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IFMSA Policy Document Menstrual Health

Proposed by Team of Officials

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Policy Commission

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Policy Statement

Introduction

Menstruation is defined as a natural bodily process of releasing the blood and associated matter from the uterus through the vagina as a part of the menstrual cycle, affecting over 1.8 billion girls, women, transgender men and non-binary persons of reproductive age. However, millions across the world are denied the right to manage their monthly menstrual cycle in a dignified and healthy way.

IFMSA Position

The International Federation of Medical Students' Association acknowledges Menstrual Health and Menstrual Hygiene Management (MHM) as an essential part of Sexual and Reproductive Health and Rights and its fulfillment as crucial to guarantee the right to the highest attainable standard of health in addition to being interlinked to several other Human Rights. Gender inequality, discriminatory social norms and cultural taboos, poverty and lack of basic services and facilities being the main driving factors to menstrual hygiene needs resulting unmet: it is imperative to observe, analyse and address them through a gender lens and an intersectional perspective. Previously existing vulnerabilities are amplified when lack of Menstrual Health and MHM is present but at the same time, by addressing them, IFMSA sees an opportunity to bring in gender transformative initiatives that lead to the protection of the dignity and bodily integrity of people who menstruate, without conditioning their choices and futures, impacting positively communities worldwide.

Call to Action:

IFMSA calls on:

1. Governments to:
 - Organise health surveillance programmes to assess the burden of lack of menstrual health and hygiene related services and develop a menstrual health programme that adequately responds to these needs
 - Establish evidence-based and scientific menstrual health and hygiene programmes work to ensure that all people who menstruate can attain the highest level of menstrual health
 - Allocate funds to menstrual health and hygiene programmes to improve the affordability, availability and accessibility to acceptable menstrual products
 - Continue to increase the accessibility of water and sanitation services in all communities
 - Recognise that menstrual products are essential commodities and exempt taxes on them
 - Ensure that proper efforts are taken to develop inclusive menstrual health and hygiene programmes that address the distinct health needs of vulnerable populations and provide them with information, materials and methods to improve their access to menstrual health related services
 - Address menstrual health and hygiene through comprehensive sexuality education programmes at schools, for all genders, to raise early awareness about the topic and sensitise children to the importance of menstrual health and hygiene
 - Advocate to destigmatize menstruation through community-based efforts, awareness campaigns and develop health legislation and policies that do not allow menstruation-related discrimination
 - Build capacity of grassroots health workers and programme implementers to sensitise them to menstrual stigma and build their knowledge about menstrual hygiene management
 - Conduct regular monitoring and evaluation of menstrual hygiene programmes
 - Promote intersectoral coordination between healthcare, education, sanitation sectors



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etc and collaborate with the private sector and civil societies to tackle barriers in achieving menstrual health

- Increase the number of medical professionals like gynecologists to ensure access to adequate care including menstrual health counselling.
- Introduce and implement comprehensive policies to support people who face difficulties at work or when entering the workforce due to menstruation. This includes exploring new, innovative concepts such as menstrual leave for people who face difficulty at work due to menstruation and/or health-issues related to menstruation.

2. UN Agencies and Non-Governmental Organizations to:

- Recognize menstrual hygiene as a core element in achieving the 2030 Sustainable Development Agenda and promote as well as take action to tackle the barriers in achieving good menstrual hygiene management
- Develop and, when necessary, update guidelines and inclusive policies on achieving good menstrual hygiene management and track their national implementation
- Conduct initiatives that raise awareness on the importance of menstrual health, its relation to human rights as well as the consequences of poor menstrual hygiene management
- Conduct research on the accessibility to menstrual hygiene management within the scope of their work (locally, nationally or internationally) and identify unaddressed gaps.

3. Medical universities and healthcare institutions to:

- Provide WASH (water, sanitation and hygiene) facilities, so that women can have the proper conditions to sanitize and use menstrual materials.
- Guarantee menstrual kits, including basic menstrual supplies for emergencies and materials to ensure WASH
- Facilitate access and information to drugs that contribute to pain management
- Address menstrual health and hygiene through comprehensive sexuality education programmes that promote the eradication of misinformation, harmful practices, taboos and stigmas around menstrual health, using a gender equality-based approach
- Work with donors, governments, and NGOs to fill the gap in empirical evidence on the relationship between poor MHM and lost schooling, attainment, dropout, self esteem, self-efficacy, sexual and reproductive health harms, and girls' inequity
- Provide technical support on the development of policies, guidelines, and standards for improving MHM in schools

4. NMOs and Medical Students to:

- Conduct activities to raise awareness about menstrual health and menstrual hygiene management among communities.
- Advocate for menstruation-friendly environments and policies.
- Confront social norms and stigma about menstruation at grassroots.
- Collaborate with other organisations distributing menstrual hygiene materials in communities in need.



