

The Role of WASH in Tackling Menstrual Poverty

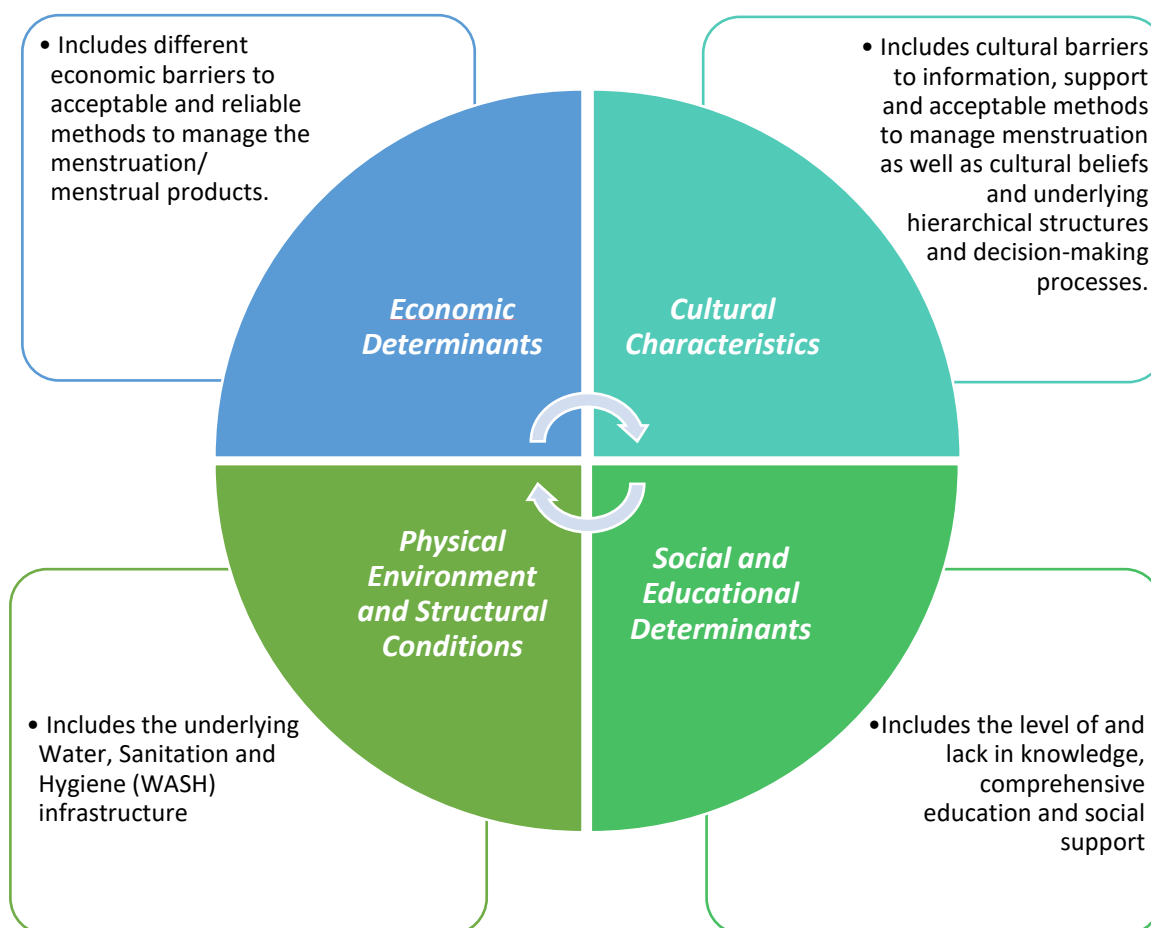
Experiences from a Yazidi IDP Camp in the Kurdistan Region of Iraq

by [Vera Hollmann](#)

Back in May 2019 and in the course of my studies at Queen Mary, University of London, I got the opportunity to conduct short-term primary research in a Yazidi IDP camp in the Kurdistan Region of Iraq on how Menstrual Poverty is tackled in humanitarian settings. But what exactly is Menstrual Poverty and what role does the WASH sector play in tackling it?

Defining Menstrual Poverty

Menstrual Poverty, also called Period Poverty, is understood as the range of interconnected deprivation which menstruators face¹. As shown, these relate to four categories:



¹ To include all kinds of people who menstruate (e.g. transgender or intersex people) I'm using the gender-neutral term *menstruator* instead of referring to girls and women only.

When discussing Menstrual Poverty, one specific example is always mentioned: menstruators who do not have access to acceptable and reliable methods to manage their menstruation (aka menstrual products). As a result, menstruators might be excluded from attending school, work or social activities, which eventually starts a downwards spiral regarding social status and knowledge and further exacerbates inequalities. However, it often is not mentioned that further interconnected factors exist which deprive menstruators and therefore must not be forgotten, for example an inadequate WASH infrastructure.

