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A DISCOURSE ON MHM (MENSTRUAL HYGIENE MANAGEMENT) POLICYMAKING: NAVIGATING WOMEN'S MOBILITY AND INCLUSIVITY IN PAKISTAN

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ABSTRACT

Women in Pakistan struggle with menstruation due to the inefficiency of menstrual hygiene management policies. This paper investigates such policies from 2018 to 2020 to analyze their formulation and compatibility with women's narratives. Interrogating how women's mobility and inclusivity affect the successful implementation of MHM policies. A thematic analysis was conducted based on an extensive literature review to explore the interconnectedness of MHM policymaking and women's visibility in public life. The results demonstrated that women's mobility and inclusivity are crucial for the effective implementation of menstrual hygiene policies. The findings revealed that a substantial percentage of women are made invisible during policymaking, including homemakers and those involved in informal sectors of employment, as well as the underrepresentation of women in politics, which ultimately contributes to the hindered inclusivity of MHM policies.

Additionally, immobility further aggravates the rural-urban division and supports educational marginalization and women's low labor participation. Despite these significant factors, the policies (2018-2020) focused entirely on menstrual biological and hygienic aspects. This study specifically focuses on the sociological aspects of policy implementation. Therefore, it is recommended that the factor of inclusivity and women's mobility should be identified and accommodated, which also aligns with United Nations Sustainable Development Goals, including SDG 3 (Good Health and Well-being), SDG 5 (Gender Equality), and SDG 6 (Clean Water and Sanitation), to establish future policies as diverse, effective, and sustainable.

Keywords: *Menstruation, Menstrual hygiene policies, Women's mobility, Inclusivity, transportation architecture*

1.INTRODUCTION

Menstruating girls and women should have"articulation, awareness, information, and confidence to manage menstruation with safety and dignity using safe hygienic materials together with adequate water, agents, and spaces for washing and bathing, and disposal with privacy and dignity," referred to as menstrual hygiene management(UNICEF,2019). However, Menstruation in Pakistan is highly stigmatized, and due to an atmosphere of secrecy around women's sexual and reproductive issues, teenage girls in Pakistan are usually not aware or ready for it(menarche), which adversely affects their self-esteem, confidence, and personal development. (Lihemo and Hafeez ur Rehman,2017) .A survey conducted by WaterAid UNICEF on schoolgirls in South Asia categorized the percentage of menstrual practices by Pakistani women; with 66% utilizing cloths, while only 17% of Pakistani girls have access to sanitary napkins, and 49% resorted to reusing the same material, "majorly using substitutes like sawdust, cloth, and ashes". Unsurprisingly, these practices caused diseases among women; 97% of gynecologists agreed that women who adopt these

methods have a 70% higher tendency to reproductive tract infections(Ali and Rizvi,2010)
Women are reframed in the subjugated role by the patriarchal society, which has its strong shackles across all regions and social institutions. (Asian Development Bank,2000). This is reflected in the (Sommers et al.,2015) significant study on Menstrual hygiene management as a recent public health issue. In these circumstances, policymaking could emerge to be an unbiased mediator as supported by (Greenhalgh and Russell,2006), stating that policymaking is an appropriate procedure according to particular people and resources. That is why Health "policy" encompasses "laws, rules, court orders, agency directives, and budgetary objectives" (Brownson *et al.* 2009) regarding health issues. However, menstruation policymaking in Pakistan continues to ignore the role of women's mobility and inclusivity in the success rate of these policies, despite UNICEF emphasizing that numerous Sustainable Development Goals (SDGs) associated with education, health, gender equality, and water, sanitation, and hygiene (WASH) won't be fulfilled without concentrating on and managing menstrual health and hygiene (UNICEF,2023).
However, policymaking is complex (Bosch-Capblanch *et al.* 2012). In the process of considering the number of influences "such as organizations, ...politics—"(Buse and Dickinson,2007).In the case of Pakistan, a more nuanced approach is required due to the intersectionality of women's conditions. The ability to move freely is known as mobility, and it benefits human advancement in both intrinsic and practical ways. For example, women require it to engage in entrepreneurship, get jobs, have access to ICT and education, and become represented in politics. (UNDP,1996) highlights Pakistan's lack of women's mobility due to the "stark "inside/outside" divide, which limits women to the "inside" realm of their own homes and households and is symbolized by the tradition of the veil. This, in turn, reinforces women's invisibility by perpetuating the rural-urban division, underrepresentation in politics, and, as Samina (1997) notes, restricting their labor to the boundaries of home and farm as "unpaid labor," seen as a social duty (Samina, 1997).
However, in the Menstrual hygiene policies (2018-2020), women's mobility and inclusivity are not identified and dealt with, creating a research gap. While there are numerous studies covering the biological aspects of poor menstrual health management in South Asia, little attention has been paid to how women's mobility and inclusivity can bridge the gap between policymaking and implementation. This creates a research gap, an absence of an analytical approach to social determinants and scenarios for MHM policymaking. That's why this paper is centered around the query of how women's mobility and inclusivity influence the policy formulation and application. Highlighting the importance of considering the real social dynamics and women's lived experience, thereby exploring the relationship of menstrual health management, policymaking, and women's mobility in Pakistan, and providing a new perspective in the field.

