



Reflection

Periods in the midst of a pandemic: maintaining menstrual hygiene during COVID19

OVERVIEW The COVID-19 pandemic has had an especially devastating impact on women and girls, especially those living in poverty.¹ Menstrual hygiene and health are often a low priority during humanitarian responses.² An estimated 1.8 billion people menstruate worldwide, and many struggle each month to manage their menstruation hygienically and comfortably. As a result of the pandemic, menstruators are struggling even more, due to limited supply chains, lower incomes, restrictions on mobility, limited water and soap, potentially less “space” due to city dwellers returning home, as well as more domestic responsibilities with school out.

26%

Global population are menstruators

“The lack of menstrual hygiene as a priority during emergency response is likely to exacerbate already worsened menstrual hygiene conditions caused by the pandemic.”

“After the pandemic dies down, we cannot return to our old habits; we must continue to increase efforts around menstrual hygiene.”

Menstrual Hygiene during COVID-19 pandemic

AVAILABILITY OF MENSTRUAL PRODUCTS

There are major supply chain, production, and distribution issues that have impacted the availability of menstrual products globally as a result of COVID-19.^{3,4,5,6} In India and Africa, supply chains are affected due to restrictions of staff movement. Raw material availability and the import of materials are restricted. In Nepal, production and import of disposable pads has almost entirely stopped.⁷ In India, there are higher transportation costs on roads across states. Social distancing mandates have affected factory workers and lowered the production of sanitary pads. For many of the factories that have not suspended production, the machines were modified to produce surgical masks for health care workers.⁸

SPENDING PRIORITIES

The pandemic has increased economic uncertainty and many have lost their jobs or are experiencing lower incomes. Many individuals that had stable income are now living paycheck to paycheck. Those that relied on daily or weekly income now have even less reliable income. Financial stress has forced menstruators to prioritize other needs such as food over purchasing menstrual hygiene materials.⁶ Additionally, service organizations that previously provided menstrual products, including domestic violence shelters, have been disrupted due to lockdown and distancing measures.⁹ Organizations and government efforts that were distributing menstrual products to schoolgirls no longer distribute.³ Furthermore, panic shopping has led to increased stock out. All of these challenges have resulted in price escalations of menstrual products in many countries, additionally increasing menstrual health needs. While lack of availability was already a reality for many menstruators living in marginalized communities worldwide, now this issue has increased not only for the poor but larger segments of the population as well.²

WATER AND SANITATION FACILITIES

In most low-income settings where CARE works, women and girls do not have sufficient access to water and soap, privacy for changing or washing during menstruation and disposal. The pandemic has further stressed these challenges. Many countries are experiencing reverse migration as migrant workers are forced to move back to rural areas, constraining water and sanitation resources.⁵ With male members at home more often, there is reduced privacy for women and girls to menstruate with dignity. This has resulted in challenges with washing, drying or changing pads, which could lead to discomfort or worse, negative health effects.

MENSTRUAL HYGIENE PRODUCTS NOT DEEMED ESSENTIAL IN COVID RESPONSE

Health systems are not prioritizing menstruation and menstrual supplies. In China, female healthcare workers had to use diapers or go without pads because hospitals considered menstrual products “nonessential” and rejected all donations.¹⁰ Only the delivery of essential medical supplies reached the hospitals in China, which resulted in female healthcare workers resorting to using diapers or nothing at all to manage their menstruation.¹⁰ In other countries such as Zimbabwe, menstrual supplies were not put on the lists of medical needs for hospitals.⁷ Although women comprise 70 per cent of the health workforce, facility managers are either unaware or do not prioritize the menstrual needs of female staff.⁶ In other large emergency response efforts to COVID-19, menstrual hygiene is missing.



A community leader prepares hygiene kits to help fight the Covid-19 virus in the Flortam Evacuation Camp in Philippines.

For instance, the WHO’s Sexual Reproductive Health response intervention did not include menstrual hygiene education.¹¹ In other government relief packages such as those supplied by the government of Nepal, hygiene items such as soap were included, but menstrual products were not included.¹¹ Furthermore, cloth for cloth pads is limited as governments have encouraged prioritization of individual

mask production⁸. The lack of menstrual hygiene as a priority during emergency response is likely to exacerbate already worsened menstrual hygiene conditions caused by the pandemic.



CARE Mali is responding to the COVID-19 virus through mask making and distribution of hygiene kits.