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Position Paper

Background Information

According to the United Nations Children's Fund (UNICEF), menstruation is defined as the "natural bodily process of releasing the blood and associated matter from the uterus through the vagina as a part of the menstrual cycle" [1]. It is both natural and healthy in women and girls at the reproductive age (2). However, in this position paper the term "people who menstruate" will be applied as more inclusive and appropriate.

According to the WHO and UNICEF Joint Monitoring Programme (JMP) for drinking water, sanitation, and hygiene, menstrual hygiene management is defined as: "Women and adolescent girls [...] using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials" [1].

Discussion

The concept of menstrual health and hygiene is defined by UNICEF as "MHM and the broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment, and rights" [1].

Menstrual Health and Human Rights

Human rights and menstrual hygiene are intrinsically connected, as every person who menstruates should be able to manage their menstruation with dignity. Various factors can affect the accessibility to menstruation management, causing it to become a basis for stigma and discrimination. [3] Therefore, menstrual hygiene is recognized as an overlooked barrier to human rights. [4] Difficulties in accessing facilities, supplies and healthcare services result in a negative impact on the rights of women and girls as well as transgender and other non-binary individuals, hindering the possibility to reach their full potential. Therefore, a significant link can be made between good menstrual hygiene management and the fulfilled right to health, education, work as well as gender equality and non discrimination. [5] Additionally, a need for an intersectional approach becomes apparent when exploring menstrual health issues, as poor menstrual hygiene management may pose more complex challenges for marginalized groups in the population. [6] It is important to note that multiple international human rights treaties (such as The Convention on the Rights of the Child (CRC), Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the Convention on the Rights of Persons with Disabilities (CRPD)) are paramount for menstrual hygiene management. [1]

Menstrual Health and Sustainable Development Goals

In 2018, the side events in the High Level Political Forum brought attention upon how menstrual hygiene is paramount in achieving the 2030 Sustainable Development Agenda, as menstrual health heavily affects sanitation, health, education, decent work, gender equity and consumption. [7,8]

SDG 3 - Good Health and Well - Being

Poor menstrual hygiene is recognized as a barrier to overall health and well-being. Lack of access to good menstrual hygiene management oftentimes results in unhygienic practices such as using unfit absorption materials as well as reusing them; engaging in adjusted bathing and cleaning practices. Subsequently, there is an increased risk for reproductive tract infections, bacterial vaginosis and urinary tract infections. [9]

SDG 4 - Quality Education

Lack of components of good menstrual hygiene management can hinder the education of persons who menstruate. Low school attendance is indistinguishably linked with menstruation, stigma and shame surrounding it and lack of proper access to menstrual hygiene products being identified as the key factors in menstruation related school absenteeism. [10,11] UNESCO reported that the number of girls that miss school due to menstruation is as high as 1 in 10 girls in Sub-Saharan Africa. [12] A study in Delhi, India determined that 40% of girls did not attend school during their periods and stressed how menstruation also



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affected their school performance. [9]

SDG 5 - Gender Equality

The stigma and discrimination surrounding menstruation directly affects gender equity: women and girls are treated as inferior to men and oftentimes experience harassment and ostracism from social and cultural gatherings. [9] Additionally, it is acknowledged that menstruation can make girls more susceptible to early marriage along with a higher risk for pregnancies, unwanted pregnancies and maternal deaths as well as domestic violence and sexual violence. [13, 14, 15]

SDG 6 - Clean Water and Sanitation

Ensuring access to clean water and sanitation is especially vital to those who menstruate. Absence of facilities and clean water leads to poor menstrual hygiene management; moreover, as privacy and safety are sought for menstrual waste disposal, menstruators are forced to do so in inadequate settings. [16] Furthermore, strong links can be made between lack of WASH facilities and subsequent inequalities. [17]

SDG 8 - Decent Work and Economic Growth

Similarly to education, menstruation can strongly impact the working life of menstruating individuals. As work days are typically long, there is a higher need to change one's menstrual absorption materials; moreover, the workplace conditions (e.g. working in the streets or fields) can decrease the likelihood of being in reach of suitable WASH facilities. All of these factors contribute to work absenteeism, consequently lowering economic growth and hindering one's economic opportunities. [18]

