



"Menstrual Health and Hygiene: Breaking Taboos and Promoting Wellness"

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ABSTRACT

Menstrual health has been one of the most discussed topic, nonetheless that people realize that all of these talks haven't really made any impact on the issue. All that people come up with is how there is no awareness regarding menstrual health i.e. use of sanitary napkins, hygienic toiletries, family support, cultural barriers, societal pressures etc. Somehow people tend to forget to question about how menstrual health includes mental health, emotional- psychological well-being and physical strength. And the concept of menstrual health doesn't lies with ladies and girls only but also men and boys need to understand about it which includes largely talking about sex education since adolescence itself. This paper tends to focus upon the concerns related to menstrual health on a national and global platform, and also about the difference in awareness about the same in past few years. Good menstrual hygiene addresses issues of health, self-worth, confidence, and dispelling myths, taboos, and gender inequality with fundamental human rights. It also involves coming up with creative solutions, such as offering sanitary napkins that are high-quality and disposable for menstrual waste in a secure setting (Sinha et al., 2018) (Garg & Anand, 2015). The objectives of enhancing health and well-being and advancing gender equality are fundamentally comparable in the global initiatives to promote menstrual health and sexual and reproductive health and rights (SRHR). We outline the data that connect SRHR and menstrual health and provide integration suggestions that may increase the influence of both areas (Wilson et al., 2021).

INTRODUCTION

It is said that having menstruation is a god gift as it makes only females eligible for giving birth. There is a reason that god decided to make female body like this way where they shed blood every month out of there body and go through a lot of physical pain, cramps, mood swings etc. As we have this gift we should respect it and take care of ourselves. We need to understand the biological, physiological anatomy regarding how our body works as it is different in case of everyone and along with this the impact on our psychological state.

Menstruation can be defined in various contexts and the most used definition is, “menstruation, the occasional release of fluids and blood from the vagina, and the breakdown of the mucous membrane that lined the uterus” (Clayton, 2023). As we mentioned that taking care of yourself during menses is extremely important and this is popularly called as menstrual health. Menstrual health has been taken as an integral part of a women health and your reproductive parts require care in a gentler manner. It is important to understand that a good menstrual health means good physical, emotional and psychological health. Currently, cyclic bleeding from the uterine corpus between menarche and menopause is considered normal menstruation. Four basic areas can be used to characterize it: the frequency of the woman's bleeding episodes, the regularity or predictability of these episodes, the length of the bleeding episodes, and the volume or severity of the bleeding (Critchley et al. 2020). Any sort of abnormality in one’s menses which can be caused due to stress, anxiety, or hormonal disturbances can lead to unwanted changes in a female’s body. The volume or pattern of menstrual blood flow can vary in up to 30% of women, which is a sign of abnormal uterine bleeding (AUB), which can have multiple etiologies or even more than one etiology at the same time. Not all women experience "normal" menstrual bleeding (Critchley et al. 2020).

This paper tends to put some light on concerns related to menstrual health at a national and global level and the other aspects that are aligned with menstrual health. With a common understanding girls are educated with the anatomy of menstruation but not told about how to take care of oneself as it differ from one to another person. Every women or girl has a different bodily need, though the hormones function in the same manner but they leave some different impact on each and every person. Taking care of oneself during periods includes during good quality of sanitary napkins, using hygienic washrooms, gentle care of pubic parts and visit to gynecologist in case of any problems. Though government has made out many plans like the Menstrual Hygiene Scheme to educate girls around every corner of nation regarding menstrual health and hygiene but it is not followed not regularly. It is a sad reality that women tend to ignore any period problems by naming them as hormonal issue and doesn’t try to address the issue, unless it turns into a health problem. On the other side during the 28 days of cycle a female’s body go through several sort of mood swings like sadness, joy, happiness, crying, agitated, irritation, frustration etc. which differs by age. It is crucial to address moods and emotions too as they direct your feelings and state of mind too.

