

The Role of Policy and Advocacy in Addressing Menstrual-related Issues in Developing Countries

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Abstract: Menstruation is a natural biological process that affects roughly half of the world's population, yet it remains a neglected issue in many parts of the world. In developing countries, menstrual-related issues are prevalent due to several factors such as inadequate access to menstrual hygiene products, limited knowledge of menstrual hygiene management, and stigmatization and discrimination surrounding menstruation. The aim of this paper is to provide an overview of menstrual-related issues in developing countries and the challenges faced by people who menstruate in these contexts.

Key Words : Menstruation, Culture. Menstrual Hygiene Management, Discrimination

1. INTRODUCTION :

Menstrual-related issues are significant challenge for menstruating women in developing countries. The lack of access to menstrual hygiene products and sanitation facilities, coupled with social stigma and discrimination, have a severe impact on the physical, emotional, and economic well-being of women. According to the United Nations, over 500 million women globally lack access to adequate menstrual hygiene facilities, with developing countries being disproportionately affected (United Nations, 2018). In many cases, menstruation is considered a taboo subject, leading to a lack of awareness and understanding about menstrual health and hygiene.

To address these challenges, policy, and advocacy play a critical role in promoting menstrual health and hygiene in developing countries. Policies and advocacy efforts increases access to menstrual products, improve menstrual hygiene management practices, and reduce social stigma and discrimination related to menstruation. Additionally, it also create an holistic that promotes gender equality and empowers menstruating women.

One example of policy and advocacy efforts to address menstrual-related issues is the "Menstrual Hygiene Management (MHM) Guidelines for Schools in India" initiative. The guidelines were developed by the Government of India in collaboration with UNICEF and other partners and provide comprehensive guidance on menstrual hygiene management in schools. The guidelines include recommendations for the provision of separate toilets and hand washing facilities for girls, the availability of menstrual hygiene products, and the inclusion of menstrual hygiene education in the school curriculum (UNICEF, 2015). This initiative has significantly improved menstrual health and hygiene in schools, promoting better attendance and reducing dropout rates among adolescent girls.

Another example is the "Menstrual Hygiene Management and the Sustainable Development Goals" report by the Water Supply and Sanitation Collaborative Council (WSSCC) and the International Rescue Committee. The report highlights the need for menstrual hygiene management to be incorporated into national and international development policies and programs to achieve the Sustainable Development Goals (SDGs) related to gender equality, education, and health (WSSCC & IRC, 2016).

Despite these examples, policy and advocacy efforts in addressing menstrual-related issues in developing countries face significant challenges. These include a lack of political will, limited financial resources, and a lack of understanding and awareness about menstrual health and hygiene. However, social norms and cultural beliefs also creates a barriers to policy and advocacy efforts, limiting the effectiveness of interventions.

But in order to mitigate these challenges innovations in menstrual products and sanitation facilities plays a critical role in addressing menstrual-related issues in developing countries. Where the innovations such as menstrual cups, reusable cloth pads, and biodegradable sanitary pads are cost-effective and sustainable alternatives to traditional disposable pads and tampons (Jaiswal, Gupta, & Yadav, 2018) has significantly contributed in the area where access to traditional menstrual hygiene products is limited or expensive. Same, Innovations in sanitation facilities, such as the

installation of incinerators, has improved menstrual hygiene management in schools and other public spaces. For example, In Rwanda, implemented by the non-profit organization SNV Netherlands Development Organization, installed incinerators in schools to dispose of menstrual waste hygienically (SNV Rwanda, 2021). The project also provided education on menstrual hygiene management, leading to a reduction in school absenteeism among adolescent girls. However, innovations in menstrual products and sanitation facilities face challenges in terms of accessibility and affordability. While reusable menstrual products are cost-effective in the long term, but the upfront costs of purchasing these products usually becomes the barrier for people with limited financial resources. Additionally, the lack of availability of these products in local market always limits its accessibility.

Another critical aspect of addressing menstrual-related issues in developing countries is addressing social norms and cultural beliefs related to menstruation. In many societies, menstruation is considered a taboo subject and is associated with shame and impurity. These beliefs give rise to discrimination and limit access to menstrual hygiene products and facilities. Addressing these beliefs requires community engagement and education programs that challenge harmful stereotypes and promote gender equality (Hennegan, Montgomery, & Shannon, 2019).

The aim of this paper is to explore the critical role of policy and advocacy in addressing menstrual-related issues in developing countries and to highlight the importance of a comprehensive approach that includes innovations in menstrual products and sanitation facilities, and addressing social norms and cultural beliefs. The paper argues that policy and advocacy are crucial for creating a holistic environment that supports menstrual health and hygiene and empowers people who menstruate in developing countries.

