



Youth Movements: Protest! Power! Progress?

**World Health Organization**  
*Stigmatization of Menstruation*

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## INDEX

<b>POLICY DILEMMA .....</b>	<b>3-4</b>
<b>CHRONOLOGY.....</b>	<b>4-5</b>
<b>ACTORS AND INTERESTS.....</b>	<b>5-6</b>
<b>CAUSES.....</b>	<b>6-7</b>
<b>PROJECTIONS AND IMPLICATIONS.....</b>	<b>7-8</b>
<b>GOALS FOR COMMITTEE.....</b>	<b>8</b>
<b>DISCUSSION QUESTIONS.....</b>	<b>8</b>
<b>BIBLIOGRAPHY .....</b>	<b>9-11</b>

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## Policy Dilemma:

Menstruation, the monthly shedding of uterine lining, is a biological reproductive process for women around the world. Entirely natural and benign, menstruation carries heavy stigma across virtually all states, societies, and cultures in the world. Stigmatization of menstruation has persisted for centuries, but continues to be largely overlooked in the discussion of global health and as a fundamental part of women's rights. The importance of menstrual hygiene and the lack of menstrual resources have gained more attention in recent years. However, the issue has not commanded the attention of mainstream media outlets or become a priority when discussing women's health.

To understand this topic, one must also understand the basic components of menstruation and its effects. Menstruation begins around ages 11-14, often coinciding with puberty. During the process, the uterus sheds its lining. Though often described as blood, the lining is actually made of tissue. Like blood, it cannot exist outside the body without decomposing, and may carry a blood-borne illness if the woman is already infected with one. Side effects of menstruation may include menstrual cramps, headaches, bloating, and fatigue ("Menstruation").

With this all in mind, it should come as no surprise that women without proper feminine hygiene resources experience particular difficulty managing their periods. On top of a lack of materials, stigmatization further exacerbates the burden menstruation has on women. This stigma and its effects manifest in various forms.

Societies where women are punished for menstruation--usually through banishment--observe increased mortality and death rates during a woman's cycle. In countries such as Tanzania, Mali, Nepal, and India, women are isolated from their communities during their menstrual cycles. In Nepal specifically, this practice, called *chhaupadi*, recently caused the death of Tulasi Shahi--a 19-year-old girl who was bitten by a poisonous snake while staying in her *chhaupadi* shed--and Lalsara Bika--a 14-year-old girl who died from an illness she contracted while staying in the shed. "These are not isolated cases," the NGO Water Aid reports; while separated from their communities, isolated and left to "bleed their periods out alone," women and girls have died from "causes such as animal bites, asphyxiation from having fires in the small sheds, illness, malnourishment, exposure, physical attacks" (Wheeler).

Furthermore, this stigma functions as an excuse for the gross lack of menstrual hygiene resources for women in countries across the world, regardless of development status. In India, a developing nation, 70% of all reproductive diseases are caused by poor menstrual hygiene (O'Hagan). A common misconception is that developed nations have progressed past stigmatizing menstruation; however, even these countries are not exempt from the serious consequences this stigma inflicts. In the United States, for example, most prisons do not consider feminine hygiene products to be a right and do not offer them to female or trans male inmates. This in turn forces prisoners to barter for pads, tampons, or reusable cloth, usually giving up food or accepting sexual exploitation in exchange for basic human dignity.

This stigma also leads to other unfortunate health concerns. Female inmates, homeless women, and low-income women are at a higher risk of suffering toxic shock syndrome (TSS) due to improper menstruation tampons or pads. They also have less ability to address TSS or receive treatment. Prevailing societal beliefs about periods places young girls at risk of sexual

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exploitation, forcing them to mature faster. In some cultures, the belief that a girl's first period marks her status as a woman justifies forced marriage or sex. Essentially, will marry off their daughters to men that are often strangers or much older than the 11-14 year old girls.

The stigmatization of menstruation has substantial effects on girls' and women's education, as well. One in ten girls in Sub-Saharan Africa misses school due to her menstrual cycle-- "by some estimates, this equals as much as 20% of a given school year" (Lusk-Stover). To make matters worse, "many girls drop out of school altogether once they begin menstruating" (Lusk-Stover). In countries like Kenya, Niger, India, Cambodia, and Iran, young girls stop going to school once they start getting their periods. These girls lack sanitary products, clean bathroom facilities, and health education. These countries are only a few of the many countries where girls drop out of schools after getting their periods. This lack of education is one significant part in the broader disenfranchisement of women.

Besides these examples, there are many other ways periods are stigmatized across the globe. Adult women hesitate to discuss their periods in public; people of all ages sneak pads or tampons into the girls' bathroom to avoid detection; these everyday practices demonstrate how deeply stigma against menstruation is ingrained in mainstream culture. Overall, these consequences contribute to the dehumanization and abuse of people who are already among the most marginalized in the world.