Analogy of menstrual cycle:

Menarche often happens between the ages of twelve and thirteen. In the last fifty years, there has been no change in the average menarche age of 12.8 among white female Americans. Menstrual bleeding typically lasts two to seven days for 80–90% of teenage girls. Chronic blood loss above 80 milliliters is associated with anemia; each cycle's mean blood loss is 30 milliliters. Teenage menstrual cycles are initially erratic but ultimately become more regular. However, this flexibility does not imply that "anything goes." Even in the first gynecologic year, most cycles last between 21 and 45 days, although irregular cycles are more typical in the first two to three years after menarche (Hillard A., 2002).

There may occasionally be short cycles, lasting less than 20 days, and long cycles, lasting more than 45 days. Clinicians need to understand that there are limits to cycle duration in young teens as well as a pattern of

increased regularity throughout time. Reassuring a girl that having chaotically erratic cycles with long intervals between periods is "normal" for the first few gynecologic years won't be helpful if she is experiencing chaotically irregular cycles or exhibits signs of androgen excess. Instead, she should be assessed. Endocrine disorders that can cause oligomenorrhea include polycystic ovary syndrome (PCOS), Cushing disease, thyroid dysfunction, premature ovarian failure, exercise-induced amenorrhea, eating disorders (bulimia and anorexia), congenital adrenal hyperplasia, prolactinomas, and tumors of the ovary and adrenal glands (Hillard A., 2002).

Defining menstrual health:

In connection to the monthly cycle, menstrual health is a condition of whole physical, mental, and social well-being rather than just the absence of illness or infirmity.

In order to achieve menstrual health, women, girls, and everyone else who goes through a monthly cycle throughout their lifetime must be able to:

- obtain timely, age-appropriate, and correct information about the menstrual cycle, menstruation, changes that occur during life, and associated hygiene and self-care behaviors.
- take good care of their bodies during menstruation to promote their safety, privacy, comfort, and hygienic preferences. This entails having access to and using reasonably priced, efficient menstruation products as well as having facilities and services that are supportive—such as water, sanitation, and hygiene services—for cleaning and/or discarding old products, changing menstrual products, and washing hands and the body.
- obtain prompt diagnosis, treatment, and care for discomforts and problems connected to the menstrual cycle, including pain management, self-care techniques, and access to relevant health services and resources.
- feel free from psychological anguish and stigma in regards to the menstrual cycle, as well as the resources and support they require to confidently take care of their bodies and make well-informed decisions regarding self-care during their period.
- during all stages of the menstrual cycle, choose if and how to engage in all areas of life, including civil, cultural, economic, social, and political, without experiencing any kind of menstruation-related exclusion, restriction, discrimination, coercion, or violence (Hennegan et al., 2021).

Women, girls, and other people who go through a monthly cycle need to have access to correct biological and useful information in order to ensure menstrual health. Understanding the body for menstrual health and SRHR is made possible by biological knowledge about the menstrual cycle and its connection to fertility and reproduction. Knowledge that is useful, such as details regarding diet, hygiene, and self-care, empowers people who menstruate to make educated decisions and supports the relief of discomforts and bodily autonomy. Furthermore, truthful knowledge helps dispel myths and social stigmas that jeopardize menstruation health (Hennegan et al., 2021).

The menstrual cycle is multifaceted, consisting of the premenstrual phase (which can include physical complaints like bloating in the abdomen and breast tenderness) as well as psychological distress like tension, irritability, and dysphoria. The menses can include symptoms like painful cramps and heavy bleeding. Premenstrual symptoms typically start cyclically during the luteal phase of the menstrual cycle and go away quickly once the menses start. These varied symptoms have been divided into three groups based on their quantity, nature, and intensity (Strine, Chapman & Ahluwalia, 2005).

The symptoms of premenstrual syndrome (PMS) are so bad that affected women have to go for medical attention. These symptoms can include physical symptoms like headaches, back pain, water retention, and muscle or joint pain; psychological symptoms like irritation, reduced attention, or diminished sexual interest; and unpleasant behaviors like weariness, insomnia, or decreased sexual interest. Compared to women without PMS, women with PMS had a higher prevalence of major depressive disorder (MDD) and anxiety disorders as well as a higher chance of incident affective disorders developing later on. Three to eight percent of women suffer from premenstrual dysphoric disorder (PMDD), which is typified by angry outbursts, depression, anxiety, affective lability, and difficulties functioning at work and home (Strine, Chapman & Ahluwalia, 2005).

