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Menstrual Hygiene and Vulnerable Populations: Examining the Role of Nursing in Issues of Social Justice

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Abstract

The purpose of this paper is to explore common barriers to menstrual hygiene among vulnerable populations on a domestic and global scale. The term “period poverty” is a popular phrase used to describe the challenges that some women face when managing their menstrual health. Common barriers to good menstrual health management are limited access to feminine hygiene products due to environmental factors or financial instability, limited access to clean, private bathing spaces and a social stigma against menstruation that contributes to feelings of embarrassment and shame. This paper will summarize the effects that poor menstrual hygiene can have on health and it will discuss the role that nursing plays in helping women practice proper menstrual hygiene on an individual basis as well as the role of the nurse in battling “period poverty” as a greater public health issue.

Keywords: Menstrual hygiene, menstrual health management, “period poverty”, vulnerable populations, public health

Introduction

The prevalence of improper menstrual hygiene in vulnerable populations is a growing public health issue throughout the world. Globally, women lack access to affordable feminine hygiene products, clean, private bathing spaces and reliable knowledge about menstrual health. The lack of adequate menstrual health resources can lead to ineffective menstrual health management, which in turn can become a threat to the health and safety of women. The ability to practice good menstrual hygiene is first and foremost a human rights issue. Feeling healthy and clean strongly contributes to a person’s sense of dignity and their ability to function in daily life. For these reasons, all women deserve the opportunity to practice good menstrual hygiene throughout their lives.

At first glance menstrual hygiene may seem like a simple task, especially to individuals who have never lacked access to the necessary resources. However, there are many factors that affect a woman’s ability to practice menstrual health management. Marni Sommer and Murat Sahin (2013) defined menstrual health management as “using a clean menstrual management

material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required and having facilities to dispose of the used menstrual management materials”. Based on this definition, necessary components of menstrual hygiene include menstrual management materials, a private space, clean water and disposal facilities.

The topic of menstrual health is one that has been receiving more and more attention in the media as of late. The movement to transition menstrual health from a personal issue faced by women into a significant public health concern has been gaining more support in recent years. This movement suggests that governments have a political responsibility to promote adequate menstrual health practices by making resources more readily available (Sommer, Hirsch, Nathanson & Parker, 2015). However, the discussion of menstruation in public settings has a long history of stigma and shame. In some cultures menstruation is seen as a “dirty” or “impure” part of female life (Dammery, 2015). To this day, it remains a taboo subject among many populations all over the world. Winkler and Roaf (2014) discuss menstrual health as an issue of gender equality and they believe that, “No one is supposed to know when a woman or girl is menstruating, and if she is facing a problem or suffering pain, she is expected to cope in silence.” This attitude towards menstrual health is a problem because it deprives women of proper education regarding how to adequately care for oneself during menstruation. Astrup (2017) refers to this inequality as a form of “social poverty”, stating that “[Women] are not given the information, the space or the encouragement to talk about menstruation as a normal bodily function” (p. 40). Thus, one of the main challenges to improving menstrual health practices globally is the lack of adequate educational resources and open discourse.

To many women menstruation is no more than a monthly inconvenience that is managed easily and privately through the use of products such as pads and tampons. However, there are many women around the world that live without the resources and education needed to practice good menstrual hygiene. For women who lack such means, a monthly menstrual cycle can be a time of great discomfort, embarrassment and debilitation. This paper will discuss the major barriers to proper menstrual hygiene that many women face including the social stigma associated with menstruation, environmental factors and lack of financial resources. In addition to summarizing how these barriers can negatively impact the health of menstruating women worldwide it will also identify how nurses can work to improve this issue within the community through care provided to individual clients and actions that benefit the community as a whole.

Review of Literature: Menstrual hygiene as a global public health issue

Cultural implications related to menstrual hygiene

The variation of menstrual hygiene practices among vulnerable populations is greatly influenced by the way that a population views the concept of menstrual health. Sommer et al. (2015) discuss that while some cultures may celebrate menarche, or the onset of menstruation, other cultures neglect discussing the subject at all costs. Oftentimes, inadvertence towards the subject of menstruation arises from a belief that menstrual blood itself and the concept of managing menstrual blood is a taboo or inappropriate subject (Sommer et al., 2015). In cultures that share these beliefs women are often taught to follow a code of “menstrual etiquette” (Sommer et al., 2015). This etiquette requires that women inconspicuously manage their menses so that the process is kept almost entirely secret (Sommer et al., 2015). This ensures that the

female's menstruation is hidden from surrounding peers, especially boys and men (Sommer et al., 2015).

