment, and develop a positive attitude towards menopause.

# 1.2.3 Right to Menstrual Health Within Human Rights Framework

Although this concept of menstrual health is often used, highlighting "health" it is often indicative of a limiting scope of menstrual need and period poverty. Menstrual health is not expressly incorporated in any right in CEDAW or the International Covenant on Economic, Social, and Cultural Rights (ICESCR).<sup>38</sup> While not expressly addressed in any international instrument, women's reproductive rights are articulated within the employment context through Article 11 of the CEDAW:

"States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular: [...] (f) The right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction."

In 2022, in the context of a high-profile UN Human Rights Council panel discussion on menstruation and human rights, the UN Office of the High Commissioner for Human Rights (OHCHR) released a statement on menstrual health for the first time that recognized menstruation as a 'human rights, gender equality and public health issue.'39 At the same time, Catarina de Albuquerque, the former UN Special Rapporteur on the Human Rights to Water and Sanitation from 2008 to 2014, successfully put menstruation on the human rights agenda for the first time. In particular, she established the links between Menstrual Hygiene Management (MHM) (including menstrual literacy and stigma) and the rights to water and sanitation.<sup>40</sup> Moreover, a widely-cited and path-breaking scholarly paper was published by Inga Winkler and Virginia Roaf (2015), who both served as

<sup>&</sup>lt;sup>37</sup> Munn, C., Vaughan, L., Talaulikar, V., Davies, M. C., & Harper, J. C. (2022). Menopause knowledge and education in women under 40: results from an online survey. *Women's Health*, 18, 17455057221139660.

Office of the United Nations High Commissioner for Human Rights. (1966, Dec 16). International Covenant on Economic, Social and Cultural Rights. Retrieved from: https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights

<sup>&</sup>lt;sup>39</sup> United Nations High Commissioner for Human Rights. (2023). *Annual report of the United Nations High Commissioner for Human Rights and reports of the Office of the High Commissioner and the Secretary-General* (A/HRC/53/40). https://docs.un.org/en/A/HRC/53/40

<sup>&</sup>lt;sup>40</sup> United Nations Human Rights Council. (2012). Report of the Special Rapporteur on the human right to safe drinking water and sanitation, Catarina de Albuquerque (A/HRC/21/42). https://docs.un.org/en/A/HRC/21/42

consultants to the first UN Special Rapporteur on the Right to Safe Drinking Water and Sanitation, Catarina De Albuquerque.<sup>41</sup> They endeavored to make a case for the human rights regarding menstrual hygiene. They also believed that a human rights framework can shine a light and instigate action. More precisely, they asserted:

"The contribution of the human rights framework lies in drawing attention to the plight of women and girls who are not able to manage their menstruation adequately by highlighting States' and other actors' obligations and responsibilities with respect to menstruation and its hygienic management.... Considering menstruation as what it is—a fact of life—and integrating this view at all levels, will contribute to enabling women and girls to manage their menstruation adequately, without shame and embarrassment—with dignity."

Malaysia bears the responsibility to confront the challenge of period poverty. In 2024, Malaysia underwent its Fourth Universal Periodic Review (UPR), 42 and Malaysia's sixth periodic report was considered at the 88th CEDAW Session. Notably, Malaysia received three UPR recommendations related to ensuring universal and unhindered access to SRH information, counselling, education and services. The CEDAW Committee, in its Concluding Observations on the sixth periodic report of Malaysia, recommended that women in detention, including those in immigration detention facilities, should have access to adequate health services and hygiene products. This aligns with the UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders. 43 This recommendation is particularly crucial since heightened consideration is required for menstruators from vulnerable groups to ensure that no one is overlooked. For instance, the Prison Act 1995 [Act 537] and the Prison Regulations 2000 make no specific reference to feminine hygiene. In the right to health research in prison conducted by SUHAKAM in 2017, it was reported that there are inadequate sanitary products provided to female inmates during menstruation.<sup>44</sup> Therefore, addressing this gap aligns with Sustainable Development Goal 3.7, which aims to ensure universal access to SRH services by 2030.

<sup>&</sup>lt;sup>41</sup> Bobel, C. (2019). The managed body: Developing girls and menstrual health in the Global South. Palgrave Macmillan.

<sup>&</sup>lt;sup>42</sup> United Nations Human Rights Council. (2024). *Report of the Working Group on the Universal Periodic Review: Malaysia* (A/HRC/56/11). https://documents.un.org/doc/undoc/gen/g24/034/50/pdf/g2403450.pdf

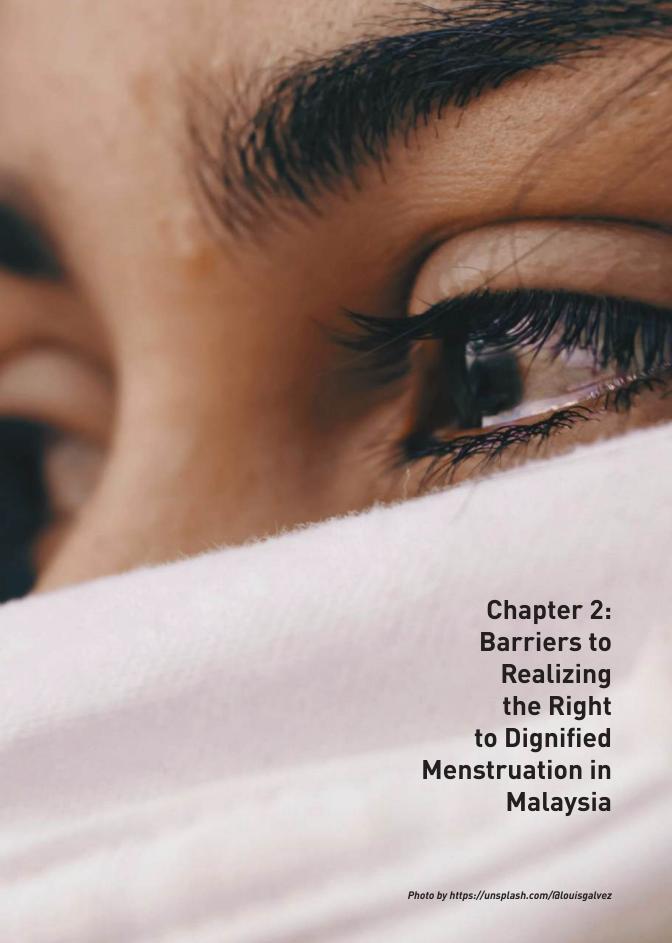
<sup>&</sup>lt;sup>43</sup> Office of the United Nations High Commissioner for Human Rights. (2024). *Concluding observations on the sixth periodic report of Malaysia* (CEDAW/C/MYS/CO/6). Retrieved from: https://tbinternet.ohchr.org/layouts/15/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=3&CountryID=105

<sup>44</sup> SUHAKAM. (2017). The Right to Health in Prison. Retrieved from: https://drive.google.com/file/d/0B6FQ7S0Na3PRZXNaejlsZktQWTg/view?resourcekey=0-BbH-7\_gU9E60kYTy8VwGVA

# 1.3 Limitations

The research on this topic from the Malaysian context is notably limited, with few studies providing comprehensive insights. Building on this, the scarcity of published academic literature and empirical studies poses a challenge to build upon existing knowledge. Furthermore, there is a lack of representative data that accurately reflects the experiences of diverse populations affected by this issue. In essence, the absence of standardized or large-scale data collection efforts limits the ability to draw general conclusions.

This study represents an initial exploration of the topic, aiming to bridge the existing knowledge gaps. As pioneering research, it lays the groundwork for further investigation while acknowledging the constraints posed by limited prior research and data. The findings should, thus, be viewed as a foundational step rather than definitive evidence. Subsequent studies will be necessary to validate these findings and expand the scope of understanding in this area. Notably, efforts to engage representatives from relevant government departments, particularly for the interview sessions, were unsuccessful, primarily due to bureaucratic challenges and procedural delays. Nevertheless, representatives from these departments were present during RTD.



# Chapter 2: Barriers to Realizing the Right to Dignified Menstruation in Malaysia

# Introduction

The previous chapter established menstruation as a human rights issue and outlined the link between menstrual health and broader rights frameworks. This chapter delves into the practical barriers hindering the realization of menstrual health rights in Malaysia, with a particular focus on the structural inequalities and systemic gaps that continue to impede progress. While some challenges are common across the population, others are experienced more acutely by vulnerable and marginalized groups. This is especially true when financial hardship removes any form of social or economic safety net.

In February 2024, SUHAKAM convened an RTD with participants from government agencies, academia, civil society organizations, and the private sector. A series of stakeholder interviews complemented this to deepen the understanding of period poverty in the Malaysian context. From these engagements, stakeholders collectively proposed a working definition of period poverty, which encapsulates both material and non-material dimensions:

- 1. Lack of financial means to afford menstrual products.
- 2. Lack of access to clean water and adequate sanitation facilities.
- 3. Lack of privacy or safe, hygienic spaces to manage menstruation.
- 4. Lack of knowledge and information on menstruation and sexual and reproductive health (SRH).
- 5. Inadequate access to menstrual health diagnosis and treatment.
- 6. Lack of emotional or psychosocial support when facing menstruation-related challenges.

This chapter will explore these six core themes to highlight how both material deprivation and social norms shape menstrual health challenges, and how they intersect with broader issues of dignity, equity, and access.

# 2.1 Lack of sustainable financial means

# 2.1.1 Economic poverty

Poverty is often measured by income indicators, primarily focusing on economic factors. However, poverty extends beyond income; it involves deprivation of essential needs such as housing, transportation, food, access to healthcare, and education. Accordingly, the Sustainable Development Goals emphasize that 'no one should be left behind,' yet in Malaysia, many women remain trapped in poverty. This surpasses an issue in rural and remote areas since women and people with disabilities in Kuala Lumpur also live in poverty. Specifically, among female-headed households in the capital, the poverty rate was reported at 59% in October 2023, a modest decrease from 62% in March 2021.<sup>45</sup>

The incidence of poverty for both male and female heads of households increased in 2022 as compared to 2019. The statistics indicated that female heads of households increased from 5.2% to 5.8%, while male heads of households increased from 5.7% to 6.2%, as compared to 2019. 46 In addition, the 2024 UNICEF Report titled "Key Findings Living on the Edge" revealed that female-headed households (74%) and households headed by a person with disability (92%) find that their current income is insufficient. 47 It was also revealed that a significant knowledge gap exists among female heads of households, particularly among those with lower levels of education, regarding the accessibility of SRHR services and information. Additionally, a substantial number of individuals seek SRHR information from alternative sources instead of healthcare providers. 48

According to the Ministry of Economy, the country's total number of hardcore poor decreased to 2,191 heads of households as of 30<sup>th</sup> November, compared to 91,789 recorded on 31<sup>st</sup> December 2023.<sup>49</sup> The breakdown of hardcore poverty incidence by state is provided below.