The Role of WASH: #MHD2020 and beyond

In their daily work, the WASH sector holds a huge potential for taking a burden off menstruators' shoulders. Being aware of menstruators' needs and subsequently establishing comprehensive solutions which satisfy those needs is key. Why? Because an adequate WASH infrastructure contributes to improve menstruators' health and creates a safe environment for them to manage their menstruation with dignity which improves their menstrual experience and wellbeing.

For this reason, hygiene facilities for menstruators should entail the **access to clean water** in order to prevent adverse health outcomes such as urinary and reproductive tract infections. Additionally, **hand washing facilities** should be available within the facility so that healthy menstruation management² can be practiced, and unwanted residues can be removed. Furthermore, **waste disposal options** should be available within the facility. On the one hand, menstruators would not be subjected to discomfort, stigma and discrimination because of the used, disposable menstrual product they have to carry with them, and on the other hand a **sustainable sanitation and waste management** can be ensured. Additionally, the toilet facility itself must be a **safe space** that protects menstruators from sexual and gender-based violence and offers privacy to manage the menstruation with dignity. Ideally, the facility should have electricity, a lockable door and be located within the menstruators' living space. This would not subject them to further risk of assault, for example if long ways have to be overcome and facilities have to be used at night time.³

To tackle the interconnected deprivation menstruators face, a cooperation between stakeholders is needed. Through WASH interventions coupled with comprehensive education on reproductive health as well as health promotion sessions, the hygiene behaviour can be changed and eventually (ideally) the stigma can be tackled. Additionally, if an adequate WASH infrastructure and especially the provision of clean water is implemented, sustainable methods to manage the menstruation, such as reusable menstrual pads, pants or cups, can be introduced.

Nonetheless, the situation for menstruators is exacerbated in fragile settings, for example in camp settings (shorter-term, humanitarian action) or in settings that are supported by the transitional development assistance, where humanitarian needs are decreased in the long-run and structures for sustainable development are embedded.

² To learn more about the language around menstruation, read [this article](#) by Chella Quint on *Bloody Good Period*.

³ Especially in humanitarian settings the level of gender-based violence is increased ([WHO, 2019](#)). However, physical or sexual violence against women is often performed by intimate partners or acquaintances, not by strangers ([WHO, 2019](#)).

Experiences from a Yazidi IDP camp in the Kurdistan Region of Iraq (KRI)

During a short-term research stay in May 2019 in a Yazidi IDP camp in the Kurdistan Region of Iraq, I was able to gather information on how menstruators in the camp manage their menstruation and in what way they are impacted by menstrual poverty.

In general, menstruators use **disposable pads** to manage the menstrual flow. Disposable pads can be bought at local shops (both in the camp and nearby village) for seemingly low - but compared to their income comparatively high - prices. Additionally, disposable pads are distributed by humanitarian organizations, although this was reported to be infrequent and in low quantities only. If disposable pads are not available, menstruators use **cloth** to manage their menstruation which may either be disposed or reused. Nonetheless, cloth don't count as acceptable and reliable method due to concerns about reliability as well as health concerns. As the notion of virginity is manifested in the Yazidi belief system and as menstruators are hesitant or not willing to use them at all, **tampons and menstrual cups** are not seen as acceptable means to manage one's menstruation. Reusable pads and/or pants are unknown and have not been introduced yet.

Several gynaecologists and doctors working in the community stated that the **knowledge** and understanding of menstruation is low. Yazidis themselves blame the **education system** and their teachers for only teaching about reproductive health in a very general manner or even skipping these topics entirely. Additionally, **families/caregivers** as well as the **community** are held accountable for not educating their youngsters about the menstrual cycle. Shame and stigma lead to shyness, secrecy and silence, exacerbating the situation of menstruators.

Healthcare professionals try to educate the community living in the camp about reproductive health issues, offering awareness programs on different topics (including the menstrual cycle, menstruation management and contraception) but sometimes limiting the number of participants and who is allowed to participate (e.g. only married women over the age of 18). Male involvement is missing at this point, which might be due to cultural reasons.

When examining structural conditions, especially sanitation, it becomes evident that the circumstances for menstruators can be improved. Although each tent has access to a **latrine** and a **shower**, these are located close by but often outside the tent complex. This might leave menstruators vulnerable to assault, especially if they must manage their menstruation at night time. The latrines are equipped with a bucket of water which needs to be filled manually from water stations within the camp. No handwashing facilities are integrated and available immediately but only within the tent block where the kitchen unit is constructed. A dim light can be switched on within the latrine if electricity is available.



1: Hygiene Facilities in the Camp, May 2019

It becomes evident that an urgent need exists to bring menstruation and Menstrual Poverty to the fore. Menstruators' needs must be considered in our daily work in WASH - and ideally in cooperation with further stakeholders - to improve their reality, their health, to tackle the stigma, shame and silence around menstruation and to decrease inequalities.