Material and Methods

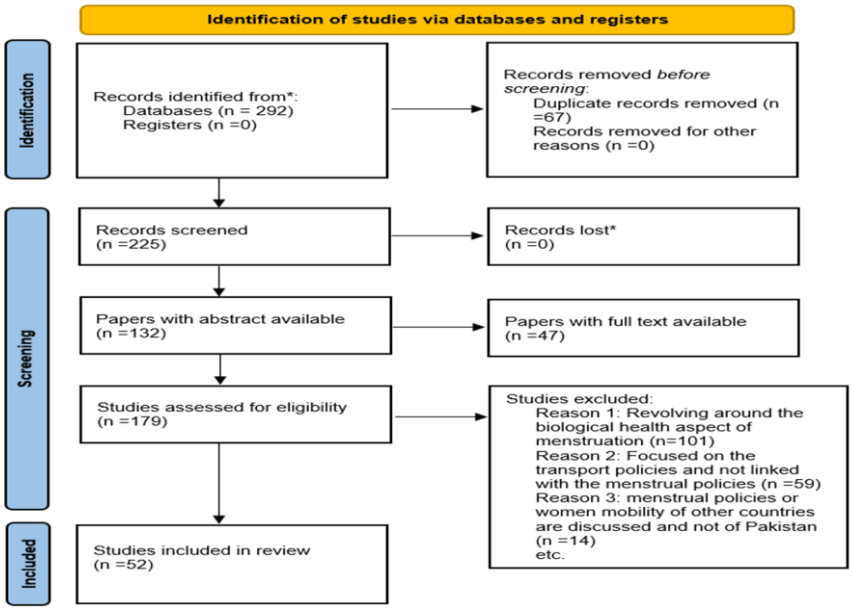

Fig 1.

The study employs a qualitative research design and utilizes secondary data for thematic analysis. To identify and illustrate the recurring pattern and relationship between menstrual health management, policymaking, and women's mobility and inclusivity in Pakistan. This methodology was followed due to the stigmatization and sensitivity around the subject matter, combined with access to limited access to the relevant available data.

The research papers were accessed through the portals of Researchrabbit, Taylor and Francis, Sage, and Google Scholar using the keywords of Women's menstruation, Menstrual hygiene policies, Women's mobility in Pakistan, and Menstrual Health Management.

The screening process consisted of three stages. In the initial search, 292 research papers were filtered. Then all of them were checked for credibility through depth, objectivity, purpose, and peer-review criteria. That led to the removal of 67 duplicate papers during the second stage. After it, the final stage consisted of 225 research papers which 179 papers were ineligible as they were not in the scope of our study(ref. fig.1). This resulted in the selection of 132 papers with abstracts, among which only 47 had full-text available.

Those were further read and analyzed to check if they fall within the criteria that were then read and analyzed by Scispace Copilot, proceeding to include 54 in our study using Quilbot and our skills to remove plagiarism.