<sup>&</sup>lt;sup>45</sup> UNICEF. (2024). Living on the Edge. Retrieved from: https://www.unicef.org/malaysia/media/4626/file/Living%20on%20the%20Edge%20(key%20findings)(ENG).pdf

<sup>&</sup>lt;sup>46</sup> Department of Statistics Malaysia. (2024, Dec 18). Statistics on Women Empowerment in Selected Domains. Retrieved from: https://www.dosm.gov.my/site/downloadrelease?id=statistics-on-women-empowerment-in-selected-domains-malaysia-2024&lang=English&admin\_view=

<sup>&</sup>lt;sup>47</sup> UNICEF. (2024). Living on the Edge. Retrieved from: https://www.unicef.org/malaysia/media/4626/file/Living%20on%20the%20Edge%20(key%20findings)(ENG).pdf

<sup>&</sup>lt;sup>48</sup> UNICEF. (2024). Living on the Edge. Retrieved from: https://www.unicef.org/malaysia/media/4626/file/Living%20on%20the%20Edge%20(key%20findings)(ENG).pdf

<sup>&</sup>lt;sup>49</sup> Bernama. (2024, Dec 17). Hardcore poverty declines nationwide, three states and one Federal Territory free from it — Economy Ministry. The Edge Malaysia. Retrieved from: https:// theedgemalaysia.com/node/738083

Table 3: Breakdown of hardcore poverty incidence by state

	States	Households
1	The Federal Territory of Kuala Lumpur	474
2	Kedah	341
3	Sabah	289
4	Johor	275
5	Pahang	174
6	Penang	122
7	Selangor	112
8	Terengganu	103
9	Kelantan	99
10	Sarawak	91
11	Perak	62
12	The Federal Territory of Labuan	49

Scholars have argued that poverty should not be measured solely based on income. As such, Malaysia has begun recognizing the complexities of poverty by incorporating income-based (monetary) and multidimensional indicators (non-monetary) into its measurements.<sup>50</sup> In 2022, 1.9% of households were multidimensionally poor, an improvement from the 2.6% in 2019.<sup>51</sup> However, the incidence and deprivation intensity of households in multidimensional poverty are consistently higher in rural areas, again demonstrating the unequal distribution of poverty in Malaysia.<sup>52</sup> Moreover, many individuals are compelled to reduce their food consumption, sacrificing essential meals to meet other basic needs, such as shelter and transportation. The current "bakul makanan" assistance scheme fails to account for essential items. This includes sanitary products, reflecting a poverty calculation framework that remains largely male-centric and overlooks gender-specific needs.

<sup>&</sup>lt;sup>50</sup> Wan Usamah, W. A. (2024, Oct 16). Time to deepen our understanding of poverty. *Malaysiakini*. Retrieved from: https://www.malaysiakini.com/letters/722774

<sup>&</sup>lt;sup>51</sup> Wan Usamah, W. A. (2024, Oct 16). Time to deepen our understanding of poverty. *Malaysiakini*. Retrieved from: https://www.malaysiakini.com/letters/722774

<sup>&</sup>lt;sup>52</sup> Wan Usamah, W. A. (2024, Oct 16). Time to deepen our understanding of poverty. *Malaysiakini*. Retrieved from: https://www.malaysiakini.com/letters/722774

## 2.1.2 Lack of access to menstrual products

According to the United Nations Population Fund (UNFPA), period poverty describes the "struggles many low-income women and girls face when they cannot afford menstrual products".<sup>53</sup> Based on prior literature, period poverty is not limited to lack of access to menstrual products. Correspondingly, period poverty includes poverty or the lack of four elements:

- (1) Menstrual products
- (2) Menstrual education<sup>54</sup>
- (3) Privacy<sup>55</sup> and
- (4) Access to sanitary disposal, toilets, water, and hand-washing facilities.

As mentioned in Chapter 1, scholars have developed a comprehensive definition for menstrual health. This can serve as a foundation to unite stakeholders and address the issue effectively.

While there is no universal guideline on how many disposable pads a woman should change in a day, it depends on the amount of menstrual flow. Generally, it is advisable to change the pad every four to six hours.

Disposable sanitary pads are the most commonly used menstrual product among Malaysian women, although they are not the only option available. The average price of disposable pads sold in Malaysia ranges from RM0.40 to RM1.00. Please note that only a few pad brands have been selected for comparison, and prices may vary depending on the length and type of pads (winged or non-winged), as well as promotions and location. Below is an overview of the prices of winged pads available online at Watsons:

Teoh, M. (2024, Jan 8). Women's NGO launches 'Haid, Jangan Hide' campaign to address period poverty. The Star. Retrieved from: https://www.thestar.com.my/lifestyle/family/2024/01/08/women039s-ngo-launches-039haid-don039t-hide039-campaign-to-address-period-poverty

Tohit, N. F. M., Hussien, S. F. A. S., Sulaiman, S., Rokis, R. (2021). Kemiskinan Haid: Krisis Kesihatan Awam Yang Perlu Diakhiri. *International Journal for Studies on Children, Women, Elderly and Disabled* 14, pp. 109-112; Rossouw, L., H. Ross. (2021). Understanding period poverty: Socio-economic inequalities in menstrual hygiene management in eight low- and middle-income countries. *International Journal of Environmental Research and Public Health* 18 (5):2571.

<sup>&</sup>lt;sup>55</sup> Ahmad, N., & Majid, L. A. (2023). Issues and Challenges of Period Poverty During the Covid-19 Pandemic in Malaysia. *Islāmiyyāt: International Journal of Islamic Studies, 45*.

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	Brand	Number of pads in a packet	Length of pad (CM)	Price as of Oct 2024 (RM)	Price per Pad (RM)
1	Libresse	16	24	8.55	0.53
2	Libresse	12	32	7.55	0.63
3	Kotex	16	24	6.24	0.39
4	Kotex	22	41	19.10	0.87
5	Pure'n Soft	16	23	12.90	0.80
6	Pure'n Soft	14	29	14.50	1.04
7	Laurier	16	25	17.70	1.10
8	Laurier	16	40	17.80	1.11

Based on the table, a woman might spend around RM4 per day on pads (a conservative estimate), assuming she changes her pad four times daily. If she menstruates for a week, this totals RM28 per month. For a household earning the minimum wage of RM1,700, if four women menstruating, that amounts to RM112 per month, which is approximately 7% of their income. This represents a significant financial burden on a family's budget, especially when there is more than one girl or woman in the household. Additionally, costs are higher for women and girls living in Sabah and Sarawak.



In some cases, a can of sardines may cost less than a pack of sanitary pads.

This image is for illustration purposes only and does not reflect the actual price of the products.

## 2.1.3 Concerns about the sustainability of the usage of sanitary pads

# **Environmental Impact**

Participants during the RTD emphasized that the usage of sanitary pads is not environmentally sustainable as it contributes to non-biodegradable waste. The study conducted by LPPKN (2022) discovered that 96.7% of girls use disposable pads. Therefore, the participants advocated for exploring alternative menstrual management products, such as reusable sanitary pads, menstrual cups, and menstrual discs as substitutes for sanitary pads, which are more environmentally friendly and cost-effective in the long term. To illustrate the environmental impact:

- On average, a menstruating individual uses about 4 to 6 pads per day during menstruation.
- Assuming a menstrual cycle lasts 5 days, that equals approximately 20 to 30 pads per month.
- Over the course of a year, this adds up to 240 to 360 disposable pads per person.

When multiplied by the number of menstruating individuals in the country, the environmental burden becomes staggering. It is estimated that approximately 2.4 billion pieces of sanitary waste are generated annually in Malaysia.<sup>57</sup> Note that these conventional sanitary napkins, made with plastic and synthetic materials, can take 500 to 800 years to fully decompose in landfills.

This highlights an urgent need for a cultural and policy shift toward sustainable menstrual products, better waste management practices, and public awareness campaigns to reduce the long-term environmental impact of disposable menstrual products.

Athena Empowers has implemented a comprehensive menstrual health program that provides reusable menstrual products and includes post-distribution monitoring to assess long-term outcomes. As of now, Athena Empowers has directly sponsored 3,883 girls, excluding those supported through corporate collaborations. For every 1,500 girls who have received Athena reusable pads, systematic follow-up is conducted to monitor usage and impact. Overall, the findings indicate that a significant number of recipients continue to use the products regularly, providing evidence of sustained behavioral change.

Devadas, D. P. (2024, May 27). Switch to eco-friendly menstrual products, women urged. *The Star.* Retrieved from: https://www.thestar.com.my/metro/metro-news/2022/05/27/switch-to-eco-friendly-menstrual-products-women-urged

One of the immediate outcomes of the program is the elimination of school absenteeism related to menstruation. In the longer term, the initiative contributes to environmental sustainability, with an estimated 467,000 disposable pads diverted from landfills. Economically, the switch to reusable products allows girls and their families to save approximately RM600 to RM1,000 over a five-year period, reducing the financial burden of purchasing menstrual products. Concurrently, this program demonstrates a holistic and sustainable approach to addressing period poverty, while also generating positive environmental and economic impacts.

Nevertheless, it was stated that there is still taboo and stigma surrounding reusable pads and menstrual cups. Moreover, water remains an issue in certain state; this lack of infrastructure poses a challenge for menstruators to opt for biodegradable or reusable options, such as menstrual cups or cloth pads.

For entrepreneurs, sustainable products are often less lucrative, and it has always been a struggle for environmentalists. Despite that, a biodegradable sanitary pad made from sago starch could contribute to efforts aimed at protecting the environment from plastic waste. For example, scientists at the International Islamic University Malaysia have fabricated a durable, absorbent, and biodegradable sanitary pad using sago, a starch extracted from the spongy centers of tropical palm stems. <sup>58</sup>

# 2.2 Lack of water and sanitation

#### Issue of water

Data on Water Access, Sanitation, and Hygiene (WASH) in Malaysia indicate that nearly 100% of the population has access to basic sanitation and drinking water. According to Malaysia's Voluntary National Review (VNR) 2021, the Multidimensional Poverty Index (MPI) indicates that 3.9% of the population experiences water deprivation. This equates to approximately 1.3 million individuals without access to clean water. However, this data may exclude marginalized communities, stateless individuals, and Indigenous groups.

<sup>&</sup>lt;sup>58</sup> Asia Research News. (2020, May 6). Safer sanitary pads made from palm starch. Retrieved from: https://www.asiaresearchnews.com/content/safer-sanitary-pads-made-palm-starch

<sup>&</sup>lt;sup>59</sup> Goodson, M. L., Kwa, Y. C., Suboh, N., Ik Sing, C. L., Shuen Wei, D. K., & Walsh, C. L. (2023). Water access and sanitation facilities in the Johor River Basin, Malaysia: A comparison between indigenous and more modernised communities. *Journal of Water, Sanitation and Hygiene for Development*, 13(10), 825-832.

