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Menstrual Education & Access in Schools

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I. Historical Context

Menstrual education in the United States has evolved over the past century, shaped primarily by social attitudes toward gender, health, and morality. Early menstrual education began in the early 1900s as part of hygiene and home economics programs that targeted girls. These early lessons focused on cleanliness and morality rather than scientific understanding. They reflected social norms that treated menstruation as a private or even shameful subject rather than a natural part of reproductive health (Bobel, 2019).

During the 1940s and 1950s, corporations such as Kimberly-Clark and Procter & Gamble became instrumental in shaping menstrual education. They distributed free films and booklets to schools, including titles like "Very Personally Yours" and "Growing Up and Liking It." These materials helped make menstruation more visible in classrooms, but they also reinforced gender stereotypes and promoted commercial products instead of providing comprehensive or inclusive health education (Srigley, 2016).

By the 1970s, the women's rights movement and Title IX's emphasis on gender equity helped push menstrual education into broader health and sex education curricula. States such as California, New York, and Massachusetts began incorporating menstrual health into public school programs. However, the level of inclusion varied widely, depending on local control and community values. Some districts integrated menstruation into science or health education, while others avoided the topic altogether due to cultural discomfort or parental resistance (Grose et al., 2021).

Despite these efforts, menstrual education has never been fully normalized and integrated into curriculum. In many U.S. schools, menstruation is still taught briefly as a biological process rather than a topic connected to social well-being and equity. Research shows that discussions often neglect hygiene management, pain management, stigma, and inclusivity for transgender and nonbinary students. Teachers frequently report a lack of training or comfort when teaching about menstruation, leading to inconsistent and limited instruction (American Journal of Public Health, 2023).

More recent policy efforts have tried to close these gaps. For example, California's Menstrual Equity for All Act of 2021 required public schools to provide free menstrual products in restrooms and encouraged integrating menstrual education into health classes (California Legislative Information, 2021). Illinois followed with a similar law in 2021, expanding product access and urging schools to adopt inclusive health education materials. These legislative moves represent meaningful progress but also highlight the fragmented nature of menstrual education in the United States. Implementation varies by district, and without proper teacher training or funding, many programs remain underdeveloped.

Overall, the history of menstrual education in the United States reveals a pattern of progress hindered by stigma, commercial influence, and inconsistent policy support. Understanding this background is crucial for shaping future efforts that treat menstrual education as both a public health and an equity issue.

II. Current State of Menstrual Education

Most menstrual education in U.S. schools is inconsistent, with progress in some areas but persisting gaps in others, leaving students underprepared. As of 2025, only 13 states have direct curricula for menstrual education within K-12 health and sex education programs, typically introduced between grades three and eight. When it is taught, the quality of information can vary significantly from one school district to another. Most lessons heavily focus on the biological processes of menstruation, often skimming or even skipping topics like hygiene, stigma, and health challenges. This fragmented approach, which lacks a comprehensive understanding of menstruation, results in some students getting the complete picture, while the rest are left with insufficient information.

In recent years, there has been strong public support for a basic need that has long been overlooked: getting menstrual products into schools. Twenty-seven states and Washington, D.C. have passed laws to make these products available for free. This initiative is undoubtedly a step in the right direction towards fighting period poverty. However, having pads and tampons in school bathrooms does not guarantee that students are learning how to manage their bodily functions. In many places, students might have the supplies but still lack the knowledge to navigate their health well. Inconsistent funding and improper implementation further perpetuate this issue.

Timing is another complicating factor. Many states introduce menstrual education in middle and high school. Meanwhile, 15% of the female population begins menstruation even earlier, and the average age is only getting younger. This delay leaves some students caught off-guard and anxious during their moment of need. There is a taboo nature surrounding the topic, especially when it is joined in conversation with sexual health, creating discomfort and pushing conversations further down the line.

Another blind spot is the lack of inclusivity. Most courses assume students are cisgender girls, not addressing that transgender and nonbinary youth can experience menstruation too. Very few schools explicitly acknowledge this reality, possibly stirring feelings of exclusion and further stigmatizing the topic for gender-diverse students. The result is a missed opportunity to create an affirming learning environment for all students.