SDG 12 - Sustainable Consumption and Production

Access to proper menstrual hygiene products is imperative for sustainable consumption and production. Nonetheless, menstrual products still have a luxury tax or are expensive in many parts of the world, causing some people who menstruate to forgo using menstrual hygiene products overall. [19,20] Lack of proper facilities leads to waste disposal in water bodies, forests, bush areas, therefore leading to detrimental effects for the environment. [14]

Stigma and Discrimination

Despite being an incredibly normal physiologic process, menstruation has been associated with being something impure or dirty since time immemorial. This inherent stigma associated with the process of menstruation often stems from the fact that it is something coming out of the human body that cannot be controlled which must make it dirty. This belief that menstruation is 'dirty' serves as a basis for patriarchal structures to control people who menstruate. [21]

Despite manifesting in different ways, menstrual taboos exist in various cultures around the world. It is true that some parts of the world may experience this in more severe forms than others. The effect of this stigma and discrimination can range from physical distancing of people who menstruate to children and adolescents who menstruate dropping out of schools to even the exclusion of people who menstruate from certain occupations or positions of leadership. Apart from these being grave effects of menstrual stigma, these are also grave human rights violations. [21,2]

In many countries, comprehensive sexuality education that focuses on menstruation is lacking because of this stigma. Due to lack of information or even worse, misinformation, people who menstruate often grow up believing a lot of myths and stigma surrounding menstruation and can even propagate these to the next generations. [21]

Knowledge and Skills relating to Menstrual Health

Global research indicates that there is a general lack of knowledge about menstrual health and hygiene, not only by people who menstruate but also other people such as their parents, educators or even healthcare workers, further preventing people who menstruate to access this crucial information [1]

The International Technical Guidelines on Sexuality Education outline the specific characteristics necessary to build knowledge, which includes traits as scientifically accurate, age and developmentally appropriate as



well as curriculum based (delivered in either formal or non formal education platforms). Even though the primary audience for this content is noted as girls and women, it is well noted that the secondary audience might need to include peers (including pre-adolescent and adolescent boys) as well as parents, caregivers, community and religious leaders [22]. It is important to assess the resources which might be already developed for learning, that might be already used in science or biology classes or other extra-curricular activities. Some of the topics which should be covered include not only biological facts but also address the harmful beliefs and behavior (for example, stigma about menstrual health) (x).

Ensuring Facilities and Services

It is assessed that 2.3 billion people do not have access to basic sanitation services, 1.25 billion girls and women lack access to a safe, private toilet and 526 million people do not have a toilet at all. Only 27% of the population has a handwashing facility with water and soap at their home [23,24]. In terms of kids and adolescents, 620 million children attended a school without basic sanitation services. Due to difficulties during menstruation that school does not mitigate as well as accompanying stigma, girls might be more likely to skip school during menstruation and receive less quality education [23,1]. Access to facilities might be limited for vulnerable populations such as people with disabilities, people during a humanitarian crisis, incarcerated or homeless people. WASH infrastructure might be also exclusionary for transgender or non-binary people who menstruate, for ethnic or religious minorities as their needs and preferences differ [1,2]. On the other hand, even if services are available, they might be labelled as “menstruation rooms”, which decreases the likelihood of using them due to stigma. Ideal public restrooms adjusted for menstrual health and hygiene should have: separated toilet blocks with locked, private doors and solid walls, access to water and soap (preferably inside the toilet), regularly disposed disposal facilities (e.g. trash bins), sufficient lighting and ventilation, hangers for bags or clothes and a mirror. The bathroom should be regularly maintained and adjusted to people with disabilities (by ramps, handrails, adapted seats and cubicle size etc.) and should have more female cubicles due to their different needs than males [1]. Lack of or limited access of sanitary facilities and services impairs the management of menstrual hygiene. It poses the risk of urinary tract or vaginal infections that might lead to serious consequences, especially in rural and impoverished areas with little access to health care. Apart from health dangers, it also affects psychological well being of people who menstruate (e.g. embarrassment, social exclusion) as a result of stigmatization of this physiological aspect of life [23,25].

