

# DIGNIFIED MENSTRUATION: LOCAL VIEWS AND GLOBAL CHALLENGES

*Papers from the Conference: "Dignified Menstruation for Ending Child Marriages"*

Jointly Published by Viluthu, the Global South Coalition for Dignified Menstruation and the Sri Lanka Chapter of the Global South Coalition for Dignified Menstruation



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**Global South Coalition**  
For Dignified Menstruation



Cover Page:

“சூரியனின் செம்மை படாத உயிர் வாழ்வு இவ்வுலகில் இல்லை -  
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- கமலா வாசுகி. பெண்நிலைவாதி - ஓவியர். மட்டக்களப்பு

“There is no life in this world without the perfection of the sun  
- there is no human life without the redness of women’s menstrual blood.”

- Kamala Vasuki

© Dignified Menstruation: Local Views and Global Challenges  
Papers from the Conference: “Dignified Menstruation for Ending Child Marriages

ISBN: 978-624-6206-12-3

**Viluthu - Centre for Human Resource Development**

Address: 150/02, Baudhaloka Mw. Colombo 04, Sri Lanka

Telephone: +94 11 250 6272, +94 76 660 4542 - +94 77 376 9213 (WhatsApp Active)

Email: [research@viluthu.org](mailto:research@viluthu.org)

**Global South Coalition for Dignified Menstruation**

Address: Secretariat Office, Radha Paudel Foundation,

Putalisadak Chowk, Kathmandu, Nepal

Telephone: 009779849596298 (WhatsApp active)

Email: [dignifiedmenstruation2019@gmail.com](mailto:dignifiedmenstruation2019@gmail.com)

Designed by

**Unie Arts (Private) Ltd.**

No.48B, Bloemendhal Road, Colombo 13.

Tel: 0112330195 Email: [uniearts@gmail.com](mailto:uniearts@gmail.com)



## Foreword

### **Dr. Harini Amarasuriya MP**

Hon. Prime Minister of the Democratic Socialist Republic of Sri Lanka

Menstruation, a part of women's lives, has been shrouded by myths and even stigma for many years. Today, besides the myth and stigma, women and girls also have to deal with the rising costs of menstruation products and the lack of proper access to sanitation facilities. Many workplaces, educational institutions continue to ignore women's basic needs causing discomfort in the very least if not outright distress for girls and women. One of the most problematic consequences is that women and girls are forced to restrict, limit, or avoid their public engagements and activities during menstruation. For instance, school absenteeism, among girls is widely reported during menstruation.

Health and medical services are also extremely insensitive to issues related to menstrual health. Many health problems associated with menstruation such as heavy bleeding, severe cramping are not considered 'abnormal' and are dismissed by health providers, often telling women to simply get on with it. Many women may not even know that it is acceptable to seek help for such issues, since women's pain and discomfort is simply normalised. Even more severe conditions such as endometriosis, fibroids, and cysts go untreated or neglected because women's health issues are rarely given the attention they deserve. The menstruation cycle and associated issues such as pre-menstruation symptoms, or the changes the body goes through with menopause are not discussed. Women do not have adequate information or support for any of these menstruation related health needs.

For all these reasons and more, a publication that highlights some of these issues is extremely timely and most welcome. Menstruation needs to be discussed widely, women and girls need to have access to information and health providers need to address these issues as a matter of priority. It is also necessary to lobby policy makers to address these issues comprehensively. It is time to break the silence around these issues. I congratulate all the authors and Viluthu for this initiative and hope that the dialogue this publication generates will lead to much needed attention being paid to an issue that is very much a part of the lives of women and girls.



# Preface

This compilation of conference papers and the contents herein provides an in-depth assessment of the expert opinions, information and reflections of a select group of stakeholders at the “Dignified Menstruation for Ending Child Marriages” international virtual conference organised by Viluthu and the Global South Coalition for Dignified Menstruation. Organised to celebrate the 4<sup>th</sup> International Day for Dignified Menstruation in December 2022, the conference laid foundation for the future works of the Dignified Menstruation global movement and enabled the compilation of this publication, bringing together actors from the Global North and the South to present their viewpoints, discuss initiatives and best practices for billions of menstruators worldwide. The conference, as a starting point, was a resounding success that saw participation and presentations from all across the globe.

As presented in the papers herein, the revelation that despite being divided by geographical borders, menstruators across the world share much of similar hardships emboldens the call for a united front and persistent, multilevel action. The deep delved exploration of substrata of beneficiaries and victims including people with disabilities and trans men and women is a reminder that all stakeholders of the dignified menstruation movement should forever follow a broader plan of action that is both holistic and inclusive in nature. The discussion surrounding menstruation as a catalyst for child marriages reaffirms the need to educate both adults and children alike, thus changing attitudes and perceptions of entire villages, communities and cultures to cease child marriages and to normalise dignified menstruation.

Charting the course of dignified menstruation across the globe, this publication brings in to forefront the ideas and expertise from the global south and the north to identify and seek inspiration from each other. Initiatives to ensure dignified menstruation by means of producing sanitary equipment, distributing such while also teaching and familiarising menstruators on dignified menstruation are valuable sources of information. Lessons in the use of youth, media, social media, celebrities, local actors, and influential personalities at multiple levels to educate both women and men alike on the detriments of child marriages and to normalise menstruation would help influence the works of like-minded organisations championing dignified menstruation. Such practicality is complimented by evidence-based research

from academics and practitioners who highlights problems areas throughout the publication. The urgent need for interventions at school and community levels to address existing and upcoming issues; the need to seek out and offer services to particular groups such as persons with disabilities, Trans men, and female politicians shows the need for a multipronged approach to engage with and enhance dignified menstruation.

Operating in a post pandemic world battered by financial insecurity, rising religious radicalism and conservatism and such, likeminded organisations such as Viluthu, GSCDM and all who made representations at the conference face an uphill struggle to ensure the non-reversal of gender gains already made, while battling new challenges. As suggested in the contents herein, such tasks would need greater interaction and a united front amongst all stakeholders, to attain dignified menstruation and eliminate child marriages while calling for continuous engagement.

A timely topic that needs urgent interventions, both ensuring dignified menstruation and ending child marriages have been at the heart of many of Viluthu's activities in Sri Lanka. Partnered with the Global South Coalition (GSCDM) for Dignified Menstruation through its Sri Lanka chapter, Viluthu has continuously advocated for the rights of all menstruators while striving to educate the masses on the need to end all forms of discrimination against menstruators. Our outreach work with the GSCDM has informed and educated thousands of Sri Lankans and initiatives have renewed the resolve to continue the work at times of great economic and social hardships in the island.

The editors pay their gratitude to Radha Paudel and her staff at GSCDM for all the support extended. The International Disability Alliance (IDA - Geneva) and the SCOPE programme of the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ - Sri Lanka) are remembered with much appreciation for their generous sponsorship of the conference for which the publication is a product of, and for the advice and inputs given to make the initiative a success. We fondly appreciate the contributions of Dr. Harini Amarasuriya MP for her insightful foreword, the Chief Guest Prof. R. Surenthirakumar, Viluthu Executive Director Maithreyi Rajasingam, Keynote Speaker Mili Adhikari and all of the authors who took time off their valuable research and advocacy work to contribute to this publication and to educate all as to how to attain dignified menstruation across multiple levels. This publication stands as a testament to their efforts for a shared cause of championing dignified menstruation and ending child marriages through sharing their impressive research work, projects and programmes, thoughts and inputs.



This compilation of conference papers concludes on a high note, highlighting the programmes, own initiatives, studies and research done by various activists, advocates, academics and intellectuals expressing their views and suggestions on how to overcome the social stigma, poverty issues and create a better understanding in the society regarding dignified menstruation. We end this note with an invitation to you to partner with us for all future initiatives and to battle with the same vigour to attain our shared goals and objectives.

*Editors*

**Inthumathy Hariharathamotharan**

Head of Programmes, Viluthu

Steering Committee Member, Global South Coalition for Dignified Menstruation

**Shakti Devapura**

Research Coordinator-Consultant, Viluthu



## Message from Maithreyi Rajasingam

Executive Director of Viluthu

Since forming the Sri Lanka Chapter for Global South Coalition for Dignified Menstruation (GSCDM) in 2019, the process of contributing to the global and national call for dignified menstruation has been one of the most valuable learning curves for Viluthu. Brining in both rights and dignity to the health discourse that was more prominent in Sri Lanka, it challenged fundamentals of societal structures and systems, going straight to the root of the problems relating to sexual and gender-based violence.

To accept menstrual discrimination as a violence which is so fundamental and intrinsic that it impacts whole of society and not just women and mensutratrs, and an impact of such proportions that it transfers across generations even to the present century is a first step, and we as partners of such a movement calling for dignified menstruation are in the right step forward in exploring and building deeper understanding of the structure and continuity of this violence. For building such an understanding that can help in addressing the problems emanating from the root discrimination and to address it understanding the multidimensional causes and impacts of this one must go deep into the history of patriarchy, how menstruation is weaponised where women are both glorified and deconsecrated for what is essentially nature, understand the frame in which violence and discrimination stand on and the serious impacts on all of us, across generations.

Personally, as a woman, for me, the call for dignified menstruation was one of those moments where you felt shaken with the realisation that not just your own existence and life choices but those of the women before me have all been constrained under these very frames of oppression. Dignified menstruation widens this discourse to all menstruators, regardless of all identities, attempting to break away from the shame associated with identifying yourself as menstruating.



Seeing the diverse and enthusiastic responses we received in the run up of planning for this conference, regardless of the challenging times in Sri Lanka at the time of this conference, we are encouraged to see that people from all aspects of life, whether it is rural community women, youth students, academics or activist are all of one mind and heart to commit to creating this paradigm shift.

As always social change is never easy and never quick. However, we must also recognise the strides achieved thus far in all fronts and at all levels. There is no other way to tackle such a deep-rooted issue than to challenge systems at all levels. For Viluthu, it has been one of our most gratifying processes to empower school children to voice impacts of violence and discrimination, for women to stand in solidarity with each other and building feminist perspectives in every thing big and small.

Without specific project funding for our efforts, connecting with community and multiple stakeholders and building change from within and to demand for change in systems and integrating this call for rights and dignity within all our work has been our valuable lesson. This process has demonstrated to us that it all it takes is coming together, understand existing power structures and question oppression. We hope this publication not only is informative to anyone and everyone, but it inspires you in your part in the movement in whatever form it may be. GSCDM has inspired us in connecting with so many like minded activist throughout the world during these years and this conference is one such opportunity to further these connections and sharing.

This conference and publication bring together diverse range of authors, staying true to Viluthu core beliefs that both academic studies and lived experiences of women and all menstruators are extremely valuable in informing all processes and the dignified menstruation campaign is no different from this principle. We hope that this inspires more opportunities for those waiting to share their perspectives and to be heard. Viluthu stays committed to its mission in enabling equitable societies and its commitment to the call for dignified menstruation. This publication is a platform for such diverse voices to be heard and to bring experiences of women and menstruators to the forefront. We want to take this opportunity to thank the GSCDM and the core team for all their extended support and partnership in enabling this international conference and publication and to all the contributors and authors for their invaluable support in furthering this discourse in such nuanced ways.



## Message from Radha Paudel PhD

Founder of Global South Coalition for Dignified Menstruation

A huge Congratulations Viluthu and team of Sri-Lanka!

Despite political and economic crisis in Sri Lanka, you stood up and flagged for Dignified Menstruation for Ending Child Marriage and demonstrated the commitment towards a common cause in 2022.

None of us can imagine a place without menstruators; therefore, we do not have the luxury to escape from the dialogue of Dignified Menstruation as Menstrual Discrimination has been practised across the globe in diverse names, forms, and severity. However, the global south suffers more due to various political, economic, and cultural reasons. More importantly, it constructs and shapes the power and patriarchy that perpetuate the various forms of sexual and gender based violence. Therefore, in order to redefine the power and smash the patriarchy, the dialogue on Dignified Menstruation is urgent and important at home, school, community, at workplace and everywhere else. Marking International Day for Dignified Menstruation for 8th December is very important because Menstrual Discrimination is itself a violation of human rights and forms of violence against menstruators. Further, it is the 14th of 16 days of Activism against Women and Girls.

Dialogue on Dignified Menstruation at home, school, community, workplace, and everywhere would enhance the individual and collective agency and has a significant influence for making choices including marriage. Child marriage is one of the unsolved and serious forms of gender based violence and violation of human rights. Unfortunately, the global community missed the link with menstrual discrimination in about a century-based history of interventions on child and early marriages. Despite the complex nature of child marriage, it is intensively linked with menstruation, where the pushing factors accelerated by menstrual discrimination occur both systemically and symptomatically. In this connection, this conference and Publication played a pivotal role to change the narratives around violence against women and girls, and the overarching goal of gender equality. The engagement of the global community



from various sectors also demonstrated the collective efforts towards the journey of dignified menstruation that should continue to amplify it. I strongly believe that the future will be free from violence against menstruators through the continuous and collective dialogue around dignified menstruation.

Once again, I congratulate Viluthu and team for such a historical event and a publication and wishing for all the best!

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# Organisational Profiles



**Viluthu - Centre for Human Resource Development** is a non-profit organization operating in Sri Lanka since 2003 with a prime focus on working with war affected communities and vulnerable women. Operating under the principles of creating an inclusive and socially cohesive society that practices participatory democracy and adheres to gender equality, economic, social justice and equitable development, Viluthu seeks to enhance women and youth participation in policy discourse and provide a platform to the marginalized groups for such purposes. Viluthu is proud to be the pioneer in introducing the Dignified Menstruation Concept to the island. Partnering with GSCDM, Viluthu established its Sri Lanka chapter in 2019 to spearhead menstruation related activities.



**The Global South Coalition for Dignified Menstruation (GSCDM)** operates with a mission to dismantle institutional, structural, interpersonal, and social oppressive systems in place, affecting menstruation, individuals who menstruate, and their ability to access basic inalienable human rights, critical resources to lead happy, and healthy lives, and obtain dignity. In 2020, GSCDM conducted a three-day international workshop on Dignified Menstruation concluding with a 12 points call for action to champion dignified menstruation, of which this publication was a continuation.

**The Sri Lankan Chapter of the Global South Coalition for Dignified Menstruation** has been a pioneer in promoting sexual and reproductive health rights in the island. Viluthu started its partnership with the Global South Coalition for Dignified Menstruation in 2019. Within the span of four years, The Sri Lankan Chapter of GSCDM has made vast strides in raising awareness on menstrual discrimination, and dignified menstruation in Sri Lanka. As of today, the Sri Lankan Chapter of the Global South Coalition for Dignified Menstruation operates in 17 out of 25 districts in the island, mobilising thousands of youth and women through Viluthu and its partner networks. The Chapter has also availed the opportunity to a number of youth to take on research activities based on dignified menstruation related themes. Some of such papers are also showcased in this publication. It is hoped that the work of the Sri Lankan Chapter will contribute to the normalisation of dignified menstruation in the society, the elimination of menstrual discrimination and child marriages and finally, all forms of gender based violence in the island.



## About the Editors



### **Inthumathy Hariharathamotharan**

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Inthumathy Hariharathamotharan holds an MSc in Development Communication and a BA in Sociology. She is the Head of Programs at the Viluthu - Centre for Human Resource Development and has over 15 years of experience in grassroots mobilization, building the capacities and networks of grassroots groups. Inthumathy is a recognized gender specialist in Sri Lanka and has been involved in various research and advocacy initiatives related to Economic, Social, and Cultural Rights (ESCR) since 2007. She currently serves as a steering committee member of the Global South Coalition for Dignified Menstruation and is part of the Gender Team of the International Network for ESCR. In recognition of her inspiring and visionary leadership to promote human rights, peace, and humanitarian services, she received the International Women of Courage Award from the All India Council of Human Rights, Liberties & Social Justice on International Human Rights Day in 2023, which took place in New Delhi.



### **Shakti Devapura**

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Shakti Devapura is the Research Coordinator - Consultant for Viluthu - Centre for Human Resource Development, where he is tasked with designing, implementing and managing research work.

Shakti also functions as an independent research consultant for projects relating to peace-building, reconciliation, and strategic studies, for research and civil society organisations in Sri Lanka and overseas. He holds a MA (Hons.) in Politics and International Relations from the University of Aberdeen and a LLM in International Law from the University of Edinburgh Law School. His research interests include reconciliation (with special focus on under-researched thematic areas relating to specific victim groups), deradicalisation, CVE, geopolitics, defence and strategic studies. During his professional career spanning over 10 years, Shakti has authored and contributed to a number of research and publications both locally and internationally.

# About the Authors



## **Professor Rajendra Surenthirakumaran**

MD (Com. Med.), Dean, Faculty of Medicine,  
University of Jaffna, Sri Lanka

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Professor Rajendra Surenthirakumaran is a Professor in Community Medicine and Dean of the Faculty of Medicine at the University of Jaffna, Sri Lanka. He is a public health researcher and non-communicable diseases epidemiologist interested in social determinants of health, health systems, ageing, and palliative care. He joined the Faculty of Medicine, University of Jaffna, in 2004 as a lecturer and was promoted to senior lecturer in 2011. He was the Head of the Department of Community and Family Medicine at, University of Jaffna from 2012 to 2019.

Prof. Surenthirakumaran is the Country Lead for the Global Health Atrial Fibrillation Study Group, University of Birmingham UK, funded by the National Institute of Health Research UK, Coordinator of the AHEAD World Bank-funded project on Water Security in the Northern Province, Sri Lanka, and Principal Investigator of a collaborative study with SingHealth on premalignant oesophageal lesions among patients at the Teaching Hospital Jaffna. He is also a co-investigator and supervisor of many research activities, which are regional interests. Prof. Surenthirakumaran has worked as a consultant for numerous Government and international agencies, including Save the Children and UNDP and is currently the Managerial Coordinator of the Jaffna Healthy City project supported by WHO Sri Lanka. He is working with the Minister of Health Northern Province, Sri Lanka, on developing and implementing Strategic Management Plan for the Northern Province and helping with the implementation of a Cancer Control programme and palliative care services in the province with the support of Cancer Control Programme Sri Lanka, Cancer Care Manitoba Canada, and Two World Cancer Collaboration.

At present, Prof. Surenthirakumaran is the President of the Sri Lanka Public Health Education Institutions Network (LANKAPHEIN), executive committee member of the South-East Asian Public Health Education Institutions Network (SEAPHEIN) and advisory committee member of the Global Network of Academic Public Health (GNAPH). He holds the This is Public Health (TIPH) award for 2021.





### **Mili Adhikari**

Director Global South Coalition for Dignified Menstruation America Chapter, Founding Member of GSCDM, USA

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Mili Adhikari (she/her) is a Public Health Practitioner based in California USA, currently she is a 2nd year medical student. Outside the classroom Mili is a menstrual and sexual health awareness educator, and birth worker. Mili works as the director for Global South Coalition for Dignified Menstruation North America chapter. Her life goal is working to achieve menstrual and gender equity through frameworks of Dignified Menstruation, reproductive justice, and Body Literacy utilizing education, awareness, activism and community organizing.



### **Rinku Thakur**

GSCDM, Nepal

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Rinku Kumari Thakur is a child marriage survivor from Madhesh Community, Nepal. At the age of 13, Rinku raised her voice against child marriage and at that time was able to save herself from child marriage. Again, at the age of 17, Rinku raised voice against child marriage but failed to convince her parents, relatives and her society, compelling her to leave home. Rinku has completed her Bachelor's Degree and she works with Global South Coalition for Dignified Menstruation. Rinku has got the opportunity to participate in various webinars and trainings on Dignified Menstruation. She also provides training and interaction programs on the behalf of the Dignified Menstruation campaign Nepal.



### **Yeanoth Rukoh Bai-Kamara**

Member of Youth Advisory Group, Sierra Leone

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Yeanoth Rukoh Bai-Kamara is a second year student of the pure and applied science faculty, Fourah Bay College. She is a member of the youth advisory group and a She Leads Youth rep. The group was one set up by the Ministry of Basic and Senior Secondary Education with support from Plan International to include youth countywide in decision-making processes within the Ministry. Yeanoth appreciates the existence of children and have been committed to protecting their rights and teaching their responsibilities for eight productive years. She loves nature and enjoy capturing thoughts and moments on paper.



## **Dr. Gopalamoorthy Rajeev**

University of Jaffna, Sri Lanka

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Dr. Gopalamoorthy Rajeev is a Public Health professional from Sri Lanka with ten years' experience in the field of public health with postgraduate education and training in Community Medicine from the Post Graduate Institute of Colombo. He is a graduate of the Faculty of Medicine Colombo and is currently attached to the Department of Community Medicine and Family medicine, Medical Faculty of Jaffna. He has a special interest in Cancer Epidemiology and Adolescent Health. He has conducted and supervised many researches related to community health activities. He had presented and published many research articles in national and international forums. In addition to his public health practice, he is actively involved in professional forums and many community based organizations. He is the current board member of Cancer Care North and East and was the council member of College of Community Medicine. He was the ambassador of the Public Health project of Medical faculty of Jaffna.



## **Radika Sivakumaran**

UNICEF, Sri Lanka

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Eng. Radika is a Child Survival and Development Officer attached to United Nations Children's Fund, Sri Lanka. She is a professional Engineer. She has a 20 years career at UNICEF. She worked in emergency, resettlement and development phases at UNICEF. Radhika is focussing on WASH in schools programme with Menstrual Hygiene and Health as a gender component to it. She is involved in developing participatory Menstrual Health and Hygiene training kits and has trained 500+ resource persons in the Northern Province and Eastern Provinces of Sri Lanka.



## **Kethusa Krishnaraja**

University of Jaffna, Sri Lanka

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Kethusha is a Project Coordinator holding multiple project experiences and has graduated from university of Moratuwa. She is currently working as a project coordinator attached to the Department of Community Medicine and Family medicine, Medical Faculty of Jaffna. She has conducted many workshops and supervisions. In addition to her work, she is actively involved with NGOs supporting their projects as a volunteer.