It was ensured that only the data that fit the inclusion criteria were selected for thematic analysis. The criteria included that the studies were interdisciplinary, focused on women's menstrual health in Pakistan, and engaged with issues such as women's mobility, policy making, and inclusivity. Meanwhile, all the studies that dealt solely with the biological dimension of menstrual health management or beyond the geographical region of Pakistan were excluded.

After inductive approach was used to thematically analyse the data, where the texts were read in detail, and recurring patterns were identified, enabling the development of seven themes that reflected upon the effect of women's mobility and inclusivity on mhm policies.

In order to minimize bias on the side of the researcher, several measures were employed, such as cross-checking of interpretations, comparison with existing literature, and keeping a reflexive journal during the analysis to facilitate transparency in the decisions made to conclude. As well, the thematic coding procedure was carried out twice in order to mitigate bias.

However, the methodology does have limitations, such as researcher bias in the analytical process, overreliance on secondary data, and the possible exclusion of relevant yet inaccessible studies. The other weakness is that secondary sources are not going to reflect on-ground realities and unpublished local experiences in the recent past,

and this limits the ability to adequately reflect the lived experiences of marginalized women.

Thematic Analysis

Theme 1:Knowledge of MHM

It is essential to investigate the origin and development of the idea of menstruation in women's lives, thereby shaping how it is perceived and experienced by them. Studies reflect that Pakistani women start menstruating without any significant knowledge and usually with biological misconceptions about the whole process(Riaz et al.,2024). Before girls had their initial period, 82.5% of them had no familiarity with menstruation Usman et al., 2020), whereas for the majority (67%), their mothers are the primary source of knowledge about menstruation, and only 44% of people are conscious that menstruation is a physiological occurrence Michael et al., 2020). While Shah et al. (2023) found that only 44.3% of women had an introductory class on menstruation by a teacher or healthcare professional, reiterating how family-based knowledge transmission takes place across MHM.

The knowledge she acquires is disseminated through her mother, who is usually uneducated and carries a narrow and taboo-associated description of the matter, as evidenced by her state of confusion and error on the subject. According to a survey, 65.3% of mothers were uneducated, in contrast to 33% of illiterate fathers(Shah et al.,2023). While the menstrual health management policies do include educating the young menstruating girls through formal education at school, they still exclude the mothers who are confined to their homes.

The lack of awareness paves the way for negative menstrual hygiene practices in Pakistan. The studies found that most women (66%) employ the available type of cloth throughout their period (IRSP,2017), and 44% of the females do not have the opportunity to use essential feminine hygiene services at their place of employment, home, or school. These practices are further reinforced by cultural stigmas of avoiding taking showers and spicy and sweet food, as it is thought that they would have adverse bodily effects, such as swelling and bleeding (Mumtaz et al.,2019). Apart from it, this false knowledge also contributes to the mobility patterns, as 28% of women skipped school or work primarily due to their menstrual discomfort, fear of guys finding out, or humiliation over obtaining red stains on their clothing (UNICEF,2017). Hence, it can be deduced that menstrual health management is not merely a biological matter but that the socio-economic position, prevalence of myths, and accessible resources shape how confidently women move in public spaces. This link brings us to explore the aspect of infrastructure and transport.

Theme 2: Transportation Architecture and Infrastructural Violence.

As the policies are majorly centered around developing MHM through educational institutes, it's important to know whether those very educational institutes are accessible to her, keeping aside the aspect of affordability. The infrastructures are “gendered and relational,” and women who lack them may experience social exclusion from both their homes and urban places as an instance of "infrastructural violence" (Iqbal et al.,2020)(Ahmed & Datta 2019).

Women in Pakistan rely on public transportation whether they need to travel for employment, study, family visits, or to use public services. Their dependence on public transportation is far more than men. According to research, women were 30% more likely than men to choose public transport when traveling longer distances than they could walk because women are not allowed to ride motorcycles or bikes, which are popular modes of transport for men, for free. (Sajjad *et al.*,2018). Hence, reflecting *"majboori"* (helplessness), about women's dependency on public transportation.

