

The Impact of Reproductive & Menstrual Health on Girls'
Access to Education
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I. Introduction

Menstruation. Although it is nothing but a natural biological process, the word “menstruation” or “period” remains a dirty word in today’s society. Across the globe, menstruation remains a taboo subject in society, and while these “period taboos” manifest themselves in different ways across the globe, general feelings of shame, embarrassment, and discomfort surrounding issues of menstruation remain near universal.

Not only are menstruation taboos unnecessary, they can have devastating consequences on women’s health, education, and well-being. In many countries, women and girls have difficulty attending school due to menstruation, whether because of inadequate access to menstrual products (which, of course, also poses issues to women’s health and sanitation) or because of societal stigmas that often lead to the isolation of a woman during the week of her period because she is “impure”. This phenomenon is not limited to a geographical area: from Sierra Leone to Nepal to the United Kingdom, girls across the world are often forced to miss school because of menstruation, and anecdotal evidence proves that menstruation can often be linked to permanent school dropout for many girls, particularly those in developing nations.

II. Menstrual Health & the United Nations

Today, menstrual health remains a sorely under discussed issue; many individuals are unaware of the importance of discussing menstruation in a global and humanitarian context, and many more still are uncomfortable discussing menstruation due to aforementioned stigmas and taboos. However, in recent years, the United Nations has demonstrated its commitment to addressing issues surrounding menstruation and menstrual health. Menstrual health is an issue

that connects to several of the Sustainable Development Goals, most notably Good Health and Well-Being (#3), Quality Education (#4), Gender Equality (#5), and Clean Water and Sanitation (#6). However, menstrual health can also be linked to SDGs regarding poverty or reduced inequalities.

Last year at the 2018 High Level Political Forum (HLPF), the United Nations recognized the importance of paying specific attention to menstruation when it hosted a side event called “Putting Menstrual Health on the 2030 Agenda”. In the keynote address, Dr. Inga Winkler expressed that menstrual health should be removed from the Water, Sanitation, and Hygiene Sector in order to address the many facets of menstrual-related issues. Panelists then made suggestions on prioritizing menstrual health within the 2030 agenda; suggestions included implementing menstrual health programs beyond schools, standardizing menstrual health education in national educational curriculums, developing menstrual health initiatives that allow women the autonomy to choose sanitary products beyond pads, and more.

III. Case Study: Nepal

Although, as established earlier, the impact of menstrual and reproductive health on girls’ access to education is an issue that occurs in a variety of nations, we can examine specific case studies in which issues surrounding menstruation are especially prevalent. In Nepal, for example, 95% of girls practice some sort of restrictions while menstruating, and more than 30% of girls miss school due to their periods. In fact, a Nepalese practice called *chhaupadi* specifically limits girls during their periods. On a girl’s menarche, or first menstruation, she must remain in a small menstruation hut for two weeks; then, during each menstruation thereafter, she must spend the

duration of each period within the hut, disallowed from going to temple, the kitchen, or school. Not only do these huts pose physical limits on girls' autonomy and barriers to girls' access to education, but they can also be dangerous; in fact, in January 2018, 23-year-old Gauri Bayak was found dead inside a menstruation hut, and police suspected her cause of death was smoke suffocation after attempting to light a fire within the hut in order to stay warm. The practice of *chhaupadi* stems from superstitions that menstruating girls are impure and therefore bring bad luck; for example, if a snake were to enter the house, this might be blamed on a girl on her period. Although *chhaupadi* was banned in 2005, the practice still remains enforced across the country, particularly in rural communities.

This issue exacerbates the issue of girls' access to education in Nepal, which can be fraught to begin with. In Nepal, boys' education is generally prioritized over girls': boys are seen as a greater "return on investment" for education, and girls may be expected to stay home and do housework instead of going to school. Even if girls do attend school, they may have less time than boys to complete homework since they are still expected in addition to do housework. And the onset of puberty often signals to families, particularly rural and poor families, that it is time for girls to stop going to school: whether because of menstruation or because of other factors that coincide with pubertal development such as child marriage (one in four women in Nepal were married under the age of 19). The dropout rate after eighth grade was 70%, and in 2015, nearly half of women older than 15 had no education. Furthermore, another issue is that gender-separate bathrooms are available in less than 30% of schools in Nepal; this can not only already deter school attendance because of beliefs of immodesty of non-gendered bathrooms, but this can also further contribute to menstrual shame in schools that can again limit access to education.

One organization that is attempting to address these issues is BlinkNow, which operates the Kopila Valley Girls' School as well as a health clinic, a women's center, and more. Within the girls' school, the Kopila Valley Girls' Club does a lot of work educating the community, particularly young students, about menstruation and debunking taboos (their student club also does a lot of other important work such as giving out underwear and contraception or talking to boys about consent). BlinkNow also does work making and distributing reusable pads; however, an issue that arises with this is that girls must wash them in a public sink and hang them up, which can bring public shame to girls as it seems like they are announcing to the world that they are menstruating. BlinkNow's health center also encourages primary healthcare awareness and best practices.