Menstruation is a natural biological process that affects roughly half of the world's population, yet it remains a neglected issue in many parts of the world. In developing countries, menstrual-related issues are prevalent due to several factors such as inadequate access to menstrual hygiene products, limited knowledge of menstrual hygiene management, and stigmatization and discrimination surrounding menstruation, which leads to various other issues such as:

- **Inadequate Access to Menstrual Hygiene Products**

In developing countries, many menstruating women lack access to menstrual hygiene products such as pads and tampons. According to a study by the Water Supply and Sanitation Collaborative Council (WSSCC), over 300 million menstruating women in India do not have access to menstrual hygiene products (WSSCC, 2014). In sub-Saharan Africa, it is estimated that only one in ten girls has access to menstrual hygiene products (Wateraid, 2016). The lack of access to menstrual hygiene products has significant implications for the health and well-being of menstruating women. Without access to these products, people always resort to use unhygienic materials such as rags, leaves, or even ash which frequently causes infections, rashes, and other health complications and many times it lead to social isolation and absenteeism from school or work.

- **Limited Knowledge of Menstrual Hygiene Management**

Limited knowledge of menstrual hygiene management is another critical challenge faced by menstruating women in developing countries. According to a study by the United Nations Children's Fund (UNICEF), only one in three girls in South Asia and sub-Saharan Africa are aware of menstruation before their first period (UNICEF, 2019). The lack of knowledge about menstruation give rise to the sentiment of shame, embarrassment, and stigmatization, which negatively impact the physical and mental health of people who menstruate.

Furthermore, the lack of knowledge about menstrual hygiene management lead to inadequate menstrual hygiene practices, which result in health complications. A study in rural Kenya found that only 16% of girls changed their pads during school hours, and the majority reported using the same pad for an entire day (Mason et al., 2013).

- **Stigmatization and Discrimination**

Addressing social norms and cultural beliefs is also critical in addressing menstrual-related issues in developing countries. Cultural beliefs surrounding menstruation contributes to stigmatization and discrimination. In some cultures, menstruation is considered a taboo subject, and people who menstruate are often subjected to social isolation and discrimination. In Nepal, a practice called Chhaupadi requires menstruating women and girls to be banished to cow sheds or other isolated spaces during their periods (Wennerholm, 2019). This practice puts women and girls at risk of animal attacks, sexual assault, and other safety concerns.

In addition to social isolation and discrimination, menstruation-related stigma limits the access to education and employment opportunities. In many developing countries, girls are forced to miss school during their periods due to the lack of menstrual hygiene products and sanitation facilities. According to a study in Kenya, over 40% of girls missed school during their periods due to a lack of menstrual hygiene products and sanitation facilities (Mason et al., 2013). This absenteeism causes academic underachievement and limited opportunities for future employment. Menstrual-related issues in developing countries are exacerbated by the lack of adequate sanitation facilities. According to a study by UNICEF, around 1.8 billion people globally lack access to basic sanitation facilities, and women and girls are

disproportionately affected (UNICEF, 2019). The lack of sanitation facilities, including toilets and hand washing stations, often causes difficulties in managing menstrual hygiene and frequently contributes to the spread of infections. Social exclusion and gender-based violence are other constraints women face due to a lack of sanitation facilities and inadequate menstrual hygiene management. For example, a study in Zimbabwe found that girls who lacked access to toilets and sanitation facilities were at increased risk of sexual violence and abuse (Sommer et al., 2017). The lack of privacy and safety in sanitation facilities always results in menstrual-related shame and embarrassment, further exacerbating the challenges for menstruating women.

2. Policy Approaches :

Governments and non-governmental organizations are playing a crucial role in creating an environment that supports menstrual health and hygiene. For example, some governments have implemented policies that provide free or subsidized menstrual hygiene products to students in schools. In India, the government launched the Menstrual Hygiene Scheme in 2011, which provides free sanitary napkins to girls in government schools (Jha et al., 2020). Whereas, NGOs such as Plan International have implemented menstrual hygiene management programs in several countries, including Cambodia, Indonesia, and Sierra Leone. These programs aim to increase access to menstrual hygiene products and improve knowledge of menstrual hygiene management (Plan International, n.d.). Same time, innovations in menstrual products also play a critical role in addressing menstrual-related issues in developing countries. For example, reusable menstrual cups and cloth pads have been found to be effective and affordable alternatives to disposable menstrual hygiene products (Hennegan et al., 2019). These products are effectively addressing the scarcity of menstrual hygiene products in developing countries and are promoting sustainable menstrual hygiene practices. There are different policy and advocacy approaches used to address menstrual-related issues in developing countries.

- **Top-down approach:**

The top-down approach involves governments or international organizations setting policies and guidelines to improve menstrual health outcomes. For example, the Indian government launched the Menstrual Hygiene Scheme, which aims to provide free sanitary pads to girls in rural areas. This policy has improved access to menstrual products and reduced the stigma associated with menstruation (Jha, Sinha, & Anand, 2020).

- **Bottom-up approach:**

The bottom-up approach involves grassroots organizations or communities leading the way in advocating for menstrual health. For example, in Kenya, the ZanaAfrica Foundation provides menstrual pads and education to girls in rural areas. This approach has been successful in improving access to menstrual products and education in underserved communities (ZanaAfrica Foundation, n.d.).

- **Public-private partnerships:**

Public-private partnerships involve collaborations between government and private sector organizations to address menstrual health issues. For example, in Nepal, the government collaborated with the private sector to distribute menstrual products to girls and women in rural areas (Chaulagain et al., 2020).

