

Policy Statement on Widening Access to Safe Menstrual Hygiene

Proposed by Friends of Irise National Committee (friendsofirise@gmail.com)

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Summary

Irise International was established to address inadequate menstrual hygiene management, an issue that has been highlighted by many women and girls in East Africa. Although research into this issue remains underdeveloped, the results of preliminary studies indicate that this is a significant driver of gender inequality and female disempowerment. Friends of Irise was subsequently established to support the work conducted by Irise International. As an affiliate of Medsin, Friends of Irise would like to extend this collaboration by requesting the adoption of this policy statement onto the Medsin agenda. This is not only a unique policy statement, as Medsin currently has no specific statement on menstruation, it is also one that should encompass our shared belief that safe menstrual hygiene management is essential to the physical and emotional wellbeing of all women and girls. Gender equality and female empowerment are hindered by a lack of access to basic sanitation and sanitary products, which in turn can 'have an insidious impact upon their ability to engage in education and make good decisions about their reproductive health'.

Introduction:

On 'International Women's Day' 2014 the UN alongside the Water Supply and Sanitation Collaboration Council (WSSCC) held an event; 'Inspiring Change to Promote Women's Rights and Dignity'. This event's mission was to ensure that every woman should have the 'right to water, sanitation and hygiene', in recognition of the impact each of these factors has upon the life cycle of every woman. Depriving women of these basic rights is a barrier to them fulfilling their potential. The historical exclusion and underrepresentation of women within medicine, policy-making and government has meant that societies have systematically ignored and failed to address the issue of menstrual hygiene and sanitation. This failure is therefore a breach of the first article of the UN's declaration of Human Rights, that states all are born, 'equal in dignity'. The right of millions of women to menstruate with dignity is violated by firstly, a lack of privacy and washing facilities, secondly by a lack of resources to wash with and thirdly no access to safe sanitary products, meaning they are more vulnerable to leaking and staining.

Definition of Terms:

Medsin-UK and Friends of Irise recognise that not all those who currently menstruate, may menstruate in future or have menstruated in the past identify themselves as a women or girls. However, the term 'women and girls' is used throughout this policy statement to reflect the context of the East African countries where Irise International conducts their work, where it is inappropriate to use non-binary terminology. This situation is similar in many other countries where menstrual hygiene and access to sanitary products remains an issue. We thus stress that the use of 'women and girls' is not intended to be exclusive, but to be used as the most culturally-sensitive term to describe all current, past and potential menstruators.

Background Information

Knowledge of Menstruation:

Research into the effects of menstruation upon women and girls' health and life cycle has attracted significant attention over the last decade, yet is still in its infancy in comparison to other reproductive health issues. The few studies that have been conducted suggest a correlation between menstruation and school absenteeism, increased social isolation and continuing cycles of deprivation.

One of the primary contributing causes to such problems is the lack of knowledge many women and girls have about menstrual and reproductive health. A study conducted in South Asia by UNICEF uncovered that 1 in 3 girls had no prior knowledge of their period before they started menstruating, 'whilst 48% of girls in Iran and 10% in India believe that menstruation is a disease'. Spanning across continents, the lack of

knowledge regarding menstruation is revealed as '51% of girls in Afghanistan and 82% in Malawi were unaware of menses before menarche'. There are numerous dangerous consequences that can result from a lack of knowledge about menstruation, although evidence of the actual risks to health is lacking particularly within a low-income context. There is however some viable evidence to suggest a correlation between poor menstrual hygiene practices and ill-health. A study conducted in Singur, West Bengal concluded that menstrual hygiene was a very important risk factor for reproductive tract infections. Furthermore WaterAid's 2014 report, identified a number of other risk factors such as unclean sanitary pads/materials, changing pads infrequently, insertion of unclean materials into the vagina, highly absorbent tampons, and using tampons when not menstruating. These practices can lead to skin irritation, local infections in the uterine cavity, bacteria within the cervix, Toxic Shock Syndrome and unusual vaginal discharge.

In addition to this, adolescent girls become susceptible to using and relying upon poor menstrual hygiene practices, as a result of a lack of knowledge regarding their menarche and menstruation. With no knowledge of menstruation women and girls are unaware of what a normal menstrual cycle is and what could potentially be an irregular menstrual cycle or symptom of a more significant health issue. This can be damaging for many adolescent girls who may believe they have something wrong with them, when they have a perfectly normal menstrual cycle, or for others who may be ignoring potentially dangerous signs. To illustrate this predicament; UNICEF conducted a study in Bangladesh in 2008 that revealed, women and girls in poor families are less likely to seek medical help. This can be explained by several factors: for example, over half of all women need their husband's approval before seeking medical help, one third of women must be accompanied by a male to a hospital and lastly many are reluctant to even discuss reproductive health issues.

