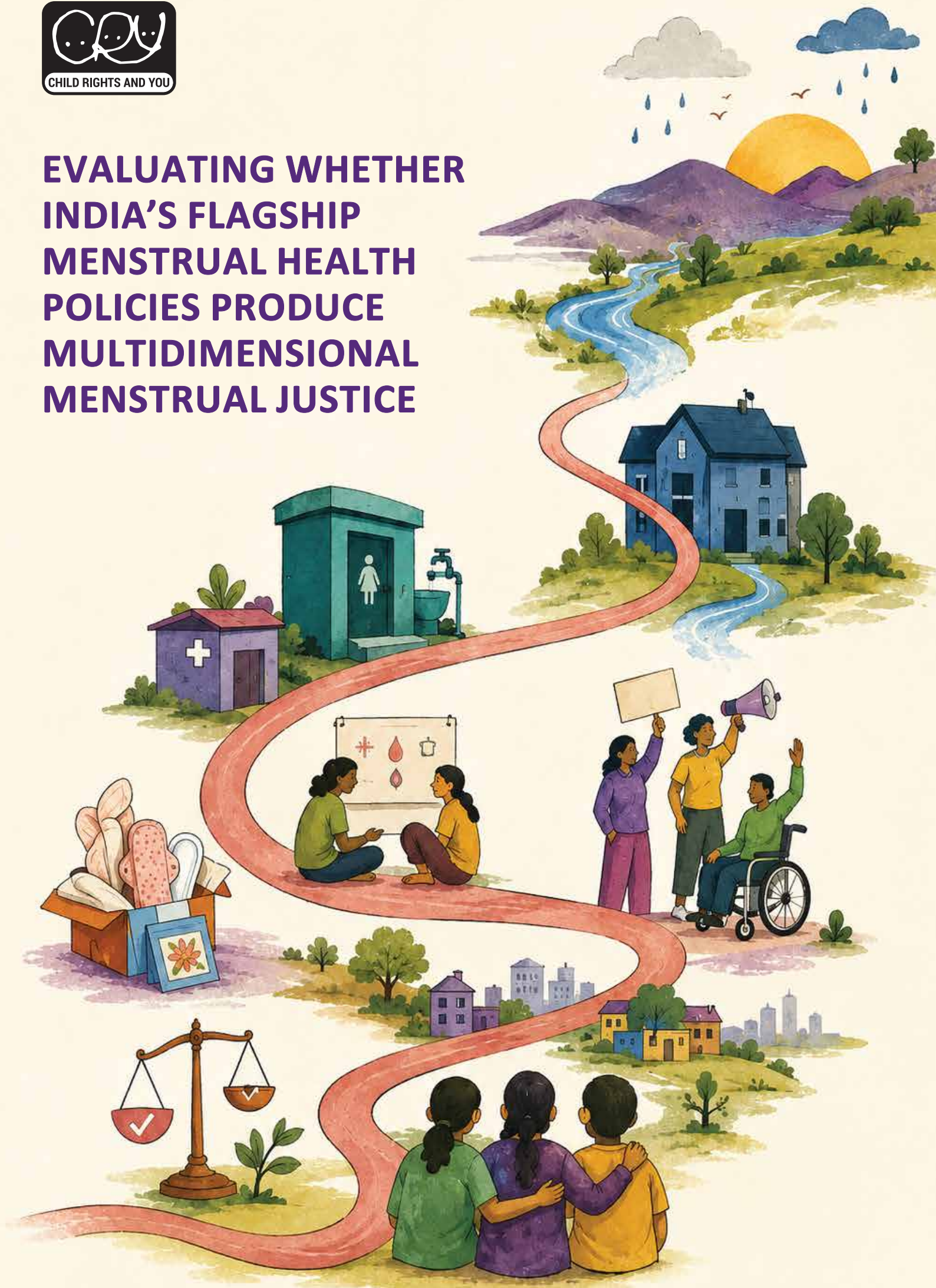


EVALUATING WHETHER INDIA'S FLAGSHIP MENSTRUAL HEALTH POLICIES PRODUCE MULTIDIMENSIONAL MENSTRUAL JUSTICE



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In the last decade, India's menstrual health policy has become more comprehensive than ever before, with an extensive variety of approaches being implemented across the sectors of health, sanitation, education and women's empowerment. Key initiatives, such as the Menstrual Hygiene Scheme (MHS), the Rashtriya Kishor Swasthya Karyakram (RKSK), and the Menstrual Hygiene Management (MHM) National Guidelines under the Swachh Bharat Mission - Gramin (SBM-G), are collectively shaping the State's approach to menstrual governance. These policies are functioning as important tools to disrupt the historical silence of policymakers on the issue of menstruation, and expanding the State's engagement with respect to the health of adolescent girls, access to menstrual products and infrastructure for sanitation. The dominant policy vocabulary governing menstruation, however, continues to focus on hygiene management, behaviour awareness and the distribution of sanitary products.

This paper critically examines how the need to render menstruation administratively legible through standardised categories of hygiene, product access and behaviour awareness is shaping the justice landscape of India's menstrual health policy framework. Using Nancy Fraser's tripartite understanding of justice - redistribution, recognition and representation - and James C. Scott's analysis of state simplification, this paper explores how menstruation has been translated into administratively governable categories, and the resulting marginalisation of the experience of menstruation within the reasoning of policy-making.

The paper employs a qualitative critical policy analysis of key Union Government policies, including the Operational Guidelines for Promotion of Menstrual Hygiene among Adolescent Girls in Rural Areas, the revised procurement guidelines issued under the Menstrual Hygiene Scheme, the RKSK Operational Framework, and the National Guidelines for Menstrual Hygiene Management under SBM-G. Rather than considering these documents to be neutral administrative instruments, the paper treats them as state texts constituting particular menstrual subjects, defining legitimate policy problems and shaping the boundaries of how institutions will respond to the issues raised by menstruation.