The most prevalent gynecologic complaint among teenagers is dysmenorrhea, or painful menstruation; estimates of its frequency vary from 50% to 80% globally. A study of the literature found that prolonged rest periods, low academic achievement, and limitations in athletic activity have all been linked to dysmenorrhea and severe bleeding. The lack of menstruation, or amenorrhea, has been linked to low self-esteem. A modest proportion (10%–17%) of people in various nations ask for assistance, with one-third obtaining complementary or alternative therapies. With a perceived efficacy of less than 40%, 98% of adolescents manage dysmenorrhea with non-pharmacologic techniques like heat or rest. Over half of the girls reported using sub-therapeutic doses, and between 30% and 70% reported occasionally self-medicating (Azurah et al., 2013).

Teenagers with menstruation issues, particularly those who suffer amenorrhea, are more likely to have a negative quality of life (QoL), thus clinicians caring for them should be aware of this. Those who are more likely to experience negative health effects should be prioritized in more efficient triage procedures. It has been determined that a number of modifiable factors, including sexual activity, smoking, consuming alcohol, having a higher BMI, and having menstrual difficulties, negatively impact the HRQL of teenagers. Teachers and school nurses, in addition to treating clinicians, can address these problems by emphasizing the value of leading a healthy lifestyle. Additionally, school nurses should be informed that girls with menstrual disorders might have a better quality of life if they are referred to the right professional as soon as possible to address their issues (Azurah et al., 2013).

Menstruation is typically associated with bad experiences for university students, which include pain throughout the period, feelings of embarrassment and distress, and trouble controlling one's menses. These elements have a negative impact on their schooling because of low academic achievement, decreased involvement, and absenteeism. For some children, however, menstruation can be a beneficial experience, and

their ability to overcome the difficulties caused by dysmenorrhea shows their adaptability and ingenuity (Munro et al., 2021).

Menstrual Health Worldwide:

Assessing menstrual health and hygiene (MHH) is necessary to support the advancement of all 17 SDGs. It is also important to identify the sectors that stand to benefit from addressing menstruation in order to achieve their own goal-specific outcomes. The phrase "menstrual health and hygiene" (MHH) refers to the needs that individuals who experience menstruation have, such as having safe and convenient access to the knowledge, resources, and facilities necessary to handle their periods in a dignified and comfortable manner (menstrual hygiene management) and the structural elements that connect menstruation to health, gender equality, empowerment, and other areas (Sommer et al., 2021).

Drawing attention to MHH's significance in a wide range of global concerns, we propose that MHH could be in line with the SDGs in the following ways: (1) MHH has a direct impact on achieving a specific SDG, but its contribution has not been acknowledged or evaluated; (2) MHH has a clear indirect impact on achieving a specific SDG, indicating the importance of giving attention to this area; (3) MHH is impacted by progress made toward a specific SDG and may act as a "proxy" for gender equitable progress; and (4) there may be a possible, but unclear, relationship between SDG and MHH (Sommer et al., 2021).

MHH has received a lot of attention over the past ten years, and there has been more funding to assess whether programs or policies are having the desired effect, especially with regard to girls in and out of school in low- and middle-income countries. In addition to being among the other internationally acknowledged priorities, MHH may help with the creation of metrics and indicators that may be incorporated into the systems that are currently in place to monitor each of the related objectives.

MHH may continue to be disregarded or viewed as "beyond the scope" of different sectors and their objectives if the precise connections between MHH and the SDGs are not made evident and closely observed. MHH and priority outcome indicators for sectoral areas relevant to girls in and out of school in low- and middle-income countries have significant alignments. These are necessary in order to advance on a wide range of SDGs. However, issues with insufficiently verified outcome metrics at the programmatic and national levels, as well as a lack of sectoral awareness of MHH as essential to moving beyond sanitation, need to be addressed (Sommer et al., 2021).

Promoting the health and wellness of women, teenage girls, and menstruating individuals is achieved by framing menstruation health as a human right. It stops prejudice and preserves human dignity. Menstrual health is frequently only considered in relation to water, sanitation, and hygiene, adolescent education programs, or sexual and reproductive health. However, it is a multifaceted problem that must be included and mainstreamed in international policies that address health, employment, education, context and cultural norms, and society at large. Global health leaders' views of the significance of addressing poor menstruation health are starting to change as a result of the persistence of grassroots organizations working in the field of menstrual health. However, a number of international accords have yet to incorporate it (Martin et al., 2023).