However, according to the studies, political associations, hikes, moral policing, sociocultural prejudice, and street harassment present in the transportation system deprive women of mobility at various levels(Anwar and Shakeel,2023)(Faiz, *et al*, 2018).

Thereby, we have reached the point where we could prove transportation infrastructure as an unequal and violence-perpetuating mechanism for women. Furthermore, elaborated by a poll conducted by the Centre of Economic Research Pakistan, in which about 30% of participants said it was "very risky" for women to travel in their area, and around 70% of the males said they advised "female family members against using public wagon services" (Sajjad et al., 2018).

Therefore, there is no doubt that women's mobility is also a factor that causes hindrance to their participation in inclusive growth(Baqai and

Mehreen,2020). Hence, the structure of transportation in a country is the key to access to education, healthcare, recreation, employment, etc, which decides the outcome of any policy or reform. That's why the majorly education-centered MHM policies need a transportation infrastructure that supports women's mobility.

Theme 3: Education-centered MHM policies (washrooms)

Education plays a crucial role in MHM knowledge dissemination; however, its quality remains highly unequal. As per research, meanwhile, excellent practices were recorded by 48.1% of private schools and 33.7% of public schools, where more than half of the girls covered their periods with fabric(Manzoor *et al.*, 2019). Hence, it creates a socio-economic divide in who receives an advantage from policy-driven campaigns.

Moreover, the policy is designed and implemented without keeping in view the rural-urban division. In rural Pakistan, the social mobility of parents, economic setbacks, and physical immobility won't only restrict girls' access to school but also their healthy menstrual practices. Inadequate handling of menstrual hygiene (MHM) can have a detrimental effect on women's health and education. According to the survey in rural Pakistan, women lacked access to clean Menstrual Hygiene Management supplies and felt awkward obtaining them from male suppliers or having their parents purchase them. Besides, the lowest income quintile of rural Pakistan had the highest prevalence of inappropriate MHM behaviors, followed by the lowest education quintile (Wasan *et al*, 2022).

In contrast, there is an increased probability of about 4 times that Urban-dwelling women have access to up-to-date knowledge of women's reproductive functions and development, while in comparison, the women who are employed have 16.5 times more chances to have acceptable knowledge, according to binary logistic regression. (Mansoor, *et al* ., 2022).

Furthermore, it should be observed that a study older than the former study produced similar results as it discovered that in contradiction to those with no formal schooling, women with more years of education were increasingly inclined to adopt good hygiene (12.7% of the group used unwashed clothing, vs. 23.7% of women with formal education (Ali, *et al.*, 2006).

Suggesting that the trend of appropriate menstrual hygiene practices follows the best one by educated women, then educated women, and the least by the uneducated.

This means that women's employment is another aspect that needs to be studied when determining the success level of MHM policies. Thus, it once more emphasizes how the rural-urban setting conceives the policy in a drastically different way due to a contrasting women's agency and autonomy perceived by mobility. Hence, it could be concluded that the integration of MHM in the curriculum could lead to an upgradation in the overall dynamics and practices, but still, that depends on women's mobility.

Theme 4: Women's Labor Force

The phenomenon of menstruation does not stop occurring, at least not in the productive stage of a woman's however, it is evident that no policy or measure is targeting working women or easing out the aspect of her menstrual health so that she can continue to play her role as a decisive force for economic growth. Women's labor force is invisible. The gender-specific practices, known as purdah, which restrict women and their work to the house, are seen as deeply ingrained in societal and cultural conventions. However, the economic structure of this division guarantees women's subjugation and the continuance of their informal labor. In addition to doing reproductive duties, women are inclined to pursue employment for pay in any capacity (A. Khan, 2007).

The women labor mostly work on the farm or at home, where they are highly alienated, particularly in jobs that have informal frameworks. Researchers may underestimate the diverse range of labor done by Pakistani women because participants may work on farms or at home in the shape of unpaid labor, which is not counted as labor and is not checked. Therefore, a lack of female labor force participation significantly lowers the GDP (Baqai and Mehreen, 2020).

According to a 2016 UN Women report, domestic employees provided about Rs. 400 billion through their earnings to the industry, with female labor making up 65% of this amount, in 2013–14 (Zaidi Y., Farooq S., *et al.* 2016).