This analysis shows that although India's flagship menstrual health policies promote redistributive inclusion through subsidised sanitary products, awareness campaigns and sanitation infrastructure; they simultaneously restrict the scope of menstrual justice by framing menstruation primarily as a hygienic management issue that affects adolescent girls. Furthermore, the structural dimensions of menstrual inequality - including caste-based differences in access to sanitation, the gendered unpaid labour associated with the management of menstruation, the institutional regulation of menstruating bodies, menstrual pain and disability, the ecological externalities arising from the disposal of menstrual products, and the experiences of those who menstruate in ways that do not conform to norms - are inadequately articulated within the design of these policies. The paper concludes that India's menstrual governance framework thus generates a limited, technocratic, form of menstrual justice through the management of inclusion, rather than through substantive reconstruction. The paper ends with suggestions for creating a justice-based alternative to menstruation management policies that prioritise dignity, bodily autonomy, accountability for ecological impacts, democratic participation and structural inequality.

Keywords: menstrual justice; menstrual governance; menstrual hygiene management; public policy; India; Fraser; James C. Scott; gender policy

Menstrual health has moved from being ignored to being recognized by the Indian government as a primary area of intervention via its welfare policies. Over the course of the past ten years, there has been an increasing amount of national programming for the purpose of addressing issues related to menstruation, including adolescent health, sanitation, school infrastructure, and women's empowerment. The establishment of the Menstrual Hygiene Scheme (MHS), the inclusion of menstrual health in the Rashtriya Kishor Swasthya Karyakram (RKSK), and the release of the Menstrual Hygiene Management (MHM) National Guidelines as part of the Swachh Bharat Mission–Gramin (SBMG) demonstrate an important institutional recognition that menstruation is not only a personal bodily experience, but also connected to issues such as public health, educational access, women's rights, and dignity.

The creation of menstrual health as a policy issue demonstrates an overall shift in both global and national development discourse in that menstruation has been increasingly identified as a key factor in terms of achieving gender equity, allowing adolescents to continue their education, and providing for their overall health and well-being. The majority of policy documents relevant (to India) indicate the stigma associated with menstruation, lack of awareness, inadequate sanitation, and lack of access to menstrual absorbent products as the main factors that affect how adolescent girls are able to manage their menstruation and access to education. For example, the Operational Guidelines for the Promotion of Menstrual Hygiene among Adolescent Girls in Rural Areas give priority to both "lack of awareness of personal hygiene" and "lack of access to sanitary napkins" as barriers preventing rural adolescent girls from participating fully in education, and they propose a program design that will focus on awareness development, sanitary napkin distribution, and coordination with respect to sanitary infrastructure to address those issues. Similarly, the MHM National Guidelines as part of the SBMG indicate that MHM is a prerequisite for ensuring that girls have dignity and mobility and are able to participate in their education and communities.

Program initiatives along these lines have worked toward making menstruation increasingly visible to policymakers. The inclusion of menstruation in the frameworks of national welfare programs illustrates a clear departure from previous decades, when menstruation was largely absent from policy documents. However, with the increased number of policies related to menstruation, questions of justice remain. Thus, a larger analytical question arises: What aspects of menstruation come to be visible and subject to government regulation through policy, and what aspects of menstruation are not considered by the state?

The predominant policy language used to describe menstruation in India is still heavily dominated by the terms "hygiene," "management," "awareness," and "disposal." The predominant view of menstruation for many policymakers continues to be that it is a "problem" that requires either behaviour modification, the provision of sanitary products, or the establishment of infrastructure. Examples of policy evaluation are based on administrative measureable indicators (e.g., number of sanitary napkins distributed, number of schools equipped with incinerators, number of adolescent girls reached by educational campaigns). These policies and associated measures do not simply serve as a technical means of describing menstruation for policymakers; rather, they provide a framework for how menstruation comes to be understood by the state.

While this measure-based framework of administration allows for the large-scale implementation of programs, it also limits the potential for policy discussions to take place, because menstruation is situated

in a larger socio-structural context related to issues such as caste-based inequality, unpaid caregiving, the impact of disability on the cost of managing menstruation, institutional regulation of menstruation, ecological degradation, and social reproduction. The experience of managing menstrual pain while also managing domestic work or earning income, the experience of navigating caste-segregated sanitation infrastructure, or the experience of humiliation related to attending school/work while menstruating as a non-cis gendered individual tends to exceed the administrative definitions of menstruation articulated within policy documents. When administrators only measure menstruation by means of access to sanitary products and awareness of proper behaviour, many of the issues connected to the socio-structural context of menstruation are rendered invisible.

This paper demonstrates that the menstrual governance framework in India offers an expansion of welfare and inclusion combined with a constriction of the justice-based horizons of menstruation. By utilizing Nancy Fraser's multidimensional definition of justice and James C. Scott's discussion of simplification of government, this paper examines how policies governing menstrual health render menstruation administratively "legible" by means of the generation of the following standard categories of measure: hygiene, access to product, and/or behaviour management.

How does the imperative to make menstruation administratively legible through standardised categories of hygiene, product access, and behavioural awareness limit the justice horizons of India's menstrual health policy framework?

Instead of assessing the effectiveness of the services they provide, the paper focuses on the policy framework and rationale behind their activities. The analysis will be of how menstrual policy documents create "menstrual subjects," define what is a legitimate concern for the policy, and how the institutions respond to these issues. The paper approaches menstrual governance as more than a technical welfare issue but as part of a larger framework of state reason that ultimately shapes what constitutes justice.