In scenarios where women do reveal that they are menstruating, whether intentionally or not, they can be subject to shame and embarrassment. For example, if a woman is found with soiled clothing or materials or is exhibits foul odor as a result of menstrual blood leakages she could be subject to humiliation from peers (Lahme, Stern, & Cooper, 2018). A diagnosis of health problems related to menstrual hygiene and reproductive health, such as urinary tract infections, pelvic inflammatory disease and vaginal thrush, can also put a woman at risk for shaming from others (Lahme et al., 2018). These social repercussions can cause menstruation to be a time of great stress and discomfort for menstruating females. However, the stress of keeping menstruation a secret is often compounded for women in vulnerable populations by a lack of resources needed to manage one's menses in a hygienic and private manner. Women who do not have these resources will struggle to keep their menstruation period secret from others because they are less likely to have a steady supply of products and private spaces to care for themselves. In addition, complications such as leakages, odors and other related health problems are more common among women who do not have steady access to appropriate menstrual hygiene products (Lahme et al., 2018).

The culture of silence surrounding menstrual and reproductive health that is found in many populations, both domestic and global, is a complex issue. Classifying menstrual hygiene needs of women as a taboo subject implies menstruating women should be ashamed of their bodies and the normal biological processes that accompany female anatomy. Furthermore, avoiding discussions about menstruation can compromise a woman's ability to effectively manage menstruation because of a lack of information and educational resources (Hennegan,

2017). However, it is important that issues are approached in ways that are respectful to the social and cultural needs of individuals and whole communities. In order to improve menstrual hygiene conditions in a population the goal of nurses and other healthcare professionals should be to foster a safe and understanding environment in which menstrual and reproductive health can be discussed comfortably, through methods that are culturally sensitive.

Environmental barriers to menstrual hygiene management

Oftentimes women struggle to engage in proper menstrual hygiene due to unsupportive environments. Sommer and Sahin (2013) discuss the environmental barriers to menstrual hygiene faced by schoolgirls in low income countries and how more than half of schools in low-income countries lack a sufficient number of restrooms or bathing facilities for females to use. It is very common for these bathing facilities to lack privacy and cleanliness. Sommer and Sahin (2013) report shows that many times latrines lack doors allowing for other classmates, including males, to tease and harass female students when practicing menstrual hygiene. They also state that many facilities do not have running water nearby or an appropriate disposal space for menstrual hygiene materials (Sommer & Sahin, 2013).

Inappropriate environmental factors can not only increase the risk of health complications but can also lead to anxiety, discomfort and embarrassment among menstruating women. These feelings can be debilitating for some women. Sommer and Sahin (2013) discuss how some school age girls are driven to skip school during their monthly menses out of fear that they might experience a menstrual leak in the classroom or face bullying about menstruation from classmates. The fact that many young females are driven to sacrifice their education as a result of the discomfort that accompanies poor menstrual hygiene poses a major problem in regards to

gender equity. Unclean spaces also put women at risk for infections and a lack of privacy can cause feelings of discomfort and embarrassment. As noted by Sommer and Sahin (2013) this kind of scenario can be especially harmful in a school environment where children are already at increased risk for teasing and bullying. However, the importance of a private, hygienic environment when performing menstrual hygiene extends to women in all walks of life.

Financial barriers to menstrual hygiene management

Individuals living below the poverty level are less likely to be able to afford the costly prices of feminine hygiene products. One article from the *Huffington Post* estimated the average amount of money that women will spend on tampons in a lifetime. The calculation assumed that most women experience approximately 456 periods, and 2,280 days on their period, in their lifetime (Kane, 2017). It then assumed that the average tampon-using woman would reapply products every 4-6 hours when on her period, thus using about 20 tampons per the average length of a cycle (Kane, 2017). These numbers were then multiplied by \$7, the average cost of a box of 36 tampons at Walgreens, to find that women spend a total of approximately \$2,000 on tampons in an average lifetime (Kane, 2017).

The aforementioned estimation only relates to tampon use and does not address other aspects of menstrual health management. Other factors such as management of menstrual side effects (i.e. pain medications, hot and cold therapies), replacing soiled clothing items and use of alternative menstrual management methods (menstrual cups, contraceptive pills, etc.) could also be considered when studying the financial repercussions of feminine hygiene. However, Kane's (2017) estimated cost of tampons used throughout a woman's life is a valuable measurement because it demonstrates the costly nature of adequate menstrual health management.

