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Universalization of sanitary napkin use is not Menstrual Hygiene Management

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Menstruation is a natural biological process, but if it is not properly managed it can lead to various health related problems. It is assumed that the risk of acquiring infection is higher than normal during menstruation but in low income countries girls and women face additional challenges that prevent them from practicing good menstrual hygiene or seeking medical help. They often suffer in silence because discussion on reproductive health issues is considered to be a taboo. Though initial discussion around menstrual education and menstrual hygiene management has begun but still it is often limited to provision of safe and affordable sanitary material to girls in growing age. Universalization of sanitary napkin use will not solely help in menstrual hygiene management and in reducing risk of infection. In fact it may lead to environment degradation because these napkins are mostly non-biodegradable and there is still lack of proper disposal mechanisms.

Background

In India girls and women of reproductive age who menstruate forms a large and important part of the population but still, menstruation is treated as a taboo subject and is discussed secretly. From menarche onwards girls are told about activities to be done or avoided during this phase. Examples are not to bathe, not to worship etc. during menstruation. However, there is very less information given to them regarding the physiology of the phenomenon and often they are not at all clear about the reasons for start of menstruation, concept of menstrual cycle, way and frequency of using sanitary pad/ cloth. Therefore, instead of getting education on this concept and process, these dos and don'ts gradually become predominant and everyone becomes accustomed to follow them without question. For example there is a strong belief that menstrual blood is dirty or bad blood and that girls and women are impure during menstruation (House, S., Mahon, T., Cavill, S. 2012). If such myths & misconceptions are left unaddressed, the challenges posed by poor menstrual hygiene management will continue to jeopardise the potential of girls, and many UN Millennium Development Goals by 2015 and beyond, will not be achieved (Nyaketcho, J., Roose, S., Nicholson, K. -2014)

In Water, Sanitation and Hygiene (WASH) programmes; Menstrual Hygiene Management (MHM) is given little attention and consequently millions of women and girls are denied of their basic rights, and many WASH programmes fail to be fully gender inclusive.

Under Adolescent Reproductive and Sexual Health (ARSH) and the Adolescence Education Programme (AEP); menstruation has been a subject of discussion and to a large extent this influenced the Government of India to develop a flagship programme named "Promotion of menstrual hygiene among adolescent girls in rural areas" in 2010 wherein 152 districts across 20 States were to be covered (National Rural Health Mission (no date) Operational guidelines). This scheme was mainly focused on promotion of menstrual hygiene among adolescent girls. It also builds on and strengthens interventions for adolescent girls by creating a forum for discussion on adolescent health related issues such as early age at marriage, nutrition, gender issues, contraceptives, self-esteem and negotiation skills by easily; making available information and products related to improved menstrual hygiene.

The situation

In Madhya Pradesh state of India the government scheme on “Promotion of menstrual hygiene among adolescent girls in rural areas” is being implemented in eight districts. Out of these eight districts the programme in three districts i.e. Datia, Morena and Sheopur were closely monitored by local NGOs and technical support was provided to community based health educators. Most important example of these basic health educators are called Accredited Social Health Activist (ASHA) and they are hired and trained by the Health Department. While the scheme was designed considering all aspects of menstruation the grassroots reality is aimed at making dominant policy discussions around MHM. This often suggest that the provision of safe and affordable protective material (such as sanitary napkins) is a virtual “silver bullet” to improve the sexual and reproductive health of adolescent girls. It was realized that while provision of affordable sanitary materials is very important, particularly when linked to the provision of other “hardware” interventions, such as improved water and sanitation facilities, it is only part of a larger landscape. Therefore, by using a human rights framework there is a need to widen the scope and see Menstrual Education (ME) and MHM in the light of stronger evidences which suggests that educational interventions can improve MHM practices and reduce social restrictions imposed on girls and women during menstruation (Sumper, C and Toronel, B.e62004)