MENSTRUATORS’ VULNERABILITY TO HARM

While menstruators worldwide face shame and vulnerability as a result of menstrual stigma, the COVID-19 lockdown has increased their vulnerability to harm. Lack of privacy and increased confinement has created increased visibility of women and girls’ menstruation.⁵ It has become harder for them to conceal menstruation during the lockdown period. Women (and children) are already at risk of violence, as multiple sources record a surge in gender-based violence as a result of the effects of the COVID-19 pandemic.¹ Gender based violence is often exacerbated with household financial stress. Spending on menstrual products is also often seen by male partners as an unnecessary expense in the context of scarce financial resources. In Uganda women in a refugee camp reported that their partners beat them after they cut up distributed blankets to make cloth pads.¹²

PROGRAMMING RECOMMENDATIONS FOR MENSTRUAL HEALTH

A quarter of the entire world population menstruates, an estimated 26%!¹⁵ All emergency response packages should include menstrual hygiene products. Whether government or humanitarian, coordinated efforts must increase distribution of products and menstrual hygiene information. Local partners can also provide guidance on how to reach particularly vulnerable and harder to reach populations within the community.⁸ In the US, local governments have chartered school buses to deliver food to students’ homes

directly, but they have not been distributing menstrual products.³

Public health communication for COVID-19 includes hygiene information such as handwashing, however this communication should also incorporate menstrual hygiene.⁵ Due to restricted access and availability and affordability of disposable menstrual products, some menstruators have shifted to reusable products, reinforcing the need for messaging around safe washing and drying practices for cloth. Menstrual hygiene messaging should also target men and boys, because they are forced at home with menstruators, which has increased the need for awareness and reduced stigma around menstruation.⁵

COVID-19 has created a unique situation for public health needs worldwide. Menstrual health and hygiene were previously left out of the conversation and the situation is only getting worse. Overall, we must listen to the needs of menstruators worldwide and open the conversation around menstrual hygiene. When creating public health programming, we should seek the preferences of women and girls to meet their needs, provide the correct supportive facilities, and provide a range of menstrual hygiene options for them to choose from. The pandemic is far from over as it continues to spread, and the length of lockdowns remain unknown.¹³ We must learn from each other to understand the main menstrual hygiene needs and learn new ways of adapting during the pandemic.¹⁴ Addressing menstrual hygiene effectively requires cross sectoral programming. After the pandemic slows down, we cannot return to our old habits; we must continue to increase efforts around menstrual hygiene.² Gender equality cannot be achieved unless menstrual health and hygiene is addressed.¹⁵



Local community health educator washes her hands in a WASH community in Fogera Woreda, Ethiopia.

References

- ¹ Haneef, C., & Kalyanpur, A. (2020). *Global Rapid Gender Analysis For COVID-19*.
- ² Garcon, S. (2020). COVID-19 Has Made Menstrual Health More Urgent *PSI*.
- ³ Blackburn, L., & Okamoto, N. (2020). What Schools Need to Add to Their Covid-19 Crisis Toolkit. *CNN*.
- ⁴ UNFPA. (2020). *Coronavirus Disease (COVID-19) Preparedness and Response*
- ⁵ WSSCC. (2020). Programming Guidance on Menstrual Health and Hygiene in COVID-19 Response. *Water Supply & Sanitation Collaborative Council*.
- ⁶ Yamakoshi, B. (2020). Mitigating the Impacts of COVID-19 on Menstrual Health and Hygiene. *UNICEF*.
- ⁷ Columbia University Mailman School of Public Health (Writer) & Period Posse (Director). (2020). *Period Talk: What Do We Need To Consider During COVID-19?* In. USA.
- ⁸ Menstrual Health and Hygiene Web Dialogues (Writer) & WaterAid & WASH United (Directors). (2020). *Impact of COVID-19 on Access to Menstrual Hygiene Products and Information*. In *Menstrual Health Alliance India*. India.
- ⁹ Weiss-Wolf, J. (2020). Periods Don't Stop for Pandemics. *Newsweek*.
- ¹⁰ Li, A. J. (2020). How China's Coronavirus Health Care Workers Exposed the Taboo on Menstruation. *South China Morning Post, The Coronavirus Pandemic*.
- ¹¹ Paudel, R. (2020). Missing the Menstruation Amidst COVID-19 Pandemic. *Spotlight*.
- ¹² WoMena. (2020). COVID-19 and Menstruation- What Are the Challenges? *WoMena*.
- ¹³ Singh, R., & Adhikari, R. (2020). Age-structured impact of social distancing on the COVID-19 epidemic in India. *Cornell University*.
- ¹⁴ Jalan, S. (2020). Addressing Sexual and Reproductive Health and Rights in the COVID-19 Pandemic. *United Nations Foundation*.
- ¹⁵ Geertz, A., Iyer, L., Kasen, P., Mazzola, F., & Peterson, K. (2016). An Opportunity to Address Menstrual Health and Gender Equity. *FSG*.