Conceptual Framework: Menstrual Justice, State Simplification, and the Politics of Legibility

This document presents an understanding of menstrual justice, a framework for understanding how menstruation is handled by various governmental policies. Within India in the last ten years, there have been many initiatives related to the health of menstruators in India and access to sanitary products. However, the language that is used in the policy statements related to these programs emphasises implementation, awareness generation or access to goods rather than their overall implications with respect to how they serve to institutionalise menstruators through the structure of government policies.

In order to do a complete analysis of menstrual health and governance, we must move beyond looking only at effective implementation and begin to interrogate the value systems and assumptions that have been built into policies regarding menstrual governance. To achieve this objective, we primarily rely on two authors; Nancy Fraser and James C. Scott will serve as foundational references for rethinking the policy location of menstruators.

Fraser's conception of justice is predicated upon three ideas: 1) redistribution (of resources); 2) recognition (of

both cultural and symbolic aspects of social justice), and 3) representation (policies that are formed to advance the experiences of women in society). For redistributive purposes, this includes subsidisation, sanitation infrastructure, service provision for awareness generation concerning menstruators and women, as well as governmental provision of sanitary products. For the recognition aspect of Fraser, there are many cultural and symbolic treatments of menstruation. Measurable experiences of women will shape policies and how menstrual health will be sustained.

Overall, Fraser's conceptualisation of justice allows us greater understanding of the institutional, cultural and political aspects that create the governance of menstruators in menstrual governance than the simplistic nature of redistributive institutions would otherwise reflect.

While subsidising the sale of sanitary napkins and bulk sanitary products has contributed to some degree to the reduction of poverty, redistributive policies on their own do not affect deep-rooted systematic inequality, cultural stigmas of menstruators and their experiences, and the political exclusion of women from policy decisions regarding their own menstrual experiences.

The examination of how menstruators and their menstrual experiences have been included in the policies of India must draw on Scott's (1998) work on the impacts of state simplifications on complex societies. According to Scott, states have created ways of simplifying complex societies so that they can abstractly and uniformly classify what, when, and who constitutes "menstruators." In order to govern large populations, states must create systems of governance that make social complexities visible, measurable and manageable.

Menstruation is not just a biological process, but rather is an embodied and relational process that is physically and socially dependant on caste, class, ethnic and geographic factors, availability of safe sanitary infrastructure and services, the disability of menstruators, and the precarious economic situations of menstruators. Despite the complexities that surround menstruation, menstruation continues to be defined by narrow institutional constructs, such as menstrual health management, generating awareness, disposing of menstruation and sanitary products, providing safe sanitary products to menstruators and using menstruators to generate awareness concerning menstrual sanitary products.

By linking Fraser's theoretical framework with Scott's conceptualisation of state simplifications, this paper uses an analytical approach to menstrual governance that considers both inclusion and reduction of menstruators. Although, the policies of all major governmental agencies have and continue to show evidence that they support and recognise the importance of women's rights to sanitary and hygiene products, the manner by which menstruation has been and continues to be institutionalised does not demonstrate that there is any real movement towards achieving substantive equality for women in all aspects of their lives.

There are other significant considerations in relation to the judicial expansion of the recognition of women's rights to menstrual sanitation. The Supreme Court of India ruled that the right to dignity, equality, education and life is intrinsically linked to menstrual sanitation rights through Article 21 of the Constitution of India. The judgement expands the manner by which the rights of women to menstruate are understood within the Constitution of India and as a result, expands the manner by which the state must meet its constitutional obligations to provide its citizens with an adequate standard of health and living, and for those citizens who are

menstruators. However, the fact that the Constitution of India has been interpreted to include the rights of menstruators does not mean that the state has human rights obligations to implement the same in their policies. Therefore, unless policies and practices within the state reflect substantive jurisprudence as outlined in the Constitution of India, the re-thinking of the way in which women who menstruate are treated through government policies must include multiple factors that influence the way in which inequalities related to menstruation are created, maintained over time, and included in government policies.

The qualitative critical analysis of the Indian Union Government's menstrual health policy framework that this paper performs looks at policy design and is not focused on implementation. For the purpose of this analysis, menstrual health will be studied through the design of the policy texts that comprise the corpus as institutional sites for understanding how menstruation is defined, categorised, regulated.

The corpus of menstrual health policies was constructed through procedures that selected Union Government flagship schemes and operational frameworks that govern menstruation by virtue of programme design, implementation structures, and menstrual hygiene management directives (as opposed to the broader area of menstrual health). The corpus of menstrual health policy documents will include:

1. Operational Guidelines for Promoting Menstrual Hygiene among Adolescent Girls (10-19 years old) in Rural Areas under the Menstrual Hygiene Scheme (MHS);
2. The Revised Procurement and Implementation Note issued under the Menstrual Hygiene Scheme (2016);
3. The Operational Framework for Rashtriya Kishor Swasthya Karyakram (RKSK);
4. The Menstrual Hygiene Management National Guidelines as part of the Swachh Bharat Mission – Gramin Programme.

These four documents were selected because they represent the core architecture governing menstruation under the Union Government. They reflect three intersecting domains of institutional governance: adolescent health, menstrual product provision, and sanitation.

Other policy sets that govern menstruation – such as Samagra Shiksha, Mission Shakti, Beti Bachao Beti Padhao and the Pradhan Mantri Bhartiya Janaushadhi Pariyonjana – were also included in the analysis to provide context for understanding the fragmentation of menstruation across education, women's empowerment, and access to pharmaceuticals. However, unlike the core policy corpus, these other documentation were not given the same detailed coding or analytical treatment because they do not function as distinct policy frameworks for menstrual health.