The beginning – initiatives taken in Madhya Pradesh

In three districts of Madhya Pradesh state in India a new strategy was piloted where ASHAs who are the main channel of communication to adolescent girls under “Promotion of Menstrual Hygiene” scheme were trained through regular follow up and meetings. Often one time orientation/ training is considered to be sufficient in order to enhance the knowledge of individuals but it was found that; this has certain limitations. For example the likelihood that messages are forgotten or dilute. During follow up meetings on MHM it was realized that ASHA workers are under equipped with lack of education material, and are often misinformed with insufficient MHM information. Training and regular follow up meetings were organized to ensure ASHA had the opportunity to clarify and seek answers to their questions. Refresher sessions were conducted to reinforce the learning by building on the field experience. This ensured that the information gained in classroom sessions were tried in the fieldwork, which enhanced the chances of retention. In Sheopur district where the percentage of Schedule Tribe (ST) inhabitants are high; it was found that most of the girls were suffering from signs of abnormal vaginal discharge (including discharge accompanied by itching/ rash, persistent increased discharge and white lumpy discharge with bad smell etc.). The ASHAs shared that they could not recognize if this was normal or needs medical attention. Comprehensive education and training of ASHA workers will help them to extend appropriate advice and counselling to girls and women in remote location for whom ASHA is the only source of support.

Health and menstruation

It is assumed that the risk of acquiring a reproductive tract infection or disease is higher than normal during menstruation due to two main reasons. Firstly, the plug of mucus normally found at the opening of the cervix is dislodged and the cervix opens to allow blood to pass out of the body. In theory, this creates a pathway for bacteria to travel back into the uterus and pelvic cavity. Secondly, the pH of the vagina is less acidic at this time and this makes yeast infections such as Thrush (Candidiasis) more likely.

(House, S., Mahon, T., Cavill, S. 2012)

Our experience

The interplay of socio-economic status, menstrual hygiene practices and wellbeing girls, their growth and development are noticeable. Regular menstrual periods are seen as a sign of maturity and being healthy. Girls that have better knowledge on menstrual hygiene and safe practices are more confident and they not only improve their practices, bring about change among their peers. Before bringing any change in menstrual practices, the girls should be educated about the simple facts about menstruation, its physiological implications, its significance for development of secondary sexual characteristics, and most importantly; about proper hygienic absorbents. In resource poor contexts such as rural India where cloth is mostly used as a menstrual absorbent it becomes very important to educate girls on the safe use of cloth to manage

menstruation. Hygienic use of sanitary pads may reduce the chances of getting infections but universal use of sanitary pads is not the only solution to ensure proper hygiene management. In addition, use of commonly available non-biodegradable sanitary napkins also poses a threat to environmental sustainability. This is particularly an issue in areas where solid waste collection and disposal mechanism do not operate effectively.

In Indian context where the solid waste management systems are absent or inadequate across most of the villages, towns and cities, promotion of non-biodegradable napkins is not an environmentally viable option. MHM promotion strategies need to recognize existing good practices and improve them to be safe and hygienic. More options of safe and affordable sanitary materials to be promoted and the choice should be left to girls and women to make an informed choice to use either sanitary napkin or cloth to manage their menstruation hygienically. Girls should be educated on the science of MHM as well as on its practical aspects like access and dispose of menstrual material appropriately in their context. The options of burial and composting to be promoted widely among girls and women who use cloth to manage their menstruation.

Safe disposal of sanitary napkins

India has 355 million women of reproductive age out of which 12% or 42.6 million women use sanitary pads to manage their menstruation. This means a large part of the total population opt for other materials such as cloth. (A.C. Nielsen 2010). If all the women in India start using sanitary napkins then approximately 58 billion sanitary napkins will be thrown away every year. This is very alarming environment risk, since most of these napkins are non-biodegradable and there are no proper mechanisms for disposal (Masika, Promoting Sustainable Menstruation 2014). This would have a huge impact on environment.

In recent years incinerators are being recommended for schools and colleges as an alternate disposal mechanism. The pads which are burnt contain dioxins due to use of chlorine for bleaching. Burning used pads in temperatures less than 800 degree poses health risks (Masika, Promoting Sustainable Menstruation 2014). In addition there are practical difficulties in operations and maintenance.

Lessons learnt

During intervention in all the three districts it was realized that there were recurring questions for more information on MHM and related issues. This is a clear indication that girls and women want to know more about MHM. Many girls and women face difficulties like cramps, irregular menstrual cycle, excessive bleeding, white discharge and nausea during menstruation. Despite the fact that this affects their daily work and wellbeing they refrain from seeking medical advice and remedies. One of the biggest reasons for not consulting medical practitioner is the lack of female gynaecologists in rural areas. Girls and women feel shy to discuss sexual and reproductive health problems with a male doctor so they tolerate symptoms until the problem becomes more serious.