### **Sasrubi Sathees**

University of Jaffna, Sri Lanka

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Sasrubi is a Research Assistant in the Department of Community Medicine and Family medicine, Medical Faculty of Jaffna. She is a registered Nurse and is qualified with an M.Phil. in Nursing. She conducts many researches and has published in conferences and journals. Her interested area of research is Paediatrics. She is involved in teaching in private Nursing institutions on menstrual hygiene and reproductive health. Sasrubi is involved in school visits regarding screening female children. In addition to her work, she is actively involved with NGOs and supports projects as a volunteer



### **Dinesh Coonghe**

University of Jaffna, Sri Lanka

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Dr. Dinesh Coonghe is a graduate of the faculty of Medicine, University of Jaffna, M.Sc. in Community Medicine (Colombo), and MD in Community Medicine (Colombo). He has completed a Diploma in Child Health in University of Colombo. He has conducted and supervised many researches related to community health activities. He had presented and published many research articles in forums. In addition to his public health practice, he is a project manager for the Jaffna Healthy City Project funded by World Health Organization.



### **Night Okindo**

Trans Empowerment Initiative, Kenya

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Night Okindo is a transgender man, queer, photojournalist, social justice activist youth, and founder of Trans Empowerment Initiative (TEI). By circumstances of life (homeless, refugee, youthful, creative) Night found herself constantly trying to make the world know the challenges and thrills of the lives of transgender men, trans masculine and non-binary folk by echoing their needs through documenting and sharing on the platform @Maschart\_Nbo. As an avenue for pride, a tool for advocacy, Night uses photojournalism as a tool to elevate and honour Trans masculine Africans.



## T. Kiruththiga

Independent Gender and Communications Consultant &  
Communication Professional and Visiting Lecturer, Sri Lanka

Kiruththiga functions as an Independent gender and communication consultant and works with different NGOs and INGOs and academic institutions on gender related matters including gender equality, gender mainstreaming, reproductive health, women empowerment, women and political participation, women and mass media. She has produced and has published research papers on gender, women, and media for the past 15 years. She has been working as a media trainer and lecturer in government and private universities specialized gender and media also worked as a gender trainer with different entities for the past 10 years. She also worked with different organizations as a project co coordinator and Mentor on the prevention of GBV programmes. Kiruththiga holds a Master degree in Communication and Media studies from Indian Council for Cultural Relation scholarship in India and Postgraduate Diploma in Communicative Studies. She is also an International Visitors Leadership Alumina on violent extremism and the role of media to prevent violent extremism (IVLP) and works with the American Corner on gender related issues.



## Swati Bedekar

Vatslaya Foundation, India

Swati Bedekar started out as a passionate Science Educator, based in Vadodara. While working as a Science Communicator in the interior villages of Dahod, Gujarat, she observed that girls studying from sixth standard onwards would regularly remain absent from the schools. On further investigation, she found out the issue of mismanagement and ignorance of Menstrual Hygiene, which was its root cause. Swati, in her systematic research, encountered similar conditions amongst women labourers, construction workers, house cleaners, farm workers, and women belonging to the lower income strata of the society. In order to address this difficult problem Mrs Swati Bedekar, under the aegis of Vatsalya Foundation, Vadodara, started the Sakhi (Friend) project. The objective was to help women and girls maintain their menstrual hygiene and provide a source of income to these women. She has been relentlessly working to spread the message of Menstrual Hygiene in various places in India. With help from the government schemes for the poor, she set up her first Sakhi unit in Devgad Baria in 2010. Swati has worked extensively on providing end-to-end solutions for menstrual hygiene awareness among women and girls. She and her team have designed and manufactured drudgery free, low cost machines to produce sanitary napkins. Swati has started such units in other developing countries like Cameroon, Zimbabwe, Bhutan, and war torn regions like the Zatari refugee camp in Jordan. An eco-friendly terracotta incinerator "Ashudhshinashak has also been developed by her team for the disposal of used sanitary napkins.





### **Chiqui de Veyra**

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ),  
Philippines

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Chiqui de Veyra currently works as Coordinator for WASH and Knowledge Management at the GIZ Regional Fit for School Programme in the Philippines. She oversees the MHM component and likewise serves as the gender focal point. Prior to joining GIZ, she worked with several groups in the Philippines such as the UP Manila National Institute of Health and Alliance for Improving Health Outcomes in the areas of public health, health policy, financing, and research, among others.



### **Irida Haxhi**

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ),  
Albania

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Irida Haxhi is working as a Communication, Awareness and PR advisor at the GIZ programme “Customer and Performance Oriented Drinking Water and Sanitation Services” in Albania and is responsible for WASH and MHH in Schools. For 4 years, she has been working with municipalities regarding gender budgeting and social inclusion. She holds an MSc in Finance from the University of Tirana and is currently following an executive master at the University of Bocconi in Milan for “Management of International Organizations.”



### **Sami Pande**

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ),  
Nepal

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Sami Pande (sami.pande@giz.de) is working as a Technical Advisor for the Adolescent Health and Development program, particularly MHM and WASH in School for 3 years with GIZ’s programme “Support to the Health Sector Strategy” in Nepal. She has more than 10 years of experience working in the public health field including Adolescent Sexual and Reproductive Health topic. She holds a Master’s in Public Health (MPH) degree from The University of Adelaide, Australia.



## Jan-Christoph Schlenk

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ),  
Germany

Jan-Christoph Schlenk works as a WASH Policy Advisor with GIZ's Water Policy programme in Germany. He has more than 10 years of professional experience in working with GIZ in the governance and water sector with a focus on WASH in Institutions and Menstrual Health and Hygiene. He holds an MSc degree from the University of Cologne. He did graduate work in Geography, Regional Planning, and Political Science at the University of Bonn and the School of Planning and Architecture New Delhi, India. **The Sustainable Sanitation Alliance (SuSanA)** is an informal network of more than 380 organisations and 15,000 members with a common vision on sustainable sanitation. SuSanA works as a think tank, coordination platform, and sounding board, contributor to the policy dialogue on sustainable sanitation and as a "catalyst."



## Francy Garcia Fajardo

Oriéntame, Colombia

Francy García was the Communications and Fundraising Leader for Oriéntame, a Private and social benefit organization created in 1977, formulating a comprehensive model and a safe protocol that guarantees the care of women who require our services. The Foundation contemplates orientation by qualified personnel as one of the key points to accompany women at the time of deciding on reproductive matters with responsible and timely information. Since 1990, the comprehensive care model for girls and women in sexual and reproductive health has been successfully transmitted to health professionals in seven Latin American countries, making Oriéntame a pioneer and leader in the region.



## K. Puvanendran

Organization for Community Empowerment & Development,  
Sri Lanka

K. Puvanendran functions as a senior psychological counsellor in Batticaloa, Sri Lanka. He holds a Bachelor of Arts in Sociology (Special), Professional Diploma in Counselling, Master of Arts in Sociology Master of Social Work, NISD STEPS (Skill Through English for Public Servants) - British Council. Puvanendran has more than 20 years of professional experience in various capacities such as a drug and alcohol prevention trainer, lecturer, and a counsellor.





## **Samir Pariyar**

National Coordinator, Dignified Menstruation Campaign, Nepal

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Samir Pariyar is a Dignified Menstruation Activist from Nepal belonging to the marginalized community i.e. Dalit community which is regarded as a low community of the nation. Samir is the National Coordinator for Dignified Menstruation Campaign Nepal and Founder of Gift for Girls Campaign (a campaign lead by youth). Samir is currently Studying for a Bachelor of Public Health in Purbanchal University with Full Government Scholarship at Gothgau, Morang. He has worked in the area of Dignified Menstruation since 2019 and believes Dignified Menstruation is the strongest tool for ending all forms of gender-based violence. Samir has started an initiative to celebrate Menarche by cutting a cake for his own sister, gifted pads on various occasions to menstruators, initiated the Mothers Menstruation sharing Camp, and promoted Dignified Menstruation during various events and festivals. Samir was awarded the Best CFLG and Dignified Menstruation activist award by Sunwal Municipality.



## **Marcus Divaincy Fernando**

Sri Lanka

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Marcus Divaincy Fernando from Mannar is reading BA in Languages and Communication studies, in Trincomalee Campus, Eastern University of Sri Lanka. She has finished her schooling in Mn/St. Fatima MMV (national school). After my A/Ls, Divaincy worked as a volunteer teacher in Mn/Thalaimannar GTMS School. In 2020, Divaincy started my social work and worked with several NGOs such as Active Citizen, Viluthu, MESIDO, AYEYAC, Sarvodaya, SLU, VOICE, Centenary Moment, Valvodhaya, and CCT etc. In 2021, Divaincy was appointed as a District Director of YAN Sri Lanka. She received a promotion to work with the management board in YAN Sri Lanka afterwards. She was then appointed as a national organizer of Youth Action Network (YAN Sri Lanka). In 2022, Divaincy received a “Best District Director in 2021 Award” organized by YAN Sri Lanka & was awarded as a gold medallist. In 2022, Divaincy published her first poem book named “PURATCHINI (NÉE).” It is a women’s motivational book. She received an international award for her book named as “Exemplary Women Author of the Year Award” organized by Women Icon powered by Times Women. Presently, she is following a degree as well as studying for a diploma in Sinhala at IPSL campus & a diploma in HRM at Eastern University, Trincomalee Campus. Divaincy work as an announcer, short film actor, poet, lyrics writer, motivational speaker, & a social researcher.



## **Achayo Rose Obol**

Uganda

Achayo Rose Obol is a female Ugandan with physical disability, a member of Network of African Women with Disabilities, a Board member of Disabled Women in Africa, a member of East African Disability Forum, and the Chairperson Board of Directors of the National Union of women with disabilities of Uganda (NUWODU) and other African Disabled Peoples Organizations.

NUWODU is an umbrella organization of women and girls with disabilities in Uganda. It advocates for the promotion, protection and advancement of the rights of women and girls with disabilities for meaningful participation and inclusion in development process.

Rose has been an activist in the Ugandan disability movement for the last 20 years. Rose is active at all levels in mobilizing and empowering women with disabilities with information on their rights, advocating for their inclusion in women's rights movement; inclusion of and advancing equality for women and girls with disabilities in all social, economic, human rights and humanitarian aspects; influencing Ugandan and regional gender- and disability-related policies using the UNCRPD and SDG; and representing the voice of women with Disabilities at different forums

Rose is passionate about meaningful participation, recognition and visibility of women and girls with disabilities in all spheres of life.



## **The Journey of Global South Coalition for Dignified Menstruation – Sri Lanka Chapter**

The Global South Coalition for Dignified Menstruation is a global network formed by the Radha Paudel Foundation in Nepal in 2019, with its global secretariat based there. Its mission is to dismantle the institutional, structural, interpersonal, and social oppressive systems affecting individuals who menstruate and their ability to access basic human rights, critical resources, and the dignity required to lead happy and healthy lives. As of now, GSCDM has 75 member countries, with Dr. Radha Paudel at the helm. The Network is dedicated to evidence-based advocacy, training, and research at local, national, and global levels. Its major roles are to promote dignified menstruation to help prevent violence against women and girls (VAWG) as well as violence against children (VAC), all while advocating for human rights.

Viluthu joined GSCDM in 2020 and has steadily gained recognition for its activities related to dignified menstruation in the country. In 2022, the organization achieved membership status of the GSCDM Steering Committee. Initially, the Sri

Lanka chapter began its activities with youth volunteers from 17 districts in the island. Through their impactful efforts to address menstrual discrimination and promote human rights, the Youth Voice for Dignified Menstruation Champions group was established. This group represents thousands of young people from universities, youth clubs, and various volunteer



networks. More than 1,500 youth have voluntarily trained with Viluthu, and they are currently implementing Sexual and Reproductive Health Rights (SRHR) and Dignified Menstruation (DM) activities in various districts. During the COVID-19 pandemic, youth volunteers collaborated with state officials to raise awareness about menstrual discrimination, particularly regarding the distribution of menstrual products. As a result of their efforts, several state agencies have changed their archaic attitudes, prioritizing the identification of beneficiaries, the distribution of menstrual products, and advocacy against taxation on menstrual products. Notably, Viluthu, GSCDM Sri Lanka chapter and the Women's Federation held a press conference in 2020 in the districts of Jaffna and Trincomalee to protest against this taxation.

In 2023, the Global South Coalition for Dignified Menstruation, with Radha Paudel in a leading role, conducted a three-day workshop in Colombo, training 45 youth and 45 women. In 2024, an additional 70 youth received training in Badulla and Mannar. Viluthu introduced reusable pad-making training, with many male youth also participating. Owing to the knowledge gained from these trainings and the support of the Viluthu team, over 150 health clubs are now operating at the school level in the districts. The concept of dignified menstruation has been promoted in schools, and many have learned how to make reusable pads. The Sri Lanka chapter of Viluthu has consistently supported women and youth in capacity-building programs based on the needs identified in the districts.

Since 2019, Viluthu has conducted over 60 webinars to promote Dignified Menstruation and address issues related to menstrual discrimination. In 2022, we hosted our first International Research Symposium, from which this publication is





based out of, marking a significant milestone for the Sri Lanka Chapter. As a member of GSCDM, Viluthu presented “Dignified Menstruation: Experience from Sri Lanka” during the NGO CSW 65 event in 2021. In 2023, Viluthu contributed to the policy recommendations for Women Heads of Households, which included important issues such as menstrual discrimination, menopause, sexual and reproductive health rights (SRHR), and safety mechanisms. These recommendations were submitted to the State. International Menstrual Hygiene Day and International Dignified Menstruation Day are significant events that take place during the 16 Days of Activism Against Gender-Based Violence (GBV). The voices of youth are showcased through their thoughts, campaigns, events, and webinars shared on social media. The 12-point declaration from GSCDM will serve as a call to action for promoting dignified menstruation. Numerous community research studies have been conducted and published at district, provincial, national, and international levels. Since 2020, esteemed professionals and academicians have delivered speeches for the Sri Lanka chapter, contributing to the discourse on this important topic. Notably, Batticaloa, one of the districts, has drafted a Dignified Menstruation Plan in collaboration with multiple stakeholders for the year 2024.



Additionally, many articles have been written by the Steering Committee member of the Sri Lanka chapter Ms. Inthumathy Hariharathamotharan and published in mainstream media.

She has participated in several radio and TV discussions to raise awareness about menstrual discrimination and promote dignified menstruation. As part of the youth voices chapter for Dignified Menstruation (DM), numerous young members have shared their experiences, research findings, and thoughts during international forums. During these consultations and research meetings with intellectual professionals, topics such as sexual and gender-based violence (SGBV), menstrual discrimination in garment factories and workplaces, social stigma, and the taboos and practices related to marginalized groups were thoroughly discussed. Owing to such meaningful work and commitment of Viluthu and GSCDM Sri Lanka Chapter, Inthumathy Hariharathamotharan was bestowed the “International Women of Courage Award” by the All India Council of Human Rights Liberties & Social Justice at the 13<sup>th</sup> International Human Rights Summit & Awards in New Delhi in 2023.

Over the years, the Chapter along with Viluthu, have conducted capacity-building programs for youth, women, and students, along with conferences, outreach programs, media campaigns, lobbying efforts, charity initiatives, and mini-grant activities for communities. Research is ongoing under the Viluthu umbrella. The Sri Lanka chapter of GSCDM will continue these meaningful activities in collaboration with state authorities, civil society organizations, networks, and media in the future.





## **Reflecting on the 4<sup>th</sup> International Virtual Conference on Dignified Menstruation to End Child Marriages held on 2022, December 8 – International Dignified Menstruation Day!**

VILUTHU in December 2022 took a significant step to host an International Conference focused on “Dignified Menstruation for Ending Child Marriages”. This event marked the fourth conference of the Global South Coalition for Dignified Menstruation, which played a crucial role in amplifying voices against menstrual discrimination and child marriage. The COVID-19 pandemic and the economic crisis have significantly impacted the lives of women and girls, influencing gender norms that affect their daily activities and mobility. In response to these challenges, Viluthu, a leading women’s rights organization in Sri Lanka and the Global South Coalition for Dignified Menstruation, hosted a one-day virtual conference. This event brought together researchers, intellectuals, professionals, stakeholders, youth, civil society activists and donors to address pressing interlinked issues. Researchers from six continents submitted abstracts, with 15 selected from different countries. A total of 10 papers were presented during the proceedings.

The conference consisted of three sessions. The first session focused on establishing dignified menstruation, discussing problem areas and equal rights. The second session aimed at making menstruation dignified, with a global perspective on awareness building. The final session featured the youngest researchers, state officials, and university students, with a theme centred on grassroots-level change—battling menstrual discrimination, one village at a time.

During the proceedings, Viluthu outlined the theme and objectives of the international conference, highlighting the role of Viluthu and the Global South Coalition for Dignified Menstruation (GSCDM) in promoting dignified menstruation across different countries. Dr. Shikshitta Malla from Nepal presented a song titled “Say No.” During her inaugural speech, Viluthu’s Executive Director, Maithreyi Rajasingam, emphasized the importance of mobilizing grassroots activists, youth, and women to normalize the concept of dignified menstruation. Additionally, Rinku Thakur shared a powerful story from a survivor of child marriage, representing GSCDM Nepal. From Sierra Leone, Yeanoh Rukah Bai-Kamara showcased an impactful video aimed at ending child marriages, representing the Youth Advisory Group.

Chief Guest, Professor Dr. R. Surenthirakumaran, Dean of the Medical Faculty at Jaffna University emphasized the importance of eliminating menstrual discrimination from society. He highlighted that harassment leads to challenges for schoolgirls, particularly in accessing menstrual products due to a lack of knowledge and resources. As a medical practitioner, he recommended the need for adequate nutrition, hygiene, and health facilities for all menstruators, especially young girls. The keynote address, delivered by Mili Adhikari, Director of the North America Chapter of the Global South Coalition for Dignified Menstruation discussed the journey of the Coalition, its strategies, and the Dignified Menstruation framework. Mili addressed key issues such as reproductive justice, civic education, activism, and how the patriarchal system influences society and international mechanisms.

The first session, “Establishing Dignified Menstruation - From Problem Areas to Equal Rights” was moderated by Shradha Shreejaya from the Sustainable Menstruation Kerala Collective in India. This session stood out due to the diversity of target groups represented in the studies, including school girls, women politicians, the transgender community, and individuals with disabilities. Dr. Rajeev Gobalamoorthy and his team from the University of Jaffna presented findings on dignified menstruation among adolescent girls in selected schools within the Jaffna Zonal Education area emphasizing that menstrual health and hygiene are crucial for the well-being and empowerment of



women and adolescent girls. The presentation called for increased menstrual health literacy and preparedness. This represented an initial step toward establishing health clubs in the district, which would serve as a platform for promoting the concept of dignified menstruation among school children and school management. Under the theme of “Dignifying Menstruation in Transgender Men,” Night Okindo highlighted that not all menstruators are women, emphasizing the need to rethink the labelling of “feminine care products” to promote inclusivity. Kiruththiga Tharumarajah discussed menstrual discrimination faced by female politicians due to period poverty and the lack of menstrual health facilities in councils, particularly during the post-pandemic economic crisis in the Jaffna Peninsula. This shed light on the challenges female councillors encounter in local governance and stressed the importance of promoting the concepts of dignified menstruation and overall well-being. Rose Achayo Obol, a representative of the International Disability Alliance in Geneva and a member of Uganda’s National Union of Women with Disabilities, delivered an impactful speech providing an insightful commentary on the classification of disabilities and noted that some categories of disabled individuals struggle to understand the physical changes that occur during menstruation. Additionally, she criticized the media for its role in perpetuating myths surrounding menstruation.

The second session themed “Making Menstruation Dignified: Global Perspectives on Awareness Building” was moderated by Archana Patkar, an advisor from UNAIDS Geneva and GSCDM. She emphasized that child marriage is a form of violence against children. The paper presented by Swati Bedekar discussed the menstrual health of Kashmiri women in remote areas and their aspirations. Representing the Vatsalya Foundation in India, she highlighted the health concerns of marginalized girls and their lack of access to sanitary products during menstruation. Furthermore, she explained that certain factors lead to infections and health issues among schoolgirls. A group dynamic session titled “Reaching Millions via Social Media – Clicktivism,” presented by the GIZ delegation from the Philippines, Nepal, Albania, and Germany. They emphasized the use of social media and creativity to challenge taboos surrounding menstruation. The delegation highlighted that engaging youth celebrity figures and utilizing strategic hashtags can motivate younger audiences to discuss menstruation openly in various settings. Francy Garcia Fajardo, a representative from Colombia’s Oriantame organization, talked about the initiative “Live Your Menstrual Care: Access to Menstrual Health for Girls and Teenagers.” She highlighted her organization’s successful model of virtual awareness-building programs on menstruation, which were implemented for girls during the pandemic. This initiative involved community leaders and activists educating individuals at the grassroots level and distributing

sanitary products. Anne Pakoa from the Vanuatu Human Rights Coalition spoke about the discrimination that often starts within families. She noted that menstruators frequently experience violence and harassment for not conforming to social taboos and cultural norms. Pakoa emphasized the importance of raising awareness through discussions among family members to help normalize menstruation for young girls. Archana Patkar discussed how to challenge patriarchy by encouraging conversations about menstruation and priding one's own body. She concluded her session by emphasizing the significance of this advocacy.