The analysis of the policy documents was conducted under the assumption that policy documents are institutional texts that define and give order to social realities through categories, assumptions, indicators, and administrative priorities. Therefore, the objective of this analysis is not to assess the implementation of policy; rather, the focus is on how menstruation is defined through policy frameworks, how the policy defines legitimate problems associated with menstruation, and how the legitimacy of institutional responses to menstruation is delineated.

The analytical framework is based on Fraser's multidimensional theory of justice and Scott's notion of the required preconditions for state legibility. According to the analytical framework, the following query will be employed to inform the content analysis of the core corpus: what are the ways menstruation is identified as a problem; what menstruating subjects are represented in policy; what are the forms of redistribution that are given priority; how does policy language reflect recognition; whose experience of menstruating continues to be excluded from representation; how does administrative simplification influence the design of a programme; what structural components of menstruation continue to lack effective treatment or recognition.

The coding categories reflected in policy included behavioural awareness of menstrual hygiene, adolescent subjectivity formation, sanitation infrastructure, caste-based labour, institutional regulation, environmental management, disability, participation, and menstrual policy indicators.

The analytic approach is interpretive and qualitative with respect to the identification of policy language and administrative categories. Based on the identification of codes in the corpus, silences (that is, the aspects of the experience of menstruating that were not reflected or given administration acknowledgment) are given special attention.

The discourse around menstrual health has shifted from an emphasis on menstruation hygiene management (MHM) through Water, Sanitation and Hygiene (WASH) and youth frameworks toward more nuanced conceptions of menstrual justice paradigms that interrogate the structural inequality and heterogeneous experiences surrounding the menstruation process. Early policy-oriented research in low and middle income countries, including India, primarily highlighted infrastructural inadequacies such as poor sanitation facilities, limited access to hygienic absorbents, and lack of menstrual awareness; and then connected these inadequacies to increased health risks, stigma, and absenteeism from school (Van Eijk et al., 2016; Hennegan et al., 2019). Many studies of menstruation that took place in India echo these findings, describing systemic unpreparedness to manage menstruation in educational institutions due to the absence of, or lack of, private toilets, disposal mechanisms, access to water, and menstrual education; and that cumulatively undermine the well-being of adolescents and their ability to continue on an educational path (Sharma et al., 2020). This empirical evidence has had a significant impact on the architecture of India's menstruation health policies which have positioned providing sanitary product availability, school sanitation infrastructure, public awareness campaigns, and behavioural change as the primary strategies undertaken.

However, there have been feminist critiques of the MHM paradigm and so have challenged the way it has reduced menstruation to just being about hygiene and product availability. This critique contends that an understanding of menstruation as managed by way of correction of behaviour, compliance with hygiene, and use as consumers, ultimately depoliticises menstruation (Bobel, 2020). Critical scholarship has emerged providing an alternative understanding of menstruation, or menstrual justice, as a multidimensional phenomenon encompassing bodily autonomy, social inequities, labour dynamics, ecological sustainability, and democratic participation. Specifically, menstrual justice frameworks embrace an intersectionality perspective, highlighting how caste, class, gender, disability, precarity of labour, exclusion from institutions and environmental vulnerability connect to create differing embodiments of menstruation and social conditions and therefore, challenge universal biological essentialism.

Internationally, menstrual justice discourse has expanded to include the exploration of labour rights, workplace accommodations, disability, and reproductive justice, particularly within discussions of menstrual leave policies and inclusion in institutions at work. Much of the current critical discourse cautions against the mere decoupling of workplace menstrual protections from broader structural reforms or labour protection types, and reinforces the need to continue challenging the reproduction of stereotypes when this happens (Sohil, 2025). With respect to the India context, scholarship has identified how cisnormative menstrual policy frameworks exclude transgender and non-binary menstruators from menstrual justice and how the vast majority of menstruating labouring bodies working in the informal and precarious sectors are rendered invisible. Analyses of the prevalence of hysterectomies among sugarcane workers also illuminate the intertwined nature of menstrual governance, labour precarity, productivity imperatives, and gender-based exploitative economic practices.

Academics who take a feminist ecological approach have elevated the critiques of established policies that dominate the framing of menstrual waste as a waste/disposal issue; whereas, feminist ecological scholars connect the extensive environmental externalities associated with disposable sanitary product economies (i.e. plastic pollution, incineration hazards, and extraction/manufacturing processes) to the development of menstrual policy frameworks that integrate sustainability and environmental justice along with hygiene and access.

Though there has been a proliferation of scholarship on menstruation health, the number of critical policy

analyses of menstruation's normative and epistemic constructions that are embedded within state frameworks is still limited, with even fewer analyses having been completed in the India context. The predominant body of literature highlights implementation gaps and specifies behaviour awareness and service provision to meet the needs of menstruators, although the type of governance rationalities that render menstruation legible administratively have been given little consideration.

This study fills a significant gap in our current knowledge base by reframing the applied analytical lens to focus on policy reasoning versus implementation outcomes. This analysis examines how flagship Indian menstruation health policies, specifically the Menstrual Hygiene Scheme (MHS), Rashtriya Kishor Swasthya Karyakram (RKSK), and the National Guidelines for Menstrual Hygiene Management (MHM), have problematised menstruation, constructed policy subjects, and limited claims for justice. The analysis synthesises Nancy Fraser's three-dimensional understanding of justice (redistribution, recognition, representation) and James C. Scott's framework of simplifying state and administrative legibility to identify the complex interplay between expanded welfare and contracted governance of menstruation into discrete administratively manageable categories. This analysis shows how discrete categories currently captured as part of menstruation policy both create the opportunity for the redistributive and recognition form of inclusivity and, at the same time, limit the normative horizons of justice by way of underrepresentation and therefore, marginalising the more complex social, embodied, and ecological elements associated with menstruation.