Malaysia Voluntary National Review (VNR). (2021). Retrieved from: https://sustainabledevelopment. un.org/content/documents/285982021\_VNR\_Report\_Malaysia.pdf

Notably, the issue of period poverty cannot be fully addressed without also discussing the issue of water access. For years, a substantial portion of Kelantan's populace has been affected by an alarming scarcity of clean and safe water. In June 2024, students from Universiti Malaysia Sabah (UMS) protested the ongoing water crisis in the state, demanding immediate solutions from the government. The water shortage at UMS had been persistent for several years and it was reported that it had been resolved in August 2024. Accessibility to clean water is an issue especially in rural areas. For instance, the lake water at Tasik Chini, Pahang, is contaminated with toxic waste. This is due to the topsoil resulting from mining activities near the lake being pushed into the water during heavy rain. Note that the Indigenous in Kampung Cendahan still rely on the lake for their food source and daily water consumption.

Water scarcity is an escalating global concern, and it was addressed in the World Economic Forum's annual Global Risks Report as a critical issue. 65 Climate impacts, including droughts, floods, and pollution, are intensifying the crisis. In Malaysia, water security faces significant challenges due to population growth, urbanization, industrialization, and agricultural demands. These issues are compounded by deforestation, disrupting local climates, and depleting raw water supplies. 66

<sup>61</sup> Halim, A. A. (2024, Jan 4). Kelantan residents' thirst for clean water. *The Sun*. Retrieved from: https://thesun.my/opinion-news/kelantan-residents-thirst-for-clean-water-AN11941717

<sup>&</sup>lt;sup>62</sup> Fong, D. R., Vanar, M. (2024, Jun 14). UMS students hold protest over Sabah's water woes in front of Hajiji's office. *The Star*. Retrieved from https://www.thestar.com.my/news/nation/2024/06/14/ ums-students-hold-protest-over-sabahs-water-woes-in-front-of-hajijis-office

<sup>&</sup>lt;sup>63</sup> Universiti Malaysia Sabah. (2024, Aug 15). UMS Campus Water Woes Finally Resolved. Retrieved from: https://www.ums.edu.my/v5/en/banner-link/15741-ums-campus-water-woes-finally-resolved

<sup>&</sup>lt;sup>64</sup> New Straits Times. (2021, Jun 10). Orang Asli raise concerns about 'clean' Tasik Chini water quality. Retrieved from: https://www.nst.com.my/news/nation/2021/06/697678/orang-asli-raiseconcerns-about-clean-tasik-chini-water-quality

<sup>&</sup>lt;sup>65</sup> Scott, M. (2025, Jan 7). Bridging the water finance gap as climate impacts bite. *Reuters*. Retrieved from: https://www.reuters.com/sustainability/sustainable-finance-reporting/bridging-water-finance-gap-climate-impacts-bite-2025-01-07/

<sup>&</sup>lt;sup>66</sup> Hisham, H., Abu Bakar, N. (2024, Jul 29). Attitude, usage are the primary threats to water security. The Malaysian Reserve. Retrieved from: https://themalaysianreserve.com/2024/07/29/attitude-usage-are-the-primary-threats-to-water-security/

## 2.2.1 Hygiene in schools and universities

The frequency of girls' and women's needs for adequate sanitation is often higher as compared to boys and men. At any given time, about a quarter of all adult women globally are menstruating, which required the frequent changing of menstrual materials (cloths, pads, tissues), often from two to four times a day.<sup>67</sup>

However, Malaysia lacks a specific legal framework that addresses sanitation in relation to menstrual health. The MOE launched the 3K (*Kebersihan, Kesihatan, and Keselamatan*) program. It aims to improve the cleanliness of school toilets to a minimum of three (3) stars by the end of 2025 as a quality standard that every school must achieve. In June 2023, the MOE issued guidelines on School Toilet Quality Assessment (*Penarafan Kebersihan Tandas Sekolah*), commonly referred to as PKTS. While school guidelines exist, their implementation is inconsistent, particularly in rural areas. Some students even skip breakfast to avoid using unsanitary toilets.<sup>68</sup>

In 2024, a student from UMS exposed the filthy conditions of dormitory toilets on TikTok, revealing dirty sinks and an overall unsanitary environment.<sup>69</sup> Additionally, water shortages worsen the situation, leaving students with no choice but to use inadequate facilities despite their hesitation.

The student's video is commendable for breaking the silence on the sanitation crisis. This serves as a wake-up call for schools and higher education institutions, underscoring the urgent need for clean, functional toilets with an adequate water supply. In other words, strengthening sanitation policies in both schools and universities is essential.

<sup>&</sup>lt;sup>67</sup> Das, P., Baker, K. K., Dutta, A., Swain, T., Sahoo, S., Das, B. S., Panda, B., Nayak, A., Bara, M., & Bilung, B. (2015). Menstrual hygiene practices, WASH access and the risk of urogenital infection in women from Odisha, India. *PLoS ONE*, 10(6), e0130777. https://doi.org/10.1371/journal.pone.0130777; Haque, S. E., Rahman, M., Itsuko, K., Mutahara, M., & Sakisaka, K. (2014). The effect of a school-based educational intervention on menstrual health: An intervention study among adolescent girls in Bangladesh. *BMJ Open*, 4(7), e004607. https://doi.org/10.1136/bmjopen-2013-004607; Omidvar, S., & Begum, K. (2010). Factors influencing hygienic practices during menses among girls from South India: A cross-sectional study. *International Journal of Collaborative Research on Internal Medicine & Public Health*, 2(12), 411–423.

<sup>&</sup>lt;sup>68</sup> The Sun. (2022, Sept 14). Students skipping breakfast to avoid using dirty toilets, reveals MOE. Retrieved from: https://thesun.my/style-life/going-viral/students-skipping-breakfast-to-avoid-using-dirty-toilets-reveals-moe-XI9820055

<sup>&</sup>lt;sup>69</sup> Suresh, N. (2024, Jul 31). M'sian Student Exposes Filthy Condition of Uni Dormitory Toilets in Sabah. Weridkaya. Retrieved from: https://weirdkaya.com/msian-student-exposes-filthy-condition-of-uni-dormitory-toilets-in-sabah/

# 2.2.2 Hygiene in Public Spaces

Ensuring cleanliness in public toilets<sup>70</sup> is crucial for the comfort and well-being of the public. In 2023, the Local Government Development Minister Nga Kor Ming launched a project called the "Clean Public Toilets" program in preparation for Visit Malaysia Year 2025.<sup>71</sup> The objective is for the public restrooms to achieve the BMW (*Bersih, Menawan, Wangi*) or the Clean, Attractive, Fragrant standards.

A study conducted by Mohamad Isham et al. (2022) asserted that most elements of public toilet facilities, such as doors, floors, and walls were rated as neutral, except for the toilet seat, which was rated as dirty (40.2%). Thence, to gauge the cleanliness of public toilets and assign a toilet quality rating, a public toilet star rating method is employed that focuses on five main areas: design, cleanliness, effectiveness, maintenance, and user satisfaction. There has been a call by Malaysian Association of Tour and Travel Agents (MATTA) for the improvement of public restrooms and cleanliness, as many public restrooms achieve only a three-star rating. The start of the improvement of public restrooms and cleanliness, as many public restrooms achieve only a three-star rating.

One additional challenge is the issue of payment for access to public washrooms. In certain facilities, particularly those maintained by local authorities or within transit hubs, users are required to pay a small fee to use the toilets. This raises questions regarding equitable access, especially for low-income individuals or marginalized groups. In contrast, many washrooms in private facilities, such as shopping malls, are well-maintained and free of charge, highlighting disparities in cleanliness and accessibility between the public and private sectors.

Efforts to improve WASH infrastructure must be accompanied by a culture of shared responsibility. However, cultivating good hygiene practices and maintaining public spaces requires public trust and a sense of collective ownership. When users view themselves as co-stewards of public infrastructure, it encourages more respectful usage and reduces the burden on cleaning staff and local authorities. Moreover, a long-term shift in public attitudes towards treating public toilets as shared spaces deserving of care will be essential to sustaining high standards of hygiene.

<sup>&</sup>lt;sup>70</sup> A public toilet is defined as a communal urine and feaces room or booth that includes at least a bowl with or without a seat (seating or crouching) and is connected to a waste pipe and flushing equipment. Definition retrieved from: The Asean Secretariat. ASEAN Secretariat. (2016). ASEAN public toilet standard. Retrieved from: https://www.asean.org/wp-content/uploads/2012/05/ASEAN-Public-Toilet-Standard.pdf

Pernama. (2024, Nov 15). 11,397 public toilets have been upgraded within two years. Retrieved from: https://international.astroawani.com/malaysia-news/11397-public-toilets-have-been-upgraded-in-two-years-nga-496409

Mohamad Isham, N. H., Rahman, H. A., & Mohamed Zain, I. N. (2022). Community Perception and Assessment of Public Toilets in Kuala Lumpur Among Users of KTM Commuter Public Toilet. Malaysian Journal of Medicine & Health Sciences, 18.

<sup>&</sup>lt;sup>73</sup> Aziz, F. (2024, Jul 25). Toilets need a clean sweep. *The Star*. Retrieved from: https://www.thestar.com.my/news/nation/2024/07/25/toilets-need-a-clean-sweep



An image of a sanitary napkin and tampon dispenser in one of the washrooms at the United Nations Office in Geneva. Switzerland.



This image shows sanitary napkins provided in a basket for public use in one of the washrooms at Universiti Tenaga Nasional (UNITEN) in Kajang, Selangor, Malaysia.

# 2.3 Lack of privacy and hygienic spaces

# 2.3.1 Need for gender-sensitive facilities

Shaberi (2024) noted that the design and provision of gender-specific toilets in schools do not adequately cater to the needs of female students, leading to health, hygiene, and dignity concerns. For example, gender-sensitive facilities, such as private changing areas, menstrual product dispensers, and disposal bins, are essential in ensuring the dignity and comfort of women and girls. Schmitt et al. (2019) defined a female friendly toilet as 75:

Naberi, W. S. W., Misnan, M. S., & Kamaruddin, T. (2024). Students, Sanitary Facilities and Regulations: An Overview of Public Schools in Malaysia. *International Journal of Research and Innovation in Social Science*, 8(4), 1834-1847.

<sup>75</sup> Schmitt, M. L., Clatworthy, D., Ogello, T., & Sommer, M. (2018). Making the case for a female-friendly toilet. Water, 10(9), 1193.

A safe and conveniently located toilet, separated by gender (if communal or public), which provides privacy (doors, locks), a culturally appropriate menstrual waste disposal option (trash bins, chutes, pits), water and soap is available for washing blood off one's hands (water tap or bucket), suitable drainage and accessibility both during the day and night (area and internal lighting).

Schmitt et al. (2019) stated that additional supportive measures can enhance hygiene and usability, such as hooks for storing menstrual supplies or clean cloths, preventing them from being placed on unsanitary floors. Providing mirrors can also be beneficial, allowing users to check for blood stains on their clothing.