Dr. Richard Antony, a former sociology lecturer at the University of Jaffna, currently working as an academic researcher in the United Kingdom, moderated the session "Grassroots Level Change: Battling Menstrual Discrimination One Village at a Time." He emphasized the importance of abolishing teenage marriages and highlighted the role of village and divisional management in this initiative. The National Coordinator of GSCDM Nepal, Samir Periyar, discussed how patriarchy contributes to menstrual discrimination and leads to outbreaks of violence at homes, schools, workplaces, and public spaces. K. Puvanenthiran, a representative from the Organization for Community Empowerment & Development (ORCED), a Community Correction Officer at the Magistrate Court of Kaluwanchikudy in Batticaloa, who has been actively involved with ORCED and shared his village-level initiatives aimed at preventing child marriages. Along with his colleague, Muthayah Pody Ragunathan, he emphasized the importance of parents and guardians in raising awareness among their children about Sexual Reproductive Health Rights, menstruation, the concepts of "good touch and bad touch," and the natural physical changes that occur during adolescence, as a lack of knowledge of this conceptual understanding leads to the unwanted pregnancies and child marriages. Divaincy Fernando emphasized the lack of menstrual literacy among school-going children, the inadequate facilities for accessing health rights and sanitary products, and the government's inaction regarding tax relief for menstrual sanitary products in Sri Lanka. Rishanthini Palaniyaandi, shared a case study from Sammanthurai village in Ampara, Sri Lanka focusing on the challenges rural women face concerning menstrual issues and the impact of rising prices for sanitary napkins. During her presentation, she highlighted several challenges arising from the economic crisis, including difficulty accessing hygiene products, social stigma, ridicule from family members during menstruation, and other factors contributing to menstrual-related challenges and discrimination in their village. The session concluded with a summary by Dr. Antony Richard, who discussed the negative impact of Sri Lanka's economic crisis on menstruators and noted that similar economic crises are affecting individuals worldwide in the post-pandemic period.



In concluding, the conference emphasized the need to specifically target certain groups, including school-going children, the transgender community, and people with disabilities, to ensure they can also experience Dignified Menstruation. Viluthu through this initiative, highlighted the importance of raising awareness through grassroots movements, similar to those practiced by the organization itself. The conference concluded with a call for solidarity among all menstruators, stakeholders, and advocates to ensure Dignified Menstruation, eliminate menstrual discrimination, and end child marriage.

## *Editors' Note*

The conference papers presented to the readership herein have been sourced from a diverse range of academics, practitioners and advocates of Dignified Menstruation scattered around the globe. While all writings deal with unique aspects of the core theme and related substrata, the publication, with inclusivity at heart, contains work from a range of authors with different standings. Hence, the contents herein is not exclusively of academic nature but includes writings of Dignified Menstruation champions in the form of testaments, case studies, success stories, qualitative and mixed approach research studies.



# Guest Contributions and Reflections

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# Dignified Menstruation for Ending Child Marriages

• Prof. R.Surenthirakumar



Menstruation is a natural biological process that signifies a female's reproductive maturity. However, in many societies, it is shrouded in stigma and discrimination, adversely affecting the lives of menstruators and contributing to harmful practices such as child marriage. Dignified menstruation—defined as the state of being free from all forms of menstrual discrimination, including stigma, taboos, abuse, and violence—is essential for upholding the rights to freedom, education, health, and dignity for all menstruators.

### **The Link Between Menstrual Discrimination and Child Marriage**

In numerous cultures, the onset of menstruation is erroneously interpreted as an indication that a girl is ready for marriage and childbearing. This misconception leads to a higher prevalence of child marriages, especially in regions where menstrual education is lacking. For instance, studies have shown that in some areas, girls who begin menstruating are considered eligible for marriage, regardless of their young age. This practice not only violates their rights but also exposes them to health risks and limits their educational and personal development.

### **Current Challenges in Sri Lanka**

Sri Lanka has made commendable progress in areas such as paid parental leave and maternal healthcare. However, challenges persist in ensuring comprehensive reproductive and parental rights. Menstrual discrimination remains a significant issue, with many girls lacking access to proper menstrual hygiene products and education. This deficiency can lead to school absenteeism, decreased educational attainment, and, in some cases, early marriage as a perceived solution to the 'burden' of menstruation.

### **Strategies to Address Menstrual Discrimination and Child Marriage**

To effectively combat menstrual discrimination and its role in perpetuating child marriage, a multi-faceted approach is necessary:

#### **🔹 Policy Level:**

**Legislation:** Enact and enforce laws that prohibit child marriage and promote menstrual health as a fundamental human right.

**Funding:** Allocate resources for menstrual health programs to ensure the availability of affordable menstrual products and education.

### 🔗 **Institutional Level:**

**Education Systems:** Integrate comprehensive menstrual health education into school curricula to demystify menstruation and challenge associated stigmas.

**Healthcare Services:** Train healthcare providers to offer informed and sensitive menstrual health services, including counseling and product provision.

### 🔗 **Community Level:**

**Awareness Campaigns:** Conduct community-based initiatives to educate both men and women about menstruation, aiming to dismantle myths and reduce stigma.

**Support Networks:** Establish community groups that provide a safe space for menstruators to share experiences and access resources.

## **University of Jaffna (UoJ) and Dignified Menstruation**

As a pioneer higher education provider in the Northern Province and in Sri Lanka as a whole, the UoJ's journey with Viluthu and the Global South Coalition for Dignified Menstruation has been a fruitful one.

The contributions by UoJ to dignified menstruation is three pronged. The UoJ frequently engages in research work relating to dignified menstruation through the Faculty of Medicine, with its faculty and studentship taking on indepth research on the subject matter, with particular emphasis on programmes undertaken in the Northern Province targeting schoolgoing children. As this publication stands in testament, the contributions of the Faculty to implement research and programmes, and also assess such to better them has been well received, with occasional representations made at local and international level via presentations of research and contributions to academic and policy level deliberations. Basing itself on programmes, case studies and research, such work has contributed to the development of concepts and approaches to further dignified menstruation world over. Locally, such has included the development of resources and advocacy materials promoting dignified menstruation, SRHR and eradicating period poverty, amongst other topics. Faculty staff and students proactively offer their services as resource persons to initiatives and research promoting dignified menstruation in the Northern Province, these contributions are appreciated by menstruators, school going children, the public and our partner organizations as it makes a positive impact on their menstruating experiences, devoid of marginalisation or stigmatisation.



Apart from championing such research, advocacy and programmes to normalise dignified menstruation, the university and the faculty has made timely interventions to provide SRHR facilities in its own premises to support all menstruators, thus adapting best practices as promoted by Viluthu and GSCDM.

### **Conclusion and Remarks**

Addressing menstrual discrimination is pivotal in the fight against child marriage. By promoting dignified menstruation through policy reforms, institutional support, and community engagement, societies can empower menstruators, uphold their rights, and pave the way for a future where no individual is subjected to marriage during childhood.

As an institution dedicated to medicine, the intellectual growth of its students and the betterment of the public, the University of Jaffna and its Faculty of Medicine and Applied Sciences would continue its work on dignified menstruation hand in hand in Viluthu and GSCDM to promote good menstruation practices, to champion the rights of menstruators and to battle stigmatisation with science and evidence.

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## **The Urgency of Dignified Menstruation to End Gender-Based Violence**

• **Mili Adhikari**



## **ABSTRACT**

Menstrual discrimination, a form of gender-based violence and a human rights violation, is a multidimensional human rights issue that adversely affects individuals' physiological, psychological, and spiritual health, degrading their inalienable human dignity. The negative societal beliefs, values, perceptions, and behaviours surrounding menstruation severely affect menstruators' social status, internal self-esteem, and self-empowerment, rendering people who menstruate as "less than" people who do not menstruate. This human rights violation affects menstruators of all ages and menstrual status, creating an unequal framework of power dynamics that sustain misogynistic and patriarchal roots and impose violence against people who menstruate.

Dignified Menstruation, a holistic framework developed by the founder of Global South Coalition for Dignified Menstruation (GSCDM), Radha Paudel, states that every single menstruator deserves freedom from any forms of abuse, discrimination, and violence associated with menstruation. The term declares that every menstruator deserves freedom from the shame and taboo around menses, removal of all menstrual restrictions, access to sustainable safe menstrual products, clean water and hygiene, high quality sexual and reproductive health services, and body literacy, so that they can live a dignified life.

The objective of this paper is to analyse the history and the urgent need for dignified menstruation to end gender-based violence.

## **THE HISTORY OF MENSTRUAL DISCRIMINATION**

Before, the history of dignified menstruation can be understood, it is imperative to establish the history of menstrual discrimination.

The history of menstrual discrimination dates back centuries to the years unknown, when patriarchy and misogyny was established. As menstrual discrimination is a by-product of such principles, with evidence of discrimination present in all religious texts, from Hindu, Christian, Islam, and Jewish religions, condemning menstrual blood as impure, dirty, and “sinful.” Thus implying that people who menstruate as sinners, inferior beings to their opposite, the people who do not menstruate (GSCDM, 2018). These misogynistic notions then translated into wider negative social beliefs, values, legislations, and actions around menstruation, and the menstruator, creating an unequal power dynamic in which the menstruator is powerless while the non-menstruator is powerful, leaving the menstruator vulnerable to gender-based violence (GBV) like rape, sexual violence, domestic violence, intimate partner violence, and child marriage (Johnson, 2019).

Globally, Menstruation is a stigmatized condition, as defined by:

- Menses as an abomination of the body
- Blemishes of the individual character
- “Tribal” identities or social markers associated with a “marginalized” group (Bobel et al., 2020)

## **MENSTRUAL DISCRIMINATION AND GENDER BASED VIOLENCE**

Menstrual discrimination is both a product and a driver of GBV, adversely affecting people who menstruate in the areas of health, hygiene, social value, and the ability to live a safe life free of stigma or shame (Adhikari & Moss, 2022). The complex intersectional impact of misogyny, patriarchy, classism, ableism and other social discriminatory lenses have marked menstruation as a taboo, and people who menstruate are subjects of “indignities,” enabling control, rendering them vulnerable to GBV relating to menstrual health (Johnson, 2019). Menstrual discrimination is in fact critical to GBV, in both the initiation and the maintenance. It has created a discriminatory, toxic environment in which non-menstruators are given social power and entitlement, while rendering menstruators as weak, dirty, and powerless with low self-esteem, which allow them to be physically, and emotionally dominated by non-menstruators, allowing for rape culture, sexual assault, child marriage, and other forms of intimate partner and domestic violence (GSCDM, 2018).



Due to the multifaceted issues around menstrual discrimination, the types of GBV perpetuated through menstrual violence is numerous, ranging from physical restrictions during menstruation, unjust financial burden, labour discrimination, to sexual assault (Adhikari & Moss, 2022). Different cultures around the world have varying types of physical and food restrictions, with some cultures doing so more visibly than others. Nevertheless, all share the common goal to control the people who menstruate, which dehumanizes the menstruator. Another common global GBV perpetuated is the financial burden of obtaining environmentally and menstruator safe menstrual products of choice, which unjustly burdens the menstruator, who historically has not been granted the power to control finances, rendering them vulnerable to the non-menstruator (Adhikari & Moss, 2022). Recently, in 2019 there were records of menstruators being forced to exchange sexual acts for menstrual products, from partners and non-partners (Oppenheim, 2019). There have also been heinous reports of coercion and rape in exchange for menstrual products between correctional officers and incarcerated menstruators in the United States (Adhikari & Moss, 2022). Without the freedom to choose, safe and healthy menstrual products provided to menstruators for this natural, biological phenomenon, there is an undue feeling of loss of control, shame, and lack of importance of their bodily necessity. This then can perpetuate a cycle in which people who menstruate do not have control over their bodies nor are their bodies considered to be of any importance (GSCDM, 2018).

In addition, how can we expect young woman to say no to child marriage, to un-consensual sexual advances when we teach them to stay silent about their bodies? Their menstruation? When we teach them that their bodies are dirty, impure, and subject to control from the greater society.

Furthermore, the stigma and the shame surrounding menstruation, and menstrual blood are deeply interconnected to shame and stigma of the bodily parts that bleed and the female reproductive system, which results in bodily illiteracy, gynaecologic negligence, and inaccessibility to holistic sexual and reproductive health care (Bobel, 2018). There is mass medical negligence of menstruation and menstrual status as a fifth vital sign, ignoring a critical piece of information that can present clues to the provider of the patients' hormonal, nutritional, and behavioural health. This has been a common theme across centuries, the disbelief and negligence of menstruators and their bodies marked as "hysterical" a word derived from "hyster" to mean the "uterus or womb" (Gainsberg, 2023).

Although there are decades of evidence of menstrual discrimination, its insidious harm and violence against people who menstruate, amounting to more than half of the world population, with atrocious narratives outlining the social, psychological, and physiological consequences of this violence in their lives. The recognition of menstrual discrimination as a human rights violation is a slow process, which still has not reached the international spheres of the global menstrual movement (Schweizer et al., 2022).

The global menstrual movement was initiated as a form of public health awareness campaign regarding menstrual hygiene and health, prioritizing menstrual products, clean water, proper sanitation, and access to sexual and reproductive health care, which is a vital component of menstrual equity. However, it is missing the main component - the lack of dignity (Schweizer et al., 2022). This theme is common across a majority of the menstrual movement that lacks understanding of the misogynistic roots of menstrual discrimination and the need to attain and protect menstruators' dignity in order to mitigate its adverse social and health consequences. The most visual example of this negligence is the absence of menstrual discrimination as a human rights issue in international instruments like Human Right Declaration of 1948, CEDAW (Convention for Elimination of All Forms of Discrimination against Women) of 1979, CRC (Convention of Child Right) of 1989, and SDG (Sustainable Development Goals) of 2015, UN #16days Of Activism (GSCDM, 2018). This establishes a culture of silence and negligence surrounding menstrual discrimination and incorrectly silos away menstrual violence as a "cultural" issue or a "women's issue," which further stigmatizes, restricts, and discriminates against people who menstruate.

Furthermore, the prioritization of menstrual products and its distribution across the existing menstrual movement further re-stigmatizes menstruation by emphasizing menses as "dirty" and something to "hide" by using menstrual products (GSCDM, 2018). Chris Bobel, a menstrual activist, restates this in "The Managed Body," that the framing of menstruation as a sole public health concern of hygiene and health implies that menstruation is a bodily problem that needs to be solved and hidden by the menstruator (Bobel, 2020).

Overall, the menstrual movement is missing the key root of the problem, the lack of dignity.



## **THE URGENCY OF DIGNIFIED MENSTRUATION**

The birth of dignified menstruation is complex because, while this framework was officially developed and published in 2018 with the rise of Global South Coalition for Dignified Menstruation (GSCDM), Radha Paudel, the founder of GSCDM and innovator of dignified menstruation had already been working within its core values and beliefs of equity, justice, and dignity for the last two decades (Paudel, 2016). Radha began this work as survivor of menstrual violence and the resistance of imposed menstrual restrictions that demeaned her right to menstruate with dignity. Her journey further developed as a nurse in training as she began to have an epiphany that her story is not rare, and nor was she alone. This story of pain, violence, and lack of dignity is the story of almost all people who menstruate. This catapulted into a 100% volunteer led grassroots movement in which she mobilizes the global community to recognize menstrual discrimination as a human rights violation, and transform the menstrual movement to centre dignity as the mechanism of dismantling the misogynistic, patriarchal - structural, institutional, and interpersonal beliefs, behaviours, and notions that discriminate against menstruators (GSCDM, 2018)

With the launch of GSCDM, Dignified Menstruation was officially defined as a multifaceted and dynamic framework, which states that every single menstruator deserves to live free from any form of abuse, violence, discrimination, and shame/ stigma associated with menstruation. It demands equitable access to sustainable, environmentally safe, and menstruator safe menstrual products. It demands access to clean water, and hygiene, high quality sexual and reproductive education and health services, and a right to bodily literacy, so that menstruators can live a fully dignified life (GSCDM, 2018).

Dignified Menstruation can be used as a multifaceted tool to mitigate the many layers of menstrual discrimination, and its associated consequences. From menstrual products to WASH, access to holistic sexual and reproductive education, and any other menstrual equity initiatives, we must work to centre dignity in every initiative to make sustainable change that targets the root cause. By implementing Dignified Menstruation in every sector of menstrual and GBV advocacy, we break the traditional siloed approach, because each sector is intersectional and the layers of violence are compounded in an individual. Thus, we break the silence of menstruation, we demand our dignity.

We also break the notion that menstrual cycle is limited to the 5 days of bleeding or the reproductive years, when people who menstruate are always in some part of their

cycle (pre-menstrual, menarche, reproductive years, pregnancy, pre-menopause, menopause and even after death), it is a life cycle, which needs a life-cycle approach (GSCDM, 2018).

Furthermore, dignified menstruation demands inclusivity of all people who menstruate, making sure to prioritize the most vulnerable communities like Trans and queer menstruators, disabled menstruators, menstruators in poverty, and so on. It is critical for the menstrual movement to adopt this inclusive model because the feminization of menstruation is not only detrimental to people of other gender identities who menstruate, or the exclusion leading to mass medical negligence of menstrual and other gynaecological issues, but are actually also harmful for cis-women who menstruate (Bobel, 2020). Increasing inclusivity of the menstrual movement beyond a “women’s” issue not only appreciates and values the diversity of menstruators but also reframes the issue as a human rights violation, forcing the wider social justice network to acknowledge and intervene (Hawkins, 2021).

The true challenge at hand right now is the resistance of dignified menstruation in the menstrual movement. Due to this lack of acceptance within the menstrual movement and the “white saviour” mentality, which focuses primarily on menstrual products and hygiene, there are wide efforts being made in siloed sectors across the globe without true, sustainable impact, further supporting the culture of violence and silence against menstruation, and sustaining a culture that supports gender based violence. The psychological impact of silence, low self-esteem, lack of bodily knowledge or empowerment, lack of agency, lack of bodily autonomy, and lack of dignity leads to higher rates of sexual and reproductive health conditions, barriers to care, and opportunities for GBV like sexual assault, child marriage, and domestic violence (Paudel & Jung Shah, 2022). Adopting dignified menstruation into every sector of the menstrual movement allows for a holistic and dignity centred approach to be at the root of every solution (GSCDM, 2018).

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# 3

## **Rinku's Resounding Resilience...**

• **Rinku Kumari Thakur**



***A first-hand account from Rinku Kumari Thakur, who shares her experience on opposing child marriage in Nepal.***

“When I was 13 years old, I was forced to get married. However, I declined the proposition and convinced my parents to let me continue my studies. Again, at the age of 17 I was forced to get married. My family, relatives, community, and everyone around me forced me, but yet again, I denied to get married.

Saying “no” to a decision made by parents is not common in my community where girls are not allowed to say “no” in relation to decisions made about their lives.

I tried effortlessly to convince everyone that I intend to study and of my desire to be an independent individual. I have seen a lot of violence in my community against women those who are earning money thus, I did not want to be a part of such violence. I asked for help from some social activists who were working for child rights and girls rights but I did not get the support that was needed. They too said that I have to get married and be obedient to my parents.

My decision turned into a nightmare. I was locked in a room for a day and was threatened by a family member who coerced me by saying that if I will not agree to get married then there will be a danger to my life. However, I did not give up, and I made a decision to leave home with the help of police and stay in a shelter nearby. Living in a shelter among the same community was not practical, as those who were there side-lined me while passing remarks.

“A girl leaving the house creates a bad impression on the family,” said they.

After such experience, I decided to shift cities to another shelter and started my further studies, reading for a bachelor’s degree. At the same time, I engaged in research to understand as to why child marriage still takes place Nepal.

There have been campaigns against child marriage in Nepal since 1963 but such marriages still takes place, affecting the lives of thousands of girls each year.

After meeting several activists and engaging in research, I established that Menstrual Discrimination is a key driver for child marriage and gender based violence. Seeing menstruation as a sign of womanhood to pressure young girls into marriage must be stopped. A girl deserves her childhood despite menstruating.

With my own resolve and through the Global South Coalition for Dignified Menstruation, I work towards an environment where young girls do not have to go through the unpleasant childhood I did, being coerced into marriage.

This account is not only my story; it is the story of many girls in my hometown who are suffering.”

# 4

## **Battling Child Marriage in Sierra Leone**

• **Yeanoh Rukoh Bai-Kamara**



## **BACKGROUND**

It is no secret that children world over get married at unlawful ages. However, in Sierra Leone, the lack of information on dignified menstruation for both boys and girls continue to be a leading factor contributing to early pregnancy while enabling child marriage. Left with little information on how their body function and what may follow when certain biological changes occur, children are left open to the risk of pregnancy and in extension, to child parenting/marriage.

Statistics indicate that 30% of girls get married before the age of eighteen, with 13% of girls married before the age of fifteen. As the term children would include boys as well, statistics further explain that 7% of boys in Sierra Leone are married before the age of eighteen, according to "Girls not Brides," an online platform that focuses on the wellbeing of children.

A child as considered by global standards is any young person below the legal age of eighteen. When a girl child grows into puberty, they experience monthly period cycles that require a good amount of positive knowledge and hygienic practices to keep them healthy and free from health complications.

Menstruation has had its share in serving as a bridge between children and marriage. This has been made possible through many ways one of which would be stated in the body of this writing.

## **THE LINK BETWEEN CHILD MARRIAGE AND MENSTRUATION**

The connection between child marriage and menstruation begins from the misinterpretation of the physical activity of menstruating. When girls reach puberty, they assume menstruation is a sign of maturity, including experiencing sex as the stimulus in their bodies and yearning for sex. Without proper knowledge and understanding, girls explore sexuality by engaging in sexual activity. This at most times lead to child pregnancy.

While parents and guardians determine menstruation to be a key occurrence that sets a young girl out to adulthood, it becomes acceptable for girls to get married at a young age. It is also extensively normal for young boys and girls, with little information, to involve themselves in sexual activities prior to marriage.

The Bondo Society in Sierra Leone has been a remedial tool for girls who have reached maturity with the start of their menstrual cycle. Girls will rush to join the

Bondo Society, especially young girls that have given birth to children and are cohabiting with men and boys. In addition, almost all of the girls that are initiated to the society are girls that have started their menstruation. Therefore, menstrual period is connected to the Bondo Society and the Bondo Society is ultimately connected to child marriage.

The Bondo initiation entails practices that prepare a girl child for their marital homes. This is a society that many children are forced to be a part of at a very young age, leaving them open to learning about marital homes and preparing them for older men.

From personal experience, I have had people who were close to me give up their education and future for marriage. In 2015, when I had just gained admission into junior secondary school, a classmate of mine had to discontinue attending school because she was to be initiated into the Bondo Society and was asked to marry afterwards. At that stage, we were only between the ages of ten to fifteen at most.