## **Chronology**

### ***1920s-1930s: Sales Tax in the United States***

Sales tax was legalized in the United States in the 1920s. The policy required consumers to pay tax on select everyday products and luxuries. Though rates differed from state to state, the new tax boosted the US economy, constituting the largest portion of US income in the 1970s (Faggiano). Like most other purchased items, sanitary products are subject to sales tax. Not only this, but they are taxed as luxury items. Some states have begun to repeal this tax; yet, in many, the tax remains. This causes an issue for women living on low wages who cannot pay more for products necessary to maintain hygiene.

### ***1975: The World Conference of the International Women's Year 1975***

The World Conference of the International Women's Year took place in Mexico City in 1975. It was the first conference specifically about women organized by the Commission on the Status of Women (CSW). This conference helped define a World Plan of Action, which provided a set of guidelines for the advancement of women through 1985. This was followed by the 1980 World Conference of the United Nations Decade for Women and the 1985 World Conference to Review and Appraise the Achievements of the UN Decade for Women, which expanded on the goals of the first conference and reviewed progress. Although it was not specifically for the purposes of discussing menstrual health, the Conference on Women contributed significantly to the project of international women's rights and laid much of the groundwork for future advancements.

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### **1995 - Fourth World Conference on Women (Beijing)**

The Fourth World Conference on Women was hosted by the United Nations in Beijing, China. At the conference, representatives from many countries convened to write and adopt the Beijing Declaration and the Platform for Action. Adopted unanimously, the Beijing Declaration established a goal: achieve gender equality in twelve critical areas of concern. Included in these twelve areas was women's health ("Fourth World Conference on Women"). The Platform for Action encompassed a wide variety of different issues. It recognized that women receive less healthcare than men in many countries as well as the fact that unsafe abortions critically endanger women in underdeveloped nations. Mortality rates among women increase as a result of birth complications and improper care during pregnancy ("Fourth World Conference on Women"). The platform also addressed reproductive health, noting the need for increased maternity leave as well in addition to combating stigma surrounding menstruation.

## **Actors and Interests**

### **States**

States play an important role in the stigmatization of menstruation. Perception of menstruation is affected by government policies on education, development, business, taxes, and healthcare. In some countries--for example, the United Kingdom--a lack of work-leisure time protection laws negatively affect a woman's ability to manage her period (Liao). In this example, an undercover journalist discovered that "Amazon warehouse workers are forced to pee in bottles or forego their bathroom breaks entirely" out of fear of "being disciplined for idling and losing their jobs as a result" (Liao). A lack of funding for school buildings results in low-quality facilities, which in turn affect the comfort and ease by which girls and women experience their menstrual cycles.

Women's underrepresentation in government indirectly contributes to the lack of comprehensive reform. Most governments are male-dominated, meaning that most legislators lack an understanding of menstrual health. Those who do understand the issue are better equipped to listen to and understand women's concerns as well as implement policy to make necessary changes. For example, Member of the Legislative Assembly, Jignesh Mevani, launched the Befriending Menstruation campaign in Gujarat, India. The campaign involves producing cost-effective sanitary pads, manufactured in Gujarat by Gujarat women. An increase in female representation will lead to greater understanding of the issue and more motivation to address it (Gangopadhyay).

### **World Health Organization**

The World Health Organization (WHO) is a specialized agency of the United Nations, as well as a universal leader in international public health. Historically, WHO has led the effort on eradicating smallpox and many other communicable diseases. It has since broadened its scope to include development, aging, nutrition, food security, sexual and reproductive health, and specifically women's health. WHO seeks to provide the highest possible level of health to all people. The organization defines this level as a state of complete physical, mental, and social well-being rather than the mere absence of disease or infirmity.

In regards to menstruation, WHO regularly conducts studies and reports on maternal health, adolescent female health, and, menstruation in different international communities. In 1983, the WHO published *Patterns and Perceptions of Menstruation: an International Collaborative Study in Egypt, India, Indonesia, Jamaica, Mexico, Pakistan, Philippines, Republic of Korea, United Kingdom and Yugoslavia*. The report studies menstrual hygiene practices and stigmas across several different countries. Menstruation, though rarely prioritized by the WHO, has always been recognized as an important health topic.

### **Non-governmental Organizations**

Non-governmental organizations (NGOs) play an important role in menstrual hygiene. They step in where governments cannot or will not, providing aid to people who do not receive it from their own state governments. NGOs range from internationally-based to grassroots organizations. Human Rights Watch (HRW) is a large, international NGO that conducts research and advocates for human rights. The organization classifies safe and healthy menstruation as a human right. A similar organization is the International Women's Health Coalition (IWHC).

Smaller organizations may perform less advocacy, focusing their efforts on providing direct aid. In the case of menstruation, this often means providing reusable sanitary pads. Organizations like this include Sanitee, a project run by students at the University of Edinburgh ("Sanitree: Reusable Pad-Making Workshop"). Some organizations advocate on college campuses; others operate in rural villages, propelled by community leaders that make cultural changes where foreign NGOs cannot.