The need for national and regional legislation that mobilizes resources, challenges societal views, and protects the rights and well-being of all menstruates could be strengthened by mainstreaming menstrual health into global policies and treaties.

Many of the goals—such as ending poverty, promoting health and wellbeing, achieving gender equality, providing clean water and sanitation, encouraging decent work, reducing inequalities, and limiting climate change by reducing menstrual waste and encouraging reusable products when appropriate—would benefit from acknowledging the right to menstrual health because they are interconnected. Menstruation health will be included in these international conventions, which will boost pressure on decision-makers, enhance awareness at international forums, and change agendas to recognize the importance of menstruation health. It will take dialogue between grassroots organizations and policy officials to include menstruation health into specific global policies, enhancing global coordination and the diversity of voices that are heard (Martin et al., 2023).

Menstruation in low and middle economic countries

A sobering, but sadly predictable, situation has been revealed by an increasing body of research on menarche, menstruation, menstrual hygiene, and menstrual health among teenage girls in low- and middle-income countries (LMICs): menstruation is still stigmatized and shrouded in silence in many parts of the world. Many girls suffer worry and anxiety when they reach menarche because they are ignorant about menstruation and are ill-prepared for it. Girls are less likely to have access to and/or use menstrual products to manage their periods in rural and impoverished urban communities as well as humanitarian crisis situations. They also frequently lack access to soap, safe water, and secure, functional restrooms or latrines with private disposal facilities for used menstrual products. For females, these obstacles have both short- and long-term effects on their self-efficacy and confidence, their capacity to engage in daily activities like work and school, and their general health and well-being (Plesons et al., 2021).

The World Health Organization's (WHO) Department of Sexual and Reproductive Health and Research, in collaboration with the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction, organized a global research collaborative meeting on menstrual health in adolescents in August 2018 to acknowledge the opportunity presented by the growing attention to menstrual health. In order to address the comprehensive menstrual health requirements of girls and other people who menstruate globally, there is still considerable work to be done in the areas of action and research. Still, the time is right for advancement. Lastly, there are strong grassroots movements for menstrual equality all over the world that are advocating for menstruation to be taken into account in conjunction with initiatives to advance social justice and gender equity. The current potential is as great as the call to action for scholars, policy makers, program implementers, and funders (Plesons et al., 2021).

Menstrual health and India

According to a report by AC Nielsen titled "Sanitary Protection: Every Woman's Health Right," just 13% of India's 355 million female population utilize sanitary napkins¹. More than 88% of women rely on other options

including husk sand, ashes, and unclean clothing or carpets. Certain severe illnesses that affect women, such as Reproductive Tract Infection (RTI), are 70% more prevalent in these women. Research on this subject shows that the most significant obstacle to utilizing sanitary napkins is their expensive price. According to a poll, about 70% of Indian women claim that their families cannot afford to buy them (Goyal V, 2016).

The results of the study show that while comprehensive and illustrative informative resources are available for usage, there are gaps in stakeholders' expectations about who should introduce the issue of menstrual health education to teenagers and how (Tulsi et al., 2019). A sanitary menstruation practice's precondition is having access to correct and useful information. Studies conducted around the nation have shown that a dismal amount of society's members are aware of or comprehend that menstruation is a regular biological process. Speaking openly and shame-free about menstruation is a challenge for women and girls due to prevailing social conventions, beliefs, and behaviors. The elimination of discriminatory behaviors against women will be more effective if males are sensitized at the community level to improve their awareness and, consequently, cultivate a supportive attitude. Engaging influential cultural figures, such as social and religious leaders, in dispelling false beliefs and myths would also contribute to strengthening the social support structure (Sinha et al., 2018).