Furthermore, traditions and beliefs have always kept children, especially girls in a state of vulnerability. The World Health Organisation calculates that over 200 million girls and women have undergone female genital mutilation in 30 countries in Africa. Most young girls going through this are found to be in ages when menstruation occur.

## **LAWS AND POLICIES**

In Sierra Leone, there are laws prohibiting child marriage such as the Customary Marriage and Divorce Act and the Child rights Act of 2007. The Customary Marriage Act makes it legal for people of 16 years of age to be wedded while the Child Rights Act only makes it legal for 18 years and above.

At present, the Government is focused on harmonizing these two acts. The Government through Parliament is currently harmonizing these laws, as there is an ongoing review of the Child Rights Act that has been tabled in Parliament for approval. When approved, it will prohibit child marriages. No child under 18 years will be allowed to marry with strict penalties enforced on offenders.



**Recommendations**

- There should be more awareness raising on the dangers of child marriage and on the Bondo Society so that it will discourage parents from initiating their girls into the group while encouraging early marriage.
- There should be an increase in life skills training for girls to enhance their know on how to respond to the lures of men with immediate actions; using proactive steps rather than being reactive. Ensuring child safety and security and sex education could form a crucial part of this.
- The government should implement laws and policies prohibiting child marriage and Bondo Society. These policies should be seen as effective and efficient in safeguarding girls.

I am convinced that while working on child marriage, we have to ensure and enhance dignified menstruation hand in hand. There has to be an amount of education passed on to boys, girls, parents, and guardians on the topic. This would most likely redirect their thoughts on menstruation and minimize child marriage rates.

# **Establishing Dignified Menstruation**

**– From Problem Areas  
to Equal Rights**



# 5

## **Dignified Menstruation among Adolescent Girls in Selected Schools, Jaffna Zonal Education, Sri Lanka**

• **Rajeev Gopalamoorthy  
Radika Sivakumaran  
Kethusa Krishnaraja  
Sasrubi Sathees  
Sellathurai Uthayakumar  
Nagappan Kandathasan  
Rajendra Surenthirakumaran  
Pethirupillai Amal Dinesh Coonghe**

## **ABSTRACT**

Dignified menstruation is a state of freedom from any form of menstrual discrimination, including taboos, stigmas, shyness, shame, abuse, restrictions, and violence. Even though Jaffna City Schools are comparatively better in most education-related achievements, period poverty exists and remains untouched. A survey cum empowerment activity was carried out in three schools in Jaffna City to understand the actual menstruation-related status. The survey focuses on three main categories: facilities, awareness, and services.

Under facilities, all three schools have separate toilets for girls, but only one school has sanitary pad removal systems in place and has soap for cleaning the toilets for dignified cleaning after toilet use. From an awareness perspective, all three schools' male and female teachers received menstruation-related awareness. In contrast, only one school (both fathers and mothers) received menstruation-related understanding. In addition, the importance of pre-preparedness and related sensitizations is given to one school. Menstruation-related understanding (both boys and girls) were identified between two schools. From a services perspective, only one school has a mechanism to get sanitary pads at schools and a system established to remove menstrual waste. None of the schools had menstruation-related counselling when needed. To improve the situation, one health teacher and two adolescent girls from each school were trained on menstruation and given guidance on enhancing menstruation-related facilities, services and supplies. A lack of confidence was identified among teachers to enhance awareness, supported by medical faculty, University of Jaffna. Three awareness videos were developed in three languages (English, Tamil, and Sinhala) for longer-term sustainability. After five months of focused awareness building on menstruation, a significant improvement was observed in these focused schools.



## INTRODUCTION

Menstruation is a natural process of life and a monthly occurrence for 1.8 billion girls, women, transgender males, and non-binary people of reproductive age (UNICEF, 2019). More than 300 million women in the world menstruate in a given day. An estimated 500 million people worldwide lack access to menstruation products and adequate menstruation hygiene management facilities (MHM). Girls and women need access to water sanitation and hygiene (WASH) facilities, appropriate and proper menstrual hygiene materials, information on good practices, and a welcoming environment where they may manage their menstruation without embarrassment or stigma (World Bank, 2022). Menstrual Health and Hygiene (MHH) is a crucial part for the well-being and empowerment of women and adolescent girls.

Dignified menstruation is a state of freedom from any forms of menstrual discrimination including taboos, stigmas, shyness, shame, abuse, restrictions, and violence associated with menstruation through the lifecycle of menstruators (Global South Coalition for Dignified Menstruation, 2022). Girls' and women's menstrual health and hygiene needs are always unfulfilled due to gender inequity, discriminatory social norms, cultural taboos, poverty, and a lack of essential services. Adolescent girls who are menstruating may experience stigma, teasing, and social exclusion. All of this has detrimental effects on the lives of persons who menstruate, including limiting their freedom, mobility, and choices; lowering their attendance and engagement in school and community activities; risking their safety; and raising their stress and anxiety levels. While menstruation is a normal and healthy part of life for most women and girls, the experience of menstruators is still constrained in many societies.

The accomplishment of Sustainable Development Goals (SDGs) also depends on women and girls' access to MHH. Specially, *Goal 6.2: Provide everyone with access to sufficient and equitable sanitation and hygiene, paying particular attention to the needs of women, girls, and those in vulnerable situations*. Lack of understanding about puberty and menstruation may lead to early and unintended pregnancies; stress and embarrassment related to menstruation may have a detrimental impact on mental health; and the use of unsanitary sanitation products may increase the risk to girls, relate with *SDG Goal 3: Universal access to sexual and reproductive health-care services*. Due to a lack of WASH facilities or community assistance, girls may miss or pay less attention to education during their periods, which could have an adverse effect on education (Goal 4), or at work and reduce their chances for

employment (Goal 8). Goal 5: Gender equality cannot be attained if menstruating women and girls are not allowed to fully participate in society due to taboos and misconceptions. Sustainable consumption and production patterns may be impacted if markets for high-quality menstruation products are not developed (Goal 12). All of the concerns indicated that, without taking into account the demand for safe and dignified menstruation, the world could not realize its vision.

Menstrual health literacy has a direct impact on quality of life, health, academic and professional performance. In Australia, the key learning area of Health and Physical Education provides opportunities for students to develop menstrual health literacy (Curry et al, 2022). The study conducted by Holmes and others state that menstrual health literacy in low, middle, and high-income countries is still inadequate and fails to cater the needs of adolescents (Holmes et al). Study on menstrual Health and Hygiene among the adolescents in the US reveals that education needs to be provided by parents and school (Trant, 2022). A research on awareness, perception, and practices regarding MHH stated the need of health education among students (Srinivasan et al, 2019). Research has shown that approaches that effectively combine information and education with appropriate infrastructure and menstrual products are more successful in avoiding the negative effects of poor MHH (World Bank, 2022). The studies reveals that education and awareness programmes on MHH can elevate literacy on menstrual health and hygiene.

Girls can benefit from MHH programs by learning how to overcome challenges to their health, independence, and development, such as gender-based violence, child marriage, and school dropout rates. The objective of this study is to assess and improve the currently available facilities and knowledge regarding menstrual health and hygiene.

## **PREMISE**

Menstrual health and hygiene is untouched in Jaffna City schools even though they are comparatively better in most education-related achievements.

## **METHODOLOGY**

**Research Setting:** This study was conducted in Jaffna, Capital City of the Northern Province, Sri Lanka. There were three schools (School X, School Y, School Z) selected for this study. Two schools are mixed type and other is a girls' school.



Table 1: Description of Schools

	Name of the school	Grade Span	Gender type
1	School X	1 to 11	Mixed
2	School Y	1 to 13	Girls
3	School Z	6 to 13	Mixed

Source: Combined by Author

**Rationale for the selection:** The rationale of this study focused under Jaffna Healthy City Project. Jaffna Healthy City was initiated in December 2019 by the Jaffna Municipal Council in collaboration with the Provincial Department of Health Services, Northern Province and Faculty of Medicine, University of Jaffna, with the guidance from WHO. Five key areas (solid waste management, WASH, physical activity, healthy food and Covid 19 prevention) were identified under this healthy city initiative considering the current urban health issues in the Jaffna District. We initiated our activities at school level as the first phase of implementation. There were ten schools considered and three schools were taken for the study.

**Participant Selection:** Two students and a health teacher from each school were taken for this study.

**Method:** A qualitative approach was adopted in this study by self-evaluating current condition of the schools. An education workshop was conducted on 29<sup>th</sup> November 2021 at the Department of Community and Family Medicine seminar hall, University of Jaffna, Sri Lanka. There were several information: MHH related food myths, MHH related video, and MHH related general myths that were discussed with the participants. The selected group of school participants were educated about our programme and asked to expand their knowledge through what was gained from our workshop. Several ways were used by the participants to share their gained knowledge, such as giving an introduction in the Morning Prayer, forming a group to enhance and monitor the facilities related to menstrual health and hygiene and advising adolescent girls. A school based action plan tool was introduced consisting of ten indicators under three main components such as facilities, awareness, and services and were used to assess the current situation of menstrual health and hygiene. Awareness videos were developed in three languages (English, Tamil, and

Sinhala) by the Medical Faculty of Jaffna University to create more awareness for longer-term sustainability. Five months of focused awareness on menstruation was observed in the selected schools.

## FINDINGS

All three schools self-evaluated their existing condition of facilities, services, and awareness on MHH themselves in the workshop. Table 2 depicts the outcome of the study.

Under facilities, all three schools have separate toilets for girls, but only one school has sanitary pad removal systems in place and has soap for dignified cleaning after toilet use. From an awareness perspective, all three schools' male and female teachers received menstruation-related awareness. In contrast, only one school (both fathers and mothers) received menstruation-related understanding. In addition, the importance of pre-preparedness and related sensitization is given in one school. Menstruation-related understanding (both boys and girls) were identified between two schools. From a services perspective, only one school has a mechanism to get sanitary pads at schools and a system established to remove menstrual waste. None of the schools got menstruation-related counselling when needed.

Table 2: Outcome of self-evaluation

Indicators	Previous condition			Current condition after education and knowledge sharing		
	X	Y	Z	X	Y	Z
<b>A. Facilities</b>						
A.1 Availability of separate toilets with water facility for girls	Yes	Yes	Yes	Yes	Yes	Yes
A.2 Sanitary pad removal systems within the toilets	No	No	Yes	Yes	Yes	Yes
A.3 Availability of soap within the toilet	No	Yes	No	Yes	Yes	Yes



<b>B. Awareness</b>						
B.1 Children (both boys and girls) aware of menstruation	No	Yes	Yes	Yes	Yes	Yes
B.2 Teachers (both male and female teachers) aware of menstruation	Yes	Yes	Yes	Yes	Yes	Yes
B.3 Parents (both fathers and mothers) aware of menstruation	No	No	Yes	Yes	Yes	Yes
B.4 Girls aware on menstruation pre-preparations during school days	No	Yes	No	Yes	No	Yes
<b>C. Services</b>						
C.1 Mechanism to get sanitary pads at schools	No	No	Yes	Yes	Yes	Yes
C.2 A system established to remove menstrual waste	No	No	Yes	Yes	Yes	Yes
C.3 A networking established to contact PHMs in case girls need menstruation related issues	No	No	No	Yes	Yes	Yes

Source: Author

School Names- X, Y, Z

There were several activities suggested by teachers and students to enhance existing conditions at their schools. Such as create water facilities in toilets, allocating dustbin for sanitary pad removal, arrangement of teachers to provide the guidance on MHH, arrange to get sanitary pads at schools, and arrange a track for keeping soap for hand washing. All were highlighted as short-term activities.



Figure 1: Education and knowledge sharing at workshop

Source: Author

After five months of focused awareness on menstruation, a significant improvement was observed in the focused schools. All schools achieved the activities under facilities, awareness, and services. One school mentioned that they could not determine that girls aware about menstruation pre-preparations during school days. It is worth noting that menstruation-related counselling was improved in all three schools as it was identified as absent in all three schools in the previous study. As suggested in the workshop, considerable change was observed in this study. Therefore, the study encouraged the school community to implement actions on facilities, awareness, and services relating to MHH.

## LIMITATIONS

The Covid-19 pandemic was a restriction to follow-up our activities due to the closure of schools. We faced difficulty to do the outcome assessment periodically.

## CONCLUSIONS

Schools are lacking menstrual health and hygiene in the Jaffna city. Facilities, awareness, and services relating to MHH are lacking in schools. Education and knowledge sharing programmes conducted by us identified the improvement of existing school community knowledge on MHH. Further similar programmes should be conducted in other schools.



## RECOMMENDATION

The future attempts of this study can focus on educating all schools to improve knowledge on MHH.

## ACKNOWLEDGEMENTS

The authors greatly acknowledge the people who supported this study.

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# 6

## **Dignifying Menstruation In Transgender Men**

• **Night Okindo**



### **ABSTRACT**

Menstruation has always been considered a “woman” thing. As a Trans man, this means I live in an environment where it is not okay for a man to enter a shop and buy pads without feeling shame. Shame is what makes it difficult for us to live a healthy life and care for our bodies just like anyone else born with a vagina. Because of this stigma, many Trans men who menstruate often use one pad for more than the recommended time, making us prone to reproductive health infections. Shame around menstruation has us scared of using bathrooms with urinals, because we do not want anyone to hear us changing our pads. Lack of dignified menstruation and shame has led to suicidal thoughts and cases of depression in our community. There is an urgent need for centres offering sexual and reproductive health & rights resources that include our trans-masculine community without discrimination. Menstruation should be considered something of dignity and not shame to anyone who is blessed to experience it. This should not be considered something that people lose their lives over. We should acknowledge that even men receive the monthly flow and that does not make them any less of a man. Young girls in schools are getting early depression and sometimes becoming suicidal just because they start experiencing menstruation early in life and are made to think that they are dirty and unwelcome in society. We urge all the possible avenues, organizations, and allies to keep advocating against bullying and discrimination toward people who experience menstrual periods.

## **INTRODUCTION**

Transgender men are individuals who were assigned female at birth but identify as male. For many transgender men, this means undergoing hormone therapy and, in some cases, surgery to align their physical appearance with their gender identity. Menstruation is a natural process that typically occurs in cis-gender women (i.e., women who were assigned female at birth and identify as women). However, transgender men may also experience menstruation, either as a result of taking testosterone (which can suppress ovulation but does not always do so) or due to the presence of residual ovarian tissue. Transgender men may face discrimination and exclusion from menstrual health resources, such as pads and menstrual cups. This can lead to feelings of shame and embarrassment, as well as physical discomfort.

There is currently a lack of research on the topic of menstruation and transgender men. The transgender community has been gaining more visibility in recent years. This increase in visibility has also brought to light the unique experiences and needs of the transgender community, including the need for more inclusive and affirming healthcare. One area that has received relatively little attention is the need for transgender men to have access to information and resources about menstruation. This lack of attention is due in part to the fact that transgender men are often assumed to not have periods, or to have stopped having them after starting testosterone therapy. However, a significant number of transgender men do experience menstruation, either on a regular basis or sporadically. For these men, menstruation can be a source of significant anxiety and distress, as they may feel that they are not “supposed” to be menstruating. In addition, transgender men may not have access to information about how to manage their periods in a way that is affirming of their gender identity. Few studies that have been conducted suggest that transgender men experience a range of negative emotions during their menstrual cycles, including anxiety, depression, and anger. In addition, they often feel a sense of isolation and disconnection from their gender identity.

The purpose of this paper is to broaden the discourse on dignified menstruation and to explore the associated phenomena in terms of health and gender implications. This paper will also highlight the need for more inclusive and affirming healthcare for transgender men who menstruate. There is no one-size-fits-all solution to the problem of dignified menstruation, but a multi-level approach is needed. In particular, the paper seeks to broaden the discourse on the topic and to advocate for multi-level action to ensure the dignity of all menstruating persons.



## **METHODS**

This paper is a conference research paper that was conducted using a variety of methods. First, a literature review was conducted in order to gain a better understanding of the existing research on the topic. Second, interviews were conducted with transgender men who menstruate in order to better understand their experiences and needs. Themes that emerged from the data included the need for improved education and awareness around the issue of menstruation among transgender men, the importance of access to dignified menstrual products and facilities, and the need for more research on the topic. Finally, the paper offers recommendations for networking, alliance building, and advocacy in order to improve the situation of transgender men with respect to menstruation. A review of the existing literature on menstruation among transgender men reveals a number of gaps in current knowledge. For instance, there is a lack of data on the prevalence of menstruation among transgender men, as well as on the associated health implications. In addition, there is a need for more research on the impact of menstruation on the lives of transgender men, in terms of both the physical and psychological effects. In order to fill these gaps in knowledge, data from a variety of sources is analysed in this paper. The analysis of this data reveals a number of implications for the health and gender of transgender men with respect to menstruation.

## **FINDINGS AND DISCUSSION**

The findings from the interviews revealed that the participants experienced a range of emotions related to their menstruation, including anger, frustration, sadness, and shame. Many of the participants felt that their menstruation was a source of distress, and that it caused them to feel “less than” or “inferior” to other people. The participants also spoke about the negative attitudes and beliefs that society holds about menstruation, and how these attitudes can make it difficult for transgender men to feel comfortable discussing their experiences with menstruation. Additionally, the participants spoke about how the lack of accurate representation of transgender men in the media and popular culture can further marginalize and isolate those who menstruate.

Participants in the study were asked about the various barriers they face when trying to access dignified menstrual care. The most common barrier cited was the lack of inclusive menstrual products for transgender men. Most menstrual products are designed for cis-gender women, and are not inclusive of transgender men. This lack of inclusive menstrual products can lead to transgender men feeling uncomfortable and humiliated when trying to purchase menstrual products. Transphobia is another

major barrier to accessing dignified menstrual care for transgender men. Transphobia can manifest as discrimination, exclusion, or violence. This transphobia can make it difficult or impossible for transgender men to access reproductive healthcare services or to feel safe and supported when using those services.

There is also a lack of knowledge and understanding about Trans men and their bodies. This lack of knowledge leads to a lack of resources and support for Trans men who menstruate. Additionally, there is a lack of acknowledgment of the fact that Trans men can menstruate. This lack of acknowledgment leads to a feeling of invisibility and isolation for Trans men who do menstruate. The lack of resources and support for Trans men who menstruate can have serious consequences. For example, Trans men who are not able to access proper menstrual products may resort to using unsafe materials, such as paper towels or toilet paper. This can lead to serious health problems, such as infections. Additionally, the lack of resources and support can lead to a feeling of isolation and anxiety for Trans men.

There are a number of ways to address the lack of resources and support for Trans men who menstruate. First and foremost, it is important to increase awareness and understanding of the issue. This can be done through education and outreach. Additionally, it is important to provide resources and support for Trans men who menstruate. This can be done through online resources, support groups, and healthcare providers who are knowledgeable about the issue. Finally, it is important to advocate for the inclusion of Trans men in the menstruation discourse. This can be done through networking, alliance building, and advocacy.

## **1. EDUCATION AND OUTREACH**

One of the best ways to increase awareness and understanding of the issue of Trans men and menstruation is through education and outreach. There are a number of ways to do this. Primarily, it is important to educate yourself about the issue. This can be done by reading articles, watching videos, and attending workshops and conferences. Additionally, it is important to reach out to Trans men in your community and offer your support. This can be done by attending support groups, connecting with Trans men online, and offering to be a listening ear. Finally, it is important to educate others about the issue. This can be done by talking to your friends and family about the issue, sharing your knowledge with others online, and speaking up when you hear someone making ignorant comments about Trans men or menstruation.



## **2. RESOURCES AND SUPPORT**

In addition to education and outreach, it is also important to provide resources and support for Trans men who menstruate. There are a number of ways to do this. First and foremost, it is important to provide accurate and up-to-date information about the issue. This can be done through online resources, such as articles, videos, and forums. Additionally, it is important to connect Trans men with support groups. This can be done by attending support groups, connecting with Trans men online, and offering to be a listening ear. Transgender men should have access to gender-neutral bathrooms so that they can feel comfortable disposing of their menstrual products. They should also have access to feminine hygiene products that are designed for people with vaginas, such as cups and reusable pads. Finally, it is important to connect Trans men with healthcare providers who are knowledgeable about the issue. This can be done by finding healthcare providers who are willing to see Trans men and by providing resources and referrals to Trans men who are seeking care.

## **3. ADVOCACY**

In addition to education and outreach, it is also important to advocate for the inclusion of Trans men in the menstruation discourse. This can be done through networking, alliance building, and advocacy. Networking is the process of connecting with others who are working on similar issues. This can be done by attending conferences, networking events, and connecting with others online. Alliance building is the process of working together with others to achieve a common goal. Such can be achieved by collaborating with organizations that support Trans men, collaborating with others on projects, and co-sponsoring events. Advocacy is the process of speaking up for the rights of Trans men. This can be done by writing letters to elected officials, participating in protests and rallies, and testifying in court.

## **CONCLUSION**

The experience of transgender men who menstruate is important to consider in the larger conversation about menstruation. It is therefore important that more research is conducted on this topic, and that transgender men who menstruate are given the support they need to live healthy and dignified lives. Menstruation is often seen as a women's issue, but it is important to remember that not all women menstruate and not all people who menstruate are women. Transgender men are just one example of the many people who menstruate. It is important to include them in the conversation about menstruation in order to make the experience more dignified for all. We must be open to different approaches and be willing to adapt as new needs arise. By working together, we can create a more inclusive and dignified experience for all menstruating persons.

# 7

## **Challenges faced by Local Women Council Leaders on Period Poverty and the Lack of Menstruation Health Facilities in Local Councils in Jaffna Peninsula during the Prevailing Economic Crisis in Sri Lanka**

• Kiruththiga Tharumarajah



## CONTEXT

Period poverty is the lack of access to menstrual products, education, hygiene facilities, waste management, or a combination of these by menstruators. It affects an estimated 500 million people worldwide. Period poverty causes physical, mental, and emotional challenges. It can make people feel ashamed for menstruating, and the stigma surrounding periods prevents individuals from talking about it. Period poverty refers to the social, economic, political, and cultural barriers to menstrual products, education, and sanitation. The Global Menstrual Collective defines menstrual health as “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.” It notes that people should have access to information about menstruation, life changes, and hygiene practices. Along with the ability to care for themselves during menstruation through access to water, sanitation, and hygiene services. The ability to receive a diagnosis for menstrual cycle disorders and access to healthcare, a positive, supportive environment in which to make informed decisions, the ability to participate in all aspects of life, such as going to work are also included in this definition.