1. Administrative Legibility and Narrowing of Menstrual Governance

There is a prevailing pattern of categorising menstruation as primarily an administrative issue, across much of the policy corpus to date. Be it either the area of adolescent health programming (such as RKSK or the MHS) or the realm of sanitation (for instance, the Menstrual Hygiene Management Guidelines under the SBM-G); in each case, menstruation is interpreted in terms of three interconnected domains: hygiene, access to menstrual absorbents, and behavioural awareness (the latter being understood in the context of attitudes towards menstruation). The patterns within these domains occur frequently enough in policy documents that they define not just the proposed solutions that are put forward by the Government but also the nature of the issue itself.

In one sense, the way menstruation is framed in this way demonstrates a major shift in policy design. In the past, menstruation has been an issue which has been mostly left out of public policy discourses. With the introduction of dedicated programmes, operational guidelines, information campaigns and budget allocations there is an increasing appreciation that menstruation has an impact on health, education, dignity and gender equality. The study that reviewed existing menstruation-related policy documents demonstrates a departure from earlier times when menstruation basically remained outside any institutional interest.

However, the question is not whether menstruation is more visible in policy than previously. Rather, it is how menstruation has been produced as being more visible within the policy landscape. When reviewing policy documents, menstruation is predominantly depicted in terms of poor menstrual hygiene practices, lack of awareness, low-level access to absorbents, and a lack of disposal systems. The MHS operational guidelines, for example, highlight low-level of awareness of and the use of poor hygiene materials as major barriers to addressing issues related to menstruation. Similarly, the SBM-G guidelines conceptualise menstruation through the lens of menstrual hygiene management, with a focus on sanitation, disposal systems, and awareness-sharing. Even within the context of RKSK, where the understanding of menstruation falls within a general context of adolescent health, the operational frame remains focused on awareness, peer education, service access and hygiene.

These repeating categories are significant to understanding the nature of menstruation as it has been produced as being administratively intelligible. In the case of policy interventions, in order for an issue to be able to put forward a policy intervention that can be successfully identified, deemed worthy of/appropriate for organisational attention, monitored, and acted upon, the issue needs to be reduced to a manageable problem. This means that the occurrence of good hygiene is subject to improvement through information campaigns; access to products can be accomplished through procurement and distribution systems; and, the measurement of awareness level can occur through outreach and the number of women who are beneficiaries of the outreach campaigns. Therefore, these categories allow for intervention as they frame the multifaceted social construct of menstruation as cognisably intelligible to the administrative system.

However, the processes associated with achieving administrative recognition of menstruation also produce a shrinkage in terms of what is considered administratively manageable. The process associated with experiencing menstruation includes factors such as the social relationship, institutional norms, labour, economic constraints, cultural expectations, and bodily abilities. However, most of these factors only marginally feature in terms of the policy design. Therefore, the first and foremost identified categories related to menstruation simultaneously and therefore limit what parts of the menstruating

experience does or does not fall within the concern of the institution, because of the management terminology that was associated with the research and therefore developed the majority of the papers. As a result, discussions of menstruation hardly ever describe menstruation as an embodied experience that has arisen from the position of social inequality. Rather, they continuously classify menstruation as something to be managed by managing the behaviours (incorrect), managing the product access (sufficient), and managing the appropriate disposal practices for those products (correct). This continuous focus and use of the management constructs is more than coincidental; it represents a governance strategy structure that prioritises order, measuring and intervention. Additionally, menstrual issues become problems that can be solved through improvement in the areas of awareness, access, or infrastructure. However, another consequence of the policy framework discussed above is that there are conditions that exist within menstruation that affect a woman's ability to manage menstruation. Examples of such conditions are menstrual discomfort, long-term reproductive health issues, restrictions within workplaces, carer responsibilities, social stigma, institutional scrutiny, and disparity regarding access to privacy. The issue associated with the above conditions is that they do not lend themselves to analysis through programmes and therefore result in a position that is significantly more attenuated than that associated with a category of the management of menstruation as identified in the policy work.

The concern regarding the above identified conditions associated with the management of menstruation is, therefore, one of both exclusion and limitation. That is, the form or extent of the exclusions are the result of the categories that are being used to achieve an understanding of menstruation for administrative purposes.

Consequently, the recognised tension associated with the policy framework is a result of the same forms of categories that allow for the discussion of menstruation for public policy, will ultimately limit what can be recognised through policy. The administratively defined domains of hygiene, awareness and access form the basis or opportunity for policy intervention related to menstruation; however, they also form the limits of where, or what, can be envisaged or pursued as being rightfully related to menstrual justice.

2. Redistribution Without Structural Transformation

There is a good level of redistributive consequence associated with India's menstrual health policy initiatives. This policy corpus illustrates a growing level of institutional commitment to addressing menstrual disadvantage through public provisioning of sanitary napkins, menstrual awareness programmes, sanitation infrastructure, disposal systems and adolescent health services. For much of India's policy history, these were neglected areas that are now being recognised for their importance through significant investments.

In terms of redistribution, these interventions facilitate expanded access to resources that most menstruators had previously lacked. The Menstrual Hygiene Scheme has menstrual absorbents at the centre of programme design, with its revised procurement framework institutionalising this commitment through mechanisms aimed at improving availability and affordability of sanitary napkins. The SBM-G guidelines endorse toilets, privacy, water access and disposal systems as preconditions for menstrual health. Together, these initiatives highlight a significant shift in how menstruation is regarded; from being treated as a private issue towards being recognised as a public good requiring public investment.

