



MENSTRUAL HEALTH: A DEFINITION FOR POLICY, PRACTICE, AND RESEARCH

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ABSTRACT

A unified definition of menstrual health is thus needed to advance advocacy, policy, practice, and research, highlight the relevance of menstrual health across sectors, and facilitate communication across stakeholder groups.

Keywords: Health, Menstrual Cycle, Menstrual Health, Human Rights

INTRODUCTION

Menstruation is a natural fact of life and a monthly occurrence for the 1.8 billion girls, women, transgender men and non-binary persons of reproductive age. Yet millions of menstruators across the world are denied the right to manage their monthly menstrual cycle in a dignified, healthy way. This guidance was developed for WASH, Education, Health, and Gender specialists or focal points in country offices who are working with their partners to develop programmes related to menstrual health and hygiene (MHH).

Research and practice have developed a nuanced understanding of menstrual experiences, and their intersections with physical, mental and social health. Varied terminologies have evolved but increasingly actors are using menstrual health to evoke a holistic framework relevant to the varied objectives of policy and programming. Despite broad usage, menstrual health lacks a formal, self-contained definition. This has complicated advocacy efforts and has led to fragmented action and funding for menstrual health as organizations struggle to conceptualize the topic and situate it within their mandates.

DEFINING MENSTRUAL HEALTH

Menstrual health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity in relation to the menstrual cycle. This acknowledges that menstrual-related discomforts and disorders, consequences for mental well-being, and social exclusion are not restricted to the menstrual period. Whilst the majority of those who experience a menstrual cycle are women and girls this approach also communicates the relevance of menstrual health for all those who experience a menstrual cycle, regardless of their gender identity. Referring to “women, girls, and all other people who experience a menstrual cycle” draws attention to the fact that people experience menstruation differently, shaped by their lived experiences, needs and circumstances. Disability, age, gender identity, place of residence, homelessness, housing instability, conditions of detention, migration, disaster, insecurity and displacement, religion, ethnicity, caste, culture and many other factors influence menstrual experiences and must be considered to adequately meet menstrual health needs.

MATERIALS, FACILITIES, AND SERVICES

To support menstrual health, individuals must be able to select care practices that are preferable and comfortable for them, and be able to afford the resources required for self-care. These practices should support hygiene and minimize the risk of infection and harm. Women, girls,

and others who menstruate must be able to care for their body with the level of privacy they desire such that they feel free from unwanted observation or disturbance and in safety such that they are protected from risk of physical, emotional or social harm. Safety must be considered in the location of infrastructure and services, the quality of menstrual materials, infrastructure, and disposal practices. The menstrual health of the individual requires that disposal practices protect from emotional and social harm, while disposal practices are also contributors to environmental health. Research has identified a broad range of practices undertaken by individuals to care for their body during menses, and the infrastructure and services required to support these. Self-care needs are not limited to accessing materials to collect menses, but include transporting and storing materials, and require facilities and services for changing materials, washing hands and the body, disposing of used materials and cleaning reusable materials which may include washing, drying and other sterilizing practices such as ironing or boiling. These care needs are relevant throughout the day and night both at and away from the home. Materials, facilities, and services need to be accessible to people with disabilities. Difficulties managing menstruation are a source of distress, irritation and discomfort, have been identified as barriers to education and employment, have been linked to potential reproductive tract infections and can compromise social well-being.

DIAGNOSIS, CARE AND TREATMENT FOR DISCOMFORTS AND DISORDERS

A range of disorders of the menstrual cycle have significant implications for physical, mental, and social well-being. In addition, other difficulties associated with the menstrual cycle impact quality of life including pain, physical discomfort, impacts on mental health and abnormal uterine bleeding. These may occur in the absence of disorders of the menstrual cycle. Timely diagnosis and support for disorders and discomforts requires those experiencing a menstrual cycle to be able to identify menstrual symptoms that are abnormal for their body, to feel comfortable seeking advice and support, and to have access to health services provided by competent health workers who operate in a system that is responsive to menstrual health needs. In grounding menstrual health within the menstrual cycle we recognize that the treatment of health conditions that may cause abnormal uterine bleeding, such as uterine fibroids or cancer, falls beyond the remit of menstrual health. However by addressing menstrual health needs there is significant opportunity to improve the health of those experiencing these conditions? Treatment and care for discomforts and disorders may range from clinical care to advice for self-care or access to resources such as medication, counseling, exercise or heat

therapy.

FREEDOM TO PARTICIPATE IN ALL SPHERES OF LIFE

Social well-being, as part of menstrual health, requires that individuals are free to choose to participate in civil, cultural, economic, social and political life without restrictions or exclusions related to their menstrual cycle. We emphasize decision-making and choice by menstruators who may decide whether to engage in activities depending on their preferences, values, and beliefs. Individuals may choose to abstain from participation, and we recognize that menstrual-related restrictions may be preferred. In other cases, social expectations and coercion linked to menstruation exclude preferred participation, with negative repercussions for physical, mental, and social well-being. Persistent lack of power in decision-making combined with harassment, violence or exclusion may have further negative impacts on health and safety. Freedom to participate in all spheres of life across the menstrual cycle has implications for many other human rights beyond the right to health including education work and culture.

DISCUSSION

The definition of menstrual health presented here reflects current evidence and practice. The past decade has seen exponential growth in attention to menstrual health, and as the field continues to expand, we expect that new iterations of the definition may be needed. Given the multifaceted nature of menstrual health, expanded components of the definition and other terms may be useful for dialogue and advocacy within each sector and for informing action and research.

CONCLUSIONS

To achieve health and equality for all we can no longer stigmatize menstruation with innuendo or neglect the needs of those who menstruate by requiring they fit neatly into other existing health priorities and budget lines. It is time for menstrual health to receive attention and investment commensurate with its importance in the lives of the billions of people who menstruate.

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