The Influence of Poverty:

Many studies have revealed a correlation between a person's socio-economic status and 'healthful behaviours' meaning women and girls from more privileged backgrounds are more likely to use safer sanitary products. As with many other health issues, poverty and low social status can play a major role in the treatment available and used, in regards to menstruation this relates to the choices of absorbents and the use of unsanitary materials. Evidence relating to house-budgets and other economic factors upon the access women and girls have to safe sanitary products is now becoming well documented. Up to 60% of women and girls in South Africa do not use traditional sanitary products (pads and tampons). Another study conducted in Egypt found that whilst the use of sanitary pads was increasing, this was not the case for girls from rural and poor families, where 'other aspects of personal hygiene were generally found to be poor'. A report collated by Irise International found that out of 140 participants, 37% of the girls used bought sanitary pads, however the majority at 87.1% had used or currently to use cloth. It also uncovered that 87.8% of the girls were not able to buy disposable sanitary pads, due to both financial constraints and a lack of availability in shops.

Therefore poverty once again is a driving force for inequality, and has a disproportionately negative effect upon the health of women and girls. The combined impact of a lack of knowledge of menstruation and lack of access to sanitary products results in the prevention of women and girls progressing within school and the workplace. Women and girls who are deprived of practising safe and satisfactory menstrual hygiene management become excluded from social situations and suffer isolation.

Little empirical data exists on the impact of menstruation on school absenteeism, however what scarce quantitative analysis has been conducted suggests absenteeism due to menstruation can lead to poor school performance. The following statistics were pulled directly from 'A Vicious Cycle of Silence' a dissertation on the effects of the menstruation taboo upon the fulfilment of women and girls human rights.

- Wateraid (2009: 11) found that 53% of girls surveyed in the Dhading, Morang, Lalitpur and Kathmandu districts in Nepal reported missing school during menstruation.
- Another study carried out in the Chitwan district of Nepal found that 70.7% girls reported missing school during menstruation (Adhikari et al. 2007: 383).

- In Malawi, Pillitteri (2011: 12) found that approximately 90% of the girls surveyed had missed school for menstrual-related reasons.
- In Kenya, Wilson et al. (2012) found that 50.2% of the school girls surveyed reported missing school at least once during menstruation.
- In Uganda, Crofts (2010: 72) found that 14% of schoolgirls surveyed had missed school during menstruation. It is likely that this figure is considerably lower than the other examples because the study surveyed private schoolgirls who have greater financial means to buy menstrual products and better access to sanitary facilities.

These few examples illustrate how menstruation can negatively impact a girl's school attendance, which then in turn has adverse effects on a girl's school performance. The likelihood of many girls then completing their education is dramatically reduced lowering their chances of gaining employment, and continues cycles of deprivation.

The Menstruation Taboo:

The previous arguments are examples of when women and girls are forced by practical constraints from entering school and the workplace, through fear of staining and shaming themselves. What has yet to have been touched upon is the menstruation taboo and the societal stigma that encircles menstruation.

The menstruation taboo is another defining factor contributing to the disempowerment of women. The patriarchal view that dominates most society's perceptions of menstruation further condemns it as something that is unnatural, dirty, to be hidden and ashamed of. Qualitative studies have revealed how many girls have a feeling of shame towards their menstruation, they believe it is dirty, a disease, something evil, even a form of witchcraft. Menstruation is strongly associated with female sexuality, which in many cultures is repressed, condemned and associated with impurity, as many societies are fixated on the virginal states of women and any signs of sexual maturity.

Some societies take this discrimination to its most extreme forms by sending menstruating women and girls out of the community. This phenomenon has been documented most widely in Nepal, where 'women in very rural areas...are still restricted to separate huts or cow sheds during menstruation'. Many women are forbidden from touching animals, water points, or food that others eat, they are excluded from religious rituals and places of worship whilst menstruating; the repercussions this can have upon a woman or girl's health may mean she is deprived of the water and sanitation that she is in need of most.

How to tackle the problem:

Irise International and Friends of Irise believe that education is the best tool at our disposal to help promote change. Irise International believe that every girl deserves an education, period. The response must be threefold to combat each of the key issues. Firstly; men, women, girls and boys need to receive substantial and medically correct education on the female reproductive system and the process of menstruation. This will help to dispel the many myths surrounding menstruation and particularly menstrual blood, whom many believe is contaminated and perilous to touch.