The Local Authorities Elections (Amendment) Act, No. 1 of 2016 codified a 25% mandatory quota for women, which allow women to enter into politics in the local councils (Piradesa Sabhas.) However, they have been facing various challenges including gender inequality in a gender non-sensitive environment and social stigma. They also face a lack of proper sanitary facilities within the council. The Covid pandemic and the economic crisis in Sri Lanka led an increase in prices of sanitary products, which also made the situation worse, affecting period poverty. In this research, there were 42 respondents studied using purposive sampling techniques from the 17 Local councils (Women political leaders), who represent different political parties in Jaffna peninsula. Respondents were interviewed through sense making interview techniques. Community women leaders were also interviewed. The results stated that many women councillors faced the issues related to their menstruation during the council proceedings and that there is a lack of facilities in councils, including proper health and wastage management. Respondents faced challenges during menstruation times with sanitary products rates and the incensement of the taxation challenged them in terms of period poverty during post Covid period and the economic crisis. Social stigma and social taboo plays an important role in this situation as well.

## **INTRODUCTION**

Period poverty refers to difficulties faced by low-income women and girls in accessing menstrual products. Managing menstruation is difficult due to cost relative to low income, with food, heating and lighting prioritized, leaving women improvising with material or wearing products for longer than desired. Fifty-percent of Sri Lanka's female student population is hesitant to go to school during their period, with the country's prevailing economic crisis worsening the already debilitating effects of period poverty.

Based on the economic analysis, the prices of sanitary napkins increased from March to September of 2022 with the country facing a severe currency crisis amid tax hikes on imported products. In a country with a female population of 11.2 million, which is 51.6% of the total population, a 52% tax is charged on menstrual hygiene products. This tax is often referred to as a period tax or a menstrual tax and makes essential sanitary products inaccessible, especially to persons from low income earning households.

Research conducted by the Advocata Institute found that Sri Lanka's period poverty rate is 50%. This means that 50% of households with women of menstruating age do not report spending any amount of money on sanitary napkins. Sri Lanka's cultural norms tend to make menstruation a taboo topic, resulting in a lack of education and awareness about menstruation as well as reproductive health and sanitary products. When looking at the latter, accessibility and affordability are the main issues that women and girls face in the country.

## **BACKGROUND**

Improving the menstrual health of women and girls is increasingly gaining policy importance in a bid to promote dignity, gender equality, and reproductive health. Menstrual health management (MHM) consists of having access to clean absorbent materials, but also extends into having private and safe spaces for using these materials. Effective and adequate menstrual hygiene management requires women to have access to menstrual health materials and products of sufficient quality and quantity to allow them to cleanly, safely, and comfortably manage and collect their menses.

Health and reproductive education, identification and treatment of menstrual disorders also enable women to safely and appropriately manage their menstrual health. Yet the omnipresent stigmatization of menstruation and entrenched social norms limit the adequate support to menstruating persons and results in MHM being



a multi-sectorial policy challenge, affecting sexual and reproductive health, schooling and education, water, sanitation and hygiene (WASH), and more. Improving such is further complicated by the fact that access to MHM products and safe, clean, and private menstrual hygiene spaces are often not uniform across socio-economic status and geography. The existing research links unhygienic conditions for using, cleaning and drying MHM products to reproductive tract infections and points to cases of the economically vulnerable having risky transactional sex for sanitary pads.

Research also shows that fear and shame around menstrual hygiene as a result of stigmatization inhibit mobility and participation in society resulting in social isolation. Even though early studies of the impact of poor MHM on labour markets and educational outcomes produced mixed results, evidence that is more recent points to the quantitative association between poor MHM and school non-attendance. Cloth usage is often framed as an unhygienic option. As Mahajan (2019) points out, in truth, absorbent and clean cloth in itself is a traditional and affordable MHM product. However, a lack of access to adequate WASH facilities and the potential shame of washing used cloth in public or in front of family members often result in poor maintenance practices and potentially raises concerns around hygiene.

The Local Authorities Elections (Amendment) Act, No. 1 of 2016 introduced in Sri Lanka, presented a 25% mandatory quota for women to enter into politics in the local councils (Piradesa Sabhas.) Based on the legislation, many women got the chance to enter into politics. However, their menstruation needs as well as the reproductive education is not fulfilled within the council system, especially with them facing many challenges during Covid and the Post Covid economic crisis.

### **HYPOTHESIS OF THE RESEARCH:**

- Elected women leaders in Local Councils have faced challenges due to the prevailing economic situation in terms of Period poverty.
- The health and sanitary facilities in each Council (Piradesa Sabah) is limited to the women councillors during menstruation time.
- Gender sensitive environments are still not available in terms of menstruation health.
- Social stigma plays an important role in relation to their work, including the dress code even during their menstruation time.

## **RESEARCH PROBLEMS**

The Act of the Local Authorities Elections (Amendment) Act, No. 1 of 2016 was introduced in Sri Lanka, which presented a 25% mandatory quota for women, allowing women to enter into politics in the local councils (Piradesa Sabhas). Based on the legislation, many women got a chance to enter into politics. However, they have been facing various challenges including gender inequality and working in gender non-sensitive environments within their Piradesa Sabha. Women Leaders are not much aware of menstruation education and as there are few programs focusing of capacity building rather than reproductive and menstruation health.

## **LIMITATIONS**

This study is limited to the elected women leaders in Local Councils in the Jaffna peninsula. It is a preliminary study of understanding the challenges they faced based on menstruation poverty in Sri Lanka post Covid pandemic and due to the economic crisis. This research is also limited with selected sampling and the reproductive age of women.

## **METHODOLOGY INCLUDING DATA COLLECTION AND DATA ANALYSIS**

In this research, the researcher used a qualitative methodology to analyse the data. Sense making interviews were used as a tool to collect data from the selected women leaders in the Local Councils. Respondents were selected based on their reproductive age (who has menstruation). Also considered as samples are five (05) Community women leaders who were interviewed.

To some extent, quantitative methodology was also used for data collection. Based on the purposive sampling techniques under the non-probability sampling method, the following councils have been selected. The qualitative data have been analysed based on the answers from the interview and narrative analysis. Also analysed was the data of the published reports on the issue. Based on the coding system, the answers from the interviews have been interpreted.



**SAMPLING DETAILS OF THE LOCAL COUNCILS**

	<b>Name of the Piradesa Sabha</b>	<b>Number of Sampling (based on the total council members the samples are taken)</b>
1	Nallur Pradesha Sabha	03
2	Point Pedro Piradesa Sabha	03
3	Valveddithurai Urban Council	02
4	Chavachcheri Nakara Sabha (Urban Council)	03
5	Chavachcheri Predesa Sabha	04
6	Vali North Pradesha Sabha	03
7	Vali East Pradesha Sabha	04
8	Vali South West Pradesa Sabha	04
9	Vali South Pradesha Sabha	04
10	Vali West Pradesha Sabha	03
11	Island North Pradesha Sabha	01
12	Karainagar Pradesha Sabha	01
13	Vadamarachi South West Pradesha Sabha	02
14	Jaffna Municipal Council	03
15	Velanai Piradesa Sabha	01
16	Point Pedro Urban Council	01
17	CSO members	05
<b>Total EWL Participants</b>		<b>42 +5=47</b>

Based on the following themes (concepts) the interview data were collected and interpreted:

1. Reflections on menstruation
2. Affordability of sanitary products
3. Access to health facilities in relation to their medical condition
4. Organizational support and gender sensitive environment in the council
5. Social stigma during menstruation
6. Potential solutions.

All elected women leaders perceived menstruation as a burden in three aspects:

1. Physical discomfort and pain
2. Psychological anxiety
3. Shame and stigma

Those who have medical issues including PCOD/PCOS (Polycystic Ovarian Disease/ Polycystic Ovary Syndrome) or endometriosis are suffering more during menstruation but they were not aware that their medical condition is a challenging situation.

## **FINDINGS**

The researcher found out that the elected women leaders who have entered into local council politics faced challenges post Covid pandemic and the prevailing economic situation with regard to period poverty.

They faced challenges to buy the same product as which they bought earlier and 40% of women switched to a new products to cut the cost, but they have doubts regarding the quality of the product.

During heavy flow days 20% of women leaders avoided meetings unless the meeting/ programme is very important.

25% of women have reported that they reduce the use of sanitary products, where they earlier used five per day, they only use three at present, and they have altered the time duration to change the product.

Those who have a female child between the adolescent ages (including the reproductive age limit) faced more challenges since they need to buy more than three, four packets a month. Some respondents used cloths when they are at home and if they need to face the public meetings, they use the sanitary pads. However, it is difficult for them to use cloths in the public meeting due to the lack of WASH facilities outside or even in the councils.

In terms of gender sensitive environment in the council, 70% of women leaders avoided switching their dress, especially the *Saree* even though they are not comfortable with the dress during their menstruation period and due to social stigma. In addition to that, the economic crisis also challenged their ability to buy sarees, as they were expensive.

Women leaders felt that they are receiving a minimal payment for being council members and since their work is needed to be done, taking into account social concerns, which cannot be avoided due to the nature of the job.



There are no special facilities in the local councils for women leaders except the washrooms, even though they needed sanitary napkins kits or other sanitary equipment.

The women leaders also need to be educated on menstruation education including waste management systems and the medical conditions, diseases including the PCOD and endometriosis, since their understanding of menstruation health is important and it affects their reproductive health.

In some cases, women with special medical needs required absences from work during menstruation. Such is not in practice in Sri Lanka except the taking of normal medical leaves. This too should come to the attention of policymakers.

## **RECOMMENDATIONS**

While wealth is identified as one of the key determinants of unequal access to menstrual hygiene management, other socio-economic, environmental, and household factors require urgent policy attention. This specifically includes the lack of safe MHM spaces, which threaten the health, and dignity of women and girls.

Impoverished women lack the necessary resources to manage their menses well, which negatively affects their health causing stress, embarrassment, and shame. Support, including access to free products, is needed at both local and national level to help impoverished women manage their menstrual hygiene.

Most of the women suggested that products should be free, often remarking that if men required similar items, this would happen. The Sri Lankan Government also initiated a discussion on providing free sanitary products for schoolchildren but this has not come to fruition.

Providing free sanitary products to the parliamentarians, provincial council, and local council members may also be mitigation methods.

Educating women councillors on reproductive health and menstruation hygiene, waste management and conducting advocacy programs with different stakeholders is also recommended.

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# 8

## **The Role of Activists, CSOs, Media and Academia in Promoting Dignified Menstruation, the Importance of Problem Identification, Advocacy and Urgent Intervention, with Special Reference to Girls and Women with Disabilities**

• Achayo Rose Obol

## **INTRODUCTION**

Menstruation is a natural fact of life and a right for girls and women of reproductive age, including girls and women with disabilities. However, girls and women with disabilities face greater challenges in managing their menstruation hygienically and with dignity, often facing triple stigma due to social norms around gender, menstruation, and disability. For example, in northern Uganda, especially in the Karamoja region, girls with disabilities gather sand to sit on as an alternative for sanitary pads during menstruation. This is a very degrading, unhealthy, and a stressful practise. More appalling is the fact that these unhygienic practices can lead to infections, infertility, and sometimes, even death.

Menstrual hygiene among girls and women with disabilities presents unsurmountable challenges despite the laws and policies in place to protect them. Such challenges also affects their education as it leads to school dropouts at the upper primary education level. Negative attitudes and the beliefs that girls with disabilities do not need education leads to exclusion, despite the presence of senior women teachers in all primary schools. This means that girls and women with disabilities are particularly disadvantaged compared to other population groups.

## **POLICIES AND LAWS**

With regard to legal and policy frameworks, national development priorities and plans are guided by international development frameworks, declarations, conventions, and treaties such as the Universal Declaration of Human Rights, Convention on the Rights of Persons with Disabilities, Convention on the Elimination of all forms of Discrimination Against Women, Sustainable Development Goals, Education for All, and the Beijing Platform for Action. It should be noted that Uganda does not have a specific law or policies to address menstrual management.

However, there are a number of policies and laws protecting Sexual and Reproductive Health and Rights (SRHR) including menstrual hygiene for women with disabilities; the Adolescent Health Guidelines and Service Standards 2012, the Reproductive Health Guidelines and Service Standards for Sexual and Reproductive Health and Rights 2006, the National Policy Guidelines and Service Standards for Reproductive Health Services 2009, the National Adolescent Health Policy 2004, the National Health Policy 2006 and the National Adolescent Health Policy 2004 among Others. All these policies should attempt to address SRHR and the menstrual challenges of women with disabilities in the country, According to the Uganda Association of Women Lawyers (FIDA) a women led civil society organization that is playing a key role in advancing the rights of women and girls in human rights issues.



Globally, approximately 52% of female population is of reproductive age, and most of these women and girls menstruate each month. Since the enactment of the Beijing platform for Action Declaration, there has been immense progress for this group; nevertheless, they also continue to be hit hardest by major crises in their lives, particularly by the Covid 19 pandemic; especially schoolgirls living in rural areas, slum settings, and those with disabilities.

Many girls drop out of schools altogether once they begin menstruating.

*Should young women miss 20% of school days due to the lack of facilities, lack information, or a lack of sanitary products? What about the girls those are not in schools? Who caters for them? What about the girls with special needs? What extra action has been taken to ensure that their needs are taken into consideration? How are their families and communities catering for the girls with disabilities needs?*

Menstruation hygiene among girls with disabilities, depending on the type of disability leads to some women and girls requiring more expensive menstrual products such as period underwear. Managing menstrual hygiene can be further complicated by the need to rely on others for changing sanitary pads and bathing along with poor access to water and other sanitation amenities for those with physical disabilities.

According to the UNICEF Guidance Note on Menstrual Health and Hygiene for Girls and Women with Disabilities, such women, and girls, face even greater challenges in managing their menstruation hygienically and with dignity. Girls and women with disabilities face double stigma due to social norms around gender and menstruation while having a disability. The 2019 systematic review of menstrual hygiene management requirements, its barriers, and strategies for women and girls with disabilities found that menstruation challenges were a source of shame for girls and women with disabilities, with consequences including isolation and even forced sterilization.

The UNICEF came up with a framework consisting practical points to reach girls with disabilities. This framework has four pillars of programming underpinned by principles to achieve access to safe and dignified menstruation for all girls and women. These include social support, knowledge and skills, facilities and services, and materials and support. Together; this could help ensure that girls with disabilities are able to manage their menstruation safely and with dignity.

- Social support will help in combating stigma and discrimination by applying approaches of social and behavioural change communication. This brings in the human rights approach to support care systems that can result in changes to mind-sets towards community inclusion of persons with disabilities.
- Knowledge and skills help in gaining access to accurate, timely information (for example, inclusion of images of girls with disabilities in MHH campaign material). The Knowledge and skills should be accessible and be in acceptable format, available in the local languages, braille, and audio to acquire information and understanding.
- The facilities and services should include access to safe, private, reliable infrastructure and supplies with accessible transportation.
- Materials should be acceptable and affordable. Appropriate sanitary protection materials must be accessible.

Access to safe and dignified menstruation is essential to all menstruators. Women and girls with disabilities face stigma, ignorance, and exclusion due to experiencing menstruation. Girls with disabilities often experience double discrimination, due to their gender and disability. The additional stigma of menstruation makes girls with disabilities far less likely to receive information, supplies and support that they need for MHH. Stigma, misunderstandings, and exclusion can lead to harmful practices. The UNICEF systematic review on disability and MHH found evidence of forced sterilization for girls with intellectual disabilities in order to manage menstruation in many places.

Women and girls are more likely to have a disability, facing a 19% likelihood rate versus a 12% likelihood for men and boys. According to a 2017 report by the United Nation Secretary General on the situation of women and girls with disabilities and the status of the Convention on the Rights of Persons with Disabilities (UNCRPD) Women and girls with disabilities were expected to reach 700 million by 2015.

Inaccessible Water, Sanitation, and Hygiene (WASH) facilities in communities, schools, health-care facilities and public places add to the long list of barriers that prevent girls and women with disabilities from participating fully in social and economic life. Lack of disability-accessible WASH facilities is also a barrier for



girls and women with disabilities to attend schools. MHH education and support is critical in in-and-out of school programming for each girl with disabilities. It is often erroneously assumed that girls with disabilities do not menstruate; hence, education is needed to dispel menstruation and disability related myths such as those.

Menstruating girls and women with disabilities from different categories of disabilities may have different needs. For example, those with a physical disability in their upper body and arms may have difficulties placing their sanitary protection materials in the correct position as well as washing themselves, their cloths, and the re-useable menstrual materials. While those with visual impairment (blind and low vision) may find difficulties in knowing if they have fully cleaned themselves and those with intellectual and development impairments may need accessible and full time support and care systems. Additionally, there are no support mechanisms that exists for MHH carers, while existing systems are often overwhelmed or inaccessible.

### **CURRENT INTERVENTIONS BY NUWODU (NATIONAL UNION OF WOMEN WITH DISABILITIES OF UGANDA)**

As a women led DPO in Uganda, NUWODU with other DPOs as well as women rights movements in Uganda have been major players in undertaking initiatives in improving the menstrual health needs of many women and girls with disabilities. Such include:

- Work with inclusive schools to provide information on menstrual health education and hygiene to girls with disabilities
- Produce IEC (Information, Education & Communication) materials on menstrual health education and hygiene.
- Engage and empower families of girls with disabilities to support them to manage menstruation safely and with dignity.
- Train health and education personnel about disability rights.
- Train women and girls with disabilities in re-usable sanitary pads making, both for use and for income.
- Reach out to men and other persons not involved in the menstruation process to counter stereotypes associated with menstruation.

## **CONCLUSION**

Generally, the issue of menstruation in women and girls with disabilities is very complex compared to menstruation in people without disabilities. This is because of disability being looked at or viewed as a curse, prompting discrimination against women and girls with disabilities, as many get isolated.

## **POSSIBLE RECOMMENDATIONS**

- NUWODU together with the women's rights organizations, CSO's, the media and academia need to take up the challenge and ensure that the policies are effective in the promotion of SRHR of women and girls with disabilities.
- Awareness raising about policies and guidelines should be inclusive of girls and women with disabilities for knowledge but also for use in their self-advocacy, as a strategy for promotion of dignified menstrual hygiene for all.
- Collaborating with women and girls with disabilities and organizations of persons with disabilities throughout the cycle of MHH programming will help to identify the needs of women and girls with disabilities and design or adapt MHH programmes to be inclusive.
- Acknowledge and be aware of women and girls with disabilities in low-income settings in Uganda who happens to have low level of awareness on hygienic practices and lack appropriate materials for menstrual hygiene practices. There is a great need to include subjects and course units on reproductive health rights starting from primary schools.
- Lobby and advocate for legislation that directly places the responsibility on government to provide free, sufficient and quality sanitary towels to schools girls who have reached the ages of puberty and encourage the use of reusable pads. These will go a long way to counter the social taboos, discrimination, shame, and the silence that is often associated with "menstruation," that restricts mobility, freedom, and access to normal activities.
- NGOs and CSOs should continue with campaigns on MHH to mainstream such topics amongst policy makers and cultural leaders to break the silence and stigma while engaging with communities especially from rural areas.
- There is need for NUWODU and many other institutions to engage in carrying out research in different areas to ascertain more information on menstruation of girls and women with disabilities.



# **Making Menstruation Dignified – Global Perspectives on Awareness Building**

# 9

## **Project Sakhi: End-To-End Solutions for the Menstrual Health of Women Menstrual Health of Kashmiri Women in Remote Areas and Their Aspirations**

• Swati Bedekar



This is an action research story of Kashmiri women residing in harsh Himalayan conditions. Menstrual health of such women is in jeopardy given the poverty in the remote border area, religious compulsions, and the patriarchy that exists in the society. The women are living life without any knowledge or any hygienic products to manage menstruation and battling with the taboo in the society. It is strange that despite the advancement in science, society still considers menstruation to be something abnormal and disgusting. It is a biological process like any other natural phenomenon of a human body. There is nothing to be ashamed of or hide.

### **CASE STORIES**

For Naseema, a member of a tribal community in Dudi, Madhil, Kashmir, adolescence was not always pleasant. There were days every month when she was ordered to stop certain activities she loved and told not to eat or drink certain items. Sitting in the courtyard of her one-storey house, playing with her four-year-old daughter, pangs of pain hit her again. Naseema has been menstruating for the last two days. She knows it is time to change the cloth she has been using to stem the flow of blood. *She goes up to the rooftop and gets another cloth – part of an old blue scarf – her mother, herself and in future, will her daughter face the same plight?*

As in many parts of the world, members of the nomadic Gujjar and Bakarwal tribal groups in the Kashmir valley have their own beliefs and taboos when it comes to menstruation. These range from very common beliefs, like not touching kitchen utensils or taking a bath, to ones that are quite unheard of elsewhere, such as not looking into a mirror.

Uzma was 12 when she had her first menstrual period. She was at home and panicked when she found herself bleeding. “I thought I had contracted some serious illness and I was going to die. I immediately called my mother and to my surprise, she looked hardly shocked. She told me that I am a grown up girl now and it’s time that I stopped playing with boys,” she said. Uzma became confused by her mother’s behaviour and asked her if she should inform her father about it. However, her mother yelled at her and told her to never openly discuss this.

Uzma’s story is neither strange nor unusual. In North Kashmir’s Kupwara district, we have spoken to many young girls and most of them are deprived of crucial information regarding menstruation and vaginal hygiene.

Sixteen-year-old Sakeena misses two or four days of school every month which has been affecting her attendance. Being a 10<sup>th</sup> grader at Government High School at Lolab, Sakeena feels she has no choice but to miss classes because her school does not have any sanitation facilities. "When I menstruated the first time, I was shocked. I felt miserable. I was too embarrassed to talk about it with my mother. I grew up in a house full of women, but we still never discussed it openly," she added. Young girls are coping with this situation and yet wants to go to school. Even if they have to walk a few miles to reach there.

