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# Advancing Disability Inclusion and Menstrual Health: A Global Imperative for Equity and Dignity

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## Abstract

The Royal Government of Cambodia's launch of the National Strategic Plan on Disability (2024–2028) marks a significant milestone in Southeast Asia's pursuit of social inclusion and equality. This initiative aligns closely with global commitments to the United Nations Sustainable Development Goals (SDGs), particularly SDGs 3, 4, 5, 10, and 17. Drawing from the first global doctoral study on menstrual hygiene management (MHM) for adolescents with intellectual disabilities, this article explores how inclusive health and education frameworks can address the persistent marginalisation of girls and women with disabilities. The study, based in South Africa, used the Social Model of Disability to highlight systemic barriers to MHM and offered a framework adaptable across global contexts. Cambodia's renewed strategy demonstrates a regional commitment to ensuring that persons with disabilities live with dignity and participate fully in inclusive societies. This article argues for the integration of MHM into national disability and education policies globally, reinforcing the principle that no one should be left behind.

## Introduction

On October 23, 2025, Minister of Tourism Huot Hak announced Cambodia's National Strategic Plan on Disability for 2024–2028, reaffirming the government's dedication to promoting the rights and inclusion of persons with disabilities. Speaking on behalf of the Royal Government of Cambodia, Minister Hak emphasized that disability inclusion remains a long-standing national priority, rooted in the principle of "no one left behind."

This principle echoes the spirit of the United Nations 2030 Agenda for Sustainable Development, which calls upon all nations to uphold human dignity, equality, and inclusion as universal rights.

Cambodia's new five-year plan represents a continuation of the reform agenda championed by both former Prime Minister Hun Sen and current Prime Minister Hun Manet. Its core vision is to ensure that persons with disabilities of all ages can live with dignity and participate fully in an inclusive society that values diversity and human rights. This policy direction holds relevance not only for Cambodia but also for global discussions on inclusive education, health equity, and gender-sensitive disability policies.

The launch of this national strategy coincides with emerging global evidence underscoring the need to include MHM within the broader disability inclusion agenda. Globally, MHM remains one of the least addressed aspects of public health policy, particularly for adolescent girls and women with intellectual disabilities. The onset of menstruation can be bewildering for these adolescents, often compounded by social stigma, cultural taboos, and inadequate educational resources. The absence of appropriate support systems places a significant emotional and logistical burden on families, caregivers, and educators.

This research, conducted in South Africa, explored the knowledge, attitudes, and experiences of MHM among adolescent girls with intellectual disabilities and their caregivers. Using the Social Model of Disability as a theoretical lens, the study identified systemic barriers that prevent these adolescents from managing their menstrual health effectively. The research, the first of its kind globally, provides a comprehensive framework for policymakers, educators, and health professionals to design inclusive programmes that promote dignity, autonomy, and well-being.

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## The Global Context of Disability and Inclusion

Disability inclusion has become a defining priority within global human rights and development discourse. According to the World Health Organization (WHO, 2022), over one billion people, or approximately 16 percent of the world's population, live with some form of disability. Among them, women and girls face additional layers of discrimination due to intersecting gender, social, and cultural barriers. In developing countries, these barriers are often amplified by limited access to education, inadequate infrastructure, and persistent stigma surrounding disability and menstruation.

The Royal Government of Cambodia's commitment reflects a regional alignment with the Convention on the Rights of Persons with Disabilities (CRPD), ratified in 2012. The National Strategic Plan on Disability (2024–2028) reinforces Cambodia's dedication to human rights, equality, and inclusive development. The plan's objectives, which include accessibility enhancement, social protection, and inclusive education, align directly with SDG 10 on reducing inequalities and SDG 5 on gender equality. By ensuring that persons with disabilities are active participants in society, Cambodia sets an example for nations seeking to balance economic growth with social responsibility.

However, one of the critical areas requiring deeper integration within disability policy frameworks worldwide is MHM. Despite its profound implications for gender equality, public health, and education, MHM has remained largely absent from mainstream disability policy. This research provides evidence that addressing this gap can transform the lives of countless adolescents and families, particularly in low- and middle-income countries.

## The First Global Study on Menstrual Hygiene Management and Intellectual Disability

The study conducted in South Africa examined the lived experiences of adolescents with intellectual disabilities, their caregivers, and educators in a public school. It drew on qualitative data gathered through in-depth interviews and focus group discussions, offering a human-centred perspective on the intersection between disability, gender, and health. The analysis revealed that most caregivers lacked access to reliable information or formal

training on MHM. Educational institutions were often ill-equipped to provide appropriate support, while cultural taboos continued to reinforce silence and shame around menstruation.