Moreover, the space and layout of toilet facilities should be carefully considered. At least some stalls should be designed to accommodate individuals who may require assistance, such as children, elderly individuals, or persons with disabilities. Section 34A of the Uniform Building Bylaws (UBBL) 1984, states that it is compulsory for buildings to provide access to enable disabled persons to enter, exit, and move within the buildings and to be provided with facilities for use by disabled people, such as disabled-friendly toilets.<sup>76</sup>

# 2.3.2 Period spot checking

In the study carried out by All Women's Action Society Malaysia (AWAM), it revealed ustazahs (female religious teachers) to be the number one perpetrators of period spot checks. These checks were often conducted with the intention of ensuring that students were not using menstruation as an excuse to avoid performing prayers (solat). For instance, girls were given cotton buds and were told to "prove" they were on their period.<sup>77</sup>

Nazri (2021) posited that internalized misogyny led women in positions of authority to believe that these girls could not be telling the truth and, therefore, violated these girls' bodily integrity and autonomy. Nothing good comes out of forcing girls to prove that they are menstruating as it could lead only to trauma and humiliation. The public outcry following media coverage of these spot checks in early 2021 led the Office of the Children's Commissioner (OCC) under SUHAKAM to issue a press statement in April 2021, condemning the practice as a violation

<sup>&</sup>lt;sup>76</sup> 34A (1) Any building or part thereof to which this by-law applies shall-

<sup>(</sup>a) be provided with access to enable disabled persons to get into, out of and within the building except for any part of the building for which access is provided wholly or mainly for the inspection, maintenance or repair of the building, its services or fixed plant or machinery; and

<sup>(</sup>b) be designed with facilities for used by disabled persons.

<sup>&</sup>lt;sup>77</sup> Nadia, A. (2022, Apr 22). Period spot checks - a year of secrecy and delay. *Malaysiakini*. Retrieved from: https://www.malaysiakini.com/news/618831

Nazri, H. (2021, Jun 30). Malaysia: FGM/C, period spot checks, and sexual harassment - Harvard Public Health Review Retrieved from: https://hannah.nazri.org/malaysia-fgm-c-period-spot-checks-and-sexual-harassment-harvard-public-health-review

of children's rights and dignity.<sup>79</sup> Following this, a letter was sent to the MOE and the Director of Majlis Amanah Rakyat (MARA) to address the issue. A poster was also published on OCC's official Facebook page, encouraging individuals to report if they experienced period spot checks. However, the complaints received were not recent.

In June 2021, Mohd Radzi, the then Minister of Education, stated that the ministry was in the final stages of forming an independent committee to investigate existing procedures addressing complaints on the practice of period spot checks in schools, as well as other related matters. <sup>80</sup> As a result, a letter dated 2nd November 2021 was issued by the MOE to prohibit the physical examination of period spot checks on female students. This is a firm government administrative directive, and disobedience would subject the civil servant to disciplinary action under the Public Officers (Conduct and Discipline) Regulations 1993. This issue was again raised by Dr. Farah Nini Dusuki when SUHAKAM paid a courtesy visit to the MOE on 24<sup>th</sup> March 2025. During the visit, the Minister reaffirmed the government's position and reminded that the directive encompasses all physical examinations, including period spot checks.

Nonetheless, there is still a gap in terms of accountability and redress. Therefore, there should be a clear, accessible mechanism for students to report if such practices continue. For example, the directive could be strengthened by explicitly stating where students can lodge a complaint and what follow-up actions would be taken. Concurrently, this ambiguity creates barriers for affected students, particularly in communities where authority figures perpetuate harmful norms. At the same time, these practices reflect a deep-rooted patriarchal structure that uses institutional authority to police the bodies of girls, often by women themselves, normalizing surveillance under the guise of discipline or morality.

In addressing this, it is crucial to establish a clear, accessible, and child-sensitive reporting mechanism. If students or parents face challenges in lodging complaints within the school system, they can reach out to SUHAKAM to report violations.

# 2.4 Lack of knowledge

One of the barriers to achieving menstrual dignity stems from the lack of accurate, accessible, and age-appropriate information on menstruation. This knowledge gap is often perpetuated by cultural stigma, misinformation, and the way menstruation is portrayed in the media, which shapes perceptions and responses at both individual and societal levels.

<sup>&</sup>lt;sup>79</sup> SUHAKAM. (2021, Apr 23). Press Statement No. 4-2021 (OCC)\_Period Spot Checks Issue in Public Schools. Retrieved from: https://suhakam.org.my/2021/04/press-statement-no-4-2021-occ\_period-spot-checks-issue-in-public-schools/

<sup>&</sup>lt;sup>80</sup> Nadia, A. (2022, Apr 22). Period spot checks - a year of secrecy and delay. *Malaysiakini*. Retrieved from: https://www.malaysiakini.com/news/618831

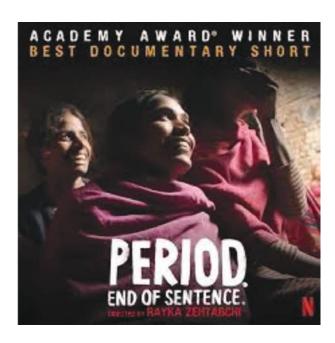
#### 2.4.1 Media



The above image is an advertisement of sanitary napkins in 1946

As observed, the above advertisement marketed menstrual products in coded, 'mysterious' ways, wrapped in discreet boxes and described in hushed tones. This is a reminder of how menstruation was once shrouded in secrecy and stigma. However, the real question is, had we truly moved past that silence, or has it simply taken a different form?

When the Bollywood movie Padman was released in 2018, it received widespread attention for openly addressing menstrual health and period poverty. Meanwhile, in 2019, the short documentary "Period. End of Sentence". won the Oscar for Best Documentary (Short Subject). The documentary follows women in a rural Indian village who come together to manufacture affordable menstrual pads, challenging societal taboos surrounding menstruation.



Prior to this, our neighbour, Singapore, had released Menstrual Man (2013), a documentary about Arunachalam Muruganantham, the real-life inspiration behind Padman, highlighting his efforts to revolutionize menstrual hygiene in India.

In Malaysia, in September 2021, Libresse commissioned local craftswomen to create Vulva Kebaya tunics, in which the center of the embroidered flowers resemble vaginas. Incorporating the vulva into the design of a flower and stitching it onto a traditional Malaysian blouse enables Libresse to draw attention to taboos surrounding the female anatomy in a subtle yet impactful way.<sup>81</sup> However, the campaign was retracted after receiving backlash from the Malaysian public, which viewed it as dishonorable to women.

#### 2.4.2 Education in Schools

Wong (2011) observed that the majority of adolescent girls in rural areas acquire information about menstruation from their mothers (62.3%) and peers (52.9%).82 The study also revealed that many adolescents in rural areas do not receive proper treatment for dysmenorrhea (painful menses) commonly known as *senggugut* in Malay. Despite being common, many adolescent girls, particularly in developing nations, possess limited knowledge about dysmenorrhea and other issues related to menstruation.

World Federation of Advertisers. (2022, Mac 9). Case Study – Libresse: Vulva Kebaya. Retrieved from: https://wfanet.org/knowledge/diversity-and-inclusion/item/2022/05/25/Case-study-Libresse-Vulva-Kebaya

<sup>&</sup>lt;sup>82</sup> Wong, L. P. (2011). Attitudes towards dysmenorrhea, impact and treatment seeking among adolescent girls: A rural school-based survey. *Australian Journal of Rural Health*, 19(4), 218–223.

The existing curriculum in public schools that covers menstrual education is catered for pupils in Standards 4 and 5, within the topic "Kesihatan Diri dan Reproduktif". In November 2024, MOE launched a module known as PEERS which stands for Pendidikan Kesihatan Reproduktif dan sosial (Reproductive and Social Health Education). This module is said to be incorporated into the 2027 school curriculum to address the rising number of teenage pregnancies in the country. As mentioned in Chapter 1, considering that girls nowadays reach menarche as early as 8, there is a need to introduce menstrual education at an earlier age. Notably, menstrual health education is often minimal in schools, frequently limited to biology lessons that fail to address the practical or emotional aspects. Another concern is that this topic is placed under a non-examinable subject, which may lead to it being deprioritized by teachers and not adequately imparted to students. As such, the OCC, as ex-officio to the Parliamentary Special Select Committee (PSSC) on Women, Children and Social Development, had attended a briefing organised by the Curriculum Division of the MOE in Parliament on 21st November 2024.

It was revealed that the curriculum content appears less child-friendly, using technical terms such as "menarche" and "ihtilam" to describe the signs of puberty in girls and boys, which younger students may not easily understand. It was also raised during the RTD that teachers often struggle delivering sexual reproductive education effectively to the students. In response, one of the initiatives undertaken by UNFPA is to provide training to teachers, particularly focusing on delivering Comprehensive Sexuality Education (CSE) to students. This includes topics such as relationships, gender equality, bodily autonomy, and sexual health, ensuring that teachers are equipped to educate young people accurately and appropriately on these issues.

When menstruation is considered a "dirty" or "private" topic, girls may feel embarrassed to seek help or discuss their needs. The vagina is commonly referred to using euphemisms such as "bunga" (flower), "kemaluan" (which literally translate to "shame"). Therefore, it is crucial that the right language is used and normalize the use of correct anatomical terms to encourage open conversations relating to menstruation and sexuality.

While a well-designed curriculum is essential, it is insufficient on its own to ensure the safety and well-being of students. Teachers must also be equipped with the necessary training to act as protectors and trusted adults within the school environment. Suppose in situations where a student discloses incidents of abuse, particularly within the home. In that case, it is imperative that teachers understand the appropriate Standard Operating Procedures (SOPs) to respond effectively and sensitively.

Training should therefore focus on content delivery and include modules on child protection, trauma-informed approaches, and the legal obligations of educators in reporting abuse. In essence, empowering teachers with this knowledge enhances their ability to serve as a safe point of contact for students. It also reinforces the broader role of schools in safeguarding children's rights and well-being.

# 2.4.3 Cultural and "Religious"83 Constraints

It was raised during the RTD that, although numerous campaigns have been conducted to educate the public on menstruation, the related knowledge or information does not seem to have been disseminated adequately to the grassroots. This, in turn, emphasizes the need to include both men and boys in such conversations. In addition, restrictions on discussing or managing menstruation freely are often dictated by cultural norms.

Thus, there is a need for education and awareness initiatives to empower women and girls to take ownership of their menstrual health. In certain Indigenous communities, menstruation is surrounded by cultural taboos (pantang) that may restrict women's behavior, such as isolation during menstruation, avoiding meat and consuming only plain rice, limiting social interactions, and eating from separate utensils. Similarly, in certain communities, women and girls refer to themselves as "not clean" when they have their periods.

In Malaysia's diverse society, cultural beliefs surrounding menstruation often intersect and influence one another, which can lead to the reinforcement of stigma and restrictive practices. It was shared that Muslim women often refrain from eating in public during fasting hours, even when they are exempt due to menstruation. This expectation raises concerns, as it reinforces taboos surrounding menstruation and places an undue burden on women to conform to social norms that may not align with their individual circumstances. While many Muslim women may choose to refrain from eating out of respect during this period, it is essential that no one is punished, stopped, or criminalized for accessing food. Hence, further exploration of the matter will be valuable in gaining a deeper understanding of the current experiences.

Girls and women should have the freedom to decide whether to observe such practices, as long as they are not coerced or denied access to education, healthcare, or dignity.