### **Private Sector Companies**

Many private companies, especially labor-intensive manufacturing companies, lack worker protection policies. While arguably this lack of regulation stems from governments, ultimately these companies make the decision to restrict their workers' rights. In the textile industry, workers are overwhelmingly female (Burke). These women work under extremely harsh conditions, confined to unpleasant spaces, usually lacking proper washroom facilities, and sometimes denied regular bathroom breaks. In one particularly horrific example, workers in a poultry company wore diapers while working, clearly threatening the women's menstrual health and dignity (Chuck).

On a more positive note, the private sector can also be used to address concerns about menstrual health and stigma. Many companies that produce sanitary products follow a "buy one, give one" model where they donate products to those in need. Easy Period, Freedom4Girls, and Conscious Period are all companies that follow this model, donating products to people in need, abroad in rural communities and in homeless shelters across the developed world (Mercado).

## **Possible Causes:**

### **Cultural and Religious Practices**

Various cultural and religious practices worsen stigma surrounding menstruation. *Chhaupadi* is a traditional Hindu practice. Mentioned earlier, it essentially isolates--if not entirely banishes--menstruating women from their communities. But *chhaupadi* is only one name for this

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practice of removing women from society during menstruation; similar practices exist, followed by people of all different faiths--including Islam and Christianity--and in different regions. Other beliefs, including that menstruating women are impure, persist across the three major religions: Islam, Judaism, and Christianity (III). While this may indicate that religiosity lends itself to the stigmatization of menstruation, the fact is that non-religious women still face similar stigma. The persistence of sexist values in many cultures exacerbates the issue of menstruation. Societies that do not allow women to make their own purchases, travel, or even leave their homes without male escort, for example, may make menstrual management far more difficult.

### ***Lack of Education***

The unfortunate lack of general education across the world is already a particularly concerning issue that poses devastating consequences for entire societies. Two-thirds of illiterate individuals in the world are women. Not only do these women struggle to have access to education, the schooling they receive may only exacerbate stigma.

Starting from a early age, many are taught that menstruation is a dirty and shameful act, rather than a natural, biological process. This perspective continues to have extremely negative effects when uneducated individuals make policies that affect reproductive healthcare and menstrual products (Beauregard).

### ***Lack of Resources***

In many parts of the world, there exists a significant lack of proper resources with which to manage one's period. This in turn leads to improper management of one's menstrual cycle, which may result in leaks, odors, infections, or TSS, contributing to the belief that a period is "dirty and disgusting", and worsening the stigma. These resources may include tampons, sanitary pads, menstrual cups, or they may be in the form of facilities like female-friendly washrooms equipped with sinks or at least enough space to change a tampon, pad, or cup. The phenomenon of the lack of adequate restrooms for women, called *potty parity*, is not only a discrete form of gender discrimination, but also a legitimate health concern (Bliss). Considering that "at least a quarter of all adult females are menstruating at any time," this lack of equal bathroom access for women is a significant block for menstruation management. Furthermore, lacking simple items such as a sanitary pad may cause women to seek other, more dangerous alternatives. Some disadvantaged women are forced to use and reuse dirty cloth as a pad or tampon, putting themselves at greater risk for TSS ("Understanding Toxic Shock Syndrome -- the Basics").

## **Projections and Implications**

### ***Struggle to Obtain Necessary Menstrual Materials***

If this stigma continues, women internationally will lack access to safe, affordable sanitary products. Women in high risk situations such as prisons will be without basic medical necessities that ultimately improve the quality of life. Additionally, women in underdeveloped countries will have no access to sanitary products and be treated in society as something shameful and

disgusting. Besides menstrual products, women will be deprived of adequate facilities, sanitation, infrastructure, and supplies to the disposal of menstrual products.

### ***Increase in Mortality Rate of Women***

If this committee fails to address this stigma, women in underdeveloped nations will continue to suffer exile due to menstruation. Banishment increases the likelihood of sexual harassment, violence, and attacks by wild animals. All of these threats jeopardize the health and safety of women. In addition, women who are exiled suffer increased chance of death due to conditions like Toxic Shock Syndrome (“Understanding Toxic Shock Syndrome -- the Basics”). Lack of clean water (with which to clean sanitary products) can lead to other life-threatening infections that cause birth defects and death.

### **Committee Goals**

As the World Health Organization, this committee must combat the stigma surrounding menstruation and work to improve the quality of life for women around the world. It is important that delegates understand the stigma and harmful practices related to menstruation given each specific cultural context. This committee must work to eradicate harmful cultural norms and practices that stigmatize menstruation and menstruating women. Delegates should address discrimination that affects individuals’ ability to deal with menstruation, specifically for at-risk populations.

### **Discussion Questions:**

1. Why is there still a stigmatization of menstruation?
2. What is the most devastating consequence of the stigmatization of menstruation?
3. Which one of these consequences must be addressed first, and how?
4. Are sanitary items a privilege or a human right?
5. How is the stigmatization of menstruation a universal issue? How is it a women’s issue?
6. What are the primary challenges you anticipate in overcoming this stigma?

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