Accessing Menstrual Materials and Supplies

In low- and middle-income countries many girls are not able to manage their menses and associated hygiene with ease and dignity. This deprivation is even more acute for girls and women in third world countries. These girls and women cannot practice good menstrual health and hygiene at home, at school, at work or in other public settings, due to a combination of discriminatory social environments, inaccurate information, poor facilities and lack of access to hygiene materials. [1]

It is often due to poor public infrastructure, non-inclusive health policies, lack of access to education and under resource menstrual hygiene. In addition myths and taboos often promote a high level of secrecy about even the most basic menstruation facts – leading to shame and exclusion for women and girls. Menstrual hygiene practices were affected by cultural and social norms and patterns, parental influence, personal preferences, economic status, religion and socioeconomic pressures. Menstrual beliefs, knowledge, and practices were all interrelated to the menstrual hygiene management. “These norms were the barriers in the path of good menstrual hygiene practices.” [16] Many women experience restrictions on work activities, sexual intercourse, bathing, worshipping, and eating certain foods. These restrictions were due to the overall perception of the people regarding menstruation as they consider it dirty and polluting. [16]

Reaching people with disabilities who menstruate

There are around one billion people with disabilities worldwide and that makes up for 15% of the world's population [26]. Disabled people who menstruate face more barriers to access facilities, services, knowledge or support, but their needs differ depending on the disability. People with vision impairment have obstacles in knowing whether they cleaned themselves properly or with placing sanitary pads. People with a mobility disability might face problems with accessing facilities, washing themselves or the materials and placing sanitary supplies. People with intellectual or developmental impairments may require adjusted education on menstrual management [1] and it might be hard to keep track of time to change menstrual sanitary materials [27]. If menstruation management is challenging, there are options for suppression or reduction of the intensity of the menstruation and in some cases, even hysterectomy might be a final solution [28]. Main



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barriers that people with disabilities need to overcome in terms of menstruation are the inaccessible WASH infrastructure, insufficient support in medical facilities, knowledge materials unadjusted to their disability (e.g. booklets in Braille, audios, videos with subtitles or sign language, simplified content), choice of appropriate and suitable sanitary material and placing sanitary materials in shops on an unreachable height [1,29]. It might cause distress to carers as it leaves them with the knowledge gap and poor array of products' choices. Due to the stigma associated with menstruation, the carers of people with intellectual disabilities might experience embarrassment, if the person exposes menstrual blood in public [30].

Menstrual Health and Hygiene in Humanitarian Crisis

The worst mortality and morbidity rates for women and girls occur in chaotic environments. These environments are characterised by destruction of public infrastructure including all the health services, massive population displacement, insecurity, and a collapse of the social structure and norms.

Women and girls, especially those living in fragile or hostile settings, face gender based exclusion, marginalisation, stigmatisation and exploitation and mostly sexual and gender based violence. Gender inequality is a barrier to accessing essential services, and contributes to harmful practices for women such as unwanted pregnancies and forced marriages. These human rights violations can increase during emergencies, resulting in which could result in detrimental effects on the women's integrity [31]

The inclusion of attention to menstrual-related needs within a standard emergency response seems to have emerged after the Fourth World Conference on Women: Action for Equality, Development and Peace, Beijing 1995 in which attention was called to the reproductive rights and dignity of women. [32]

In reference to MHM (menstrual health management) all the women and girls in lower-income settings face significant challenges in managing menstruation. These challenges are exacerbated in emergencies. Effective MHM in emergencies therefore requires an interdisciplinary approach, encompassing culturally appropriate sanitary materials for each woman and girl, latrines and bathing areas designed for women's safety, appropriate means of disposal or care of used sanitary materials, including space for washing and drying reusable pads, and relevant information on managing menstruation. [33]

Menstrual Health and Hygiene in non-cisgender individuals who menstruate

Menstruation is not a process that is restricted only to cisgender women. In fact, people who menstruate can be represented across a wide spectrum of gender identities including but not limited to cisgender women, transgender men, gender non-binary individuals and gender non-conforming individuals. Non-cisgender people who menstruate may choose to take hormone replacement therapy in order to transition or affirm their gender. Taking testosterone therapy can change menstrual patterns and eventually even lead to cessation of menstruation. Some individuals, however, may not be on hormone replacement therapy either due to barriers to accessing it or simply choosing not to take it. Hence, non-cisgender people can menstruate too. [34,35]

Menstruation is a highly gendered concept in many societies across the world. Many cultures celebrate menarche as a hallmark of entering "womanhood". For non-cisgender children and adolescents who are still questioning their gender, reaching menarche can often feel like invalidation of their identity. Menstruation can induce immense gender dysphoria in non-cisgender individuals. This is partly due to the biological process of menstruation itself which serves as a monthly reminder that their body is not what they would like it to be. [35]