Some studies and surveys highlight the common factor of mobility that consequently leads to Pakistani women workers' invisibilization in the labour force. For instance, Anwar and Shakeel

(2023) revealed that thousands of female domestic employees in Karachi commute daily to their jobs and spend 10% to 50% of their monthly wages on transportation. Moreover, there is little oversight and responsibility for bus schedules, routes, and conductors' actions. Similarly, according to a CERP survey conducted in Lahore, 25% of women participants stated that the transport service given might increase their probability of working outside the home. (Sajjad *et al.*,2018).

Therefore, it could be analyzed that mobility acts as a cause and effect of females' lower percentage in the construction of the labour force. Due to a lack of mobility, they are confined to the informal sector of employment, which obstructs their acknowledgment and inclusion during the policy-making process of MHM, which then decreases their social status and accentuates their physical mobility, resulting in the adoption and perpetuation of false knowledge and practices regarding MHM. Just as the lack of women's mobility contributes to their invisibility in the labor force, similarly, it also aids in decreasing their efficiency as entrepreneurs.

Theme 5: Women's Entrepreneurship

Entrepreneurship is the capacity to convert concepts into goods and amenities that consumers may purchase. As discussed above, how well a policy would be perceived and work is enormously dependent on the landscape of the circumstances and how fully a problem is understood by the policymakers. Even though entrepreneurship may be very beneficial to the growth of society and the economy, Pakistan has one of the smallest percentages of female entrepreneurs in the world (Zeb & Ihsan, 2020). Men entrepreneurs made up 85.6% of the entrepreneurial population in 2018, while female entrepreneurs made up only 14.4% (World Bank, 2023). This is why a better decision seems like promoting entrepreneur initiatives under the leadership of women, which was thereby included in the 2018-2020 policies.

However, usually, women are confined to the house and given second-class status in society. They must work inside the constraints of their house and adhere to cultural and familial traditions. Many families do not encourage their daughters to pursue any form of economic endeavor (Nasir et al,2019). Moreover, Women continually navigate the limits of gendered space while being watched over by men for actions that are both acceptable and inappropriate (Ikram et al.,2022)(Masood, 2018). As reflected by the study that discovered the traveling behaviors of men and women, female respondents reported traveling 46% faster and making 50% fewer trips than men overall.(Adeel, M. & Feng, Z. 2013)

Numerous studies illustrate a vicious cycle in which women entrepreneurs are unable to reach their full economic potential due to a lack of mobility. Women are reported to travel 46% faster and make 50% fewer trips than men overall. (Masood, 2018). Meanwhile, Hajra, who got selected for a Menstrual Hygiene Management (MHM) training organized by UNICEF, learned to make sanitary pads at home. However, she lives in the rural area of Kuri Junali, in a little home at the intersection of a tiny, swampy path. Situated at the foot of the Hindukush Mountains, the settlement is almost a hundred km upward of Chitral city. The expense of life is increased by the length of the journey, the winding path, and the harsh conditions, as it might take several days for goods to get to the market nearby(UNICEF,2018).

That's why a necessity for gender-appropriate development and transportation strategies in the nation, since women are inclined to remain sedentary or to commute less frequently as a result of worries about the "safety, quality, and security of transportation"(Adeel, M. & Feng, Z. 2013).

Therefore, a pattern could be traced of obstructed travel behavior by women that also regulates their entrepreneurship and leadership activities; thereby, to grow the entrepreneurship diffusion, there must be properly established channels of mobility.

That is why the policies must be planned in such a way that mobility is facilitated,such as bus service for the women entrepreneur or decreased fares and community engagement to create a norm of safe movements.