- **Advocacy campaigns:**

Advocacy campaigns involve raising awareness about menstrual health issues and advocating for change through social and traditional media. For example, in India, the Menstrual Health Alliance India launched the #YesIBleed campaign to break the silence around menstruation and raise awareness about menstrual health and hygiene. This campaign has been successful in reducing menstrual stigma and improving access to menstrual products (Menstrual Health Alliance India, n.d.).

- **Comprehensive approaches:**

Comprehensive approaches involve addressing menstrual health issues through a range of strategies, including policy, education, and advocacy. For example, in Nepal, the National Action Plan on Menstrual Health and Hygiene Management focuses on improving access to menstrual products, facilities, and education. This comprehensive approach has been successful in improving menstrual health outcomes in Nepal (Chaulagain et al., 2020).

3. Policy Landscape :

Several countries in the Global South have recognized the importance of menstrual hygiene management and have taken steps to address it through policy interventions. For example, in India, the government has launched several initiatives, including the Menstrual Hygiene Scheme and the Swachh Bharat Abhiyan, to promote menstrual hygiene and sanitation. The Menstrual Hygiene Scheme aims to provide free sanitary pads to girls in rural areas, while the

Swachh Bharat Abhiyan focuses on improving access to toilets and water facilities in schools (Jha, Sinha, & Anand, 2020). Similarly, in Nepal, the government has launched the National Action Plan on Menstrual Health and Hygiene Management to improve access to menstrual products, facilities, and education. The plan focuses on promoting safe and hygienic menstrual practices and providing sanitary pads to adolescent girls and women (Chaulagain et al., 2020).

The menstrual health and hygiene advocacy landscape is also evolving rapidly, with a growing number of organizations and individuals advocating for the rights of people who menstruate. One such organization is Plan International, which has been at the forefront of menstrual hygiene advocacy and has developed the Menstrual Hygiene Management (MHM) Hub to share information and resources on menstrual hygiene management (Plan International, n.d.).

Other organizations, such as the Menstrual Health Alliance India, have been advocating for menstrual hygiene through campaigns and research. For example, they launched the #YesIBleed campaign to break the silence around menstruation and raise awareness about menstrual health and hygiene. They also conducted a study on the menstrual practices and hygiene of adolescent girls in India, which highlighted the need for better education and facilities (Menstrual Health Alliance India, n.d.).

The advocacy landscape also includes grassroots organizations working on the ground to improve access to menstrual products and education. For example, in Kenya, the ZanaAfrica Foundation provides menstrual pads and education to girls in rural areas. They also train teachers and health workers to provide accurate information and support (ZanaAfrica Foundation, n.d.).

There are several examples of successful policies and advocacy campaigns that have improved menstrual health outcomes in developing countries. For example, the Menstrual Hygiene Scheme in India has provided free sanitary pads to millions of girls in rural areas and has reduced the stigma associated with menstruation (Jha, Sinha, & Anand, 2020). The ZanaAfrica Foundation in Kenya has provided menstrual pads and education to thousands of girls in rural areas and has improved access to menstrual products and education (ZanaAfrica Foundation, n.d.). The #YesIBleed campaign by the Menstrual Health Alliance India has raised awareness about menstrual health and hygiene and has reduced menstrual stigma (Menstrual Health Alliance India, n.d.).

4. Challenges & Limitation :

Despite the successes of policy and advocacy approaches in addressing menstrual-related issues in developing countries, there are still several challenges and limitations that need to be addressed. One of the main challenges is the lack of political will and funding to address menstrual health issues. Menstruation is still a taboo subject in many societies, and policymakers may not prioritize it as a public health issue. In addition, there may be limited resources and competing priorities for governments to address.

Another challenge is the lack of comprehensive data on menstrual health issues in developing countries because in the absence of accurate data, it is difficult to design effective policies and advocacy campaigns. Many girls and women also do not report menstrual health issues due to stigma and shame, which further limits the availability of data. In addition, there are several potential barriers to implementing effective policy and advocacy initiatives. These include cultural norms and beliefs around menstruation, which may perpetuate stigma and discrimination. Lack of access to education and information on menstrual health are the major barrier in rural and marginalized communities. Moreover, inadequate infrastructure, such as a lack of access to clean water and sanitation facilities, also limit the effective implementation of menstrual health policies.

Another potential barrier is the lack of involvement of stakeholders and local communities in the policy and advocacy process. Top-down approaches may not take into account the unique needs and perspectives of local communities, which limit the effectiveness of policies and advocacy campaigns.

5. Conclusion :

The challenges faced by people who menstruate in developing countries include limited access to menstrual products and facilities, as well as cultural taboos and stigmas around menstruation. Policy and advocacy approaches have been used to address these issues, but there are still challenges and limitations, including a lack of political will, limited data, and potential barriers to effective implementation. Successful policies and advocacy campaigns have involved multi-sectorial approaches, community engagement, and partnerships with local organizations. To overcome these challenges, policymakers and advocates need to prioritize menstrual health as a public health issue and work towards comprehensive and culturally sensitive approaches.

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