The gendering of menstruation in society can be as discomfoting as the biological process itself to non-cisgender people who menstruate. This gendering makes it very difficult for non-cisgender people who menstruate to navigate menstrual health and menstrual hygiene management. Menstruation is continually highlighted to be a sign of femininity in various spheres of life. One such area includes conversations surrounding menstruation itself where traditionally only women are involved in these conversations and men purposefully keep themselves out of these discussions owing to menstrual stigma or simply due to disinterest in a process that does not concern them directly. According to a study done in the United States of America, non-cisgender people who menstruate reported less discomfort or dysphoria if they had the space in their personal lives to discuss menstruation as cisgender women often do. Further, menstrual advertising, which often majorly associates itself with femininity or womanhood can be a source of anxiety, discomfort or even dysphoria for non-cisgender people who menstruate. In fact, multiple studies have shown that non-cisgender menstruators prefer menstrual products that are marketed as gender-neutral over those that are marketed



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as feminine products. Accessing products that are marketed as feminine products can be equally distressing as it can pose the risk of being outed. [35,36]

Another problem with respect to menstrual health for non-cisgender menstruators is the lack of menstrual management options in non-female bathroom spaces. Bathroom spaces irrespective of menstruation are a major cause of concern for non-cisgender people with reports of them experiencing negative attitudes ranging from derogatory comments to physical or sexual violence in these spaces. Menstrual hygiene management in such spaces can aggravate these experiences. Often, male bathrooms may not make available private bathroom stalls for non-cisgender menstruators to change their menstrual products. Even if bathroom stalls are available, they are often not equipped with dispensary machines for menstrual products or with disposal cans for used menstrual products. Even if these requirements are met, the use of menstrual products in public bathroom spaces can pose a risk of one's gender identity being revealed. To cope with these issues, often, non-cisgender people who menstruate are forced to avoid public restrooms, travel long distances from their school/workplaces to access private gender-neutral bathrooms and even use menstrual products for longer than the duration for which they must be used. [35,36]

The final hurdle with respect to menstrual health for non-cisgender people who menstruate is not just the lack of awareness among health care providers with respect to non-cisgender gender identities in general (for eg. misgendering by use of incorrect names or pronouns, gender-binary enforcing health care provision). It also includes the specific issue of lack of knowledge among health care providers about menstruation in non-cisgender people. The existing menstrual stigma in various healthcare setups amplifies when it comes to non-cisgender people. Non-cisgender people often have a lack of knowledge about menstrual health and menstrual abnormalities because of avoiding seeking healthcare for the same. This may be a result of past negative experiences with the healthcare system or even due to avoiding discussion about menstruation with healthcare providers in a bid to avoid dysphoria. This may increase health disparities in non-cisgender people who menstruate. [35,36]

Menstruating While Homeless / Homeless people who menstruate

Obtaining menstrual hygiene supplies is costly. People within the lower economic status prioritise food over menstrual hygiene materials. This forces them to use unsanitary alternatives.. Even if they are accommodated in shelters, sanitary menstrual products may not necessarily be available for free and also shelters' bathrooms are limited (e.g. shelters closing during daytime). The main challenge faced by the homeless people is that the menstrual products are beyond their economic means. Besides, the quality of the goods offered is low. As a result, a common alternative is using toilet paper from public restrooms. Although this resolves the problem of absorbing blood, it does not resolve the problem of maintaining hygiene, because homeless people have less access to appropriate ablution facilities. In some settings, access to public toilets is less accessible and they might lack clean water which makes hygiene maintenance less feasible. This might put homeless people who menstruate at higher risk of urinary or reproductive tract infections. The psychological impact is devastating owing to the fear of menstrual accidents occurring and the stigmatization and embarrassment that comes along with it. There is also difficulty in changing menstrual supplies in privacy [37,38].

For some people, menstruation is mentally and emotionally exhausting. Besides, being homeless implies having no relevant facilities for self care.–Some indicate that warmth and comfort can mitigate negative aspects of menstruation, which is hardly achieved in the state of homelessness. Menstruation can also aggravate the discomfort of sleeping on the streets. The issue with menstrual support for homeless people is that reusable packs are better financially and health-wise. However, the above does not completely solve the problem of poor access to WASH facilities and support goes beyond menstrual products, keeping in mind psychological well-being [37].