Theme6:Political Representation

Women's representation at multiple levels of governance and policy-making is required for the measures to be planned and implemented in a manner that fits well with the numerous aspects of Pakistani society. However, women in third-world nations, including Pakistan, are excluded from politics and unrepresented as a result of traditional structures and social stratification factors (Azhar *et al.*,2018). Although they constitute almost half of the citizens of Pakistan (49 percent) (World

Bank,2022), females only hold a modest percentage of senior, executive, or legislative posts, 4.5 percent (World Economic Forum,2022), which is among the smallest globally. Moreover, even if they are a part of the legislature, women have limited authority to effect reform since they are accepted insofar as they are not considered a threat to their male counterparts (Gul et al.,2021); (Bano,2009). Since 2002, however, institutional or legislative changes have not significantly increased the number of women in parliament. Only 21% of Pakistan's parliament is currently made up of women.

What's most saddening is that not only do they not have decision-making power, but they are also unaware of the power that they hold. For example, women might select organizations that prioritize the inclusion of women in politics. Parties in politics that put forward more female applicants, employ more female government officials, assist female candidates in presidential elections, and broaden their societal platform to include more women from regional and disadvantaged communities should receive their votes. (Nasr Ullah et al.,2025) (Hafiz,2022). Instead of this, the data suggests otherwise in the presidential elections of 2018: "only 40% of the 46 million women" who were allowed to vote cast ballots(Anees,2023). This leads us to the conclusion that the underrepresentation of women is a deep-rooted reality. Patriarchal control of women's agency, autonomy, and empowerment led to fewer women at administrative desks, causing the decisions made to be non-inclusive.

Theme 7: Provision of Information Technology (ICT)

The MHM policies also utilized the mass media and technology through SMS polls and live chats; however, the consideration of how mobility impacts ICT accessibility was not taken into account. Pakistani women's disrupted mobility would make it unlikely to get exposure to urban areas where women are educated and use ICT to get informed and up to date with menstrual hygiene practices, that why the policy is unlikely to bear fruit.

The gender gap in cell phone possession in Pakistan is 33%, while the gender disparity in mobile data usage is 38%, according to (The Mobile Gender Gap Report 2022). Low levels of literacy and computer abilities (23%) and lack of family consent (35%) are the main causes behind these discrepancies. According to the studies cell phones are the ICT that is most widely accessible. The next most popular technology in rural, underdeveloped regions is radio and television sets. However, the majority of mobile phones in use are owned by women's spouses, dads, and siblings, and a sizable portion of all female respondents need their consent before making calls. They contend that accessibility and gendered ICT usage are two very distinct things. They are unable to use ICTs because of social conventions that limit their movement and their possibilities for schooling .(Rabia,2025) (Rahim et al.,2020)

More recent national campaigns, such as Digital Pakistan and the Women Digital Empowerment Programme (WDEP), as well as provincial projects like the Punjab e-Rozgaar Program, have attempted to reduce the gendered digital divide by expanding internet access, providing digital skills training, and establishing women-only ICT centres (Tanwir and Khemka,2018). Nonetheless, these programs still struggle: the lack of mobility forces many women (particularly in rural areas) to physically reach training facilities, and patriarchal values regarding the use of phones by women still exist, despite increased accessibility (Mustafa et al., 2019). As such, despite future-oriented digital reforms, the lack of mobility-driven policy formulation is a major constraint on whether women can substantially use ICT to obtain menstrual health information.

Hence, the measures involving ICT, although they seem innovative, would most likely remain non-existent and non-functional in real circumstances. Our next step should be to initiate programs giving mobile phones to women with the training of their usage and to establish a convenient transportation network.

