Menstrual Hygiene Management in Low-Income Countries

By: Santora, Emily Keywords: menstrual hygiene management, low-income countries

Menstrual hygiene management, or MHM, is a concept that concerns girls’ and women’s access to the appropriate information and resources to manage menstruation. As of 2012, the Joint Monitoring Program, or JMP, was one of the first organizations to define MHM as a global development goal. Since then, other organizations like WaterAid and the United Nations have expanded JMF’s definition to include menstrual education that is biologically accurate and free of taboo and stigma. Many women in low-income countries lack those necessities for MHM due to high prices of menstrual sanitary products, lack of access to clean water and sanitation facilities, and social stigma surrounding menstruation that prevents it from being talked about. However, as more organizations began to frame MHM as an issue of public concern rather than a woman’s private problem, more researchers, organizations, and governments have begun to address issues at the root of inadequate MHM.

Menstruation, also called a period, is when blood and endometrial tissue, or tissue lining the inside of the uterus, sheds from the uterus through the vagina. Menstruation occurs approximately once every twenty-one to forty days and typically lasts three to five days. Menstruation is a part of the menstrual cycle, the cycle in which a woman’s body prepares for pregnancy each month, and occurs as a result of ovulation. Ovulation is when an egg cell is released from the ovaries, through the fallopian tubes, and into the uterus. If a sperm cell fertilizes an egg, an embryo is formed leading to pregnancy. But if fertilization does not occur and an embryo is not formed, then the endometrial tissue is not needed and expelled through the vagina during menstruation.

In order to properly manage their menstruation, women need access to water, sanitation and hygiene facilities, materials like sanitary pads and tampons, and knowledge of why and how menstruation occurs. Additionally, according to Santora, public health and development researcher at Columbia University, in New York City, New York, many societies hold certain stigmas around menstruation that can lead to feelings of shame and embarrassment for menstruating girls. That stigmatization exists worldwide but may be more profound in low-income countries, according to Santora. Women and girls may be excluded from schools, religious gatherings, and other social and cultural events as a result of the stigma around menstruating. For instance, in Delhi, India, Santora states that women and girls were found to be prohibited from entering places of worship while menstruating, because cultural beliefs viewed menstrual blood as dirty. According to UNESCO, such negative feelings toward menstruation may cause girls to feel marginalized in their communities, discouraging them from participating in school or other public functions. Moreover, according to Santora, because menstruation is a stigmatized topic that many communities do not publicly discuss, important conversations about getting the necessary resources for MHM to girls on a societal level do not happen.

Santora explains that international researchers, organizations, and companies began to pay more attention to MHM after realizing its connection to girls’ school dropout rates in low-income countries. In 2001, the Rockefeller Foundation funded research studies in Uganda, Kenya, and Zimbabwe that documented the challenges related to menstruation that girls faced in school. The Rockefeller Foundation found that girls in low-income countries often miss days of school while menstruating because they do not have the resources to manage menstruation and may feel embarrassed and socially isolated in their periods. Researchers identified studies such as that one helped motivate international organizations and companies to direct their efforts to addressing barriers to MHM to help girls stay in school. For example, in 2006, the US-based hygiene company Procter & Gamble founded a program called Always Keeping Girls in School. Always Keeping Girls in School encourages girls in different African countries to attend school while menstruating and funds puberty education and provides sanitary pads to local communities in Africa where those necessities are lacking. Santora notes that at the time of the program’s establishment, the Proctor & Gamble-funded puberty education was the only resource many girls had to learn about menstruation.

Around the same time, in 2005, UNICEF held a meeting titled Water, Sanitation, and Hygiene Education for Schools in Oxford, United Kingdom, to call attention to the consequences of a lack of WASH facilities on many health issues, including MHM. At that meeting, Vanessa J. Tobin, then chief of the Water, Environment, and Sanitation section of UNICEF, expressed the need for girls to have clean and private WASH facilities to adequately manage their menstruation. At that meeting UNICEF shared a message from a Nigerian girl named Chidinma Ejere to highlight the need for improved WASH facilities. In her message, Ejere stated that girls at her school often left school while menstruating due to a lack of access to water and sanitation facilities necessary for the girls to stay clean.

At that meeting, Archana Patkar, the founder and former director of a social development organization called Junction Social in Mumbai, India, gave a presentation on the effects of WASH facilities on girls’ health and education. According to Santora, Patkar was one of the first people to use the term MHM to address stigma surrounding menstruation and a lack of WASH facilities in low-income countries. In her presentation, Patkar identified that providing girls with the knowledge and supplies to manage menstruation would help girls stay in school.