Since times immemorial, the discussion around menstruation has been considered a taboo. Menstruation as a topic is not up for discussion, as it is covered in layers of shame and stigma. In other words discussing menstrual issues in public is treated as shameful, disgusting, and insulting. We are raised in families where even our mothers are not prepared to have such conversations with us. Many young women grow up with different myths told to them about menstruation being a state of impurity.

While interacting with them, we learned that a large number of Kupwara women are refraining from using sanitary napkins due to the lack of awareness about menstruation and due to socio-economic barriers. Women only received sanitary napkins once or twice from a government scheme. Nevertheless, when it was discontinued, they resorted to alternatives like cloth belts, which proved to be extremely unhygienic and hazardous to their health. "Once I bought a pack of sanitary pads from a store to try it out. First, I did not know how to use it. Then I was told to use about 2 to 3 pads per day. This makes their use very expensive. I prefer cloth over pads," one woman recounted. Besides this, some unscientific traditions disallow menstruating women from bathing as they claim that it could lead to problems for the body's internal organs.

When we asked a doctor serving the community, she said it would take a lot of time to bring about behavioural changes in women regarding menstrual hygiene. "The free distribution of napkins is a great source of motivation for them. However, all our efforts will go to waste if the free supply is stopped. They will resort to their old, unhygienic practices," Dr Auqfeen said. She cited the example of a 35-year-old woman from Ringbala village, who had attended several awareness programs conducted by Vatsalya foundation earlier, subsequently shifting from cloth to sanitary pads. However, when Dr. Auqfeen met her recently, she was saddened to hear that the woman had reverted to using cloth. The pandemic had reduced their income, and so pads had become unaffordable.



Sakhi - a project by Vatsalya foundation, aimed at breaking the stigmas that can bar women and girls who menstruate from education, work and society. This project is aimed at all girls in the valley who suffer from period poverty like 50 million other girls across the world.

Though it is difficult, the girls in the valley are interested in their education and never miss a chance to attend school. Vatsalya conducted about 10 women's menstrual health awareness programs, including a meeting at the village Panchayat, for grades 9 to 12 students of government schools. There was a very good response from the women of all age groups in the discussions regarding menstrual period, highlighting problems due to the lack of knowledge etc. We also introduced the idea of locally setting up and running a sanitary napkin making unit for earning an income. Initially, women had doubts as to whether sanitary napkin making can be a moneymaking business, where the finished good will be sold and if the income from this job would be enough for financial stability. Many questions like this were raised hinting they took the idea seriously. As young men, women and girls, all need work, the women were hopeful that, since the sanitary pad manufacturing could be done indoors, it might be an opportunity to stay in the village and work.

The most pleasant experience during the awareness program with the girls in the schools was the open and happy mentality of the girls! Despite there is absolutely no contact with the outside world, the atmosphere of openness and modern thinking can be seen even in the presence of male teachers. The girls said that this was a rare opportunity to seek answers to their queries on menstrual problems. Therefore, they left aside their shyness and dared to ask questions. We appreciated the girls requesting that male teachers and chaperons to leave the room so they could talk without inhibitions. Their clarity of thoughts were certainly admirable. The responses of the girls to this session was gratifying. Before we left the school, few girls convinced the headmaster and insisted on meeting us separately to talk to us confidentially to solve their common physical problems. This was a realization of how important it is to have at least one female teacher in every secondary school. Discussions with the principals revealed that the availability of female teachers is very low in all of the schools in the area. We recommend that the education department should look into this shortage of female teachers.

In the program held at the Panchayat office with older women and young girls, it was noticed that all of them speak quite freely on this issue. However, due to inadequate medical facilities and poorly trained labour, there was a lack of adequate medical

facilities and information about their problems available to them. However, such hardships and shortages have given many girls a strong desire to study nursing.

Women in Dudi - Machil area took up the opportunity and found a way to manage their menstrual periods. They learned how to make biodegradable sanitary pads on the machines given by Vatsalya foundation while also educating themselves on how natural plant based material can be used as absorbent for menstrual fluid. The initiative enabled them to make pads for themselves and the community while earning an income. The women found a way to make it easy for girls to continue education in the school by producing sanitary napkins locally, which were easily accessed. The local Sakhi Pads unit became a hub for discussing the health problems women were facing. This reduced the frequency of visits to the doctor as reading or listening to lectures online on hygiene and health enabled women to get the advice they needed. Beyond such benefits, the girls started aspiring to take professional education to manage their health. One girl, with the help she received from Vatsalya, out of the area to pursue professional education in nursing outside Kashmir.

Vatsalya foundation installed sanitary pad vending machines and incinerators (a furnace for burning waste) in the schools in this region. Sanitary napkins made by the Sakhi project will be used by the schoolgirls in these schools. The women of the area will make a livelihood based on their daily production rates. This project will promote menstrual health awareness and hygiene in the region while extending the facility in near future.

We asked Naseema, one of the female beneficiaries, what she felt about this initiative. She is not only happy but believes that thanks to such awareness campaigns, things will change at least for her daughter... "It will take time, maybe years or even decades. But there is hope for my daughter now to pursue education and to have a career."

## **CONCLUSIONS**

In conclusion, it is hoped that with acceptance and healthy discussions, menstruation will stop being a taboo and become normal in society. Ultimately, education and awareness programs are the key to rooting out this taboo. Women should be educated about menstrual health and possible infections (cervical cancer) from which they should protect their bodies. It is strange that despite the advances in science, society still considers menstruation as something strange and disgusting. It is a biological process like any other natural phenomenon of the human body.



# 10

## **Reaching Millions via Social Media – ‘Clicktivism’ as a Tool to Tackle Taboos around Menstruation and to Empower Young Women around the Globe**

• **Chiqui de Veyra  
Irida Haxi  
Sami Pande  
Jan-Christoph Schlenk**

## Introduction

Approximately 1.9 billion women and adolescent girls globally, menstruate each month. Especially in low and middle-income countries, it is difficult for girls and women to practice adequate menstrual hygiene because they are frequently either ill-informed about menstruation or lack access to appropriate sanitation infrastructure and menstrual management supplies as these are often not available or unaffordable. Considering the large number of adolescent girls and women affected by issues around Menstrual Health and Hygiene (MHH) or Menstrual Hygiene Management (MHM), the topic has received increasing attention at the global level from a variety of actors.

The challenge: In many countries, the wider public lacks awareness of MHH issues.

Our solution: Engage locally respected, social media-savvy celebrities as Goodwill Ambassadors, who will front social media campaigns for awareness raising and behaviour change.

## Methodology

Working with local influencers who people know and trust to raise awareness, combat stigma and promote behaviour change is a relatively novel concept. Starting in 2020, German Development Cooperation has successfully applied the concept in projects in Nepal, Albania, and the Philippines to advance education, raise awareness, and break down taboos around MHH.

## Findings

### 📌 #NepalsMenstrualMovement – Social Media Campaign





In Nepal, millions of adolescent girls face challenges in managing their menstruation due to, amongst other things, lack of access to affordable menstrual materials or functional toilets. Whilst these obstacles are deeply rooted in cultural beliefs about menstruation, they negatively affect girls' health, education, and social life. In recent years, MHH has gained significant attention in Nepal, climaxing in 2019 in the Government's announcement that sanitary pads would henceforth be available free of charge at every public school in the country.

In the years leading up to this public commitment, the Support to the Health Sector Programme implemented by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) on behalf of the Federal Ministry for Economic Cooperation and Development (BMZ), supported a range of MHH interventions. This included the setting up of facilities for the local production of sanitary pads; the production of MHH-related TV and radio shows; the development of an MHH app, and the construction or restoration of female-friendly toilets in 17 schools. In addition, the project contributed to the work of the National Menstrual Health/Hygiene Management Partner's Alliance and to the development of an MHH toolkit under the auspices of the Ministry of Education.

In 2020, the project embarked on a novel intervention to counter persistent MHH taboos. It invited Keki Adhikari – a well-known Nepali actress, model and film producer with more than 1.5 million followers on social media, to become Nepal's Goodwill Ambassador for menstrual health. In the following months, through the social media campaign #NepalsMenstrualMovement, Keki fronted to promote a two-part documentary, which reached more than a million people in Nepal – a resounding success for MHH advocacy. Award-winning German filmmaker Dirk Gilson produced the documentary. It documents menstruation-related challenges and solutions for girls and women in Nepal as well as the education and advocacy efforts of the Menstrual Health/Hygiene Management Partner's Alliance.

### 🗨️ **#LetsTalkPERIOD – The Albanian Social Media Campaign**

Recognising the power of local influencer-led social media campaigns, GIZ's Water Policy programme in close collaboration with the health programme in Nepal have been encouraging German-supported projects in other countries to adopt this approach. The water programme in Albania that GIZ implements on behalf of BMZ was happy to adopt it for its gender-sensitive water, sanitation, and hygiene activities at local schools. In 2021, they invited Fatma Haxhialiu, a popular Albanian TV host and influencer with 240,000 followers on Instagram (a substantial following in a



country with only 2.9 million people) to front a national #LetsTalkPeriod campaign, combining the sharing of specially produced advocacy videos with live discussions with students and teachers. Moreover, this worked! A short video clip Fatma posted on Instagram on the first day of shooting went viral right away with nearly 4,000 ‘likes.’

Fatma’s frank and positive approach to talking about menstruation and the taboos surrounding it has encouraged women and girls across Albania to share their own experiences. One woman wrote:

“When I got my cycle in the 6<sup>th</sup> grade my father asked my mother to not send me to school anymore: She is a grown-up woman now, they said. I am 28 years old today. Since that day in 6<sup>th</sup> grade I have never again set foot in a school.”

Over 300 women and girls have shared menstruation-related private messages with Fatma. Several of them who grew up in rural areas echoed the experience of having to leave school when their menstruation started, sometimes followed by forced early marriages. Others talked about the painful experience of being called names when they menstruated. However, all of them were grateful for the opportunity to break the silence.

The #LetsTalkPeriod campaign led to Fatma being invited to TV and radio talk shows to discuss MHH challenges. In response, many Albanian women have joined the campaign donning its symbolic five red dots, sharing campaign posts, creating art work that display the five dots and asking Fatma for a follow up. By November 2022, the campaign has reached nearly 3 million people via social media, radio, and TV formats.





### 📌 Philippines: Social Media Campaign

In the Philippines, the Regional Fit for School programme that GIZ implements on behalf of BMZ has supported the Philippine Department of Education in developing a modular and culturally adaptable MHM concept for schools, while being relevant to both male and female students.

When schools shifted from in-person to online learning mode due to the Covid-19 pandemic in 2020, the project invited the Philippine celebrity and Miss Universe 2015, Pia Wurtzbach, who has 13.9 million followers on Instagram alone, to champion its MHM campaign for learners and the general public. An entertaining video was produced explaining menstruation and menstrual hygiene management, countering misconceptions, and showing how the education department aims to make schools a more inclusive place for girls. The Department of Education launched the video on Facebook as part of the School Health Division's One Health Week celebration and broadcasted it nationally via TV channels in October 2021.

The project continues to work with Pia Wurtzbach as the Goodwill Ambassador for MHH. The short video statement produced and shared on Menstrual Hygiene Day 2022 via Pia Wurtzbach's Instagram account was viewed by 0.5 million followers within days of its release.

## **Conclusions**

Why is it important to speak about menstruation – and to use social media to tackle menstruation-related taboos?

Because gender equality starts by understanding the female body and accepting menstruation as a normal biological fact. In this light MHH campaigns aim:

- to educate and break taboos and stigmas regarding menstruation
- to raise awareness about the lack of access to menstrual materials
- to emphasise the importance of female-friendly school toilets for girls' education.

To date, the #LetsTalkPERIOD initiative has reached approximately 5 million people in Nepal, Albania, and the Philippines. It is fully in line with the German government's ambitious goals for gender equality and strengthening the rights, resources, and representation of women and girls worldwide through its emphasis on a feminist foreign and development policy.

## **Recommendations**

1. Letting a media personality with a significant number of followers front awareness raising and behaviour change campaigns as a Goodwill Ambassador can significantly boost the campaigns' reach.
2. Choosing the right personality matters. She or he should be popular amongst the main audiences and be respected by the general public. It is important that she or he is intrinsically motivated, i.e. that she or he cares about the issues and not just about the financial incentives.
3. To enable Goodwill Ambassadors to play their role, projects need to brief them in detail about the topic and the aims of the campaign. Exposure visits and meetings with stakeholders will help them to make the issues their own and to convey the messages in an authentic manner.



## Resources

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# 11

## **Live Your Menstrual Care: Access to Menstrual Health for Girls and Teenagers**

• Lady Alba  
Paola Guatava  
María Vivas  
Francy García



## **Introduction**

Many women during the health emergency have struggled to access menstrual hygiene items, and it is not just a problem of shortages; the economic resources of a large part of the population have been reduced. This is far severe in informal sectors, for example street vendors, manicurists, freelancers who are not yet allowed to restart their activities.

Under these circumstances, social inequalities not only become more visible, but also increases. The budget for minimum subsistence does not always allow to include sanitary towels or tampons, but menstruation is not quarantined; women continue menstruating, cycles are altered, delayed, with irregular bleeding that lasts longer than expected or appears more than once a month.

It is a silent predicament that accompanies many women because menstruation continues to be a topic that we prefer not to talk about; it is not a priority for anyone beyond the one who live it.

## **Premise**

According to UNICEF, 20% of girls in the Colombian Pacific consider menstrual blood dirty, and in addition, in most cases they do not have the resources to hygienically manage it.

Meanwhile, stigmas and taboos related to menstruation make it difficult to manage menstrual hygiene properly, while feeding misconceptions and discriminatory self-care practices. Which is why it is physically and emotionally more practical to stay home and not expose themselves.

Contributing to the autonomy of girls and women, by including alternative health supplies in their daily practices such as the menstrual cups, constitutes a way for the development of security and justice in sexual and reproductive rights.

The provision of safe menstrual cups and virtual training about its use is crucial to sensitize the community about the nature of menstruation. Better information allows naturalizing its management, ending myths and taboos, and gives tools to transform practices and customs that reinforce gender gaps related to an event common to all women that will affect a third of the time of their life cycle.

Hence, these efforts focus on the young population, afro-descendant, indigenous, and irregular migrants, located in areas with the lowest rates of socio-economic development in Colombia, where difficulties in acquiring sanitary supplies reinforce the stigmas on the conception of femininity, undermine their dignity, and reduce opportunities for equity.

## Methodology

The Orientame Foundation, through the delivery of 2500 menstrual cups and trainings on their use, seeks to sensitize girls and women about menstruation. We want to provide information about the proper management of menstrual hygiene, dispelling myths, and taboos. We aim to contribute to the autonomy of girls and women in some cities in Colombia: Palenque (Bolívar), Soledad (Barranquilla), Villas del Rosario (Cúcuta), Soacha (Cundinamarca), and Cuba (Pereira).

The menstrual cups that will be provided to the beneficiaries are an efficient, economical, long-term, and a safe method of hygiene, with the additional benefit of being environmentally friendly. The aim is to improve access to long-term menstrual health products for girls and teenagers in Colombia and strengthen self-knowledge and self-care of the bodies of girls and teenagers.

### I. Development of educational content and didactic exercises for training sessions on menstrual care and self-care.

We designed the virtual course on menstrual health. The contents had four recorded and animated units: “knowing my body,” “my menstrual cycle, my rules,” “menstrual care” and “the menstrual cup as a great option.”

### II. Inviting girls and teenagers to educational activities on their body, self-knowledge and menstrual care and health had two components:

The invitation to launch the project was spread among different stakeholders, such as community leaders, institutional referents, and teachers, to make the course available to them and promote it among girls.

**Vive**  
**TU CUIDADO MENSTRUAL**  
Acceso a salud menstrual para niñas y adolescentes

**Acompáñanos a:**

- Mejorar la salud menstrual para niñas y adolescentes en Colombia.
- Mejorar el acceso a productos de salud menstrual en Soledad y Barranquilla (Atlántico).
- Fortalecer el conocimiento y autonomía en el cuidado del cuerpo de niñas y adolescentes en Soledad y Barranquilla (Atlántico).

Regístrate en el enlace de la descripción



We also directly invited girls and young women between the ages of 13 and 25 in the municipalities mentioned above, and their community leaders. Furthermore, the invitation was shared through different virtual media such as social networks, email, WhatsApp, and phone calls.

We created three WhatsApp groups to share information and reminders of important dates with the participants. We shared the tutorial calendar and any news related to the virtual course. We developed the content according to their age in three groups. The first one was for teenagers between 13 and 14 years; the second group was teenagers between 15 and 17 years old, and the third was for women of 18 years and up.

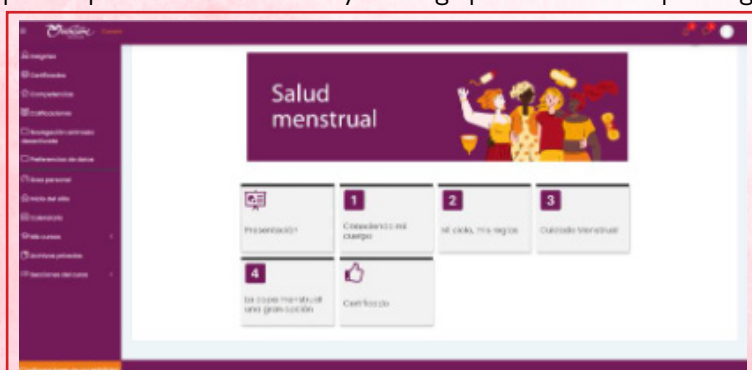
2480 girls, teenagers, young people, and leaders were enrolled in the project from various locations in Colombia. The program was developed virtually; in addition, we developed an on-site process at some educational institutions.

This course strengthened the knowledge and autonomy in self-care of 1558 young people between the ages of 13 to 25 who completed the process and were recipients of the menstrual cup.

### **III. Conduct virtual training in menstrual care and health, focusing on girls' self-awareness of their bodies.**

The virtual course began in November 2020 and per location lasted a month; the last course began in September 2022. Each unit contained the following activities:

1. Let's learn together - introductory video of the topics to be discussed in each unit.
2. Fun facts - PDF with key facts to consider.
3. Let's clarify questions - participate in the forum by asking questions or exploring a topic.
4. Let's chat - to attend virtual tutorial meetings (synchronous meetings) or to watch pre-recorded tutorial sessions.
5. What did you learn?
  - To answer questions



about the content studied in the unit.

6. Four synchronous tutorials were held after each unit to answer questions raised by participants in the forums or to further discuss a specific topic.



#### **IV. Raising awareness.**

Informative posts on menstruation were published on social networks and WhatsApp groups. Participants expressed their appreciation for the course, and we posted those images as well as a drawn representation of the vagina and vulva. We compiled some images, highlighting their creations and their messages.

#### **V. Develop a work plan with the leaders.**

The formation cycle was carried out with leaders and mothers through four virtual sessions via Zoom: 1) Empowering ourselves about our body -Menstrual cycle and female anatomy. 2) Menstrual management - understanding our menstruation to harmonize with it. 3) Learn about menstrual health products - a personal choice. 4) Discover the menstrual cup - an option to know our body.

The four sessions developed within the training cycle included the correct use of the cup, good and bad practices using the cup, myths and advantages of menstruation, body knowledge, different definitions, and menstruation practices in different contexts.

#### **VI. Purchase of menstrual cups.**

With the support of FOKUS and Women's Global Health Innovations, it was possible to purchase and deliver menstrual cups in two varied sizes of excellent quality, and at affordable prices.

#### **VII. Provide menstrual cups to girls and teenagers.**

We mapped the municipalities to identify strategic delivery points that were close to the largest possible number of participants. As a result, with the support of four community leaders we have delivered over 1200 menstrual cups.



## Results

- I. Virtual course on menstrual health and care delivered to girls and adolescents
  - a) The virtual course strengthened the knowledge and self-care of 2480 girls and teenagers Barranquilla, Soledad, Pereira y Dosquebradas, Cúcuta, Villa del Rosario, Los Patios, and Palenque (Colombia) between the ages of 13 to 25 years. We provided timely information on menstrual health management through activities, readings, videos, participation forums, and synchronous tutorials. In addition, we conducted up to four sessions to reinforce the course content.
  - b) Although 2480 girls, young women, and women enrolled in the course, during the telephone follow-up, and through messages, some of them expressed difficulties to having an internet connection or mobile devices, also due to academic issues and the end of the school year, they could not continue with the course. For this reason, 1558 students completed the entire course virtually and on-site; in this modality the number of young people, who registered, attended all the sessions, and finished the process.
  - c) The virtual course and WhatsApp groups aimed to create support networks among teenage girls since it was possible to communicate quickly and share different topics related to menstrual education. It was also possible for participants to freely express different experiences, taboos, and myths about menstruation and menstrual products in a non-judgmental environment, generating a space of trust that allowed questions to be answered and discussion spaces to be created.
- II. Menstrual hygiene awareness campaign aimed at girls and adolescents.
  - a) There was a positive response to the graphic pieces shared on social media by leaders, professionals, teachers, adolescents, and WhatsApp groups. They expressed interest in learning about menstrual health management, the menstrual cup, and its proper use. They contributed by replicating this information in their WhatsApp status.
  - b) Awareness plan for leaders and parents who support girls and adolescents.
  - c) It was possible to attract the attention, participation, and support of entities such as Women's Global Health Innovations and Fokus.

d) The project's launch was a key drive for its implementation. It allowed us to contact community leaders, professionals, and teachers interested in accompanying the educational process and the delivery of menstrual cups.

### III. Menstrual cups given to adolescents for menstrual care.

a) 2480 girls and teenagers learned the correct use of the menstrual cup through explanatory videos, graphic pieces, participatory meetings where the insertion and removal of the cup was demonstrated, and doubts were clarified to refute misconceptions about the menstrual cup and provide accurate information on its use.

b) 1212 menstrual cups were delivered: 40 of them to leaders who attended all the sessions of the training cycle and 1173 to girls and adolescents who completed the virtual course.