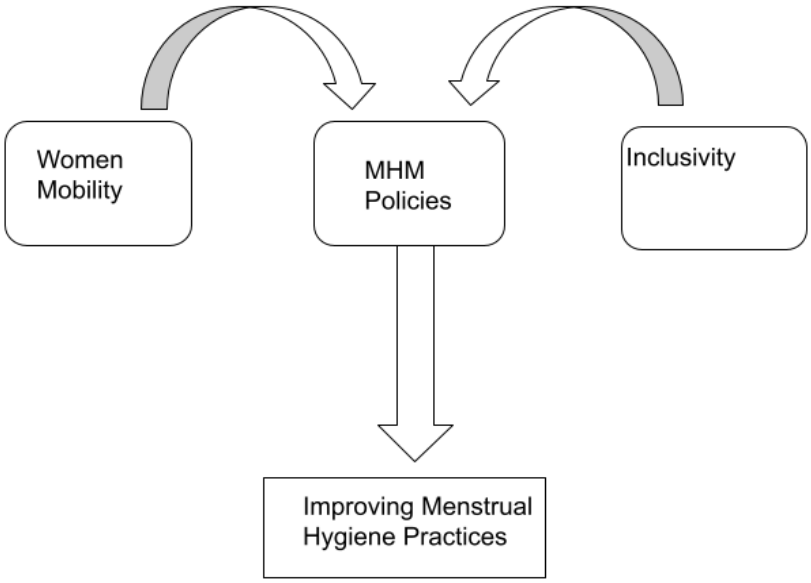

Fig 2-Conceptual Model

Results and Discussion

This study explored the relationship between MHM policies, women's mobility, and inclusivity, which led to the conclusion that the policies are highly incompatible with the lived realities of Pakistani women.

Mothers have a great impact on their daughters' concept and practices of menstruation, with about 67% of menstruating girls receiving primary knowledge from their mothers Michael et al., 2020). However, they are restricted to homes and have a narrow awareness of their bodies. Their perspective seemed to be invisible during the policy-making process.

Secondly, the influence of educational policies such as bathrooms, incinerators for disposal, and MHM incorporation in the curriculum would require the girls to reach school however it is observed that they are 30% more likely than boys to choose public transportation and would face the hurdles e.g. harassment, high fares, the passivity of police, political influences, and moral policing owing the term "majboori" to their travel(Sajjad, *et al.*,2018).

Another common trend in the studies analyzed is that restricted mobility serves as the central obstacle that determines all the levels of menstrual health access, including education, employment, and policy action. The poor institutional accountability, unlawful transportation systems, harassment, prohibitive transport prices, and unsafe traveling also limit the ability to travel to school to access MHM programs in schools, including curriculum modules, disposal facilities, and hygiene promotion programs. To illustrate, when a girl has no chance to get to her school safely, she cannot enjoy such policy measures as incinerators, personal washrooms, and MHM classes, which makes all these policy measures useless even on paper. The lack of effective female representation in policy-making is another challenge that reinforces this challenge. This has been repeatedly stressed by female legislators and activists, including Sherry Rehman, Kishwar Naheed, and even non-governmental organizations like UNICEF and Shirkat Gah, who have advocated mobility as a prerequisite to gender-sensitive menstrual policies, but these have sharp recommendations are poorly embodied in the national documents(Naheed,et al.,2021). The combination of such views shows that the mobility of women is not a separate phenomenon but the fundamental structural state according to which menstrual health policies can ever work in the real world.

Even if the girls are successful in going to school, the policy performance depends on the system of the School, i.e., public or private, 2)Rural Urban division, and 3)Employment after education. It is

noted that the urban, educated, and employed women are more aware of healthy menstrual practices than the rural, informally employed women. (Ali *et al.*, 2006)(Mansoor, *et al* ., 2022). In the arena of employment, this trend continues; lack of mobility compels women to take on informal tasks such as agriculture or home-based employment (Baqai and Mehreen, 2020). Yet, the policies are evidently unable to identify this gap and exclude this vulnerable population.

Additionally, the policies had been centered around providing entrepreneurial assistance to women in terms of training for producing menstrual products, but again, it neglects the ground-level circumstances where women are limited to their geographical locations and can't access the marketplaces to sell their products, such as in the case study of Hajra(UNICEF,2018). However, it did receive encouragement from society due to enacting purdah , but once more, women were left behind by men who could travel and receive training in enterprises. Therefore, aiding in disproportional benefits for men.

Furthermore, ICT access and usage have a huge gender gap, with women falling behind men by 33% in mobile ownership and 38% in mobile The Mobile Gender Gap Report 2022. Therefore, the mobile games, animation, live conversations, SMS-based polling, and other conventional and technological channels would be impractical.