School educators face hurdles in who teaches menstrual courses and how they teach it. Teachers often receive the responsibility to provide menstrual education, but may not feel comfortable or trained to deliver it effectively. This discomfort, combined with fulfilling teaching responsibilities, means adults may teach menstrual education in a rushed manner.

On top of this exists the ongoing period poverty crisis. Nearly one in every four menstruating students goes without the products they need, leading to missed school days and elevated stress levels. Without integration education that breaks down stigma, the 28-day average cycle of shame and inequities continues. Moreover, low-income and minority students are often hit the hardest. Despite growing awareness, the issue remains largely unaddressed, leaving thousands of students to navigate each month without adequate support.

III. Opportunities for Menstrual Education

Menstrual education provides a significant opportunity to better public health, economic outcomes, and social equity. From the public health perspective, the American College of Obstetricians and Gynecologists (ACOG) views menstruation as a vital sign, as menstrual patterns are indicators of overall health status. Education promotes early detection of serious conditions like endometriosis, polycystic ovary syndrome (PCOS), and reproductive cancers, which is significant as 4.5 million women in the US experience gynecologic health problems annually (National Library of Medicine), many of which are preventable with better health knowledge. The World Health Organization recognizes menstrual health education as essential throughout life, viewing education as important preventive healthcare that improves the healthcare system's efficiency by creating informed patients who can communicate effectively with providers. When individuals understand normal versus abnormal menstrual patterns, they can provide better medical histories, ask relevant questions, and participate more actively in their healthcare decisions, reducing unnecessary emergency visits while ensuring appropriate care-seeking for genuine concerns.

Economically, the opportunity is significant and measurable. 36% of employed people surveyed missed work due to lack of menstrual products (Ballard Brief/BYU), representing billions in lost productivity annually, and two in five menstruating people in the US struggle to afford menstrual supplies (Binda Godlove, PhD). This economic vulnerability makes cycles of poverty that affect not just individuals, but entire families and communities. Comprehensive menstrual education along with product access can reduce workplace and school absences, improve workforce participation, and decrease long term healthcare costs through early intervention and prevention. Organizations that implement menstrual health education and supportive policies can expect improved employee retention and reduced absenteeism, which creates a compelling case for investment in menstrual education.

Menstrual education also supports gender equality and human rights in important ways. UN High Commissioner Michelle Bachelet emphasizes that achieving menstrual health requires integrated, multi-sectoral approaches based on human rights because the neglect of menstrual health furthers gender inequalities and limits education and economic opportunities. Menstrual stigma reiterates negative gender stereotypes and maintains discrimination and harassment that affects people throughout their lives and across generations. UNICEF recognizes menstrual health interventions as entry points for other gender-transformative programs during adolescence, including sexual and reproductive health education and life skills development that help individuals overcome obstacles like gender-based violence, child marriage, and school dropout. Stopping menstrual stigma through education creates more equitable environments for everyone and challenges harmful gender norms that limit opportunities for all people regardless of gender.

There are significant opportunities to improve inclusion and healthcare access for marginalized communities. Menstrual health conversations now exclude gender-diverse people in most countries, and transgender men and non-binary individuals who menstruate often experience discrimination that prevents them from accessing the materials and facilities they need. According to the National Library of Medicine, healthcare practices may inadvertently invalidate the bodies and gender identities of trans and nonbinary people who menstruate, making the need for shifts toward gender-

affirming care even more important. Inclusive education that uses accurate language and acknowledges diverse experiences avoids healthcare disparities, creating a more accepting culture. Currently, only 39% of schools worldwide provide menstrual health education, leaving a lot of room for expansion. When all students, regardless of gender, receive menstrual education, it reduces bullying and teasing related to menstruation while promoting mutual respect, empathy, and healthier peer relationships that benefit everyone.

Mental health and psychological well-being are another important opportunity for intervention. Poor menstrual health is associated with poor self-esteem, body dissatisfaction, eating disorders, and self-harm, showing the serious psychological consequences of poor menstrual education. Conversely, menstrual health literacy in schools reduces menstruation-related stress and increases self-efficacy (National Library of Medicine), showing that education is an important protective factor for mental health. Education empowers people to make informed choices about their sexual and reproductive health throughout their lives. Understanding the connection between menstrual cycles and mood changes enables better mental health management, while education about conditions like premenstrual dysphoric disorder (PMDD) empowers individuals to seek correct support and reduces shame around mental health experiences. Education that normalizes menstruation contributes to positive body image, reduced anxiety about bodily functions, and improved self-esteem.