## **Recommendations**

### I. Main achievements

a) A significant achievement was to have the support of several entities to conduct the dissemination and enrolment of the young women in the project.

b) The invitation to enrol in the project had a significant impact on social networks, contact lists, emails, replicating, and sharing the pieces, achieving a greater reach to young people and other leading organizations interested in accompanying the process of menstrual health management.

c) Teenagers' attendance in the synchronous tutorials remained high. These teenagers actively participated in the forum and the tutorial.

d) The cup delivery was a meaningful encounter with the teens, youth, mothers, and leaders. The delivery of the cups was a fun and creative exercise. It allowed knowing different opinions and perspectives of young women in a more sensible and close way; hence, we built a space for learning and expression.

### II. Challenges, barriers, or obstacles faced and solutions.

Schools represented certain difficulties for some girls and adolescents since their attention focused on finishing their studies, completing assignments and evaluations. For this reason, though they started the virtual menstrual health course



but did not finish it due to time constraints.

Difficulty with internet connections was a significant obstacle for some young women to complete the virtual course and connect to the tutorials. However, to manage this obstacle, the tutorials were recorded, sent via email, and uploaded to the course platform so they could view them at any time, and it was reported as attendance. Therefore, we implemented and promoted the on-site process with young people in these territories.

At the time of the delivery of the cups in Barranquilla and Soledad, the weather was not favourable. For this reason, many of the girls who benefited from the cup could not attend to collect it. Given this situation, the cups were left there at the delivery point that had been arranged with the leaders so that they could pick them up later.

### III. Lessons learned

We must consider the barriers of connectivity and access to mobile devices for a project like this. Furthermore, the attendance of the participants in the course and the tutorials is something over which we have little to no control. This leads us to consider additional efforts to achieve the participation and coverage goals. We have learned that menstrual health management should continue to be addressed broadly to provide safe and accurate information about menstruation, the advantages, and disadvantages of various menstrual products, and the promotion of knowledge and care of one's own body.

# **Grassroots Level Change – Battling Menstrual Discrimination a Village at a Time**



# 12

## **Dignified Menstruation amongst Girls, Boys & Youth**

• **Samir Pariyar**

## **Introduction**

Menstruation is a complex and a multifaceted phenomenon of this universe and a simple truth of human life. It is not simply the average 5 days of bleeding or approximately 7 years of bleeding as a whole. It is also not only one's reproductive years; it is the whole experience of a human life. The simple definition for menstruation is that it is a "state of freedom from any forms of abuse, discrimination, violence associated with menstruation."

The United Nations, for statistical purposes, defines 'youth', as those who are between the ages of 15 to 24 years, without prejudice to other. There are 1.2 billion young people aged 15 to 24 years in the world, accounting for 16 percent of the global population. The United Nations Convention on the Rights of the Child defines 'Children' as persons up to the age of 18. According to Dictionary.com, a 'Boy' is defined as a male child, from birth to full growth, especially one less than 18 years of age, and a young man who lacks maturity, judgment etc.

## **Methodology**

Study design: Qualitative. Methods included group meetings, interactions, and one to one interviews.

Study Area: Dhanusha, Sarlahi, Bara, Rautahat, Chitwan, and a Virtual Platform for those who joined across from Nepal.

Study Duration: 6 Months

Sources of Data: Primary data was collected through direct observation, discussions and secondary data was collected by reviewing documents, records, and reports.

Techniques of Data Collection: Observational method, interviews, interactions, question answer.

Tools of Data Collection: Audio recording (audio aids) and manual writing, video and gathering information by visiting various website to understand the subject matter properly.

## **Limitations**

As one to one interviews were not possible, the report is based on group interactions.



## **Findings**

Youth of the 21<sup>st</sup> Century are still hesitant in accepting menstruation and are unable to speak about menstruation. Youth of various ethnic groups still practice menstrual discrimination as part of their culture and traditions. From the interactions, the researchers got the point that from the age of 7-8, parents taught their children how to continue their menstruation practices according to their culture. Many boys still are of the belief that menstruation is only a matter concerning women and therefore they must be silent.

In another point of view, the activists who are working to promote Dignified Menstruation (DM) focus mainly on youth and children. We believe that youth are the pillar of the nation and children are the future. As such, it is important that we focus on youth and children to make them accept DM and to create a friendly environment for menstruators. Many boys still do not know about menstruation. However, it is essential that youth and boys understand and appreciate menstruation as we all are here in this beautiful world all because of menstruation. Active engagement of youth, children, and boys helps in making people more aware about menstrual discrimination and helps to make menstruation dignified from ground level up to national level.

## **Case Stories**

### **Interaction with Muslim a Family, a Family of an Adolescent Girl Leader**

Mariyam is a young girl from Muslim community who is doing advocacy work for Dignified Menstruation in Janakpur of Madesh Province, Nepal. Mariyam and her family says, "Janakpur is one of the most developed places in the country, but in context of menstruation, their thought [understanding] is very low and [they] practice all forms of menstrual discrimination. In some parts of Janakpur, we found menstrual discrimination is visible and in some place it's invisible."

### **With Parents and Youth at Sarlahi**

Sarlahi is in the district of Madhesh province where Madhesh community people make up the majority. While interacting with them, the researchers found out that menstrual discrimination is one of the major problems. Such discrimination is increasing in numbers rather than decreasing despite the passage of time. A girl child opined that, "I know all about menstruation but still have to practice all forms of restrictions because of grandparent's belief and social norms, if we don't practice taboos then God will be angry and will curse family members."

### **Interaction with the Youth of Bara**

In Bara, we had interactions with the youth leaders of various organizations along with one young boy. The young boy who is currently studying in grade 8 said that, he is not aware of menstruation and that he even did not know about his mother's and sister's menstruation. The entire participants were shocked after listening to him during the program. One youth from the Muslim Community of Bara who does advocacy work on menstruation says, "Menstruation is gifted by Allah and its pure and we all have to accept. Youth like us are still practicing menstrual discrimination in the name of culture and tradition."

### **Interactions with the Youth and Youth Leaders**

Menstrual discrimination is still being practiced as part of the culture and traditions with no policy or planning insight to tackle such. There are no any specific activities from local governments except the distribution of non- biodegradable (allergic and chemicals pads). An organization, which has worked on menstruation, rights since 2021 does not have any specific policies or plans for addressing menstrual discrimination. None of the stakeholders were aware of the menstrual law that has been effective since August 2018. The involvement of youth, children, and boys are very low in menstruation awareness activities.

### **Virtual Webinar**

Speakers (N-4) from various backgrounds focused on menstruation hygiene, but they do not focus on the dignity of the menstruators. The presence of boys for such activities is very rare and few who work on menstruation could not continue their work due to shaming. This has pushed them to believe that menstruation is only matter for women and girls.

### **Policy Review**

While reviewing the CRC and CFLG policies, there could be seen a lack of policy making towards Dignified Menstruation. When ensuring child and women's rights, it is important to see Dignified Menstruation as one of the major portions of it.

### **Conclusions & Recommendations**

Menstrual discrimination is a form of GBV & a violation of human rights. Menstrual discrimination is much more complex and multifaceted as it fuels GBV including child marriage. Discussions showed that menstrual discrimination is invisible as with child marriages. Both, ending menstrual discrimination and ending child marriages should be part of a common agenda. In this context, both issues have to be linked



and addressed together by all stakeholders who are working for child rights, rights of adolescent girls, youth empowerment, human rights, equality and empowerment at all levels.

## **Further Suggestions**

### **At Home**

- Hold menstruation celebrations
- Open discussions about menstruation should be encouraged
- Male members of families must realise that menstruation is everyone's business
- Providing menstrual dignity kits as a gift on various occasions and during menstrual time

### **At School**

- Dignified Menstruation should be taught in schools as part of the syllabus
- A Dignified Menstruation corner should be established for broader reading and engagement
- Teachers must be trained in enhancing Dignified Menstruation
- Have Dignified Menstruation friendly toilets
- Walls of schools could be used to promote material on menstrual knowledge and pictures

### **At Child Clubs**

- Dignified Menstruation must be included in child friendly local governance policies and CRC
- Child clubs should run awareness programs about menstruation
- Child clubs should endorse Dignified Menstruation in their annual programs

### **At Youth Clubs**

- Dignified Menstruation must be included in youth friendly local governance policies
- Youth clubs should run awareness programs on menstruation
- Youth clubs should endorse Dignified Menstruation in their annual programs
- The youth must connect Dignified Menstruation with sports, festival and many more

## Individuals

- Keep speaking up and talking about dignified menstruation!
- Celebrate menstruation
- Gifting menstrual kits as gifts
- Mobilizing social media for awareness

## At NGO Level

- Dignified Menstruation and child needs should be adapted to mainstream practises by NGOs in order to achieve the goals under SDGs, prevent SGBV and promote gender equality and empowerment, with the active participation of youth, children, and boys. NGOs should revise their GESI (gender equality and social inclusion) policies.
- The organizations, which have been working on menstrual issues such as hygiene, products, and infrastructure, need to go beyond and be proactive.

## At the Organizations which were Visited

- The need to revise GESI policy and train all team members including board on dignified menstruation was identified.
- Lobby municipalities and rural municipalities for not only training newly elected members but also to use resources of local government for promotion of dignified menstruation and ending child marriages. This could be achieved with the meaningful participation of the youth, children, and boys.
- Use multi-methods for engaging different segments of the population at municipalities and rural municipalities so that the transformation will be faster and easier.

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# 13

## **Menstrual Problems Faced by School Going Girls due to the Price Increase of Sanitary Napkins: A Study Based On Iluppaikulam Village in Trincomalee District, Sri Lanka**

• **M. Divaincy Fernando**

## **ABSTRACT**

This study was carried out with the aim of identifying social problems faced by female students who go to school and live below the poverty line in rural areas, due to the price increase of sanitary napkins and find solutions for them. Illupaikulam region, one of the 42 Village Secretary Divisions under Pattinamum Sulalum Divisional Secretariat Division of Trincomalee District, Sri Lanka was selected to conduct this study. The data required was collected through interviews, questionnaires and through divisional secretariat/district secretariat data, articles, website data, magazines, and newspapers. Moreover, using simple random sampling method, 223 children going to school in Ilupaikulam village in 42 village secretary divisions under Pattinamum Sulalum divisional secretariat in Trincomalee district were interviewed (125 of them are women). Data collected from 50 female students, randomly selected from this sample were analysed.

Based on the data obtained, it was ascertained that school going girls from families below the poverty line are exposed to various social, psychological, and reproductive health related problems due to the increase in the price of the sanitary products used by women during menstruation. Especially during the period of menstruation, school going girls are facing more and more personal health problems. As a result, the chances of spreading infectious diseases in the family, school, and society have increased. In such situations, school going girls become isolated and helpless both in school and in society. In addition, their ability to volunteer is decreasing day by day. Girls isolate themselves from others during periods. Apart from that, school going girls belonging to families below the poverty line avoid going to school on particular menstrual days due to the lack of facilities to buy enough sanitary napkins to use during menstruation. Due to this, the academic activities of these students are greatly affected leading to a drop in grades. In the end, social recognition for them is also denied. The solution to all these is to find out the reasons for the increase in the price of sanitary products, address the scarcity and make products available free of charge or at low cost. In addition, by increasing awareness about menstruation to school students, social attitudes and stigmas about menstruation can be removed from the society.



## **Introduction**

While women are making their own mark in the professional space like men, they are aware of the many physical and mental changes that occur to them during the menstrual cycle and the days leading up to it. Hormones physically affect women. From puberty to menopause, women go through many physical changes over a period of thirty to forty years. Approximately seventy percent of women report experiencing pre-menstrual syndrome (PMS). We need to realize that hormones can change the way our bodies work and the functioning of our minds. For the first two weeks after menopause, women are under the influence of a hormone called oestrogen.

Women living in Sri Lanka face similar challenges. Women often face severe stress during menopause. During such, they suffer from muscle cramps and abdominal pain, joint and hip pain and fatigue. Along those lines, the price of sanitary napkins used by women during menstruation also increased rapidly in Sri Lanka, further adding to their burdens.

This study was carried out with the aim of finding the educational problems faced by female students who go to schools and live below the poverty line in rural areas and solutions for their problems. Women living in Sri Lanka are facing various physical, psychological, social and health problems due to the increase in the price of sanitary napkins. In particular, girls who go to school in Iluppaikulam area of Trincomalee District, which is selected for this study, are facing various problems such as infectious diseases, backwardness in education, health problems, stress, and isolation.

## **Literature Review**

In Corina (2004), the main finding is that the acute experience of menarche adversely affects adolescent girls' psychological well-being, most specifically in terms of depressive symptomatology. On the other hand, pubertal change in boys, as measured by voice change, did not appear to adversely affect psychological well-being beyond an insignificant minimal and temporal readjustment, and in fact had a positive effect on body image. Results suggest that perceived maternal control, prior social-emotional adjustment, and menstrual attitudes may moderate the effect of pubertal changes.

Ahmed and Yesmin (2008) have conducted a study on menstrual hygiene: "Breaking the Silence." The researchers state that, in Bangladesh, India and Nepal the majority of women in rural areas use reusable cloths to absorb menstrual blood.

In Bangladesh, these are usually torn from old saris and are known as “nekra.” In order to kill harmful bacteria that can cause infection, cloths should be washed with soap and dried in sunlight. Lack of facilities, including safe water and clean, private toilets, coupled with the taboos and embarrassment associated with menstruation, mean that many women and girls do not have anywhere to change their cloths, and are not always able to wash themselves regularly. As many are unable to wash their cloths adequately and have nowhere to dry them hygienically; they must find secretive places to hide their cloths.

“In a study on menstrual hygiene, [it was] reported that adolescent schoolgirls generally [do] not have adequate knowledge of menstrual hygiene. Thus, the present study was undertaken to identify the learning needs of pre-adolescent girls with a view to develop and evaluate a planned teaching programme on menstrual hygiene. It will help them to improve their self-care ability and follow healthy, menstrual hygiene,” (Jams, 2006).

Dr. Deshpande TN et al, (2018) “conducted a study on menstrual hygiene among adolescent school girls from [a] urban slum. They stated that multiple restrictions were practiced. They reported that menstrual hygiene was unsatisfactory among adolescent girls. Therefore, girls should be educated about the facts of menstruation and proper hygienic practices.”

Aggarwal (2006) “suggested that [there are] implications for nursing education, practice, administration and research. There is a need for the health personnel to take active part in preparing the preadolescent girls for menarche. Health education programs on menstrual hygiene for adolescent girls help in maintaining healthy practices during menstruation.”

### **Methodology**

Ilubai Kulam, one of the 42 Village Secretary Divisions under the Divisional Secretary of Trincomalee District, was selected for this study, which was carried out with the aim of identifying the menstrual physical, psychological, and social problems of women caused by increasing prices of napkins and proposing solutions to improve the well-being of women. Out of 125 school-going girls in 552 families residing there, 50 students were selected and data were collected from them. This study was carried out using the objective method including quantitative and qualitative data.



The data required for this study was collected through interviews, questionnaires and through divisional secretariat/district secretariat data, articles, website data, magazines, and newspapers. In addition, a random sampling method was used for this study. Police stations and Divisional Secretariats refused to provide complete information.

The limitations of the study were the remoteness of the study area, high cost of transportation, reluctance of students to provide adequate data, distance between houses, and the delay in data collection due to fuel scarcity.

Confidentiality of the informants was maintained during the study. Information was collected only after the purpose and objective of the study was clearly explained to the informant. Questions were asked in a way that did not harm the informant physically and psychologically. The individual's will and independence were taken into consideration at all stages of the study. After the completion of the study, the document containing data was disposed of in a secure manner. Such research ethics were maintained during data collection.

## **Results and Discussion**

The increase in price of sanitary napkins has an adverse impact on the education of 97% students, based on the data obtained through this study. This leads to the belief that 97% of female students have their education negatively impacted as a result of rising prices of sanitary products.

Based on the data obtained, due to the increase in the price of sanitary napkins, 90% of female students avoid going to school during their periods. Apart from that, based on the data obtained, 85% of the female students have been exposed to disease. Based on the data obtained, due to the rise in prices of sanitary napkins, 92% of females use cloth as an alternative to sanitary napkins.

Due to the increase in the price of sanitary napkins, school-going girls belonging to rural poor families are faced with educational problems, not socializing during menstruation days (5 days per month at the rate of 20 days per term, 60 - 80 days per year), lose out on education leading to a lack of performance in exams, failure in learning, lack of volunteering. They spend money to buy sanitary napkins leading to the inability of buying learning equipment.

Due to the increase in the price of sanitary napkins, the psychological problems faced by school going girls belonging to rural poor families are isolation from others, depression, negative thoughts, pessimism about life at an early age, less self-confidence, and more stress.

Due to the increase in the price of sanitary napkins (10 sanitary napkins cost LKR. 400.00), poverty, inability to use enough sanitary napkins, the use of other cloths as an alternative, the occurrence of diseases, the need for money for medication, and the influence of superstitions and stigma are seen as added family problems faced by school going girls belonging to rural poor families.

### **Conclusion**

Based on the data obtained through this study, the school going girls from the study area are facing many physical, psychological and social problems during the menstrual days. These problems require urgent interventions at multiplies levels including the state and CSOs.

If no proper solutions in this regard are offered, it could lead to a massive decline in education of women. A woman's education is the foundation for the development of the family and the community to which she belongs. Thus, if a menstrual problem is an obstacle in the continuation of education, it will contribute to the degradation of that society. Therefore, taxes on sanitary napkins used by women during menstruation should be removed as an urgent measure to tackle the mentioned issues. Prices should also be reduced so that the common person can afford them. Apart from that, facilities should be provided to school going girls to obtain free sanitary napkins. Approaches to this are best set up at school levels.



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# 14

## **Lack of Menstrual Awareness and the Increase in Teen Marriages in the Eastern Province of Sri Lanka**

• **K. Puvanendran**



In Today's modern era, individuals often find themselves navigating through life's challenges without a clear sense of direction, burdened by responsibilities and urgency. Amidst these myriad of crises, child marriage emerges as a pressing issue, particularly prevalent in the Batticaloa District. The primary drivers of this phenomenon include entrenched patriarchal norms and a pervasive lack of awareness within the community. Addressing these challenges necessitates a shift in societal attitudes and mind-sets. By fostering awareness and education, particularly regarding the harmful implications of patriarchy and child marriage, we can begin to effect meaningful change. Promoting literacy and empowering individuals with knowledge can serve as potent tools in reshaping perceptions and behaviours. Furthermore, targeting vulnerable populations with tailored awareness campaigns, including parents, can help dismantle the societal structures that perpetuate child marriage.

### **Child Marriage: A Background**

Presently, our community grapples with social and mental upheaval, largely stemming from recent conflicts and ensuing migrations. Loss, fear, uncertainty, and the aftermath of natural calamities like the Tsunami have spurred a rise in child marriages. Economic struggles, parental migration, and subsequent social disarray have further fuelled this trend. Each person adjusts to their societal context, but not all readily embrace evolving norms. Consequently, differing beliefs about menstruation persist, with some viewing it through superstitious lenses. This disparity leads to a lack of sexual reproductive health awareness among girls, rendering them susceptible to exploitation and early pregnancies. Economic hardships prompt parents to marry off their daughters as soon as they reach puberty, exacerbating the issue, particularly amidst the current economic downturn. Thus, child marriage has become a prevalent practice across various demographics, disregarding caste or ethnicity, often due to the perceived burden of girls.

In Sri Lanka, the legal age for marriage is generally set at 18 years old. This standard was established through legislative measures such as the Common Marriage Act of 1995, 1997, and the Marriage and Divorce Act of 1952, which amended the minimum age for marriage to 18 for both genders. Consequently, the prevailing legal framework in Sri Lanka prohibits individuals under the age of 18 from entering into marriage. Despite these legal provisions, instances of child marriages persist, often attributed to factors such as violence, insecurity, and entrenched economic customs. The influence of patriarchy remains significant within the institution of marriage in Sri Lanka, contributing to the persistence of such practices.

In certain areas of the Eastern Province of Sri Lanka, the Muslim Marriage and Divorce Act does not specify a fixed age limit for marriage. Girls under the age of 18 must seek court permission to marry. Consequently, the marriageable age for Muslim girls is often determined by community leaders, predominantly men. The repercussions of child marriage on girls and their mothers are profound and distressing. There appears to be a higher prevalence of patriarchy in early marriages within the Muslim community compared to other communities. According to the PEW Research Institute, child marriage rates in Sri Lanka stand at 2 percent at age 15 and 12 percent at age 18. Human rights activist Shreen Sharoor asserts that child marriage amounts to statutory rape and advocates for setting the marriage age at 18. It is also highlighted that early marriage deprives girls of motherhood and disrupts their education. Human rights activists and legal experts suggest that the percentage of early marriages in the Eastern Province has surged from 14 percent to 22 percent within a year. This trend is attributed to the prevalence of patriarchy in early marriages and a lack of awareness about menstruation.

**The primary factors contributing to child marriages include:**

- Families with a low level of education
- Idle underage boys and girls at home without employment
- Lack of supervision and control over children by their families
- Children disinterested in pursuing education
- Children seeking to fulfil their needs
- Unexpected romantic relationships at work or school
- Parents unexpectedly thrusting children into married life

Despite advancements in knowledge and improvements in living standards, many remote villages continue to grapple with ignorance and lack of communication. Child marriage persists as a significant issue, particularly in these underdeveloped areas. Child marriage, or early marriage, refers to the legal or de jure union between individuals, one or both of whom are under the age of 18, leading them into domestic life prematurely. Although child marriage affects both male and female children, its impact is often more severe for girls. Following three decades of conflict in Sri Lanka, a substantial portion of the population in every village now sustains their livelihoods through daily wage labour.

Families accustomed to this lifestyle often arrange marriages for their children at a young age, without regard for their readiness, both physically and mentally, for married life. Consequently, the well-being of these young individuals is called into



question. This practice persists in various parts of Sri Lanka today, notably in districts like Trincomalee, Batticaloa, and Ampara. Unfortunately, awareness of such events often comes only after the fact, when the consequences have already unfolded.