However, a closer examination of the policy documentation suggests that the redistributive capabilities of these initiatives are limited by existing norms. Material support is predominantly construed in terms of

access to products, information and infrastructure; i.e. there is a predominance of viewing menstruators as being deprived of sufficient resources rather than depersonalising them through systemic inequalities, e.g. a cultural disability to menstruate.

This distinction is important because it shapes the type of justice that policy seeks to create. Across the policy corpus there is a primary assumption that once menstruators have access to sanitary absorbents, awareness and sanitation facilities, improved outcomes will occur. These may be accounted for, but they are still only a limited number of factors shaping menstrual experiences. Access to a sanitary product does not automatically relieve menstrual pain. Awareness programmes will not change workplace environments, school cultures or gender-specific labour divisions. Improved infrastructure may guarantee privacy, but will not necessarily address social hierarchies associated with behaviours and practices that limit access to that infrastructure.

The redistributive framework established across the policy corpus tends to privilege interventions capable of being delivered via programme processes and thus measured via outputs. This is demonstrated by the undue emphasis on streamlined distribution of sanitary napkins. Access to a product is synonymous with menstrual inclusion. The availability of absorbent materials is presented as one of many components of menstrual health, with it often portrayed as the most critical mechanism for addressing menstrual disadvantage. The current, broader menstrual policy landscape further exacerbates this focus; the recent inclusion of sanitary napkins within the Pradhan Mantri Bhartiya Janaushadhi Pariyojana as part of the Suidha initiative is representative of this pattern. Here, menstruation has been included primarily through affordability and consumer access. The primary issues of concern relate to the cost of menstrual products and how to minimise financial obstacles associated with their purchase. Provider-based programmes such as these broaden levels of access to product; however, they also reflect an increasingly commercialised and commodified approach to menstrual justice.

Overall, the form of redistribution associated with these initiatives facilitates expanded levels of inclusion without necessarily improving the conditions in which inequality is produced. Menstruation is recognised as requiring state support, but state support remains confined to the procurement of products, provision of infrastructure, and creation of awareness programmes. Issues such as: labour, lack of inclusivity by institutions, bodily autonomy, environmental sustainability, and social power remain under-represented in this policy corpus.

This is not to suggest that redistribution is not important or sufficient. Rather, the objective is to illustrate that redistribution alone cannot fulfill all of the implications of menstrual justice. The policies examined within this symposium represent great strides toward improved material access; however, they also reveal the limits inherent within a policy framework that seeks to achieve menstrual inclusion mainly through the distribution of resources rather than by engaging with the broader structures that shape menstruators' lives.

3. The production of Ideal Menstrual Subject

Across all of the policy areas discussed above there is a consistent focus on the same menstruating subject, an adolescent girl, regardless of how she is framed (adolescent health, menstrual hygiene, sanitation or education). There are several clear examples of this focus. For example, the Menstrual Hygiene Scheme targets adolescent girls 10-19 years of age only. Similarly, the RKSK framework situates menstrual health as part of the overall body of adolescent reproductive and sexual health programming.

The associated educational and awareness initiatives arising from Samagra Shiksha and Beti Bachao Beti Padhao initiatives also reinforce the direct link between menstruation and being an adolescent girl.

There are good reasons for this focus. Many adolescent girls deal with menstruation in environments with poor hygiene/sanitation, limited information about menstruation, negative beliefs about menstruation, limited mobility, and limited access to suitable facilities. Therefore, through the wide-ranging number of redistributive interventions that the above policy framework will promote, adolescent girls and their menstruation have become part of policy discussions around menstruation. However, it is important to understand the significance of the consistent focus on menstruating adolescent girls as they go beyond just being beneficiaries. Instead, adolescent girls are central figures through whom menstrual governance is developed. They can be accessed via schools, peer education networks, community awareness initiatives, and through the health outreach system.

Menstrual issues are presumed to stem from poor access (lack of knowledge, lack of access to suitable absorbents, poor hygiene) to different forms of information and services. In this context, menstruation becomes a part of the developmental continuum in which proper management of menstruation will promote educational continuity, wellbeing, and active citizenship by contributing to a girl's ongoing development. The way in which an adolescent girl forms a coherent subject matter from this perspective comes from the simplification of menstrual experiences to fit within this developmental framework. The menstrual experience of women (adults) working in the informal sector are typically not addressed within the above referenced policies, even though they experience sanitation access issues, workplace conditions, and their menstrual cycle is affected by the physical demands of their job. Furthermore, policy addressing menstruation generally does not consider the experience of menstruation outside of the experience of educational participation and adolescent development. Thus, the promotion of an ideal menstruating subject is more than targeting an individual. It serves a larger governance agenda by classifying diverse realities of menstruation into a simple category that can be managed via government policy.

3.1 Disability and the Limits of Universal Menstrual Citizenship

Disability's exclusion from core policy frameworks is one clear example of how administrative categories shape recognition. In the analysis of policy documents, menstruation (as an activity) is understood implicitly as one that can be managed (independently) as long as a person has awareness of menstruation, access to absorbent supplies and access to sanitary facilities. It is assumed that people who menstruate will receive information; adopt prescribed practices on menstrual management; have access to sanitary facilities; change absorbents (or other management supplies) and effectively dispose of these supplies independently. Each of these assumptions reflects a particular way of viewing the menstruating body. Thus, it is assumed that the policy subject has all of the physical, mental/cognitive, sensory and communication competencies needed to independently manage menstruation. Although there is a large body of evidence that supports the perspective that people who menstruate and have a disability are often uniquely impacted by barriers to accessibility—including dependence on a caregiver—and experience distinct barriers with regard to communication, privacy and bodily autonomy—disability is seldom included in this analysis.