# 2.5 Inadequate access to menstrual health diagnosis and treatment

Menstrual health remains an overlooked area within healthcare systems. This section examines the systemic gaps in diagnosis, treatment, and professional training that hinder access to adequate menstrual healthcare in Malaysia.

The term "religious" is used here in quotation marks to signal that the menstrual taboos referenced are not necessarily grounded in the core teachings of any particular faith. Rather, these taboos often stem from cultural interpretations or misrepresentations of religious doctrine. In many cases, individuals perpetuating these taboos are not adhering to the fundamental principles of the religion they invoke.

# 2.5.1 Lack of menstrual health training for healthcare professionals

A study was conducted in Malaysia to assess the level of knowledge, attitudes, perceptions, and practices among pharmacists regarding menstrual health problems. He study revealed significant results, such as that menstrual health problems are not prioritized as much as other health concerns like diabetes or heart disease. This is largely due to the absence of clinical practice guidelines from Malaysia's Ministry of Health. Moreover, this lack of formal guidance creates a knowledge gap for healthcare professionals, including pharmacists. The study also suggested that pharmacists require additional training on non-pharmacological recommendations and culturally sensitive communication. This includes a stronger commitment to addressing menstrual health with the same urgency as other chronic conditions.

Furthermore, the treatment provided must be individualized, 85 and there is a need for affordable and accessible pain management solutions to ensure broader accessibility. Pharmacists reported that analgesics commonly used for menstrual pain are frequently out of stock, reflecting consistently high demand. This highlights the need to improve access to timely, non-discriminatory medical care for women experiencing menstrual pain, ensuring they receive appropriate support without stigma or prejudice.

# 2.6 Lack of emotional or psychological support

Menstrual health is not limited to physical well-being; it also intersects deeply with emotional, psychological, and mental health. However, these dimensions are often overlooked or dismissed, leaving menstruators without adequate support systems. Accordingly, this section explores how gaps in recognition, understanding, and response to menstruators' emotional and psychological needs contribute to their overall menstrual vulnerability and rights deprivation.

<sup>&</sup>lt;sup>84</sup> Ashraf, N. D. H. M., & Daud, N. A. A. (2024). Community Pharmacists' Knowledge, Attitudes, Perceptions, and Practices on the Management of Common Menstrual Problems: Development and Validation of a Questionnaire Tool. *Research in Clinical Pharmacy*, 2(1), 6-17.

<sup>85</sup> Harvard Health. (2017, Oct 9). Women and pain: Disparities in experience and treatment. Retrieved from: https://www.health.harvard.edu/blog/women-and-pain-disparities-in-experience-andtreatment-2017100912562

## 2.6.1 Gender pain gap

#### Dismissal of Menstrual Pain

Women's pain is frequently underdiagnosed and undertreated, affecting their quality of life. One of the factors is that most studies on pain have focused on men, broadly applying their findings to everyone can be dangerous, and reinforces the same gender disparities from which they arise. <sup>86</sup> One of the few studies to research gender differences in the experience of pain discovered that women tend to feel pain more frequently and more intensely than men.

In Malaysia, in 2022, it is believed that up to approximately 350,000 women are affected by endometriosis, although doctors believe the figure to be higher due to under diagnosis.<sup>87</sup> In addition, menstrual pain and related conditions like endometriosis, dysmenorrhea, Premenstrual Syndrome (PMS), and menorrhagia are often trivialized by society and healthcare providers.<sup>88</sup> Specifically, endometriosis has been recognized as a medical condition since 1932. However, to this day, there is still no universally accessible or non-invasive method for definitive diagnosis.

The gold standard for diagnosing endometriosis remains laparoscopy, a minimally invasive surgical procedure that allows doctors to view and confirm the presence of endometrial tissue outside the uterus. In most cases, laparoscopy is required prior to proceeding with surgical treatment, making the diagnostic process both invasive and costly for patients. A study suggests that a clinical diagnosis of endometriosis can be indicated by moderate to severe dysmenorrhea that causes absenteeism from school or work. Nevertheless, the cause of endometriosis is unknown, and the WHO stated that there is no cure for endometriosis, and medication used to suppress symptoms is not always successful. While efforts are being made by scientists to study the genetics and diagnosis of endometriosis, there is limited research focusing on Southeast Asian women, and there is a pressing need to produce research that examines their specific experiences and challenges.

Harvard Health. (2017, Oct 9). Women and pain: Disparities in experience and treatment. Retrieved from: https://www.health.harvard.edu/blog/women-and-pain-disparities-in-experience-and-treatment-2017100912562

<sup>&</sup>lt;sup>87</sup> New Straits Times. (2022, Feb 15). Some 350,000 Malaysian women affected by endometriosis. Retrieved from: https://www.nst.com.my/news/nation/2022/02/771679/some-350000-malaysian-women-affected-endometriosis

<sup>88</sup> Walkden, S. M. (2024). "So, It's Like a Painful Period?" Living with Endometriosis: My Journey. Health Communication, 39(12), 2950-2954.

<sup>&</sup>lt;sup>89</sup> Martire, F. G., Lazzeri, L., Conway, F., Siciliano, T., Pietropolli, A., Piccione, E., ... & Exacoustos, C. (2020). Adolescence and endometriosis: symptoms, ultrasound signs and early diagnosis. *Fertility and sterility*, 114(5), 1049-1057.

<sup>&</sup>lt;sup>90</sup> The World Health Organization. (2023, Mac). Endometriosis. Retrieved from: https://www.who.int/news-room/fact-sheets/detail/endometriosis

This widespread dismissal of women's pain can be traced back to medical patriarchy, a system in which medical knowledge, decision-making, and authority have historically been male-dominated. For centuries, medical discourse pathologized women's reproductive systems (e.g., hysteria) and denied the legitimacy of their lived experiences. This legacy continues today in more subtle forms: longer wait times for diagnosis, lack of investment in menstrual and reproductive health research, and health professionals dismissing pain complaints as stress or anxiety.

The gender pain gap extends beyond a clinical oversight; it is a human rights issue, and its consequences ripple through women's education, employment, mental health, and overall well-being. Despite this, addressing it requires restructuring medical training, investing in gender-specific health research, and creating a healthcare environment that validates, listens to, and believes women.

## Gender expectations

Societal expectations surrounding gender roles can significantly influence health outcomes, particularly in how women experience and recover from medical procedures. A study conducted in 2003 examined the outcomes of open-heart surgery between men and women. The findings revealed that women did not recover as well as men. In particular, this disparity was not attributed to anatomical differences, but rather to socio-cultural factors. Men often received better post-operative care and support, while women were more likely to return quickly to domestic responsibilities, such as housework, which impeded their recovery process.

# Menstruators' mental health during premenstrual syndrome (PMS)

Apart from physical health, there also needs to be a focus on raising awareness of menstruators' mental health during PMS. A study was conducted in 2017 in Sibu, Sarawak, and it revealed that 44.3% of women experienced PMS, with common symptoms including mood swings and irritability, highlighting the psychological impact of PMS.<sup>92</sup>

Yaccarino, V., Lin, Z. Q., Kasl, S. V., Mattera, J. A., Roumanis, S. A., Abramson, J. L., & Krumholz, H. M. (2003). Gender differences in recovery after coronary artery bypass surgery. *Journal of the American College of Cardiology*, 41(2), 307-314.

<sup>&</sup>lt;sup>92</sup> Aun, C. Y., Wee, C. L. H., Singh, H., Manohyaran, K., Pillai, M. M., Kung, M. W. A., & Tan, A. (2019). Premenstrual syndrome: A cross-sectional study among women of reproductive age in Sibu, Sarawak, Malaysia. Asia Pacific Journal of Health Sciences & Research, 4(1), 2-18.

Beyond PMS, it is equally crucial to recognize the mental and emotional challenges associated with perimenopause and menopause, which occur later in life. Furthermore, these transitional stages are often accompanied by hormonal fluctuations that may lead to anxiety, depression, brain fog, and mood disturbances. Despite their prevalence, these experiences are rarely discussed in public discourse or health education, leaving many women to navigate them without adequate support or information.

## 2.6.2 Bodily autonomy

Andersson (2021) defined the right to bodily autonomy as the power and agency to make choices, without fear of violence or coercion, or having someone else decide on our behalf. However, these decisions are often made or influenced by others, such as partners, families, societies, and governments. One of the notable challenges women face in family planning is the dominant influence of their husbands' opinions. A doctor shared that when she advises her patients to consider long-term contraceptives such as IUDs or Implanon, many respond by stating, I'll have to discuss this with my husband. While joint decision-making in a marriage is not inherently negative, it becomes concerning in high-risk pregnancy cases where medical professionals strongly recommend a minimum two-year break between pregnancies for the woman's health and safety.

Despite receiving this medical advice, some patients state they will consult their husbands; unfortunately, they often do not return for follow-up or proceed with the recommended contraception. This highlights how unequal power dynamics in reproductive decision-making can undermine women's health and access to necessary care.

# 2.7 Impacts on vulnerable communities

Period poverty disproportionately affects individuals already facing systemic barriers. The following sections highlight how diverse groups of women and girls experience period poverty in different, and often more severe, ways.

VNFPA Malaysia. (2021, Apr 14). My Body is My Own': Why the right to Bodily Autonomy is crucial for individuals, communities and entire nations. Retrieved from: https://malaysia.unfpa.org/en/news/%E2%80%98my-body-my-own%E2%80%99-why-right-bodily-autonomy-crucial-individuals-communities-and-entire-nations-%E2%80%94#:~:text=The%20right%20to%20 bodily%20autonomy%20means%20that%20we%20must%20have,%2C%20families%2C%20 societies%2C%20governments

# Women during disasters

During disaster response and recovery, minimal attention is given to the specific needs of women in emergency relief efforts, particularly regarding privacy, personal hygiene, and sanitation. For example, access to essential items such as sanitary napkins is often overlooked, despite being a critical need for menstruating individuals.<sup>94</sup>

Recent recurring floods in Malaysia, as well as unexpected emergencies such as the massive explosion of a gas pipeline in Putra Heights in January 2025, have proven that disasters are becoming more frequent and more complex. These calamities disrupt infrastructure, displace families, and create environments where menstrual health needs are deprioritized or entirely ignored. In many cases, affected individuals are forced to use makeshift materials due to the absence of menstrual products, leading to discomfort, shame, and increased risk of infection. Considering that Malaysia is surrounded by countries that are also highly disasterprone, and in light of the growing intensity of climate-related crises, it is imperative to integrate menstrual health management into emergency preparedness and response frameworks. Thus, menstrual products, including sanitary pads, reusable cloth pads, and menstrual cups, should be standard items in relief kits. Beyond inclusion, careful consideration must be given to product types, cultural preferences, and disposal infrastructure in affected areas.

At the same time, proactive measures such as conducting pre-disaster assessments and community consultations can help ensure that the menstrual needs of diverse groups are not overlooked but rather treated as a critical component of human dignity and public health.