In Sheopur district of Madhya Pradesh, it was observed that in many villages girls do not use underpants. They make home-made pads which can be tied by a string or ribbon around their waist during menstruation. This pad is made of cloth which is reused. Due to lack of sufficient water at household level, girls and women have to fetch water from community bore wells. Therefore the cloth which is reused is not washed adequately. Along with this washing menstrual cloths and drying them in direct sunlight is avoided due to taboos such as if a man sees the cloth it will be a bad omen. While interacting with girls it was found that somewhere there is also a feeling of embarrassment of being identified while menstruating which restrains them to properly wash their menstrual cloths.

While talking on menstruation girls and women of reproductive age are only involved as it is assumed that only they will understand the sensitivity of the issue. However, there is a need to look at the larger picture and to involve other stakeholders including women of older age, young boys, teachers, men. Experience shows that interventions where inclusive approach for addressing MHM is used; there exist lasting changes.

In Datia district of Madhya Pradesh in India one of the ASHAs named Sunita Sharma (Bargain Village) shared her experience. "I have started taking monthly community meetings on the issue of menstruation. I involve girls of adolescent age whose menarche has not yet started so that they are prepared for such a change and take this positively. I even ask old age women who have reached menopause to join the meetings because they are strong agents of influence. Many times these aged women narrate their personal experiences along with necessary information to motivate young girls to adapt healthy habits.

Looking at menstruation positively

During adolescence girls and boys both experience some changes in their bodies as they grow up. The way puberty is dealt with in relation to boys is quite different from girls. In girls these changes are associated with inconvenience, pain and embarrassment whereas in boys it is presented as exciting, pleasurable and powerful. Moreover, for girls, puberty is explained exclusively in reproductive terms whereas in boys it is explicitly linked to sexual feelings in a positive way. Furthermore, it confines girls and women to traditional gender roles as future mothers.

Negative connotations associated with menstruation

"I hate menstruation. Since menarche my life has completely changed. Every month during these four days I have to be extra cautious with myself as if I am impure."

Arti Rawat a 14 years old girl
from Morena district in Madhya Pradesh, India

In the changing context there is now an urgent need to look at sexuality with a wider lens. Menstruation is not a problem or something which is shameful; it is just a normal biological process; a sign of maturity and wellbeing. Providing support, information and facilitation to girls and women for menstrual hygiene management will empower them and enable them to contribute more in society.

Recommendations

- There is a need for gender sensitization because MHM at its core is about equity and rights and the dignity of women and girls
- Menstruation education should incorporate more positive and nuanced teaching about menstruation as a valuable and healthy biological process, coupled with deliberately challenging idea of the stigma and disgust associated with menstrual blood. This would go a long way towards potentially building girls self confidence in their bodies and bodily functions.
- Mass media should be used for creating a conducive environment and encourage people to talk on MHM. This makes girls and women suffer in silence.
- Distribution of sanitary napkins should not be the ultimate aim of MHM interventions but the focus should be on a comprehensive approach for safe and hygienic menstrual management.
- Research on links between menstrual hygiene and RTIs and other health issues should be done because field realities shows that many girls and women are suffering from this and this can lead to serious consequences.
- Menstrual waste disposal is critical and more research should be done so that better options are made available.
- Convergence in between related departments is essential; for example in India the Promotion of Menstrual Hygiene Scheme is under the Health Department, Rajiv Scheme for Empowerment of Adolescent Girls (RGSEAG) Sabla and Kishori Shakti Yojna (KSY) for adolescent girls is under Integrated Child Development Services (ICDS) scheme and Adolescent Education Programme (AEP) is under the Education department.

- Cascading education resources to key stakeholders. Presently there is good IEC material on MHM available with health department but it needs to be printed and disseminated in adequate number.
- Monitoring & Evaluation should be built into programmes to guide documentation of results, and continuous improvement so that lessons learnt are transferred to the next stage. For example focused group discussions, key informant interviews, meeting with key stakeholders, Most Significant Change (MSC).

Conclusion

This paper focuses on Menstrual Education (ME) and Menstrual Hygiene Management (MHM). In resource poor context where the majority of girls and women of reproductive age are using cloth to manage menstruation. There is a need to provide pragmatic information to support them on hygiene aspects rather than emphasising on universal supply of sanitary napkins. There should be proper disposal mechanisms for used sanitary materials because this will have a serious impact on the environment. Information to all girls and women should be given including before they reach menarche. Girls who are informed before menarche are not shocked or feel embarrassment because they take menstruation positively. Instead of creating separate cadre of trainers and educators support to ongoing government programmes on related themes should be incorporated. For example under the present intervention “Promotion of menstrual hygiene” scheme which is run under Health Department; ASHAs who are health workers and facilitators in community are supported.

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