Ensuring menstrual hygiene for women and girls ought to be the primary priority for development, requiring swift and comprehensive action from all pertinent parties to transform the state of menstrual hygiene in India (Sinha et al., 2018). Public health campaigns should broaden their approach from health information communication to a more nuanced communication-strategy that addresses the causes of communication inequality and communication taboos around sensitive topics in order to increase effectiveness and inclusivity when communicating with adolescents regarding sensitive topics. Taking a gender and socioeconomic inclusive stance can help create a complete strategy that caters to the unique needs of teenagers in various societal contexts (Gundi, Malavika & Subramanyam, 2019).

Menstrual health and Haryana

Aadya Foundation

"We found Aadya Foundation because it's a taboo in society, especially in Haryana. Other cities and states also have similar foundations, but not in Haryana. The idea came because even after being educated, people don't openly talk about these things. We promote eco-friendly and affordable products, not just cups and cloth pads, but also biodegradable items that decompose." As of now we have conducted 4-5 drives targeting slum areas and government schools

- "When we visited slum areas, we noticed that people there don't want to listen about periods. Some have heard about it and use plastic sanitary pads, but they throw them anywhere instead of in dustbins. There is also a sense of shame in discussing these things. Young girls, especially those who don't go to school, lack access to facilities, so our experience wasn't great due to lack of education and awareness."

- "When we visited government schools, we noticed that girls aged 12-13 didn't know about menstruation. There should be awareness sessions conducted by teachers so that girls become aware. When we talked to them, neither their teachers nor their families had informed them about periods
- "There were many myths among the girls due to lack of proper awareness. We also noticed that period poverty leads to low attendance rates in India, especially in Haryana, despite the government providing napkins. Hygiene is a major issue in government schools, and there are no toilets in slum areas."

Our NGO's main motive is to raise awareness among as many people as possible in a short period of time. We also aim to encourage them to use sustainable and biodegradable products. We strive to cover as much area as we can, so that more and more people become aware and have access to eco-friendly options.

By promoting the use of sustainable and biodegradable products, we are not only providing long-term benefits to the environment but also to women's health. With the increasing rates of ovarian cancer and other related illnesses, it's crucial to raise awareness and take steps towards a healthier lifestyle.

Also by such drives we all get to know the importance of real-life experiences and how they help us identify loopholes and understand the challenges better. It's true, through our interactions with people and their experiences, we gain valuable insights into the issues at hand and can work towards finding effective solutions.

After receiving donations, we conduct surveys to gather feedback. It's heartening to see a positive response from people who have switched to sustainable products. They not only save money but also contribute to reducing waste. It's a win-win situation for everyone involved!

By promoting these practices, we are providing long-term benefits to the environment and also addressing women's health concerns, such as the high rates of ovarian cancer. It's important to understand the loopholes and challenges through real-life experiences. When we interact with people and learn from their experiences, we gain valuable insights. After receiving donations, we conduct surveys to gather feedback. It's great to hear that people have responded positively, mentioning that they have saved money and reduced waste by using sustainable products.

Another important aspect to consider is period poverty. It's a significant issue that affects many women and girls around the world. Period poverty refers to the lack of access to menstrual products, proper sanitation facilities, and education about menstrual health. This can have a profound impact on the overall well-being and dignity of individuals.

Addressing period poverty is crucial for promoting gender equality and ensuring that everyone has equal opportunities. By raising awareness, providing access to affordable and sustainable menstrual products, and advocating for policy changes, we can work towards eliminating period poverty. It's essential to support initiatives that aim to tackle this issue and empower women and girls to manage their periods with dignity. Together, we can make a difference!

CONCLUSION

This paper has focused on providing a theoretical framework towards menstrual health and numbers that talk on this topic. In conclusion it could be said that though with number of policies and plans coming up by the government, society still lacks in menstrual health education and implementation. It is an overall global view that more number of sustainable development plans and foundation or NGOs are supposed to come up to talk about menstrual health in a broader perspectives. Also gender bounds need to be taken care of i.e. males also need to be involved and taught about menstruation, menstrual health, hygiene and protective plans. The number of people educated on this topic are less, but also the educated class does not maintain health and hygiene. If in this case more effective way of educating girls and women is required so that they understand the importance to their health. It should start with small number from particular city moving to state and further on a global platform. In respective to this approach, more number of research is required to collect data and provide quantitative view so that more precise points could be taken and plans are decided in particular way.

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