Health risks associated with poor menstrual hygiene

It is clear that financially unstable women are less likely to have the means to afford an adequate supply of feminine hygiene products that will allow them to manage their menstrual cycles in a way that promotes health. It is also known that women who do not have a constant source of shelter or access to a bathing facility are less likely to find clean, private spaces where they can change feminine products and cleanse themselves (Anderson, 2017). Women that do not have regular access to menstrual products are more likely to practice unclean and unsafe hygiene out of necessity and desperation (Little, 2015). Unsafe practices include leaving products, such as tampons and pads, inside or touching the body for longer than recommended, reusing soiled products and inadequate cleansing the genitals and perineal region (Little, 2015). Some women will even use other objects or materials in place of tampons or pads in order to control menstrual bleeding, if tampons and pads are not available (Little, 2015).

Women who practice improper use of feminine hygiene products place themselves at an increased risk for infections. One major health issue that is commonly seen with tampon and pad use is toxic shock syndrome. Toxic shock syndrome is a complication of bacterial infections that can progress to shock, renal failure and death (Durkin, 2017). Tampon and pad usage already creates an environment that promotes the growth of bacteria inside or near the body. When a tampon is left inside the body for too long it can become dried out and cause create tears in the vaginal walls (Durkin, 2017). These tears then serve as an entry point for bacteria into the bloodstream, which can lead to infections of varying severity (Durkin, 2017). The best way to prevent toxic shock syndrome is to change tampons and pads frequently (Durkin, 2017).

The use of inappropriate materials to control menstrual blood is another growing problem for many women. Some women who lack access to feminine hygiene products will use old pieces of cloth, toilet paper, or pieces of cotton or wool in place of a tampon or pad (Kuhlmann, Henry & Wall, 2017). Oftentimes, these materials are reused more than once out of necessity (Kuhlmann et al., 2017). Reusing materials such as cloth pieces is dangerous because it can increase the risk of infection in the genital region. In one case-controlled study performed in India it was found that women who were diagnosed with urogenital infections were twice as likely to have been practicing improper menstrual hygiene by reusing pieces of cloth instead of disposable feminine hygiene products (Das et al., 2015). This example demonstrates how many women in vulnerable populations place themselves at greater risk for health complications by practicing improper menstrual hygiene out of necessity.

Identifying vulnerable populations: The homeless population

Women who are homeless, both domestic and international, are considered vulnerable populations and are at increased risk for improper menstrual health management. Allegra Parillo and Edward Feller (2018) discuss how many homeless women only have limited daytime access to shelters with restrooms and many have absolutely no access to feminine hygiene products. For women that lack a steady source of shelter securing a private space to bathe and dispose of materials is a major struggle (Parillo & Feller, 2018). Furthermore, the few spaces that may be available to homeless females are often unsanitary and unsafe (Parillo & Feller, 2018).

In addition to an unsupportive environment, it is common for women who are homeless to use unhealthy or unsafe objects to control menstruation due to a lack of appropriate hygiene products (Parillo & Feller, 2018). One woman spoke about how her shelter only provided two

pads per cycle while, as aforementioned, the average woman uses approximately 20 tampons or pads per cycle (Kane, 2017). This example demonstrates the obstacles that many homeless women face during their monthly menstrual cycle. Thus, it is necessary that healthcare professionals begin to tackle the issue of menstrual hygiene within this vulnerable population as it is an important public health issue that is too often overlooked.

Methods for improving menstrual hygiene in vulnerable populations

One method that has been used to fight “period poverty” in vulnerable populations is the collection and distribution of feminine hygiene products such as pads and tampons in community spaces. A London based movement titled the “*Red Box Project*” describes a scenario in which approximately 120 schools ordered feminine hygiene products that could be distributed to students for no cost in the school setting (Davis, 2018). A key component of this project is that students are free to take products as needed with “no questions asked” (Davis, 2018). This method of freely distributing products is beneficial for students who lack the financial resources to have a steady source of feminine hygiene products. It also tackles the issue of social stigma by allowing students to discreetly obtain the resources they need and avoid teasing from classmates.