Access to medical counselling

Abnormal uterine bleeding (bleeding between menses, prolonged and/or heavy menstruations) has 3- 30% of prevalence among women in reproductive age. These conditions are rarely life-threatening but demand clinical investigation [39]. In addition to that, a first reproductive health visit should happen between age 13 and 15 according to the American College of Obstetricians and Gynaecologists (ACOG) [40]. Although data about rising demand for gynaecologists is scarce, there are statistics from the USA that estimated in 2013 the increase of needs by 6% by 2020 [41]. Deepening healthcare workforce shortage will significantly concern people living in rural areas, however, statistics from urban settings are not satisfactory [42]. This global trend makes no exceptions and gynaecology is one of many affected specialities. In Taiwan, 39.4%



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of towns had no practising gynaecologist [43]. In the USA, half of the counties lacked an obstetrician-gynaecologist. The same ACOG report provides us with the information that by 2050 there might be a shortage of 22,000 gynaecologists [44]. These numbers give us a picture of the increasing need for gynaecological care that is not going to be met, but rather to intensify. Menstrual health counselling is a comprehensive diagnosis and treatment process as well as an educational opportunity [44] and due to the shortage of healthcare providers are a luxury of mostly urban citizens.

Menstruation and People living in Closed Settings

People living in closed settings including those in prisons, detention centres, probation camps etc are often subject to inhumane and non-dignified treatment as they cannot access menstrual products. Most people tend to experience a lack of privacy as they go through the monthly cycle of bleeding. Menstrual stigma that is already inherent in these individuals can be increased even more due to their lack of privacy. Further, brutal treatment at the hands of prison guards/correction officers with respect to their menstruation can worsen this situation. [45] Guards/officers may exploit people who menstruate to coerce them into performing favours that they do not consent to or to coerce them into not reporting situations of abuse or of facilities not meeting the minimal standards of care in return for providing them with menstrual products. The power dynamic between people who menstruate and their guards/officers along with the fact that menstrual products are an essential monthly need often leads to people who menstruate being taken advantage of or worse, them turning to other unsafe or unhygienic methods of menstrual management. [46] Moreover, a study called "The imprisoned body: Women, health and imprisonment" by Catrin Smith in 1996 shows that women, again it's valid for all people who menstruate, imprisoned reports menstrual symptoms intensified and other disorders associated like early menopause [47]. Therefore, it's important to think about how the whole condition of deprivation of liberty affects the menstrual health of all people who menstruate not just in a psychological way, but also in a physic.

Apart from the indignity of experiencing menstruation in a closed setting, people who menstruate face other barriers to attaining the highest level of menstrual health. The World Health Organization, in a Bulletin about Women's Health in Prison, mentions menstruation and menopause as an issue in women's health. Their perspective is that the prison environment doesn't always consider specific needs of women as the availability of hygiene requirements. This includes unavailability of menstrual products at the closed setting, unavailability of products of a certain type or size that suits them best, products of lower quality than minimal medical standards as well as having to pay to access these menstrual products. [45] Due to low availability or poor/less allocation of menstrual products, people who menstruate are further subjected to indignity by them being forced to asking for more menstrual products or to resort to unhygienic means of menstrual management which can be dangerous to their health. There have been increased reports of infections, toxic shock syndrome, sepsis and increased mortality among people living in closed settings due to lack of menstrual hygiene management. [46] Although there are private prisons in the world, those people's health it's a public interest and consequently it's the government's responsibility to guarantee access for all menstrual hygiene requirements, ensuring the menstrual health in prisons.

Menstruation and Refugee Settings

Over 30 million girls are currently displaced due to conflict and disasters [48] Menstruation in refugee settings can often be very difficult to manage. These basic and essential products are often considered non-essential in refugee settings and thus, most health care suppliers fail to provide menstrual products in refugee settings. This is often due to the larger issue of sexual and reproductive health issues being viewed as secondary in times of a refugee crisis. Even in settings where menstrual products are accessible and affordable, people who menstruate can struggle to manage their menstruation in dignity due to lack of privacy in bathrooms (which are often made of raw materials), unhygienic conditions in bathrooms, lack of access to safe and clean water, or complete absence of a bathroom altogether which can mean having to change or use menstrual products in the open with the risk someone seeing them. Also, most migrants and refugees are a greater part of homelessness rates in many countries around the world and those people who menstruate are often suffering from both kinds of menstrual health issues. Further, menstrual stigma can heighten barriers to menstrual health and hygiene as a result of people who menstruate being shunned or separated during menstruation or being denied health care altogether. Due to inherent stigma among people who menstruate, they may be hesitant to seek these services or ask for improvements in access which can worsen menstrual health. People who menstruate might even turn to using unhygienic methods of menstrual management which can further affect their health and even lead to significant morbidity and mortality. [48]



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