The significance of the lack of inclusion of disability in this context goes beyond the concept of inclusion. Disability calls into question some of the fundamental assumptions that have been used to construct the policy model itself. Once disability is introduced into the feminine policy framework, menstrual

management is no longer seen as merely an issue of awareness and access to absorbents. Instead, issues arise regarding the impacts of accessible sanitary infrastructure (as a model of support) on menstruators who are not able to independently manage menstruation, caregiver support for assisted management of menstruation, institutional accommodation for menstruators who cannot independently manage menstruation, and the right of menstruators with disabilities to bodily autonomy and dignity. Each of these issues can only be addressed by policy frameworks that support a model of interdependence rather than self-management.

Thus, the relative invisibility of disability as an issue within menstrual governance is indicative not only of a policy gap but also the limited scope of policy models that view menstruation as primarily a standardised intervention for a largely uniform class of beneficiaries. The universal menstruating citizen within policy is ultimately conceived to be an able-bodied citizen.

3.2 Menstruation, Gender Identity, and the Boundaries of Policy Recognition

With respect to gender diversity, a similar pattern of linking menstruation is apparent in regard to the association of categories of girls, adolescent girls, women, and female beneficiaries with menstruation in the policy corpus. This frequent link appears so consistently throughout the documents that it is seldom challenged in the context of policy debates. This signifies how society views menstruation and reflects its integration into larger institutional structures. Transgender men, non-binary people, and other members of the gender-diverse community who experience menstruation are missing from policy discussions not because they do not menstruate, but because current policy categories are based on an assumption of a link between menstruation, biological sex and gender identity.

This lack of recognition of non-cisgender menstruators underlines the discrepancy between the policy-based definitions of menstruation and the lived experiences of many individuals. As such, menstrual justice is not only about access to menstrual-related resources, but also about how individuals will be able to have their experiences included in institutional definitions of menstruation. Through the framing of menstruation in relation to girls and women, the possibility of receiving policy recognition is conditional upon the compliance of individuals to normative gender categories. This relationship demonstrates how important administrative legibility is to governance systems. In order to identify beneficiaries and provide programs, governance structures often rely upon stable categories. Yet, in addition to providing a framework for governance, these same categories also serve to deny recognition to individuals whose lived experience does not conform to the stabilizing assumptions of the categories. The exclusion of non-cisgender menstruators demonstrates how the definition of policy categories shapes the construction of recognition.

4. What Menstrual Governance Cannot See: Labour, Pain and Social Reproduction

The lack of reference to labour as a type of analysis is among the most glaring omissions in the policy corpus. Much use has been made of the policy corpus when talking about menstruation with regards to awareness, hygienic care, products and disposal. Very little has been published about the work necessary to maintain a menstrual life every day. This is especially noteworthy because menstruation is seen through two lenses; biological and labour. The time it takes to manage menstruation's many tasks and the amount of physical effort necessary to complete them, as well as the emotional labour involved in completing them, is also part of the experience of menstruation. In addition to the physical aspects of maintaining menstruation, menstruators who experience "menstruation" must also consider several social aspects of

maintaining menstruation, such as privacy, water access, cleaning re-usable products, waste disposal, managing discomfort and body's deadlines and social commitments. For many menstruators, specifically menstruators living in poverty or areas with inadequate infrastructure, all the tasks related to menstruation take up significant amounts of time in their daily lives. The menstrual work is not typically referenced in policy discussion, rather it is seen largely as an individual's responsibility to manage their own menstruation, as opposed to as a social and institutional issue that needs to be addressed at a larger level. Many of the policies intended to help menstruators manage menstruation do not provide sufficient attention to the conditions under which managing menstruation occurs.

The absence of recognition of labour becomes even more pronounced when looking at menstrual pain. Menstrual pain is the most widely reported experience within menstruation and has an impact on how regularly menstruators can attend school, engage in activities at work, be mobile in the community and be at peace as they go about their daily routines. However, menstrual pain occupies a very small part within the existing policy framework. A significant amount of what is currently discussed relates to hygiene, but does not allow for a better understanding of menstruation as a bodily experience which is chronic, can include fatigue and will inevitably change from day to day.

In addition, there is also a lack of recognition of labour related to programme implementation. Feminised care work has been heavily relied upon for menstrual governance. ASHAs, Anganwadi workers, teachers, peer educators and community level workers create substantial amounts of labour through the distribution of necessary products to those who menstruate, conducting educational sessions and keeping record, but very few examples exist of who is implementing these programmes being mentioned with respect to being a significant aspect of menstrual governance.

5. Universal Categories and Unequal Realities: Caste, Space and Institutional Regulation

The infrastructure barriers highlighted in the policy documents are not properly analysed for the social inequities that affect the infrastructure's accessibility. Rural areas are always thought of as disadvantaged, while caste, which influences sanitation, water access, labour & bodily dignity in India, is largely ignored.

The omission discussed above is significant because women of different social groups do not have the same experience related to menstruation. The accessibility to toilets, privacy, water & safe disposal are all governed by caste hierarchy, patterns of settlement & local power dynamic issues. However, many of these realities get grouped into broader categories (such as rural populations or adolescent beneficiaries). Therefore, we have a universalized view of the "menstrual disadvantage" but not enough analysis of how these disadvantages (inequities) occur or are experienced.

We can see the same tendencies reflected in our perspectives regarding institutional contexts. Schools, sanitation facilities and community spaces are portrayed as the settings to address menstruation through improved education and infrastructure for women. While it is important to address this type of work; it diminishes the institutional control over women and their bodies via issues of embarrassment, surveillance or restricted movement (or disciplinary behaviours). The realities women experience with menstruation cannot be fully revealed by considering only the physical/infrastructure availability of amenities. The use of these infrastructures is also dictated by the value associated with these facilities (via the societal constructs surrounding them). If policy makers view institutions only as service providers, they will miss how institutional influences create both menstrual inequities and inequity.