## Women and girls in detention

As of August 2024, the total number of detainees in prison facilities across Malaysia stood at 81,731, comprising 77,294 male detainees and 4,437 female detainees. A significant number of these women are incarcerated for non-violent, poverty-related, or survival-driven offences. Nearly 41.7% of them are pre-trial detainees, which includes both individuals awaiting trial and those undergoing ongoing court proceedings.<sup>95</sup>

<sup>&</sup>lt;sup>94</sup> Aziz, F. S. H., Selamat, N. H., Endut, N., Shuib, R., Mohajer, L., & Fernando, Y. (2016). Women, Gender, and Disaster: A Case Study of Flood Victims in Kota Bharu, Kelantan. *Proceedings of 3rd Kanita Postgraduate*, 16, 216.

<sup>95</sup> Begum, H. (2025, Jun 4). A Global Reminder on the Rights and Dignity of Incarcerated Women. Aseannews. Retrieved from: https://aseannews.my/a-global-reminder-on-the-rights-and-dignity-of-incarcerated-women/

Building on this, access to menstrual products remains a challenge for women in prison. According to information provided to SUHAKAM, the Kajang Prison Department received an annual allocation of RM112,500 in 2024 specifically for menstrual products. His translates into the distribution of approximately 15,000 units per month, where each unit consists of one pack of sanitary pads. Kajang Prison houses 4,515 female inmates. Based on the monthly distribution, each inmate receives an average of 3.3 packs per month. Preven when accounting for the fact that roughly 20% of the inmates may be menopausal, this supply remains insufficient to meet the menstrual needs of menstruating inmates.

To supplement this shortfall, the Prison Department has reportedly accepted donations from NGOs. For instance, in June 2024, HAYAT Malaysia, in collaboration with Pertubuhan Keluarga Kasih (KEKASIH) and Suci Cup, distributed 70 menstrual cups, a reusable alternative to pads, to inmates at Pokok Sena Prison.

During SUHAKAM's prison investigation in February 2025, SUHAKAM officers were informed that each female inmate was provided with ten sanitary pads per month. Additionally, SUHAKAM received complaints of toilets being locked from 8:00 AM to 2:30 PM, preventing inmates from accessing toilet facilities during those hours. Such restrictions hinder inmates' ability to change menstrual products or attend to personal hygiene, potentially resulting in infections or other serious health concerns. Simultaneously, further concerns were raised regarding the limited provision of basic hygiene items such as soap, toothbrushes, and toothpaste, which inmates reportedly receive only once every six months.

In 2025, during visits to immigration depots and Baitul Mahabbah<sup>98</sup> in Sandakan, Sabah, SUHAKAM officers observed that women and girls were generally provided with only three sanitary pads per month per individual. Although they were permitted to request additional pads if needed, the initial quantity provided was clearly inadequate. At the time of SUHAKAM's visit, there were no unaccompanied girls housed at the facility; the girls present were accompanied by their mothers.

#### Migrant workers

This section examines the experiences of migrant workers, particularly those employed in low-skilled and low-wage occupations. As for migrant workers, period poverty is an issue, particularly among women working in plantations and construction sites. Unfortunately, many employers do not provide adequate facilities or support for women migrant workers to manage their menstruation with dignity. Furthermore, it was shared that women working at construction sites often face challenges in accessing proper sanitation facilities to change their sanitary pads.

<sup>96</sup> Information was shared during the RTD which was held on 16 February at the SUHAKAM Office in Kuala Lumpur.

<sup>&</sup>lt;sup>97</sup> Analysis was done during the RTD which was held on 16 February 2024 at the SUHAKAM office in Kuala Lumpur.

<sup>98</sup> Baitul Mahabbah which translates to "House of Love" is a separate facility for children and their mothers when detained due to immigration transgressions.

In some cases, toilets at construction sites are not enclosed, thus compromising their privacy. Additionally, some remote sites lack access to nearby facilities altogether, prompting workers to create makeshift ponds where both men and women bathe, further highlighting the lack of gender-sensitive infrastructure. As a result of poor hygiene conditions and lack of clean water, some women migrant workers have suffered from infections such as hepatitis B and abnormal vaginal discharge.

Malaysia does not offer specific provisions for SRH care for migrant workers. Freeman et. al (2023) and Loganathan et al. (2020) indicated that SRH care accessibility for migrant workers is significantly lower than for Malaysian nationals. They stated that typically, employers did not perceive meeting the SRH needs of women migrant workers as their responsibility. Without a perceived benefit such initiatives were often rejected. This suggests that they are denied access to affordable health care services normally accorded to citizens. Consequently, they have to pay higher prices, which they could hardly afford.

It was shared that women migrant workers often lack awareness of their SRHR. Greater awareness is especially crucial considering that, in Malaysia, foreign workers holding a Visit Pass (Temporary Employment) [VP(TE)] are not allowed to marry either local or foreign citizens. <sup>101</sup> Foreign workers holding the [VP(TE)] must adhere to strict conditions, including:

- 1. Family members are not allowed to accompany or reside with them in Malaysia.
- 2. They are not permitted to work as frontliners.
- 3. Changing employers or sectors is not allowed.
- 4. Marriage is not allowed, whether to locals or other foreign citizens.

If a migrant worker wishes to marry, they must first relinquish their work permit, return to their country of origin to get married, and only then may they reenter Malaysia as a foreign spouse under a temporary social visa.

Despite these restrictions, several migrant workers have entered into unregistered or religious marriages, which are not legally recognized. Children born from such unions often lack legal status and may be denied access to nationality, education, and healthcare. Without official recognition of their

<sup>&</sup>lt;sup>99</sup> Freeman, T., Miles, L., Ying, K., Mat Yasin, S., & Lai, W. T. (2023). At the limits of "capability": The sexual and reproductive health of women migrant workers in Malaysia. *Sociology of health & illness*, 45(5), 947-970.

Loganathan, T., Chan, Z. X., de Smalen, A. W., & Pocock, N. S. (2020). Migrant women's access to sexual and reproductive health services in Malaysia: a qualitative study. *International journal of environmental research and public health*, 17(15), 5376.

Official Portal Immigration Department of Malaysia (Ministry of Home Affairs). (n.d.). Visitor's Pass (Temporary Employment). Retrieved from: https://www.imi.gov.my/index.php/en/main-services/pass/visitor-pass/visitors-pass-temporary-employment/

<sup>&</sup>lt;sup>102</sup> Loganathan, T., Chan, Z. X., de Smalen, A. W., & Pocock, N. S. (2020). Migrant women's access to sexual and reproductive health services in Malaysia: a qualitative study. *International journal of environmental research and public health*, *17*(15), 5376.

relationships, women foreign workers are placed at greater risk of exploitation, domestic abuse, and are often left without legal recourse.

# Refugee women

Initiated in December 2019, the Qatar Fund for Development has been providing essential healthcare services to Rohingya refugees in Malaysia. Many refugees, especially those who have grown up unaccompanied, are often unaware of their SRHR. Many of them lack access to accurate information about menstruation and the physical changes that occur during puberty, with most learning these details from peers rather than trusted sources. Additionally, they are denied access to the affordable standard health care services accorded to citizens. As a result, refugee children may struggle to understand their bodies as they develop. In addition, seeking professional healthcare or assistance can be challenging for them. That is, organizing awareness programs is challenging, as sensitive topics like sexual health and empowerment are often hard to address due to cultural or social taboos surrounding words like 'sex' and 'empowerment.'

The moment refugee girls reach menarche, they are not allowed to go to school. One of the key reasons is that the parents fear that their daughters would engage in premarital sex, and instead prepare them for marriage.<sup>104</sup> Sadly, this is the reality for refugee girls in Malaysia.

# Rural and Indigenous women and girls

Poverty continues to be a significant structural barrier affecting the health of Indigenous (Orang Asli and Asal) in Peninsular Malaysia. For instance, the study by Chew et. al (2022) highlighted that 41.4% of children under the age of 2 are underweight and over 70% receive inappropriate care. It is evident that marginalized communities are disproportionately affected by systemic neglect, poor infrastructure, and limited access to healthcare. This is also attributed to the fact that the Government tends to invest in hospitals more than in healthcare.

Many Indigenous women find disposable pads highly expensive and resort to using cloth as an alternative. While there is nothing inherently wrong with using cloth, it is essential that women are afforded the autonomy to choose menstrual products that are most suitable for their needs, preferences, and comfort. The limited availability of disposable pads in remote and rural areas further exacerbates the issue. When sellers do obtain and resell them in these areas, the prices are often significantly higher than the original cost.

To name a few of the Clinics: QFFD-IMARET Clinic, Selayang, Selangor; QFFD-IMARET Clinic, Kota Tinggi, Johor; QFFD-MRA Clinic, Sungai Petani, Kedah; QFFD-MRA Mobile Clinic, Kedah; QFFD-MRA Mobile Clinic, Kelantan; QFFD-MRA Mobile Clinic, Pahang.

<sup>&</sup>lt;sup>104</sup> Data obtained through interviews.

<sup>105</sup> Chew, C. C., Ibrahim, H. A., Balan, V. K., Abd-Aziz, N. A., Puah, H. M., & Hss, A. S. (2022). Growth management and prevalence of underweight of indigenous children (Orang Asli) in Peninsular Malaysia: a clinical audit. *BMC pediatrics*, 22(1), 481.

As stated earlier, Indigenous women lack awareness in SRH, and overall health matters. Many of them rarely undergo regular health screenings due to limited access to healthcare facilities. Additionally, most clinics are situated far from their respective villages. To reach them, villagers often need to travel in 4x4 vehicles, as the roads are uneven and inaccessible by standard sedans. In some areas, longboats are required, and the journey can take several hours to reach the nearest government health clinic. Similarly, transportation costs also present a significant barrier. In some communities, villagers must hire a driver, which can be costly, particularly for families with an average monthly income of only RM300 to RM500.

Consistent with this, access to clean water remains a significant challenge in many rural communities. Their primary sources of water are rivers and rainwater collection, which they rely on for drinking, cooking, and hygiene. During the drought season, this scarcity becomes even more severe. A healthcare provider shared the experience of a pregnant patient who expressed deep anxiety, admitting that she did not know how she would care for herself due to the lack of water during the dry season.

While some villages are connected to government-supplied piped water, the supply is often rationed. It was reported that in some areas, water is only available for three days a week, while on the remaining four days, villagers are forced to seek alternative sources, such as rivers or rainwater when available. With regard to waste disposal, villagers either bury or burn menstrual waste. They refrain from discarding it indiscriminately in the jungle due to cultural taboos and traditional prohibitions (pantang larang).

Additionally, some women lack awareness of the various types of pads available, such as winged, non-winged, and slim variants, making it challenging for them to choose the most suitable option. Furthermore, some women wear pads for extended periods due to limited access, which tend to lead to infections in the vaginal area.

Many school-going girls also miss school during their periods due to a lack of menstrual management skills. They fear being teased if their period leaks onto their uniform. Notably, Indigenous girls are often taught how to manage menstruation only after reaching menarche, leaving them unprepared. Since many girls rely solely on their mothers or peers for information and lack access to the internet, they often have limited knowledge about menstruation.

