



Women's Menstrual Hygiene Needs in Emergencies

Introduction

Responding appropriately to women's menstrual hygiene needs in emergencies is an essential component of water, sanitation and hygiene promotion programmes. It can help to address:

- **gender equality** in considering the different needs of women and men
- **women's participation** in the sensitive dialogue that is necessary to address this issue
- women's specific concerns with **dignity and privacy**

Unfortunately not enough attention has been paid to menstrual hygiene in many WASH or girls' education programmes. But whenever women's menstrual needs are not met, women are faced with numerous difficulties. Each month they have to cope with several days of reduced mobility, shame, physical discomfort, disruption of essential daily activities, as well as health risks.

Key considerations

Thorough Assessment of Need

Personal hygiene is one of most women's priorities, and yet women do not always find it easy to express their needs. They may feel too embarrassed to discuss hygiene with relief workers, and menstruation is seen as a taboo subject in some cultures. The subject needs to be approached sensitively, by female public health workers, taking the following factors into consideration:

- hygiene practices and preferred materials differ, from country to country, between urban and rural areas, and between age ranges within a community

- women's preferred choice of material needs to be matched with what is available locally, or what can be procured from outside
- questions about choice of material should include colour – dark colours are generally preferred, and some colours have specific meanings in some cultures and should be avoided

In Eritrea, an international NGO approached a women's organisation in the capital to assist in choosing the most appropriate material to be distributed to IDP women in camps. As the women in the capital mainly used disposable napkins a recommendation was made to distribute one pack of napkins per woman. However, the women in the camps tended to use old clothes for sanitary protection. After the distribution took place, staff noticed the goats in the camp walking around chewing used napkins, and some women were observed at nearby river attempting to wash them.

Procurement, Targeting, & Distribution

Durability – if we are only able to distribute one piece of cloth per person, durability becomes important

Absorbency – generally softer materials absorb menstrual blood better than hard material, but thick material requires more water for washing which may be in limited supply

Underwear – some materials require the use of underpants or a cord tied round the waist. You may need to consider if distributions of these additional items are needed

Local suppliers should be considered before bringing in materials from outside, both as support to the local market and because the beneficiaries are likely to be familiar with the materials on offer

All women of child-bearing age should be targeted, but women's hormonal balance can be affected by stress and malnutrition, so care should be taken in making assumptions about who is of child-bearing age. A mass distribution of cloth that could have other purposes than simply for menstrual protection is preferable to narrow targeting.

In 2007, the Chad programme in Kerfi targeted both IDP and host communities. The Oxfam team consulted traditional women leaders from both communities on women's personal hygiene needs, and a dark brown cotton material was chosen. Women and girls from 11-12 years of age were registered. The Chiefs and their secretaries assisted the women with the registration process since all the women leaders were illiterate. It was a relief to see both IDP and host community women who were generally very hostile to one another sitting together and making jokes as they prepared the hygiene kits. The younger women taught the older women how to use the scissors, while the women leaders showed the younger girls how to use the menstrual cloth. During the distribution Oxfam female staff held discussions with the women on the importance of good personal hygiene and health risks associated with poor hygiene during menstruation.

Some of the positive feedback was around the involvement of women leaders in the process, the fact that household registration enabled the distribution to reach target groups, and that the distribution was not rushed, allowing time for questions and discussions. The items, underwear, and material were appropriate and the women appreciated the kit. However, women leaders recommended that all women should be targeted. They explained that it was difficult to ascertain the ages of older women, and pointed out that the cloth could be used for other purposes than just menstrual protection.

Distributions need to be handled sensitively, accompanied by basic information (written, pictorial, verbal) about the items provided, even if discussions have been had with women.

Where markets are functioning, it may be preferable to provide women with cash or vouchers instead of a more traditional distribution.

Rather than doing a traditional 'distribution', Oxfam's team in Banda Aceh after the 2004 Tsunami organised a market for women to choose their own underwear. Women were given vouchers for sets of underwear, and on the arranged day the goods were brought to a large tent staffed by a female team. The underwear was supplied by a local retailer in different colours and sizes, and the women could choose which items they wanted.

Personal Hygiene and Privacy

Women living in seclusion pose additional challenges for Public Health staff. If they are unable to leave their living areas then female public health staff will need to negotiate access to their living areas to find out their menstrual needs and problems. If the provision of communal latrines and bathing facilities is the only option then the privacy of these facilities is the most important consideration.

In Sri Lanka after the 2004 Tsunami, Oxfam constructed communal latrines in camps. A few latrines in each block were replaced by washing cubicles for the specific use of menstruating women to wash in. No one consulted the women though, and they didn't go in them, because they didn't want everyone to know they were menstruating.



Following consultation with those living in camps after the Pakistan earthquake in 2005, Public Health Engineers worked with Public Health Promoters to design and build women's facilities that provided privacy. Women's washing and bathing facilities were built with additional spaces with plastic sheeting walls that created more privacy for washing and drying menstrual cloths.

In one camp the women appreciated having separate units within the latrine blocks to wash and dry their menstrual cloths. The separate units were constructed inside the existing screened latrines and bathing block structure. Women were also happy to socialise in these separate units.

Another consideration is whether to distribute additional soap for washing sanitary protection material, and to take into account how and where the material will be dried. Often, menstrual cloths will not be dried. Often, menstrual cloths will not be hung out to dry in the open but will be hidden under other washed clothes. It may be appropriate to distribute washing lines to hang up in private spaces where cloths can be dried.

Washing slab for menstrual cloths inside a screened block and washing lines for drying the cloths.

Disposal of menstrual material

Distribution of disposable sanitary pads at the beginning of a response can be used as a temporary solution, provided that appropriate disposal solutions are put in place. But in places where refuse systems are poor or non-existent, disposal of sanitary pads is a challenge. If disposable sanitary pads are to be provided then facilities for effective collection and disposal are essential.

In the 2005 Pakistan earthquake response, women disposed of used sanitary pads in the pour-flush toilets. These frequently blocked, and Oxfam had to hire people to unblock the toilets each time. The women explained that the toilets were the only private place to dispose of used sanitary pads. The problem was solved when Oxfam team provided waste bins and advised women to use them instead.

In Haiti during the hurricane response in 2008, the pre-packed household/ personal hygiene kit contained six packets of sanitary pads. However, the Public Health Promotion team discussed disposal of used sanitary pads beforehand. Women were advised not to throw used pads out in the mud or with other garbage but to bury them. Communal pits were dug for this purpose; this worked well with no signs of used pads visible around the shelters. This was a useful temporary measure until field staff had time to consult affected women and source materials appropriate to their culture.

Monitoring

Monitoring mechanisms should be put in place from initial logistics ordering of materials for menstruation through to post-distribution and the feedback used as much as possible to improve support during menstruation for women.

ⁱJeanette Cooke, “*Practical Intervention to meet the menstrual Hygiene needs of Schoolgirls – A case study from Katakwi,*

Uganda” Msc. Thesis, Cranfield University, UK, 2006.

Tania Verdemato, “Responding to Women’s

Menstrual Hygiene Needs in Emergencies – Suzanne Ferron 2004

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