6. The Contradictions of Inclusion: Ecological Sustainability and Fragmented Governance

Menstrual governance is based on contradictory values as it expands across various sectors and the increasing dependence on disposable menstrual products is thus the direct result of both these contradictory values as well as their increased use as a form of inclusion (product distribution schemes), poverty alleviation (affordability initiatives), supplier diversity (procurement systems), and, as a result, an increased number of menstruators have access to sanitary absorbents which represents an important redistribution to many menstruators. However, while increasing access to portable sanitary absorbents has led to new issues around environmental sustainability, As a result, the overall governance (i.e. the big picture at both the local and regional level) of menstruation, across the variety of sectors that are now operating in it, continues to lack a cohesive framework for understanding menstrual justice. Menstrual justice has been articulated through the expansion of menstruation in public policy. Routine monthly policies related to issues of menstruation have come to the attention of society through health programs (i.e. increasing adolescent awareness of menstruation) through management of menstruation products (hygiene & disposal) through pharmaceuticals (affordability and accessibility of menstruation products), through educational programs (school attendance, retention, participation). Nonetheless, none of these projects have taken a comprehensive approach by framing the social, economic, environmental, and political issues that influence every aspect of menstruation.

1. Transition from a Menstruation Hygiene Management Model to a Menstrual Justice Framework:

For years, menstrual policy in India has mostly been developed on the foundation of hygiene management. While this focus on hygiene management has helped increase the public's awareness of menstruation, the continued reliance on only this kind of policy engagement will limit the opportunities for further policy development. Future policy will need to expand the scope of menstrual policies beyond hygiene, awareness, and access to products, to include broader definitions of menstrual justice as related to health/sanitation, dignity, bodily autonomy, labour, equality, and social inclusion. Moving forward will not necessarily mean dropping some of existing interventions, but positioning them within the shared principles, minimum service standards, and monitoring expectations across health, education, sanitation, pharmaceutical, gender and social protection programmes. The absence of a common policy framework currently shows a fragmented approach that understands menstruation differently based on institutional mandates. Menstrual health should be embedded across governance sectors through a common policy definition and shared accountability mechanisms. This policy framework should move beyond evaluating menstrual products to evaluating conditions under which menstruation is experienced.

2. Transition from Policies that Focus on Product Availability to Policies that Focus on Creating the Conditions for Menstrual Wellbeing:

Currently, most of the policies and interventions being implemented are focused on providing sanitary absorbents and the associated infrastructure to support their use. While product provision is still an important element of a menstruators' experience, menstrual wellbeing goes beyond products, it includes the conditions under which menstruators live with their period(s). Future policies should focus on the conditions that make up menstrual wellbeing, such as privacy, water, rest, access to health care, pain management, safe environments to wear products, and supportive social norms. This will help shift the policy focus from just focusing on distribution to a more substantive focus on menstruators' everyday experiences with menstruation.

3. Recognise Menstrual Labour in the Development of Policy:

The research findings indicate that the current menstrual governance systems do not adequately address the labour that is associated with menstruation, which includes not only the day-to-day management of menstruation, but also the labour of those who manage and support others (frontline workers, caregivers, teachers, community health workers, etc.) in the delivery of menstrual programmes. Future policy frameworks should recognise menstrual labour as an important indicator of menstrual justice. Rather than creating parallel schemes, ministries responsible for labour, disability, school education, prisons, workplaces and public institutions should integrate menstrual health within existing operational guidelines, specifying accessibility standards, occupational health protocols, and grievance mechanisms. This will allow for more focus on the time, effort, emotional work, and care responsibilities that menstruators as well as those supporting menstruators face sexually and on a daily basis, and will also create a space to include the ways in which menstruation is connected to broader issues of social reproduction and gender-based divisions of labour.

4. Create More Inclusive Frameworks to Recognise Diverse Experiences of Menstruation:

Current policy frameworks have primarily centred on the adolescent girl as the primary focus of menstrual policy. While the adolescent girl is a very important subject to develop menstrual policies for, the menstrual experiences of menstruators vary based on their social status or social identity. The future of

menstrual governance will be better supported by an inclusive definition of who menstruates and what their experiences of menstruation are. To do this will require moving beyond the categorisation of all menstruators as a uniform beneficiary group, and creating institutional and methodological means to capture diverse menstrual experiences for informing the development of policies. Policies that are informed by a more diverse range of menstruators' experiences will reflect the complexity of menstrual realities and will not be based on a limited understanding of menstruation.

5. Move Towards the Creation of a Comprehensive and Environmentally Sustainable Menstrual Governance Framework:

Currently, menstrual governance in India operates across several sectors, including health, sanitation, and education, pharmaceuticals, and women's development. While the increasing number of policies has highlighted menstrual policy and governance, it has also resulted in fragmented approaches to producing the body of policy and governing the varying aspects of menstruation. Future menstrual policy efforts will need to promote more convergence between multiple sectors through the establishment of a common justice-based framework. In addition to achieving convergence, future policy development should prioritise ecological sustainability and locally appropriate reusability in the design of menstrual policies, rather than treating these as a secondary concerns. Future policy development should also include addressing procurement, the selection and production of menstruation products, the disposal of menstrual products, the environmental impact of menstruation products, and the long-term sustainability of menstruation products, at the same time that access and affordability of menstrual products are being addressed. If menstrual policy is purposely developed using a comprehensive framework, it will be better able to address the issues of redistribution, recognition, representation and environmental accountability.

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