In some Indigenous communities, traditional practices such as using *tawas* (alum) for water purification are still observed. These methods reflect a deep connection with nature and local knowledge systems that have sustained communities for generations. It is crucial that we approach development without a lens of superiority or impose a one-size-fits-all model that forces assimilation into modern life. Instead, policies and programs must be grounded in respect for Indigenous agency and lived realities, recognizing that different communities interact with the state in unique ways. However, the Aboriginal Peoples Act 1954 [Act 134] does not explicitly recognize cultural rights as it makes no mention of

cultural preservation, language, identity, or the right to define development in line with Indigenous customs.

The failure to do so can result in cultural erosion and identity loss, as observed in the case of the Māori in New Zealand, where state-led assimilation policies contributed to the weakening of their language, land rights, and collective identity. Protecting the rights of Indigenous peoples must therefore include safeguarding their right to define development on their own terms, including how they manage their environment, access resources, and preserve their cultural practices. This is consistent with international human rights standards, particularly Articles 11(1) and 31 of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), which has been adopted by Malaysia. Accordingly, it affirms the right of Indigenous peoples to practice, revitalize, and protect their cultural traditions and heritage.

# Women and Girls with Disabilities (PWD Women and girls)

This section explores PWD women and girls' access to menstrual pads. In terms of cost, there are disabled women from low-income families, especially those who are financially dependent on someone who believes menstrual products are expensive. In February 2025, the OCC received a complaint from the parents of a child with disabilities stating that she was raped and sexually harassed by the Guru Agama at her school. 106 Thus, there is a need to raise awareness regarding the existence of the Child Offenders Registry under the Child Act 2001, which records the names of individuals convicted of sexual offences against children. Correspondingly, individuals or organizations intending to engage persons to work with children may submit a formal request to the Director General of the Social Welfare Department (JKM) for background screening against this registry. This is to ensure that teachers could undergo stringent vetting procedures, and only those with a proven track record of ethical conduct and professionalism should be appointed to work with children, especially those with disabilities.

In some primary schools, it has been observed that parents or caregivers of students with disabilities may choose not to send their children to school during menstruation. This is often due to a preference for managing menstrual care at home, where they feel more confident in providing the necessary support. As a result, some students may miss up to a week of school each month, contributing to learning gaps.

A doctor who has worked extensively with children with disabilities shared his experience of receiving requests from parents to remove the uterus of their daughters with high support needs, especially those who require life long care. These requests are often made for two reasons: (1) menstrual blood can cause

Noh, M. F. (2024, Nov 25). Guru agama dituduh rogol, amang seksual pelajar OKU. Berita Harian. Retrieved from: https://www.bharian.com.my/berita/kes/2024/11/1328533/guru-agama-dituduh-rogol-amang-seksual-pelajar-oku

discomfort and distress for the child, making it challenging to manage; and (2) there is fear that the child might become pregnant as a result of sexual abuse. However, the doctor expressed concern that performing a hysterectomy may, in fact, increase the risk of sexual abuse, as perpetrators might view these girls as easier targets once they know pregnancy is no longer a consequence. The doctor also emphasized the need to avoid hysterectomies unless medically necessary and recommended exploring alternative methods to manage menstruation. In addition, the doctor shared a disturbing case from New Zealand, in which a couple persuaded medical professionals to perform multiple irreversible procedures on their daughter. This includes the removal of her breasts, uterus, and ovaries, as well as the shortening of her limbs under the rationale that these interventions would make it easier for her to be cared for, due to her high-support needs.

Moreover, the Persons with Disabilities Act 2008 [Act 658] falls short in specifically affirming the right to bodily autonomy for persons with disabilities. To align with the CRPD, of which Malaysia is a party, the Act would benefit from amendments to explicitly include protections for bodily integrity, informed consent, and freedom from coercion, especially for women, girls, and those with high support needs.

There is a need for targeted education and support for caregivers, particularly in situations where caregiving roles shift, such as when a mother passes away and a father or another family member assumes responsibility. Notably, transitions in caregiving can create gaps in knowledge, comfort, and capacity to manage the menstrual health and bodily autonomy of girls and women with disabilities. Therefore, it is essential to promote a shared responsibility model, ensuring that all caregivers, regardless of gender, are equipped with the necessary awareness, skills, and sensitivity to provide respectful, informed, and dignified care.

#### Homeless women

At present, there is no official data available on the number of homeless women in Malaysia. However, factors such as the rising cost of living and unemployment suggest a high likelihood that the number of homeless women is increasing, particularly in major cities like Kuala Lumpur. Jasni et al. (2022) viewed homeless women as among the most vulnerable and at risk in society.<sup>107</sup>

Homeless women in Malaysia face significant challenges in managing their menstruation due to the lack of safe and accessible facilities. They often rely on public toilets, toilets those in restaurants, or the closest petrol stations to their location. However, at night, these options are limited or unavailable when shops are closed, further compounding their vulnerability.

Jasni, M. A., Jaafar, W. M. W., Zainalaludin, Z., Omar, N., & Ah, S. H. A. B. (2022). Gelandangan Wanita dan Kemiskinan Feminisme. *Malaysian Journal of Social Sciences and Humanities (MJSSH)*, 7(12), e001961-e001961.

In terms of government support, Yayasan Kebajikan Negara (YKN) operates Pusat Transit Gelandangan (PTG) at Bulatan Jalan Pahang, which primarily accommodates homeless men, allowing them to stay for a maximum of 90 days. While some PTGs, such as the one in Chow Kit, are less strict and allow anyone to sleep there, *Anjung Singgah*, which accepts homeless women, limits stay to a maximum of 14 days. Nonetheless, all these facilities are temporary in nature and require individuals to present their MyKad (IC), as they only accept Malaysian citizens.

However, a substantial number of homeless individuals do not possess valid identification documents. Some have lost their ICs to theft while sleeping, others are former inmates whose documents remain unreturned, and some have never had them issued. While the JKM has coordinated with the Prison Department to assist in issuing new ICs, barriers remain. Consequently, even Malaysians without ICs, including those with mental health conditions, are unable to access shelters like PTG.

Furthermore, former inmates often face stigma and discrimination, making it challenging for them to find employment. As a result, many turn to informal work, such as collecting cardboard boxes, bottles, and cans to earn a living. Contrary to public perception, not all homeless individuals beg; most only resort to begging under extreme desperation.

Additionally, there are currently no laws in Malaysia that specifically protect the rights and welfare of homeless individuals. Although the Destitute Persons Act 1977 [Act 183] is often cited in discussions surrounding homelessness, it does not actually provide protection or social support for the homeless or those who beg. In fact, its outdated provisions are frequently criticized for being punitive rather than rehabilitative. 108

# 2.8 Absence of laws and policies relating to period poverty

Period poverty is not explicitly addressed in Malaysia's health, education, or welfare policies. Specifically, a lack of official data makes it challenging to advocate for policy reforms. While NGOs and grassroots initiatives are filling gaps, their efforts need institutional support. Furthermore, there is a massive dearth of CSOs on the East Coast.

<sup>108</sup> The Ministry of Women, Family and Community Development (KPWKM) is in the process of drafting a new law to address this gap. It is understood that consultants from Universiti Malaya have completed the necessary research, and the proposed Bill has already been submitted for consideration.

# Conclusion

This chapter has highlighted the multifaceted challenges menstruators face in Malaysia, ranging from inadequate sanitation and inaccessible menstrual products to harmful cultural practices and insufficient legal protections. In particular, vulnerable groups such as Indigenous women, women with disabilities, migrant workers, refugees, and homeless women are disproportionately affected, further compounding systemic inequalities. Concurrently, the following chapter will explore the recommendations provided to ensure menstrual health is upheld as a fundamental human right.



# Chapter 3: Moving Forward

This chapter highlights best practices from the United Kingdom (UK), Kenya, Sweden, and Thailand. While these models offer valuable insights, their implementation in Malaysia must be adapted to suit the local, cultural, and societal context, recognizing that various environments may present unique needs and challenges.

# 3.1 Best Practices

## 3.1.1 The United Kingdom

One notable international example of a comprehensive and forward-thinking approach to women's health is the Women's Health Strategy for England (2022–2032), a ten-year plan introduced by the UK.<sup>109</sup> This strategy aims to close the gender health gap by addressing systemic inequalities, enhancing awareness, and improving access to services and products related to women's health.

The UK strategy encompasses several core pillars:

- 1. Awareness and Education: Promoting health literacy and reducing stigma surrounding issues such as menstruation, menopause, and reproductive health.
- Access to Menstrual Products and Healthcare: Improving the affordability and availability of menstrual products and broadening access to healthcare services through women's health hubs that offer coordinated care. This includes contraception and specialized consultations for menstrual and gynecological conditions.
- 3. Research and Funding: Increasing investment in historically underfunded areas such as endometriosis, menopause, and maternity disparities. For instance, the UK government spends an estimated £9 billion annually on endometriosis-related costs, which includes both medical expenses and indirect costs such as absenteeism and reduced productivity.
- 4. Workplace Support: Introducing practical measures to support women's health at work, including the development of a menopause toolkit for employers.
- 5. Tackling Health Inequalities: Committing to reducing disparities in health outcomes across ethnic groups and socioeconomic backgrounds, and eliminating alleged "postcode lotteries," where access to care varies significantly based on location.

The Government of UK. (2022). Policy paper Women's Health Strategy for England. Retrieved from: https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england

In a significant move, the UK government has announced that emergency contraception, including the morning-after pill, will be made available for free at all pharmacies in England, addressing affordability and regional access issues. Additionally, the Hormone Replacement Therapy (HRT) prescription prepayment certificate was introduced to reduce the cost burden for women managing menopausal symptoms.

To ensure the strategy's implementation, a National Clinical Director for Women's Health has been appointed, and a Government body oversees coordination and delivery. Despite these advances, a survey by the Royal College of Obstetricians and Gynecologists (RCOG), in partnership with 48 organizations, revealed that only 5% of women believed women's health would be prioritized by the government, and only 36% noted that it is easy to access women's health services.

Nevertheless, investing in women's health has proven economic benefits. For every £1 spent on women's health, there is an estimated return of £5, with returns ranging between £2 and £13, depending on the intervention and region. The NHS Confederation further estimated that for every additional £1 invested in obstetrics and gynecology services, the potential return is £11, generating approximately £319 million in economic value.

These findings underscore the significance of involving health economists when designing and advocating for women's health policies. They also underscore the need for comprehensive government-backed strategies, including clear provisions for menstrual leave, fertility leave, and miscarriage leave, topics often met with resistance due to concerns about productivity loss. However, a rights-based and evidence-driven framework demonstrates that such policies can, in fact, result in substantial long-term social and economic gains.

Finally, issues such as Female Genital Mutilation (FGM) and child marriage are also integrated into the UK's approach, recognizing that these practices must be addressed as part of a holistic strategy to safeguard women's health and well-being.