Hence, women's mobility and inclusivity are the missing and central factor for MHM policies. Their complementary nature and the conjoining situation could only provide us with the complete picture; likewise, women's mobility is also the variable that could help visualize the women's narratives effortlessly. To further elaborate on the relationship, this study uses lock lock-and-key model of enzyme action. The coenzyme joins with the enzyme and activates the enzyme to fit the substrate well, like a lock and key, which happens only when they complement each other. Women's mobility and inclusivity are two coenzymes to the enzyme MHM policies that aid in its action to transform menstrual hygiene practices(substrate). In other words, the effectiveness of policies is dependent upon their compatibility with women's lived realities, and neglecting women's mobility and inclusion risks being impractical.

Conclusion

This paper explored the intersection of menstrual hygiene management (MHM) policies and mobility and social inclusion by women, and how these aspects eventually determined access to the relevant services. Secondary data shows that policies cannot fully play their part in global commitments, especially Sustainable Development Goals (SDGs), without the freedom of movement and inclusion of women are emphasized. Consequently, it is the case that numerous women (and, notably, women in rural settings, informal employment, and unpaid domestic workers) are left out of the policy benefits of MHM, and thus, SDG 3, SDG 5, and SDG 10 are hampered.

The literature also indicates that the mobility issues and gender disparities in the public and online spaces have direct impacts on the efficiency of policies, restricting the involvement of women in education, the workplace, and leadership. The policies of MHM will contribute to, instead of mitigating, unequal commuting, unsafe transportation, harassment, and digital exclusion unless these issues are tackled. Thus, further development of MHM policies will contribute to the international SDG goals, especially those connected to education (SDG 4), economic development (SDG 8), and sustainable communities and cities (SDG 11).

To address this gap, it is proposed to recommend the following recommendations:

Transport reserved exclusively for women and with built-in washrooms:

Creating gender-segregated transport with hygienic facilities would enhance safe movement and decrease absenteeism, directly adding to SDG 5: Gender Equality and SDG 11: Sustainable Cities and Communities, and indirectly supporting SDG 3: Good Health and Well-Being.

Understanding Informal Women Workers in Policy Making:

The policy should enable women to participate in informal labor purposefully by providing menstrual supplies and sanitation amenities in the workplace. It would improve economic activities and working rights and support SDG 8: Decent Work and Economic Growth and SDG 10: Reduced Inequalities.

Overcoming the Digital Gender Divide:
The ownership and use of digital tools by women, as well as their skills training, are necessary to provide access to MHM information and services. This is also consistent with SDG 9: Industry, Innovation and Infrastructure, but also allows advancing SDG 4: Quality Education.

Bringing together Maternal and Community Voices:
The mothers and caregivers are to be considered as the important carriers of MHM knowledge, and must be featured in knowledge awareness campaigns and surveillance systems. This helps to achieve SDG 3: Good Health and Well-Being and enhance the involvement of the community, which is part of SDG 16: Peace, Justice and Strong Institutions.

Intersectional Strategies of Policy Making:
The policy ought to incorporate various and overlapping identities, such as age, disability, geography, and socioeconomic status, in order to achieve fair results. The method develops SDG 5.1 (eliminate discrimination) and SDG 10: Reduced Inequalities.
Finally, the centralization of women's mobility and inclusion in the MHM policy-making process is essential to meet numerous SDGs at once to make menstrual health a universal right and not a privilege. Future studies can increase inclusivity by examining how transgender and non-binary groups experience menstruation, its policymaking, and how it can impact climate change can transform menstrual health requirements to build resiliency,SDG 5: Gender Equality, and 13: Climate Action.
In conclusion, it is vital that the design of policymaking makes women's mobility and inclusivity a central theme for their implementation, bridging the existing gap.

Limitations
It should be noted that this research paper investigates, focuses on, analyses, and evaluates the menstrual hygiene policies between 2018-2020; any measure beyond this time is excluded. Moreover, the transport policies are not discussed, and in their place, the narrative of women's mobility is portrayed as a primary player. A more encompassing study would be inclusive of all the menstruating identities, i.e., transgender and biological health aspects of menstruation, while considering the notion of climate change too, to not turn a blind eye to any of the dimensions of the situation, downplaying them in Pakistan. Considering these factors for future studies would aid in research on the grounds of diversity, inclusivity, and sustainability without missing any dimension.

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