Menstrual education also strengthens relationships and communication patterns. When partners, family members, colleagues, and peers understand menstrual health, they can provide better support, recognize health concerns, and contribute to reducing stigma. Universal menstrual education creates more empathetic communities where menstruating individuals can participate fully without fear of discrimination. Open dialogue about menstruation within families leads to stronger relationships and improved communication about other health topics, while workplaces that normalize menstrual health discussions have better team dynamics and more inclusive cultures.

Finally, menstrual education aligns with global development priorities and offers opportunities for policy leadership. Six of the 17 UN Sustainable Development Goals are closely linked to menstrual health, including goals related to health and wellbeing, quality education, gender equality, clean water and sanitation, decent work and economic growth, and reduced inequalities. Progress on these goals requires addressing menstrual education comprehensively. The city of Washington, D.C. established the first specific menstrual health education standards in the United States, with standards categorized by grade and focused on outcomes that support age-appropriate learning about physical health, emotional wellbeing, stigma reduction, and product accessibility (Office of the Mayor of Washington D.C.). This provides a model for other municipalities seeking to implement menstrual health education. The opportunity is clear: comprehensive, inclusive menstrual education delivers measurable benefits across public health, economic productivity, gender equity, mental health, healthcare efficiency, and social cohesion, making it a policy priority with far reaching impacts for individuals, communities, and society as a whole.

IV. Current Challenges

Menstrual education in the U.S. remains highly unequal, stigmatized, and undercapitalized. The following main obstacles persist according to research evidence drawn from peer-reviewed scholarship, national opinion surveys, and policy summations. Periods continue to be described in the context of shame or silence, which keeps them out of discussion across most American classrooms. In the State of the Period 2023 survey, nearly a quarter of teenagers replied that they struggled to pay for menstrual products, and 44% felt stressed or embarrassed as a result of inaccessibility. In the same poll, 76% of teenagers revealed that they have questions regarding cycles and push menstrual health education in school. Qualitative American studies confirm that girls do not raise menstrual matters in class to avoid jeers or stigma, particularly in communities where sexual and pubertal matters are taboo.

Menstrual health is exceedingly seldom mentioned in K–12 learning standards. During a 2024 review of state learning standards, merely 25.5% of states mentioned menstruation by name—and among them, very few mention menstrual hygiene, stigma, or abnormal menstruation. Few states mention menstrual matters in grades 3–5 and others in grades 6–8, with appropriate variation in coverage and depth. Another study on menstrual health curriculum design recommends that essential components include menstruation physiology, hygiene, and emotional well-being, yet few standards incorporate these elements.

Since menstrual education is not universally mandated, few teachers have any formal training and may not feel comfortable to teach on the issue. International data from the WHO confirm that even high-income nations frequently have no national data on teacher training in menstrual health education. In the U.S., focus groups and interviews from the NIH indicate that teachers miss out on or minimize menstrual teaching because they are embarrassed or fearful of how others will react, leading to patchy and sometimes inaccurate teaching.

Access to period products is still a barrier to equity. Almost 23% of American high schoolers report to struggle to afford period products, and that number has remained consistent since 2021. Another 44% also get stressed and humiliated due to inaccessibility. A 2025 policy review found that 32 states—about 64%—have enacted policies requiring schools to provide menstrual products, potentially reaching nine million students, but less than 60% of these laws include funding for implementation.

Menstrual education and equity policies in the United States also significantly differ at the state level. There exists no such federal requirement to mandate data reporting regarding teacher education in menstrual education and product distribution. Hence, inequality remains income-based, geography-based, and race-based. Even if the subject of menstruation is addressed in classes, most states allow opt-out laws or do not require professional teachers. Furthermore, ongoing "tampon taxes" in several states put up financial challenges.