## 3.1.2 Kenya

The 2010 Constitution of Kenya also affirms the right to dignity and freedom from non-consensual treatment. Henya is currently revising its laws relating to PWD to include stronger protections on legal capacity, informed consent, and bodily integrity, as part of its alignment with the CRPD. Henya is currently revising its laws relating to PWD to include stronger protections on legal capacity, informed consent, and bodily integrity, as part of its alignment with the CRPD.

<sup>&</sup>lt;sup>110</sup> The Constitution of Kenya. Retrieved from: http://www.parliament.go.ke/sites/default/files/2023-03/The\_Constitution\_of\_Kenya\_2010.pdf

<sup>111</sup> Parliament of Kenya. (2023). The Persons with Disabilities Bill 2023. Retrieved from: http://www.parliament.go.ke/sites/default/files/202303/The%20Persons%20with%20Disabilities%20Bill%2C%202023.pdf

Kenya has taken a proactive approach in addressing menstrual health by developing a Menstrual Hygiene Management (MHM) Teacher's Handbook, which integrates menstrual health education into the national school curriculum. This government-endorsed handbook is a practical guide for educators, enabling them to impart accurate and age-appropriate menstrual health information to students in a supportive and informed manner.

Furthermore, the inclusion of menstrual health within Kenya's formal education system ensures that both girls and boys understand menstruation as a normal biological process, thereby reducing stigma and fostering empathy. It also empowers young girls with essential knowledge and skills to manage their periods with dignity.

## 3.1.3 Sweden

Sweden has introduced a pioneering initiative known as the Menstrual Certification ("Menscertifiering") program, which focuses on educating workplaces about menstrual health and creating an inclusive, empathetic work environment for employees who menstruate. Under this program, organizations that undergo menstrual health training and demonstrate a commitment to supporting menstruating employees, for example, by allowing flexible breaks or providing sanitary products, can earn certification. This initiative aims to destigmatize menstruation in professional settings, improve menstrual equity, and promote employee well-being.

## 3.1.3 Thailand

The Prevention and Solution of Adolescent Pregnancy Act (2016) is a legal framework that guides all relevant stakeholders, both in the public and private sectors, in mainstreaming their work to reduce adolescent pregnancy in Thailand. This act guarantees five SRHR for young people:

- 1. The right to decide for oneself.
- 2. The right to information and knowledge.
- 3. The right to reproductive health services.
- 4. The right to confidentiality and privacy.
- 5. The right to equal and non-discriminatory social welfare provision.

Republic of Kenya Ministry of Health. (n.d.). Kenya Menstrual Health Strategy 2019-2024. Retrieved from: https://wesnetwork.org/wp-content/uploads/2020/06/Kenya-Menstrual-Health-Strategy.pdf

UNFPA Thailand. (2016, Sept 1). Infographic on Adolescent Pregnancy Prevention and Alleviation Act, AD 2016. Retrieved from: https://thailand.unfpa.org/en/ap-act-infographics

Additionally, Thailand provides long-term contraception to adolescents deemed at high risk of unintended pregnancies, including those considered incorrigible, as part of its broader strategy to reduce teenage pregnancy rates. This initiative reflects a pragmatic and public health-oriented approach to SRH. Considering Malaysia's policy preference to draw from regional examples, such practices from neighboring countries like Thailand may serve as valuable references for developing more contextually relevant interventions.

# 3.2 Constitutional Recognition of the Right to Dignified Menstruation

At present, some countries have recognized and addressed the issue of period poverty through laws, policies, or national strategies. These measures, including the provision of free menstrual products, comprehensive education, and recognition of menstrual health as a right, reflect a growing legal acknowledgment of period poverty as a substantive issue of human rights.

In the case of *Tan Teck Seng v. Suruhanjaya Perkhidmatan Pendidikan & Anor*<sup>114</sup> the Malaysian Court of Appeal interpreted "life" under Article 5(1) of the Federal Constitution to encompass "All those facets of life that are an integral part of life and those matters which go to form the quality of life." While Article 5(1) of the Federal Constitution guarantees one's right to life, its scope remains underdefined in Malaysian jurisprudence. <sup>115</sup> Thus, to address this gap, it is recommended that Malaysian courts adopt a dynamic and liberal interpretation of Article 5(1) inspired by the jurisprudence of Article 21 of the Indian Constitution <sup>116</sup> to explicitly encompass menstrual health as a right.

Jurisdictions such as India have already recognized the rights to dignity, health, and livelihood within their constitutional right to life. In *Nikita v. Union of India & Ors*, <sup>117</sup> the court affirmed that access to menstrual hygiene products and safe sanitation facilities falls under the fundamental rights to equality, dignity, and life under Articles 14, 15, 19, and 21 of the Indian Constitution.

In Malaysia, a strategic litigation approach could be pursued. For instance, an affected individual who is unable to attend school due to a lack of menstrual products may challenge the omission of menstrual dignity as a breach of Article 5(1) and Article 8(2) of the Federal Constitution.

<sup>114</sup> Tan Teck Seng v. Suruhanjaya Perkhidmatan Pendidikan & Anor [1996] 1 MLJ 261.

<sup>&</sup>lt;sup>115</sup> Hashim, N. (2013). The need for a Dynamic Jurisprudence of Right to "Life" Under Article 5 (1) of the Federal Constitution. *Procedia-Social and Behavioral Sciences*, *101*, 299-306.

<sup>&</sup>lt;sup>116</sup> Article 21 of the Indian Constituition is pari materia to Article 5 of the Federal Constitution.

<sup>&</sup>lt;sup>117</sup> Miss Nikita D/O Narayan Gore & Anr v. Union of India & Ministry of Health, No. 76251022 decided 25 July 2022.

# 3.3 Recommendations

Below are the key recommendations provided during RTD and interviews with stakeholders:

# 3.3.1 Policy Advocacy and Legislative Efforts

- Advocate for gender responsive budgeting to prioritize SRH needs within national plans and allocate sufficient resources to implement programs effectively. Present SUHAKAM's findings to the Special Select Committee and Special Chamber to advocate for the inclusion of period poverty-related issues in the Government's next budget.
- 2. Advocate for the inclusion of menstrual products as a critical item of national emergency preparedness and response plans for pandemics, conflicts, and climate-related disasters.
- 3. **Expand** *Dasar Wanita Negara* to include provisions for menstrual health and hygiene as a core component of women's health rights.<sup>118</sup>
- 4. Consider implementing legislation to distribute free sanitary pads to all, regardless of economic background, recognizing menstruation as a fundamental right. 119 While such a universal approach is ideal, it is acknowledged that implementation may require significant time and financial resources. As an interim measure, stakeholders proposed that the government prioritize distribution in public schools, public hospitals, and clinics where the need is more pronounced. Accordingly, Cotropia (2021) suggested that enacting legislation that provides free menstrual products at school would essentially help establish equity and increase access to menstrual products. 120 As an alternative, a more cost-effective approach would be to identify girls from underprivileged families and issue them with vouchers that can be redeemed for sanitary pads at the school's cooperative store. As an alternative, we could explore the option of providing sanitary napkins to employees through the Human Resources Department as part of employee benefits, utilizing government allocation for employee welfare. This advocates for the **designation** of sanitary pads as essential items to ensure affordability and accessibility.

<sup>&</sup>lt;sup>118</sup> While the *Dasar Wanita Negara 2025–2030* outlines broad goals for gender equality and women's empowerment, it currently does not explicitly recognize menstrual equity or menstrual-related health conditions or as a national priority.

<sup>&</sup>lt;sup>119</sup> Recommendation based on the Period Products (Free Provision) (Scotland) Act 2021 which mandates that menstrual products be made available free of charge to anyone who needs them.

<sup>&</sup>lt;sup>120</sup> Cotropia, C. A. (2021). Law's Ability to Further the" Menstrual Movement". *Colum. J. Gender & L.*, 41, 53.

- 5. To examine the best practices of countries that have introduced **menstrual** leave on the first day of menstruation as a workplace policy to ensure a sustainable implementation.
- 6. Strengthen **data collection efforts** to inform evidence-based policymaking, including:
  - Gathering data from relevant ministries to formulate a **well-defined** framework on SRHR.
  - To conduct more **research on endometriosis** and its diagnostics, and to understand the situation, it is not just medical research to examine disparity, to understand the landscape of funding, education for healthcare professionals and campaigns. This is to ensure a sustainable workforce that could support women's health.
  - Initiating **national data collection on period poverty** to establish effective interventions.
  - Enhancing the **Global Multidimensional Poverty Index (MPI)** to ensure menstrual needs are incorporated.

## 3.3.2 Public Awareness and Education

- Develop Comprehensive Sexual Education (CSE). Integrate menstrual health education into school curricula to provide timely and age-appropriate information for children, teenage girls, and adults. The curriculum should highlight the biological aspects of menstruation and focus on bodily autonomy, consent, and the right to be protected from sexual abuse, common menstrual and reproductive health conditions such as fibroids, Polycystic Ovarian Syndrome (PCOS), endometriosis, and fertility health.
- 2. Introduce **compulsory postgraduate training for medical practitioners** in women's health or require the completion of a certified module on women's health prior to the establishment of private clinics.
- 3. Equip **teachers and religious educators** with adequate training to effectively impart menstruation-related knowledge to students.
- 4. Initiate discussions with the **Department of Islamic Development Malaysia (JAKIM)** to encourage religious leaders to address period poverty as an essential issue.
- 5. Utilize **social media** as a tool to combat stigma and educate the public on menstrual health and period poverty issues.
- 6. Involving **men in conversations regarding menstruation** and encouraging them to understand, support, and amplify women's needs, particularly in areas like menstrual health.

# 3.3.3 Healthcare and Support for Marginalized Groups

- Ensure that marginalized communities are not overlooked in period poverty interventions.
- 2. There is a need for **intersectional lenses** in the medical curriculum.
- 3. Offer **proper training for doctors** to diagnose and treat menstruation-related health issues.
- 4. Ensure that **female inmates** can report menstruation-related pain or conditions, allowing them access to appropriate medical care and support.

# 3.4 Conclusion and way forward

As Malaysia moves toward achieving the Sustainable Development Goals by 2030, menstrual health must not be sidelined. This report offers policy recommendations to guide a rights-based and culturally sensitive approach to ending period poverty, ensuring no one is left behind. However, the content may not be easily accessible to all readers. In the future, an easy-read version should be developed to ensure the information is inclusive and accessible to a wider audience. Additionally, further research is recommended to explore how period poverty affects members of the third gender community, as this remains an under-examined area. While laws and policies play a significant role in addressing period poverty, it is undeniable that social norms, cultural beliefs, and gender dynamics also shape how menstruation is perceived and experienced. In many Indian communities, for instance, the onset of menarche is traditionally viewed as the birth of womanhood, marked by ceremonies that honor this vital transition. This is a reflection on how menstruation can be celebrated, rather than shamed. As we continue empowering our girls to know their rights and speak up, we must also raise our boys to respect and coexist with empowered women. In essence, true progress requires a shift in mindset not just for one gender, but for all.

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Convention on the Rights of Persons with Disabilities (CRPD)

International Covenant on Economic, Social and Cultural Rights (ICESCR)

United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)

Universal Declaration of Human Rights 1948 (UDHR)

United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders

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