

## “REVIEW ON MENSTRUAL HYGIENE MANAGEMENT”

**Patel R.K., Meena S., Banerjee A.**

Department of Mechanical Engineering,  
Indian Institute of Technology Delhi,  
New Delhi, India

### **Background**

Women menstruate on an average between 13 and 50 years of age in low-income settings (but can start as early as from 8 years), amounting to a total of 1400 days of menstruation in a woman’s lifetime [1]. It is a healthy biological process, which marks the passage from childhood to adolescents of girls.

### **Introduction**

There is an increase in attention on girls’ education by the global development community. As a result, we have seen improved retention and grade promotion for girls in many countries. With this progress, we find ourselves confronting both new challenges and opportunities for girls to achieve an equitable education. Menstrual hygiene management (MHM) is one among several challenges and opportunities.

For girls, menarche and menstruation is a time of intense physical and emotional change for young people between the ages of 10 and 17. Puberty marks a transition between childhood and adulthood that impacts adolescents’ physical, emotional and social wellbeing. Evidence shows that during puberty, adolescents embrace and solidify the gender norms of their society. So the way girls and boys see themselves within their family, community and society can be drastically altered for the rest of their lives. In some contexts, puberty leads to increased social restrictions for girls and increased social freedom for boys. Many adolescents, especially girls, will experience a severe drop in self-confidence during puberty. All of these factors, and more, contribute to the increased rates of risky social and health-related behaviors that many adolescents practice.

Menstrual hygiene management (MHM) is part of the overall efforts within Sexual and reproductive health and rights (SRHR). MHM has an impact on development as it has implications on the life of girls and women related to health, education, work, mobility and

security. This article gives an overview of why menstruation matters and how to consider menstrual hygiene management (MHM)

## **DEFINITION OF MHM**

Menstrual Hygiene Management (MHM) has been defined as: “women and adolescent girls using a clean menstrual management material to absorb and collect blood, that can be changed in privacy as often as necessary for the duration of the period, using soap and water for washing the body as required and having access to facilities to dispose of used menstrual management materials”.<sup>2</sup>

## **WHY MENSTRUATION MATTERS**

The lack of proper sanitation facilities and proper and affordable hygiene materials for the use by adolescent girls and women at home, at school and at workplaces, affects their health, their potential to access education, employment, overall safety and quality of life. Many girls and women in low- and middle income countries face various barriers in managing menstruation. Special attention must be given to women and girls in vulnerable situations, and especially to women and girls who have been displaced or affected.

**Health related risks:** Unsafe and unhygienic materials to absorb menstrual blood can lead to vaginal infections, with possible long-term effects on reproductive health

**Psycho-social effects:** Menstruation is often associated with shame and disgust, resulting in negative attitudes. Restricting socio-cultural practices surrounding menstruation is common.

**Education:** In many cases, girls will not attend school for the duration of their periods<sup>3,4,5</sup>. This is particularly evident in schools with inadequate water, sanitation and hygiene (WASH) facilities.

**Productive work time:** Women will be constrained to pursue and maintain employment when they are not able to manage their menstruation hygienically and in privacy at work.

**Environment:** With lack of or limited waste management, non-reusable and commercial items are often disposed into the environment.

## **POOR MHM AND THE HEALTH EFFECTS**

MHM has become a health concern due to the associations between poor MHM and adverse health effects. Among the negative health effects are Reproductive Tract Infections (RTIs) which are common and predominantly found in developing countries [6]. In a recent review of MHM studies, Sumpter and Torondel [1] found that poor MHM is mainly associated with the RTIs called ‘endogenous infections’, including bacterial vaginal infections (causing vaginal odor, discharge, and pain) and Vulva Vaginal Candidiasis (or vaginal thrush, an infection of the vagina's mucous membrane, causing itching, abnormal vaginal discharge and making sexual intercourse and urination painful

The main reason for infections is the use of inappropriate materials to absorb the menstrual blood. Around the world, women use a variety of methods including sanitary pads, cloths, tampons, and menstrual cups, plant material, different paper material, etc. In India some women use old clothes, paper, ash, and husky sand, while some girls and women in rural Kenya use strips of old blankets. Besides being quite ineffective in containing the menstrual blood and thus causing embarrassing leaking, these methods also because chafing, bad odor and poor vaginal hygiene. Cloth needs to be washed and dried, but in many settings girls and women report that they do not dare to clean and dry menstrual materials outdoors, due to risk of embarrassments, and therefore re-use worn, damp or wet materials. In settings such as IDP1 camps, prisons, and disaster struck areas, women often lack water, soap, toilets as well as menstrual absorbent materials to perform proper MHM and are simply forced to wear and re-use whatever materials they have for long periods.

## **HOW TO ENABLE WOMEN TO MANAGE THEIR MENSTRUATION BETTER**

### **• KNOWLEDGE:**

Social and cultural taboos about menstruation need to be addressed: Men (husbands and fathers) should also be engaged in this, e.g. through school-based reproductive and menstrual education programs. There is good evidence that educational interventions can improve MHM practices and reduce social restrictions for adolescent girls.

- **SANITATION AND SCHOOLS:**

Creating proper and private sanitary facilities for girls at home and in schools is of high priority. Girls need privacy, water, soap and places to dispose the menstrual waste. Schools play a central role in this, which will also keep adolescent girls in schools and thus facilitate equality and empowerment of girls and women.

