

Study calls for less shame and secrecy around menstruation in global conflict areas

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A new study by researchers at Columbia University's Mailman School of Public Health and the International Rescue Committee (IRC) found that girls and women in emergency contexts have inadequate access to safe and private facilities and supplies for menstrual hygiene management (MHM), and are provided with insufficient guidance by response teams on the basics of managing menstruation. Moreover, many staff have a limited understanding of what an improved response should entail, and instead, focus predominantly on supplies. The study, published in the journal *Conflict and Health*, is one of the first studies to provide evidence on the menstrual management-related challenges faced by adolescent girls and women in emergency contexts and what the appropriate humanitarian response should be to meet the basic needs of girls and women in these situations.

Over 30 million [girls](#) and women are currently displaced due to conflict and disasters across the world; a record high for the past approximately 70 years. A common and significant challenge they face is the ability to manage their menstruation safely, comfortably and with dignity. In many emergency contexts, women and girls lack access to basic materials, toilets, and often water, which can lead to an increased risk for exposure to violence and exploitation.

The new study, led by Marni Sommer, DrPH, MS, associate professor of Sociomedical Sciences at the Mailman School, highlights the need for improved coordination and collaboration between sectors, such as those who work on water and sanitation, protection, health, and education, and

provides specific examples of ways menstruation management can be integrated into existing programming and response activities. Overall, girls, women and staff described a gap in the provision of practical information about this in their displacement contexts.

Data were collected in September and October 2015 from two humanitarian populations receiving health and/or gender-based violence and protection services—internally displaced persons in camps in Myanmar and Syrian Muslim refugees living in tents and makeshift structures across Lebanon. Approximately 150 adolescent girls and women were interviewed, and one-third participated in mapping activities during which girls were asked to draw their homes and nearby areas, and identify places that were safe or unsafe for managing their menstrual periods each month. Emergency response staff at both sites were also interviewed.

Girls and women described challenges in finding spaces to safely and privately change their menstrual materials, clean themselves, and dispose of menstrual waste. Syrian girls and women living in the informal settlements also reported that they shared toilet facilities with several families. "There is a significant need for improved guidance across all relevant sectors for improving menstruation hygiene management response and increased attention to effective approaches in emergency contexts," says Sommer, who is also executive director of Grow and Know, Inc., a non-profit that publishes puberty books for girls and boys in low-income countries. "In both sites studied, we also found there was the need for a heightened understanding of beneficiary practices at the onset of an emergency.

"A significant challenge to addressing MHM barriers in emergencies is the ongoing secrecy, shame, and taboos that frequently surround menstruation," Sommer continues. "Cultural beliefs frequently influence menstrual practices, and as a result, girls and women hesitate to speak

openly about menstruation, and emergency response staff may feel ill-equipped to explore the topic."

The data collected in Lebanon and Myanmar also reveal the existence of internal organizational dialogues over how to improve future menstruation management response, but also a gap in documented evaluation, including lessons learned from existing programming on menstruation hygiene, as well as insufficient evaluations of beneficiary experiences.

"These two assessments highlight the need for the humanitarian response community to better understand the holistic definition of an [MHM response](#), one that includes the provision of female-friendly WASH facilities, appropriate information, as well as supportive menstrual supplies," notes Sommer. "Clear, designated leadership on this and enhanced cross-sectoral collaboration in an [emergency](#) is critical. And the most essential component remains continuous consultation with [adolescent girls](#) and [women](#)."

Provided by Columbia University's Mailman School of Public Health

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