Menstrual education and resource obstacles have tangible health and academic outcomes. Inadequate knowledge or materials result in elevated absenteeism, stress, and embarrassment among students. Qualitative research suggests that in select instances students may use unsafe materials and increase infection risk. Obstacles have a differential impact on poor and disadvantaged students and expand gender and social inequities. In conclusion, stigma, patchy curriculum, untrained teachers, constrained product access, and unawareness at the policy level create obstacles to students learning about and

managing menstruation effectively. National standards, teacher training modules, balanced product access, and data reporting can overcome these obstacles. With collaborative, data-based reform efforts, learning about menstruation becomes public health and gender equality's foundation stone.

V. Impact on Youth

The absence of comprehensive menstrual education has significant negative effects on young people's health, academic performance, and mental well-being. Without proper guidance on how to manage the irregularity of their menstrual cycles, adolescents may engage in unsafe practices that increase the risk of infections such as urinary tract infections. Furthermore, because of the stigma surrounding UTIs and menstruation in general, many fail to report symptoms that require medical attention. Poor access to menstrual hygiene education is also linked to missed school days; for example, research shows that 25% of teens report disruptions to their schooling due to inadequate knowledge of or access to period products.

Beyond physical and educational impacts, the lack of menstrual education perpetuates stigma and shame, causing stress, embarrassment, and social exclusion. Without proper education, menstruation is often seen as a taboo or "embarrassing," leading youth to hide their periods, avoid talking about their symptoms, or skip school to prevent being noticed. This secrecy reinforces negative cultural attitudes and makes it difficult for young people to seek help when experiencing pain, irregular cycles, or other health concerns. The shame and embarrassment can also contribute to lower self-esteem, anxiety, and social isolation, as teens may feel different or "unclean" compared to their peers. Over time, this stigma not only affects individual mental health but also prevents communities from addressing menstrual health openly, perpetuating cycles of misinformation, discrimination, and unequal access to resources.

As such, youth are important stakeholders because they are the primary group affected by policies that shape education, health, and social programs. Their perspectives on developing and improving menstrual health initiatives help create programs that are more relevant and effective, helping policymakers understand what works in practice and what challenges exist in implementation.

Additionally, as more youth learn about menstrual education and disparities within systems, they could aid in shaping future policies and innovative approaches. Engaging youth empowers them to become advocates, leaders, and change-makers who influence both societal attitudes and institutional practices. This not only improves education and social experiences, but also promotes leadership, novel policies, and sustainable solutions over time.

VI. Future Reccomendations

Menstrual education and access has a lot of variability, affecting the status quo and how professional organizations may view this issue. The World Health Organization (WHO) has deemed menstrual health a fundamental right and calls for universal access. WHO believes this can be achieved through infrastructural improvement, economic support, and educational expansion. Notably, in terms of education, WHO has integrated menstrual education into their water, sanitation, and hygiene programs (WASH). Workshops provided through this program focus on safe and clean practices to support menstrual health.

The National Institute of Health (NIH) recommends a similar push for greater education on menstruation. In most schools across the US, when menstruation is discussed, it is talked about in strictly a

biological sense. This approach misses a valuable opportunity to identify healthy ways to manage menstruation and mitigate symptoms that could potentially be harmful. The NIH urges a focus on education that encompasses biological, management, and emotional components.

The NIH also recognized that many young people feel unprepared for menstruation: inarguably caused by the demonstrated lack of adequate menstruation education. Further, the NIH urged for protocols and systems to be drafted for situations when a student experiences their first menstrual cycle, just as there are protocols for physical afflictions like nosebleeds or stomach aches. They also urge school nurses and administrative officials to approach menstrual education in a more active, disciplined manner, such as potentially introducing menstrual education at an earlier age. Many states do not encourage teaching the topic of menstruation until middle school, but the NIH urges them to begin introducing menstruation in primary school.

Additionally, UNICEF has approached this issue by creating four primary areas to work on: social support, knowledge and skills, facilities and services, and access to materials. They support period-friendly facilities with disposal bins and believe this should be a staple in every school. UNICEF also emphasizes providing and tailoring programs to fit those who have disabilities or low-income individuals.

Ultimately, many national and global organizations understand and acknowledge the lack of menstrual education and access in schools. They deem it important to cover all aspects of menstrual education and create more comfortable atmospheres where menstruation is not stigmatized, but is instead accepted. Students must not feel unprepared for their first period, and this fundamentally starts with more comprehensive, earlier education to allow students to truly understand the menstrual cycle.