Using the Social Model of Disability as the guiding framework, the study challenged the traditional medicalized view of disability, shifting the focus from individual limitations to systemic and social barriers. The findings underscored that poor MHM practices were not a result of individual incapacity but rather of insufficient institutional support, inadequate policy frameworks, and cultural misconceptions. This theoretical lens offers a transformative way to design inclusive interventions by reframing menstruation as a social and rights-based issue rather than a private or biological concern.

The study's significance extends beyond South Africa. It stands as the first global research effort addressing MHM among adolescents with intellectual disabilities. Its recommendations can be adapted to different cultural and policy contexts worldwide, including Cambodia's current disability strategy. Implementing these insights globally would advance multiple SDGs simultaneously, strengthening commitments to gender equality, quality education, and reduced inequalities.

## Aligning National Policy with Global Commitments

The Cambodian National Strategic Plan on Disability demonstrates a clear alignment with the SDGs, particularly in its call to ensure dignity, participation, and inclusion for all citizens. Its focus on accessibility within the tourism sector illustrates the country's holistic approach to inclusion, acknowledging that persons with disabilities must have equal opportunities to participate in all aspects of life, from education to employment and leisure.

For this policy to reach its full potential, MHM must be integrated into national frameworks for education and healthcare. By incorporating MHM into disability policies, governments can ensure that adolescent girls with intellectual disabilities receive tailored education, appropriate support, and access to safe and affordable menstrual products. While this research recommends access to diverse menstrual resources, its primary emphasis lies in caregiver empowerment, educational inclusion, and community awareness rather than product distribution.

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Countries seeking to advance disability inclusion can draw from Cambodia's example by establishing cross-sectoral partnerships that engage ministries of health, education, and social affairs, as well as civil society and the private sector. This aligns directly with SDG 17, which emphasises partnerships for achieving sustainable development. By bringing together multiple stakeholders, nations can develop culturally sensitive interventions that dismantle stigma and empower individuals with disabilities to live with confidence and dignity.

### **Education, Empowerment, and the Role of Caregivers**

Education remains the cornerstone of inclusion. My research found that when caregivers, educators, and healthcare professionals receive adequate training and information, adolescents with intellectual disabilities experience greater autonomy and self-esteem. In many communities, menstruation remains a taboo subject, often shrouded in silence. Breaking this silence requires not only awareness campaigns but also the creation of safe, inclusive learning environments where adolescents can ask questions and learn without fear or shame.

Cambodia's emphasis on inclusive education within its disability plan provides an opportunity to incorporate MHM education into school curricula. By equipping teachers with the necessary training to address menstrual health sensitively and inclusively, the education system can empower schoolgirls to manage their health confidently. This aligns with SDG 4, which calls for inclusive and equitable quality education for all. Education that embraces diversity and promotes understanding of natural biological processes contributes directly to the reduction of stigma and the improvement of public health outcomes.

### **Global Implementation and Future Directions**

The insights from the first global study on MHM for adolescents with intellectual disabilities should inform disability and health policies across all regions. The framework developed through this research can guide the creation of inclusive systems that address the intersectionality of gender, disability, and education. The global community must recognize that MHM is not merely a personal issue but a public health and human rights priority.

To ensure long-term impact, national strategies should embed MHM within existing disability and education policies, supported by continuous monitoring and evaluation. This requires collecting data, establishing indicators of progress, and incorporating feedback from adolescents, caregivers, and educators. When MHM becomes an integral part of disability inclusion strategies, it contributes not only to personal well-being but also to social cohesion and economic productivity.

Implementing these principles globally would represent a transformative step toward achieving the SDGs, especially those focused on health, education, and gender equality. It would also reinforce the central message of Cambodia's disability plan: that no person, regardless of ability or circumstance, should be excluded from opportunities to thrive.

### **Conclusion**

Cambodia's new National Strategic Plan on Disability (2024–2028) arrives at a pivotal moment in global development discourse. Its vision of inclusion, accessibility, and human dignity resonates deeply with international efforts to uphold the rights of persons with disabilities. The plan embodies the global principle of “no one left behind,” reaffirming the need for holistic strategies that address both physical accessibility and social inclusion.

The first global study on MHM for adolescents with intellectual disabilities contributes a critical missing piece to this global puzzle. By integrating MHM into disability frameworks, policymakers can ensure that girls and women with intellectual disabilities are not overlooked in public health and education reforms. The study's findings and recommendations offer a universal framework that should be implemented across nations, reinforcing the SDGs and fostering equity, empathy, and empowerment.

As Cambodia takes decisive steps toward disability inclusion, it also sets a precedent for integrating gender and health into social policy. When nations prioritize inclusive education, empower caregivers, and dismantle cultural taboos, they create societies that truly embody the ideals of the United Nations 2030 Agenda. The path forward demands collective action, informed policy, and sustained commitment—because the measure of a nation's progress lies not only in economic growth but in how it uplifts its most vulnerable citizens.

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