Secondly, the issue of safe sanitation and accessible sanitary products needs to be addressed. These products need to be sustainable, culturally appropriate, affordable and most importantly effective. Many products have been created to ensure menstruation has a less damaging impact upon the environment, such as the 'menstrual cup'. However inserting objects into the vagina in many societies is unacceptable especially if the girl/woman is not married. Therefore reusable pads have become a safe and sustainable alternative and this is the method that Irise International have chosen to invest in.

Thirdly, the negative and discriminatory discourse surrounding menstruation needs to be tackled. This can also be achieved through education, however the discourse portrayed by the mainstream media within many societies is a majorly contributing factor that will be most difficult to challenge. Although campaigns such as 'Stop the Period Tax'- referring to the taxation placed on sanitary products, is challenging discriminatory policies. Other campaigns such as 'STAIN' and organisations such as 'NO MORE TABOO' are

also posing as effective oppositions, challenging negative advertising that encourages women to 'hide' and to be 'discrete' and essentially ashamed of a natural bodily function.

In conclusion, women need to gain control of their bodies, as is their right. Only by furthering the emancipation of women and celebrating their bodies will the stigma attributed to menstruation be alleviated. This in turn will help to tackle a principal cause of gender inequality.

Main Text

Medsin believes that:

1. Gender equity and a right to dignity are both fundamental and basic human rights, as articulated by the Universal Declaration on Human Rights, with specific regards to menstruation, more should be done to secure the provision of a women's right to menstruate with dignity;
2. Gender inequity and discrimination both within and outside of the medical field contribute to poorer health outcomes;
3. Education is a critical tool for promoting change with regards to; dispelling the myths and taboos surrounding menstruation, tackling poor menstrual hygiene and poor reproductive/menstruation education;
4. Sustained, proactive and immediate action is required to combat the negative discourses that surround menstruation and the consequently negative health complications that can result from poor menstrual hygiene;
5. Governments, NGO's, multinational and multilateral organisations who deliver; aid, education, promote gender equality or are committed to alleviating poverty must begin to accept menstrual hygiene management as a significant item on the development agenda due to its implications on women and girls a woman's health, a woman's wellbeing and continuing cycles of poverty;
6. Men and boys should be included within the implementation of menstruation education: it is fundamental for any society - including its male members - to have an understanding of female health issues, concerns and their impact upon society. This can be implemented in several ways: engaging men and boys within community led sessions on menstruation, including boys and young men within menstruation education, and engaging with male teachers, educators and medical professionals. Enabling men to become advocates for menstrual hygiene management allows for greater impact across broader sections of a given society;

The Autumn General Assembly of Medsin calls for:

1. Voting Members to:

- a. Promote awareness regarding the health impacts of poor menstrual hygiene upon a woman or girl;
- b. Implement policies that actively promote accurate menstruation education;
- c. Develop and implement (or support implementation of) a medical curriculum that sufficiently explains the female reproductive system and the process of menstruation and the symptoms of both a regular/healthy menstrual cycle and an irregular or potentially unhealthy menstrual cycle;
- d. Support the work of Friends of Irise and their affiliate organisation; Irise International, to help when necessary to promote and publicise their work within the Mmedsin network, to other associates and within the wider medical and general community;

2. Hospitals and other medical workplaces to:

- a. Implement policies that actively address medical issues arising from poor menstrual hygiene management;

- b. Seek to educate and raise awareness of poor menstrual hygiene practices and educate women and girls on safe forms of sanitation, safe washing practices and general safe menstrual hygiene;
- c. Create an environment where a dialogue on women and girls health is encouraged and supported, where women and girls feel safe to discuss any matter relating to their personal hygiene, menstrual cycles or other related health issues;

3. **Medical colleges, professions, specialties and medical practitioners to:**

- a. Help facilitate research into different menstrual hygiene management practices and their effects upon women and girls health;
- b. Encourage a change of discourse surrounding menstruation and make discussion, education and treatment of menstrual hygiene a more routine, normalised and less stigmatised process;
- c. Help to dispel myths surrounding menstruation that can have negative impacts upon women or girls menstrual hygiene practices;
- d. Engage with all populations when writing policies to ensure that the needs and perspectives of the entire medical workforce are considered;
- e. Medical institutions and practitioners must ensure that treatments, advice and health recommendations are both culturally appropriate, sustainable solutions and medically astute;

4. **Researchers to:**

- b. Continue developing the knowledge base regarding the effects of menstruation on many other indices without a sole focus upon education; topics such as effect on health and wellbeing, self-esteem and societal acceptance should also be studied;

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