This model of resource collection and distribution is an intervention that could be translated into other vulnerable populations. Nurses can take part in this intervention by supporting programs that collect feminine hygiene products, by educating themselves on where these kinds of programs are located in the community and by directing clients to organizations that are known to distribute free feminine hygiene products. Actively paying attention to health initiatives that take place in the community is an important action that nurses must take in order to help clients that are identified as vulnerable.

Nurses as advocates for social justice

On the individual client level, nurses have a responsibility to advocate for the health and wellbeing of clients. It is part of a nurse's job to perform a thorough assessment of the client's physical and psychosocial states and to ensure that they have the resources and knowledge that they need to maintain a healthy lifestyle. If it becomes apparent that clients do not have adequate resources, the nurse has a responsibility to help the client find access to these resources. In order to fully understand the needs of nurses must ensure that their assessments are thorough and accurate. In the case of assessing menstrual hygiene, nurses can determine the needs of individual clients through verbal interviews and physical examinations.

The role of the nurse extends beyond providing care for clients on an individual basis. According to the American Nurse Association's (ANA) *Code of Ethics for Nursing with Interpretive Statements* (2015), Provision 8 states that nurses have a responsibility to "collaborate with other healthcare professionals to protect human rights, promote health diplomacy and reduce health disparities." In other words, in addition to providing safe and appropriate healthcare, nurses have a responsibility to defend the basic human rights of their clients. Section 8.2 of the *Code of Ethics for Nursing* also states that nurses must "lead collaborative partnerships to develop effective public health legislation, policies, projects and programs that promote and restore health, prevent illness and alleviate suffering" (ANA, 2015). It is clear that the *Code of Ethics for Nursing* dictates that nurses have a responsibility to participate in health promotion of communities as well as individuals (ANA, 2015). Nurses should use the *Code of Ethics* to guide their everyday practice as well as their role in the community.

Understanding the relationships that nurses have with both individual clients and the community at large is important when discussing the role of the nurse in client advocacy. In order to provide the highest quality of care, nurses must act as healthcare professionals that always have the client's best interest in mind. A key component of this therapeutic nurse-client relationship is trust. According to the organization, National Nurses United, nurses have ranked number one in Gallup's poll of the most trusted professions for seventeen consecutive years (National Nurses United, 2018). This award represents the ever-increasing level of trust that clients throughout the world place in the hands of nurses. This trusting nature is inherent to the nurse-client relationship and alludes to the great potential that nurses have to promote health and wellness in individuals and the community at large. From this, it is clear that nurses have a responsibility to fill a role in the community that is based in trust, empathy and advocacy and to use that role to protect the rights of clients on an individual and community-wide basis.

Finally, menstrual hygiene is a growing human rights issue that requires the attention of all healthcare professions. Nurses, in particular, should be paying attention to issues of menstrual and reproductive health due to the significant effects that poor menstrual hygiene can have on the health and safety of clients. By understanding and embracing the integral role that they play in promoting the rights of clients within the healthcare setting and the community at large, nurses can work to affect change in the lives of individuals and on a global scale.

Conclusion

This paper has reviewed the cultural, environmental and financial factors that affect menstrual hygiene among vulnerable populations. It is clear that menstrual health in the community setting is an often overlooked topic due to the social stigma that accompanies its

public discussion both domestically and worldwide. For this reason, it is crucial that the menstrual hygiene needs of individual clients as well as the community as a whole are properly assessed. Nurses can be impactful in this scenario because of the special role that they play in advocating for the health and safety of individual clients and the community at large.

The job of a nurse is to promote health and to maintain the wellbeing of clients through the application of knowledge about healthcare and the use of nursing interventions. A responsibility to protect the basic human rights of clients is inherent to this profession. Nurses that use the *Code of Ethics* (ANA, 2015) as a guide will make client advocacy a priority in their practice. In relation to menstrual hygiene this means that nurses will identify clients that are at risk for improper menstrual hygiene and work to ensure that the necessary resources are made available to them. Nurses should also play supportive roles in promoting legislation that improves menstrual hygiene among vulnerable populations. Overall, nurses must understand their jobs as advocates for women's rights and must use their knowledge and power to effect positive change.

It is very clear that poor menstrual hygiene is a significant issue among vulnerable populations and gaps in the literature regarding more specific interventions indicate that this issue is far from being resolved. Thus, it is necessary that nurses and other healthcare professionals take actions that decrease the amount of improper menstrual hygiene practices and associated health complications among vulnerable populations.

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