In December 2012, the Joint Monitoring Program, or JMP, which is a part of the World Health Organization, or WHO, and UNICEF, met in The Hague, the Netherlands, for the Second Consultation on Post-2015 Monitoring of Drinking-Water, Sanitation and Hygiene for Schools. At that meeting, six international experts and stakeholders met to discuss the WASH-related problems and inequalities that women and girls face in low-income countries. Ultimately, Patkar identified that policymakers often overlooked menstruation-related challenges and schools and other public infrastructure are rarely designed with girls’ needs in mind. Patkar called on organizations to recognize MHM as an issue that needed to be addressed at a societal level to improve access to WASH facilities and hygiene promotion for girls. Following Patkar’s presentation, researchers still did not use the term “MHM” until 2012, when organizations clearly defined MHM and included menstruation-related challenges in global development goals according to Santora.

According to the JMP, that meeting in 2012 was one of the first instances in which MHM was properly defined and explicitly added to a list of global development goals. In a 2013 review of MHM in low-income countries, Santora states that girls in low-income countries often had less access to the appropriate resources for MHM than girls in high-income countries, largely due to a lack of resources in public and private schools. While global development goals had prioritized access to clean water and sanitation, the public health community had not yet placed a specific emphasis on menstruation, according to Santora. She attributes the stigmatization of menstruation as a possible reason for that lack of prioritization, arguing that viewing menstruation as a private issue dissuades public institutions from intervening to help put the appropriate infrastructure in place to help women and girls manage menstruation. Moreover, specifically, Santora explains that the people who design or implement WASH facilities and hygiene systems are typically male, so those infrastructures do not reflect the unique needs of menstruating women and girls. Santora cites the JMP’s decision to define MHM as a global advocacy issue as an important moment that pushed MHM to be more widely considered as an issue of public responsibility.

In 2014, the United Nations Educational, Scientific, and Cultural Organization, or UNESCO, published the booklet Puberty Education and Menstrual Hygiene Management which outlines pubertal education curricula with a specific focus on MHM that teachers can utilize in schools around the world. UNESCO published that booklet based on the pubertal education curricula in ten countries in Africa at that time, interviews with experts, and materials from the Technical Consultation on Improving Menstrual Education and Menstrual Hygiene Management in the Education System, which was held in Kenya in 2013. After reviewing an array of puberty education curricula, UNESCO found that schools generally taught about menstruation at age fourteen. That age is often after a girl first menstruates, so UNESCO argues that such puberty education needs to be provided at an earlier age. Also, much of the pubertal education curricula only included information about reproduction without discussing MHM. Based on those findings, UNESCO argues that the definition of MHM ought to include access to menstrual education that can cause girls to understand the changes their bodies undergo during puberty. Menstrual education includes teaching about the menstrual cycle, the reproductive system, and menstrual hygiene in a manner that is biologically accurate and free of taboo and stigma. That expanded definition places emphasis on providing girls with facts about menstruation that will allow them to practice adequate MHM without embarrassment.

In 2014, UNESCO partnered with Columbia University to create MHM in Ten, a ten-year plan for addressing MHM in schools, specifically in low-income countries. MHM in Ten is an interdisciplinary approach to address challenges related to menstruation in schools, including researchers, non-governmental organizations, and governing bodies like the United Nations. The plan is aimed at improving water and sanitation and reproductive health education in an effort to improve MHM in low-income countries. As of 2020, UNESCO holds the annual Virtual
Menstrual hygiene management, or MHM, is a concept that concerns girls’ and women’s access to the appropriate information and resources to manage menstruation. In December 2012, the United Nations Children’s Fund and World Health Organization. “Report of the Second Consultation on Post-2015 Monitoring of Drinking Water, Sanitation, and Hygiene.” United Nations Conference on Menstrual Hygiene Management in Schools. The conference evaluates yearly progress that has been made toward achieving MHM in Ten’s goals since the plan’s establishment. For instance, at the sixth annual conference in 2017, Erin C. Hunter, a public health researcher at the University of Sydney in Australia, presented a tool she and her team had been working to create that would measure schoolgirls’ self-efficacy in managing menstruation. The tool includes questions that ask about schoolgirls’ attitudes towards different aspects of MHM. Other researchers have presented tools for measuring MHM in other low-income countries, like Hunter’s, highlighting different menstruation-related challenges for girls in different communities. Nonetheless, UNICEF maintains that more work is needed to improve monitoring and policies in low-income countries to help more women appropriately manage their menstruation.

The concept of MHM has influenced researchers to study and address menstruation-related challenges in low-income countries at a social and political level. According to Sommer, as more researchers, organizations, and stakeholders increasingly MHM as a public issue resulting from an area’s policies and infrastructure rather than just as a girl’s private issue, more attention is being directed to address the necessary changes in public services. As it has helped define menstrual issues as a public issue, the concept of MHM has helped to improve educational and health outcomes for women and girls.

Sources


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Publisher

Arizona State University. School of Life Sciences. Center for Biology and Society. Embryo Project Encyclopedia.

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Format

Articles [44]

Last Modified

Friday, July 16, 2021 - 18:17

DC Date Accessed

Friday, July 16, 2021 - 06:06

DC Date Available

Friday, July 16, 2021 - 06:06

DC Date Created

2021-07-16

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