The underlying cause of this phenomenon is the lack of proper education among the general populace, leading them to make uninformed decisions without adequate guidance regarding menstruation and conception.

*Let's examine some additional contributing factors to the issue:*

**Push factors for the problem include:**

- Unique environmental circumstances
- Arbitrary decision-making processes
- Lack of unity
- Influence of love or romantic relationships
- Living without a clear sense of purpose or direction

**Motivating factors behind the issue include:**

- Complete lack of access to education
- Discontinuation of education in favour of seeking employment
- Economic pressures and hardships
- Neglect or lack of attention to the issue
- Absence of readily available advice or guidance

**Current status:**

- Parents perceive children as burdensome responsibilities
- Instances of unrequited love or romantic feelings emerging during schooling
- Limited access to education
- Insufficient economic resources

**Stabilizing factors include:**

- Absence of support from community-level organizations aimed at enhancing children's well-being
- The absence of sound guidance

# Appendix 1

## Conference Concept Paper



## 1. BACKGROUND<sup>1</sup>

World over, menstruation has been treated through generations as an issue of taboo and inconvenience, bound by cultural, religious and economic implications. Despite menstruation being a natural part of every menstruating person's life, societal structures, which are, at most times patriarchal, have limited the individual's right to freedom through archaic notions relating to limits placed on safe and dignified menstruation. From the 'pink taxes' in the Western world to the menstruation huts in Africa and Asia, menstruating people have been often left disadvantaged with their safety and wellbeing being sacrificed to satisfy cultural norms and economic models that operate within a sphere of ignorance and indifference towards menstruating people of all ages. Being prevalent across the globe and with particular commonness in the global south, menstrual discrimination continues to disrupt the equality in the treatment of women and their human rights.

### a. Menstrual Discrimination,<sup>2</sup> Power, and Patriarchy

Discrimination based on menstruation has become prevalent in all corners of the world. As an average menstruating person spends three to eight years menstruating,<sup>3</sup> this natural biological function has been exploited to provide grounds for patriarchal structures to discriminate against menstruators throughout their lifetime. Being excluded from physical activities, education, employment, and even household chores, menstruators are often victimised through gender inequality stemming from myths, stigmas, ignorance, and disinformation about menstruation.<sup>4</sup> Apart from this, menstruation also provides a valuable tool for patriarchal systems to exercise power on women and girls. Misrepresented as an indicator of adulthood, readiness to bear children and marriage, patriarchal power stemming out of menstruation and associated stigma is imposed on women to limit their intellectual growth, freedom of movement, right to practise religious beliefs and limit all freedoms, equality in treatment, and thus limiting their agency. Menstruators are often subject to patriarchal control through period shaming,<sup>5</sup> dependence of males to acquire hygiene products, lack of economic independence and controlled access to service providers.

### b. Battling Child Marriages

Despite being prevalent in South Asia and Africa, addressing child marriages has become a global priority, as the phenomenon has been observed across countries and in specific communities that normalise such practises as part of their culture and beliefs.<sup>6</sup> While not receiving adequate intervention at both local and international levels, preventing child marriages require extensive outreach advocacy work in the form of training to multiple stakeholders, strengthening legislation and policy, the

provision of resources and psychosocial interventions. Systematically, menstruating persons, in particular women and girls, are discriminated to convince of a feigned inferiority compared to men and symptomatically, menstruating persons limit their activities during menstruating days to avoid facing social stigma. Such systematic and symptomatic examples are both diverse and alarming in relation to the advancement of education, family life, labour force participation, and mobility amongst menstruating persons. Exclusionary perceptions and practices reinforcing menstrual discrimination at home, school, and community drive women and girls into early or child marriages<sup>7</sup> often to be left abused, victimised and discriminated in their lifetime. Such cycles of ill-treatment are passed down through generations and communities, unless disrupted through advocacy and efforts to prevent child marriages.

A research paper published by the Global South Coalition for Dignified Menstruation in 2022, found that child marriage is a complex issue that warrants a holistic approach for its prevention, and such prevention is only possible by identifying and addressing menstruation as a key driver of child marriages. Dialogue and advocacy at multiple levels including at homes, schools and communities is needed to raise awareness of dignified menstruation and the prevention of child marriages so as to make the “concept of dignified menstruation becomes an integral part of socialization processes and community building.” The findings also highlighted the need to recognise and study menstrual discrimination as an integral part of the global discourse on human rights that is reflected on international human rights treaties and mechanisms.<sup>8</sup> Apart from such are the health implications that arise through poor menstruation care. The lack of hygienic products, the unawareness of hygienic practices and waste disposal have given rise to serious health implications for menstruating persons.<sup>9</sup> This has put the lives of many at risk and particularly the ones of young adults in the global south who do not have adequate access to healthcare facilities or advice. In relation to other menstruating persons apart from women and young girls, the stigma associated with their gender and sexuality acts as a double burden on top of the taboos associated with menstruating, as access to care products or sexual and reproductive health services are limited by means of difficulties in affirming gender identity.

Insufficient menstruation care has been a catalyst for child marriages, particularly in the global south. Coupled with period poverty, such inadequate care has disproportionately disadvantaged girls of school going age. While acting as an obstacle to receiving education sans distractions, due to the lack of sanitary products and facilities, poor access to them compels girls to not attend school



during menstruation days even in developed countries.<sup>10</sup> Similarly, one in ten girls in sub-Saharan Africa misses school at some point during their period.<sup>11</sup> The reaching of menstruation age by girls compel parents to consider the marriage of young girls to manage household costs, prevent potential sexual predators approaching girls, amongst other reasons. Considered as an indication of reaching maturity, parents burden girls with additional gendered household responsibilities in preparation of marriage, with the start of menstruation. Withstanding such factors, parts of the global south such as South Asia account for some of the highest rates of child and teen marriages in the world with 45% of all women aged 20-24 years reporting being married before the age of 18.<sup>12</sup> As illiteracy and the lack of education enables manipulation, exposure to SGBV and reliance on males for survival, the provision of uninterrupted education, especially concerning sexual and reproductive health can be a key tool in battling child marriages. Instances as above are often influenced by menstruation, and education could empower young girls to continue to better their prospects, detaching themselves from traditional gendered roles and norms. Both period poverty and education affects the correlation between menstruation and child marriages in multifaceted ways. Societal constructs that discourage the intellectual development of menstruating persons, and limits to their access to sanitary products affects nearly 500 million people worldwide.<sup>13</sup> The implications of such have lasting impacts on generations of menstruating people whose hardships are normalised and sustained through taboos, patriarchal structures, and indifferences towards facilitating the provision of sexual and reproductive healthcare.

The diverse and crosscutting nature of menstrual discrimination and its impacts, the prevention of child marriages and the need for avenues to improve dignified menstruation are justified owing to such negative impact it has on the lives of menstruating people.

## **2. RATIONALE**

Recognising that menstrual discrimination presents an imminent threat to the growth and development of menstruating persons, their human rights and safety, the Global South Coalition for Dignified Menstruation has spearheaded the Dignified Menstruation movement to free all menstruating persons from forms of discrimination, violence, and stigma stemming out of menstruation. The coalition strives to provide a common platform for all the beneficiaries and stakeholders to voice concern, emerging trends, ideas, and solutions on the subject matter through mediums such as this conference.

### **a. The Role of Global South Coalition for Dignified Menstruation**

Identifying that menstrual discrimination is a key driver in child marriages is essential to taking action on ending child marriages. Being an issue of concern particularly in the global south, ending menstrual discrimination and child marriages have been at the forefront of Global South Coalition for Dignified Menstruation's activities. The nexus between child marriages and menstrual practises in specific geographic areas have been highlighted frequently by the coalition,<sup>14</sup> including at multilateral forums such as the UN Commission on the Status of Women. It is with this enduring vision that Global South Coalition for Dignified Menstruation has collaborated with Viluthu – Centre for Human Resource Development, Sri Lanka, to host its fourth international conference on Dignified Menstruation. Drawing inspiration from previous discussions on timely topics such as the 2021 conference on Dignified Menopause,<sup>15</sup> both the Global South Coalition for Dignified Menstruation and Viluthu hopes to continue the advocacy work to positively contribute to the discourse on dignified menstruation, menstrual discrimination, and ending child marriages. The international conference is hoped to set the foundation for future action of dignified menstruation and ending child marriages with renewed and new alliances between partners of the Global South Coalition for Dignified Menstruation sharing experiences, expertise, lessons, and best practices with each other and participating stakeholders. The coalition's 12-point call for action and declaration adopted at the second International Workshop on Menstruation in Nepal acts as the guiding light for championing dignified menstruation in all future activities.

### **b. Viluthu's Journey to End Menstrual Discrimination and Child Marriages in Sri Lanka**

Being a founding member of the Global South Coalition for Dignified Menstruation since its inception in 2019, Viluthu has a long record for fighting for gender equality, women's, and human rights in former conflict areas of Sri Lanka. For the purposes of effectively engaging with the youth, women and encouraging community action, Viluthu nurtures and maintain an extensive network of community led advocacy groups who also act as an important channel in identifying social issues at grassroots levels. Keeping dignified menstruation at heart, Viluthu has actively mobilised its grassroots level networks to engage in community led action to end menstrual discrimination and child marriages. Implemented in 2021, in 12 districts throughout the island, community led action to raise awareness on relevant subject matter was capped off with informative sessions involving Global South Coalition for Dignified Menstruation staff. Viluthu has also spearheaded the establishment of 'Youth Voice for Dignified Menstruation, Sri Lanka Chapter' with a large membership base comprising of members from all genders and communities. Viluthu also operates



a trilingual social media accounts to support youth and contributors to showcases their efforts in promoting dignified menstruation in the island.<sup>16</sup> The increase in social acceptance to discuss dignified menstruation, especially amongst youth,<sup>17</sup> and positive responses by local governing bodies following successful lobbying by Viluthu has inspired the organisation to continue its ongoing action, some of which that will be reflected upon at the conference.

Post pandemic, social, economic, and political dilemma,<sup>18</sup> growing conservatism amongst some segments of the community have shown the potential to upset the gains made relating to dignified menstruation and ending child marriages. The surge in teenage pregnancies, teen marriages and sexual assault targeting women and girls<sup>19</sup> have all indicated the urgency for renewed action to tackle such calamities. Hence, Viluthu has increased its efforts to prevent child marriages taking place in the island, while identifying the role menstrual discrimination play in such phenomena.

### **3. OBJECTIVES**

- Establish and acknowledge the direct link between menstruation and child marriages for future action.
- Broaden the discourse on dignified menstruation and multi-level action needed to ensure such through networking, alliance building, and advocacy.
- Explore in depth, associated phenomena in terms of health and gender implications to account for a vast range of menstruating persons and their problems.

### **4. THEMATIC AREAS**

- Dignified menstruation amongst young children, youth, and boys (including awareness and safe practises)
- Menstrual hygiene, including products and taxation, waste management and disposal practises, education, physical resources and climate justice<sup>20</sup>
- Menstrual discrimination, economic development and political participation
- Dignified menstruation and the law, domestic provisions and international instruments, FGM, child marriages, and discrimination
- Dignified menstruation at school, during pandemics, disasters and conflict (with special reference to refugees and migrants) and LGBTQI community.
- The role of activists, CSOs, media and academia in promoting dignified menstruation, the importance of problem identification, advocacy and urgent intervention

## 5. DESIRED THEMATIC OUTCOMES<sup>21</sup>

- Establish dignified menstruation and eliminating menstrual discrimination as global priorities (acknowledging its cross cutting nature), to attain gender equality, ensure human rights of menstruators and attain sustainable development goals (SDGs).
- Build global momentum on dignified menstruation and related cross cutting themes.
- Utilise networking, alliance building, and advocacy to further dignified menstruation and eliminate menstrual discrimination.

## 6. PARTICIPANTS, BENEFICIARIES, AND STAKEHOLDERS

- Women, Children, LGBTQI and all Menstruating Persons
- Healthcare Professionals and Service Providers
- Young boys and Men, Relevant Government Ministries, Authorities, and Policymakers Champions and Promoters of Dignified Menstruation, Women's Rights Organisations, Academics and Undergraduate, Postgraduate Students of relevant Disciplines, International Organisations and Donors

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  - 20 **Climate Justice** and dignified menstruation are correlated in the context of how menstrual practices are affected due to water scarcity, environmental pollution (including the promotion of environmentally friendly products and practises), the systematic impact of environmental disasters on menstruators, the role of poverty caused by climate events and accessibility to menstrual services and products during such events.
  - 21 **Physical Outcomes:** conference papers, joint statement/policy brief, specific and focused targets and action plans, publication and dissemination of presented conference papers, keynote speech, outcome document and discussion points, media conferences, interviews, media appearances and conference promotion and outreach (prior to and after the conference).

# Appendix 2

## Proceedings - Summary of the Conference



## **INTERNATIONAL VIRTUAL CONFERENCE ON DIGNIFIED MENSTRUATION THEMED: 'DIGNIFIED MENSTRUATION FOR ENDING CHILD MARRIAGES'**

Celebrating the fourth International Day of Dignified Menstruation falling on the 8th of December, Viluthu in collaboration with the Global South Coalition for Dignified Menstruation (GSCDM) held a one-day international virtual conference themed 'Dignified Menstruation for Ending Child Marriages' in Colombo, Sri Lanka. Prof. R. Surenthirakumaran, Dean of the Faculty of Medicine at the University of Jaffna graced the conference as the chief guest while Mili Adhikari, Director GSCDM - America Chapter delivered the keynote address. Activists, leaders, and members of the academia from six continents representing 15 countries spoke at the conference and over 150 participants attended the event from all parts of the world. Founder of the GSCDM, Radha Paudel, representatives from international organisations, government officials, and senior academics attended the conference. The initiative was sponsored and supported by the International Disability Alliance (Geneva) and the SCOPE programme of GIZ (Sri Lanka).

This year's conference explored the nexus between menstrual discrimination and child marriages as its core objective, coinciding with the 16 days of activism against gender based violence. With much relevance to Sri Lanka during times of economic hardships and healthcare related challenges that have disadvantaged women, children and all menstruators, Viluthu and Global South Coalition for Dignified Menstruation held the conference in Sri Lanka to initiate a wider discussion with local and international stakeholders regarding the subject matter.

Dignified Menstruation is defined as a state of freedom from any forms of menstrual discrimination includes taboos, stigmas, shyness, shame, abuse, restrictions, and violence associated with menstruation throughout the life cycle of menstruators. Menstrual discrimination itself is a form of SGBV and is a catalyst to it.

Exploring themes such as menstrual hygiene, climate justice, LGBTQ rights, menstruation during pandemics, and the role of CSOs and academics, the conference highlighted the plight of menstruators facing menstrual discrimination particularly in the Global South. Organised with the objectives of acknowledging the direct link between menstruation and child marriages for future action, broadening the discourse on dignified menstruation and multi- level action needed, and to explore

associated phenomena in terms of health and gender implications, it is expected that the conference contributed to establishing dignified menstruation and eliminating menstrual discrimination as global priorities.

In his speech, chief guest, Prof. R. Surenthirakumaran reiterated the need to eliminate all forms of violence and discrimination stemming from menstruation. He drew parallels between how menstruating girls are often subject to harassment during menstruation by violence, by curtailing their freedom and by lack of access to sanitary and healthcare products. As a medical practitioner, he highlighted the need for adequate nutrition, hygiene, and health facilities for all menstruators and particularly young girls. Mili Adhikari in her keynote speech shone light into the journey of GSCDM and the need for achieving menstrual and gender equity through frameworks of dignified menstruation, reproductive justice, and body literacy utilizing education, awareness, activism, and community organizing. She spoke of the negligence and ignorance towards menstruation by societies and cultures world over and how such has been reinforced by patriarchal systems. The keynote speaker raised the issue as to why menstruation is still not classified as a basic human right by international bodies including the UN. Making her remarks, Maithreyi Rajasingam, Executive Director of Viluthu, stressed the importance of mobilizing grassroots level activists, youth and women to normalise dignified menstruation. The conference heard from a child marriage survivor from Nepal, who gave a first-hand account of how she escaped cultural and social pressure to liberate herself from abuse and discrimination.

The first session of the conference themed 'Establishing Dignified Menstruation - From Problem Areas to Equal Rights' and moderated by Shradha Shreejaya of the Sustainable Menstruation Kerala Collective, India, saw presentations from various target groups such as the disabled community, Trans community and studies into schoolgirls and female politicians, in the context of menstruation. Dr. Rajeev Gobalamoorthy of the University of Jaffna in his remarks mentioned how Menstrual Health and Hygiene (MHH) is a crucial part for the well-being and empowerment of women and adolescent girls and called for increasing menstrual health literacy and pre-preparedness. Night Okindo representing the Trans Empowerment Initiative, Kenya made an eye-opening presentation about how not all menstruators are women and the need to revisit the labelling of "feminine care products" generally as "menstrual care products" acknowledging inclusivity. T. Kiruththiga, presenting her study on menstrual discrimination of female politicians highlighted how government establishments in Sri Lanka to this date, remain as gender non-sensitive environments.



Interestingly, her research showed the impact the attire has on the convenience of menstruators with relation to wearing the sari on the days of menstruation. This was equated with the recent debate as to the necessity to enforce dress codes on female teachers. Rose Achayo Obol, Chairperson of the National Union of Women with Disabilities of Uganda, gave insights into the classifications in disability and how certain categories of disabled persons cannot grasp the physical changes that occur during menstruation. She highlighted the role of the media in diminishing myths relating to menstruation.

Starting session two themed 'Making Menstruation Dignified - Global Perspectives on Awareness Building,' Archana Patkar of UNAIDS, Geneva, highlighted how Child marriage is a form of violence against children. Swati Bedekar from the Vatslaya Foundation, India spoke of health concerns of young girls who did not have the adequate knowledge or resources to ensure sanitary needs during menstruation and how this has led to many infections and health conditions amongst schoolgirls. Representing GIZ Nepal, Philippines, Albania, and Germany, a presentation was made with relations to using social media and creativity to diminish taboos relating to menstruation. Experiences shared by Chiqui de Veyra and Sami Pande of the GIZ delegation highlighted the use of youth celebrity figures, hashtags and social media to encourage young persons to talk and discuss menstruation more openly. Francy Garcia Fajardo representing the Oriéntame organisation, Colombia, shared experiences on the successful virtual awareness-building programme used by the organisation during Corona to educate young girls about menstruation. She spoke about the use of community leaders along with activists to educate people at ground level and to distribute sanitary equipment. Anne Pakoa of the Vanuatu Human Rights Coalition, who has worked extensively with island communities in the Pacific region highlighted how discrimination often starts within the family with menstruators being subject to violence and harassment for not following social taboos and cultural norms during menstruation. Therefore, she advocated the need for discussions amongst female family members to familiarise young girls to menstruation and to increase awareness. Moderator, Archana Patkar, concluded the session citing that dignified menstruation is about making inroads into the patriarchy, that talking about menstruation is talking about own bodies and therefore being proud of it.

The third session of the conference 'Grassroots Level Change - Battling Menstrual Discrimination a Village at a Time,' saw presentations from youth activists from Nepal and Sri Lanka. Samir Pariyar who is the National Coordinator for the Dignified Menstruation Campaign in Nepal spoke extensively through his experience to

highlight how menstrual discrimination results in patriarchy and this in turn creates violence at home, work, and other places. K. Puvanenthira of the Organization for Community Empowerment & Development, Sri Lanka spoke of village level activities initiated to end child marriages prevalent in Batticaloa, Sri Lanka. He stressed on the role of parents to initiate awareness amongst children regarding physical changes as they enter adulthood and to engage more freely with children to discuss sex and reproduction. The speaker noted that many parents do not spend enough time with children or discuss certain matters such as menstruation openly leading to unwanted pregnancies and child marriages. M. Divaincy Fernando presented her research that highlighted the lack of menstrual literacy amongst schoolchildren. She noted that, in comparison to last year, there has been a noticeable decline in school attendance of girls during times of menstruation. The lack of facilities, the unaffordability of hygiene products, and the inaction of the government to provide tax relief to such products were cited as the reasons for this disruption to education. The last presenter of the day, Palaniyandy Rishanthiny based her presentation on a case study from Sammanthurai in Ampara. Apart from the rampant poverty and the inability to access hygiene products, the speaker spoke of the social stigma that menstruators face in the area, often being mocked or ridiculed even by their own family members on the days of menstruation. The session concluded with the remarks of the moderator, lecturer in Sociology, Dr. Anthony Richards who once again reiterated the negative impact Sri Lanka's economic crisis has had on menstruators and how this could be a global phenomenon with similar economic crises happening all across the world, post Covid-19.

Delivering the final remarks reflecting of the conference, Inthumathy Hariharathamotharan, Head of Programmes, Viluthu and Steering Committee Member of GSCDM, revisited the need to target specific groups such as schoolchildren, Trans community and people with disabilities so that they too could experience a dignified menstruation. She highlighted the need to raise awareness through grassroots level movements, just like what is practised by Viluthu. The conference ended with a call for solidarity amongst all menstruators, actors and stakeholders to ensure dignified menstruation, eliminate menstrual discrimination and end child marriages.

Viluthu is a not for profit organisation operating in Sri Lanka since 2003 with the prime focus on working with war affected communities and vulnerable women. Operating under the principles of creating an inclusive and socially cohesive society that practices participatory democracy and adheres to gender equality, economic, social justice and equitable development, Viluthu seeks to enhance women and youth



participation in policy discourse and provide a platform to the marginalised groups for such purposes. The Global South Coalition for Dignified Menstruation operates with a mission to dismantle institutional, structural, interpersonal, and social oppressive systems in place affecting menstruation, individuals who menstruate, and their ability to access basic inalienable human rights, critical resources to lead happy, and healthy lives, and obtain dignity. In 2020, GSCDM conducted a three days international workshop on Dignified Menstruation concluding with a 12 points call for action to champion dignified menstruation, which of this conference is a continuation.



Kamala Vasuki



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