

LETTER TO EDITOR

Menstrual Poverty: A Public Health Crisis and the Vital Role of School Healthcare Providers in Iran

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DEAR EDITOR

The World Bank predicts that by 2030, 574 million people will live in extreme poverty, limiting access to basic needs such as food, water, and shelter.¹ One overlooked aspect of poverty is “menstrual poverty,” which refers to the lack of access to menstrual hygiene products, education, and facilities due to financial and social barriers. It affects millions of women and girls who menstruate and with significant physical, emotional, and social consequences, including absenteeism from school and work, as well as mental health problems.²

Around the world, an estimated 500 million people suffer from menstrual poverty, which restricts access to hygiene products, which negatively impacts education and employment opportunities.³ Cultural restrictions in many societies prevent girls from learning about menstrual hygiene, increasing the risk of infections and emotional distress while also delaying their educational progress.⁴

In Iran, menstruation remains a taboo subject, preventing open discussions and access to essential information.⁵ Many families manage menstruation privately, leading to a lack of knowledge about menstrual health and the misuse of hygiene products. Additionally, limited health infrastructure in some regions makes it difficult for low-income families to afford menstrual hygiene products, exacerbating the challenges faced by women and girls.⁵

School healthcare providers (SHCPs) are critical in addressing menstrual poverty. They help reduce this problem by providing education, distributing menstrual hygiene products, and providing psychosocial support. SHCPs can counter misinformation stemming from cultural constraints by educating girls about menstrual cycles, hygiene, and the proper use of hygiene products.⁴ They can also ensure that financial barriers do not prevent girls from attending school or engaging in daily activities by providing free or low-cost hygiene products.⁵

School healthcare providers (SHCPs) play a critical role in delivering menstrual hygiene education and resources and embedding menstrual health into broader school health policies and curricula. Their strategic placement within the education system allows them to assess students' needs, gather data on menstrual health challenges, and collaborate with school leadership to design and implement evidence-based interventions. By training teachers and staff, SHCPs help foster a school-wide culture that treats menstruation as a normal biological process rather than a

taboo subject. This contributes to more inclusive and supportive learning environments, which are essential for reducing menstrual stigma and improving girls' well-being and participation in school life.⁶

Moreover, SHCPs are well-positioned to support systemic change across several domains reflected in contemporary menstrual health initiatives. They can advocate for the free distribution of menstrual products within schools, ensuring equitable access regardless of students' financial status. Their involvement in improving sanitation facilities, such as installing proper disposal units, enhances school infrastructure and promotes dignity. SHCPs can lead or support public awareness campaigns and facilitate comprehensive menstrual education, aligning with broader community-based solutions. Significantly, by influencing institutional policy and advocating for gender-responsive measures, SHCPs contribute to long-term strategies aimed at eliminating menstrual poverty, supporting gender equity, and securing the right to education for all students.⁶

Menstrual poverty is a significant public health issue worldwide, which is compounded in countries such as Iran due to cultural and social factors. In Iran, the taboo surrounding menstruation, coupled with inadequate health and educational infrastructure, creates significant challenges for adolescent girls. SHCPs play a key role in addressing this issue, providing girls with essential resources through menstrual hygiene education, distributing low-cost or free hygiene products, and creating a safe environment for conversations about menstruation. Also, providing psychosocial support and creating a non-judgmental space to talk about menstruation can help reduce the mental and emotional stress associated with menstrual poverty. Collaboration between health, education, and social institutions is essential to create a comprehensive approach to reduce inequalities and empower girls to manage their menstrual hygiene with dignity and confidence. This will ultimately lead to improved overall well-being and educational outcomes.

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Authors' Contribution

ZS and MG developed the conceptualization, performed a document search, wrote the first draft of the manuscript, and conducted critical revisions for important intellectual content. All authors thoroughly reviewed and revised the manuscript and approved the final version for publication. The corresponding author confirms that all individuals listed have met the authorship criteria and that no eligible contributors have been excluded.

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None declared.

Declaration on the use of AI

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