- **MENSTRUAL HYGIENE IS NOT JUST A HEALTH ISSUE**

Menstrual hygiene is about much more than health: There is a need for including women's rights experts, educational authorities and sanitation engineers in the MHM discussions. Women have the right to good MHM, they need safe environments, high-quality affordable menstrual products, and proper sanitation technologies to handle their menstruations in safe ways.

- **WASH INFRASTRUCTURE**

Water, sanitation and hygiene (WASH) facilities are essential for MHM. A safe, clean and private space for changing materials, water and soap to maintain personal hygiene and –if required- also for washing and drying materials is essential. According to the UN Development Goals Report approximately 2 billion people still do not have access to proper sanitation facilities<sup>7</sup>. A majority of schools in developing countries do not provide for adequate WASH facilities that assure functionality and gen- desegregation. Maintaining personal hygiene, changing, disposing and/or washing absorbents can become major tasks, hence due to this hardship girls are forced to stay away from attending school.

- **MENSTRUAL ABSORBENTS**

Women and girls resort to using unhygienic, unsafe materials during their menstruation due to several factors such as: unavailability, shame experienced when purchasing products publically, and/or inability to pay or a matter of choosing not to spend limited financial means on menstrual needs. The use of inappropriate materials or the unhygienic handling of unsafe materials may also be linked to a lack of knowledge. To make menstrual materials more affordable, more accessible, as well as to reduce harm to the environment, various strategies have emerged in recent years such as:

- Sustainable, ecological and/or lower-costs options, such as washable pads or menstrual cups.
- Subsidize sanitary pad distribution in schools. Unfortunately the experience is mixed in terms of sustainability and has been causing disposal problems.
- Locally produced pads by community based organizations (CBOs).
- Countries such as Canada<sup>8</sup> and Kenya<sup>9</sup> removed the luxury and/or consumer tax from sanitary products.

While it is expected that the market for commercial products will continue to grow in developing countries, it is important to acknowledge that many women/girls in low-income settings will not be able to benefit from this.

- **DISPOSAL**

Safe disposal will prevent exposure, human contact and achieve a harmless destruction of soiled materials. If possible materials should be collected and disposed with municipal solid waste management. If that system does not exist, on-site disposal should happen through safe technology (deep burial, composting, pit burning and incineration). Small-scale incinerators are a viable option, but there are health concerns when burning plastic, and they are not always fully functional. The lack of or inadequate unsafe disposal for soiled materials, with women being forced to dispose it in secrecy will reinforce the stigma and shame surrounding menstruation. More research is needed for appropriate disposal solutions that are safe, effective, and affordable.

- **INFORMATION AND EDUCATION**

Receiving factual and comprehensive information about biology and the different aspects of good MHM is crucial to ensure that women and girls can act on their needs. In many low and middle income countries there is no mandated and very limited education in schools concerning menstruation. Teachers are hesitant or unwilling to discuss MHM due to the taboo, being uninformed themselves. Girls are mostly receiving information from their mothers.

Comprehensive sexuality education and education and training in SRHR should ideally include MHM. Capacity building to teachers and health workers etc. is also highly required. It is important to include men and boys in training and education to increase their understanding and foster their support, particularly by not imposing discriminatory practices. Existing socio-cultural taboos and discriminatory practices around menstruation need to be challenged.

### **MHM in emergency and humanitarian crisis situations**

In emergency/humanitarian crisis situations women and girls are particularly vulnerable. MHM is often not properly addressed, thus many women and girls lack or have difficulty in accessing adequate hygienic and absorbent menstrual materials and WASH facilities. In regards to MHM, these are some of the proposed actions suggested in emergency situations in the SPHERE Handbook:1

- Provision of appropriate materials for menstrual hygiene (dignity or sanitary kits).
- Provision for discreet laundering or disposal of menstrual hygiene materials.
- Adequate access to water and soap for daily hygiene as well as for the increased needs during menstruation.

### **REFERENCES**

1. Sumpter, C., Torondel, B. (2013). A systematic review of the Health and Social Effects of Menstrual Hygiene Management, PLOS ONE, April 2013: 8:4.
2. Unicef (2013, and 2014) Proceedings of the MHM Virtual conference
3. <http://www.irinnews.org/report/48694/kenya-women-praise-kibaki-s-directive-to-drop-tax-on-sanitary-towels>
4. WHO and Unicef Progress on sanitation and drinking water 2013 - update
5. Menstrual hygiene management and school absenteeism among female adolescent students in Northeast Ethiopia. Tegegne and Sisay BMC Public Health 2014, 14:1118 <http://www.biomedcentral.com/1471-2458/14/1118>
6. WHO (2013). Sexually Transmitted Infections. Geneva: World Health Organization.
7. Biswas T. (2014) India targets 243 million adolescents in new health strategy. BMJ-British Medical Journal. 348:1.
8. Kjellén, M., Pensulo, C., Nordqvist, P., Fogde, M. (2012). Global Review of Sanitation System Trends and Interactions with Menstrual Management Practices. Report for the Menstrual Management and Sanitation Systems Project. Stockholm Environment Institute. Stockholm.
9. UNICEF (2008). Sharing simple facts: useful information about menstrual health and hygiene. New Delhi, India: Child's Environment Section, UNICEF House.