The issue of menstrual health must also be placed within the context of Nepal's healthcare and sanitation conditions, which are generally considered to be lacking. Prevalence of disease is significantly higher in Nepal than other South Asian countries. Many girls do not have access to contraceptives; the contraceptive prevalence rate is 19% among women between the ages of 15 and 19, and 16% of women aged 20-24 have given birth before the age of 18. Additionally, to address conditions of sanitation, in 2011, 38% of households did not have a toilet, and in 2015, only 46% of the population had access to improved sanitation facilities.

As a result, the use of sanitary pads among adolescent girls is still quite low, especially in rural communities, where, because of the high expenses of and little information on sanitary pads, only 19% of girls use sanitary pads while 35% of girls use old pieces of cloth. As stated earlier, although many girls use reusable pads, many girls are still reluctant to wash and dry their pads. Many girls dry their pads in the dark because they do not want to show their soiled pads to

the sun god or because men and boys may shame them. Proper disposal of pads and cloths remain a significant issue; most girls bury or throw away their pads along with other waste products. These issues worsen the conditions of menstruation, thus creating barriers of access to education for girls.

IV. Case Study: India

Menstrual health and its impact on girls' education also remains an issue in India, where 23% of girls drop out of school upon menstruation (in north India, this figure is upwards of 30%). For the girls that stay in school, they often miss an average of 5 days a month for their periods.

Like in Nepal, there are significant taboos surrounding menstruation in India. Women are often not allowed to go into kitchens or religious sites during menstruation, and many do not even take a bath because it is believed they will pollute the water. Ideas of purity, a purity that can be tainted by a menstruating woman, are especially prevalent within more elite caste-based communities. Additionally, similar to Nepal, many girls are isolated in huts outside their village called a *gaokor* during their periods, a practice most prevalent among the Gond and Madiya ethnic groups of India. And because a *gaokor* is public property, often no one will take responsibility for their upkeep. In a survey of 223 *gaokor* huts, an NGO found that 98% of them lacked a bed, and most did not have proper amenities, electricity, or a kitchen. Like in Nepal, these huts can be dangerous; their locations are a prime spot for wild animals to make an appearance, and there have been reports of sometimes fatal snakebites occurring within the huts.

In 2015, the National Human Rights Commission (NHRC) instructed the government to take steps to removing the *gaokor* huts.

Girls' absence in schools could also be linked to a lack of access to sanitary pads: a study found that only 12% of Indian women use sanitary pads, with others turning to unsanitary alternatives such as unsanitized cloth, husk sand, and ash. This is often due to affordability: 70% of families say that they cannot afford sanitary pads.

The lack of access to sanitary pads was the subject of a 2019 documentary called “Period. End of Sentence”, which takes place in a rural village outside of Delhi. There, a sanitary pad machine is installed, and the girls and women learn to manufacture and sell their own pads, leading to economic empowerment, independence, more self-confidence, and the journey towards dismantling taboos surrounding menstruation. Another film, *Pad Man*, tells the true story of Arunachalam Murganatham, nicknamed “Pad Man” for his invention of a low-cost sanitary pad making machine and efforts to expand access to menstrual products across India. Therefore, despite menstrual health issues in India, we can have hope that many are addressing the issue of menstrual health through entrepreneurship and community efforts.

V. Action on the Linkage Between Menstrual Health and Girls' Access to Education

In addition to the aforementioned efforts to expand access to sanitary menstrual products, the UNFPA is also working to take action to address issues surrounding menstrual health and education. Like in the Kopila Valley Girls' School, girls' clubs are often important tools; in Malawi, for example, girls are taught to make their own reusable sanitary napkins in a girls' club, where they can then sell the napkins to the local community. During humanitarian

disasters, the UNFPA also distributes “dignity kits” that contain toothpaste, toothbrushes, soap, shampoo, and sanitary napkins.

What else can we do? One important and valuable tool is the implementation of comprehensive sex education. Through sex education, we can begin to demystify and destigmatize issues of reproductive health and sex, opening up conversation so that harmful taboos and practices surrounding menstruation can be dismantled. In addition, healthcare and national health systems should be a focal point in this conversation. The UNFPA encourages the use of midwives within national health systems; midwives can address issues of menstruation like menstruation-related pain and also cover reproductive topics like family planning.

Finally, another important tool we need is quite simple: research. Despite the wealth of anecdotal evidence of the linkages between menstrual health and education, it can be difficult to draw a concrete and direct linkage between menstruation and school absence due to a lack of data. For example, menstruation may directly impact school dropout, or it may simply coincide with other factors that occur during pubertal development that can contribute to school dropout. In order to better address this issue, we first need to better understand it.

To conclude, although menstrual health is often severely under known or under discussed, it is imperative that we pay attention to issues of menstruation happening across the globe. In my time at the United Nations, I have often heard that the key to achieving the SDGs is through gender equality. However, attitudes towards menstrual health can jeopardize the ability for girls and women to achieve equality when their menstruation causes them to be excluded from education. Therefore, the issue of menstrual health and its impact upon education is one that we must understand and address if we want to achieve the 2030 Agenda.

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