

Oh, Bloody Hell: Menstrual and Reproductive Health During Times of Crisis

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Abstract

For as long as emergency management has been an academic discipline, career, and a core of modern society, people who menstruate (PWM) are often left out of the picture post-disaster with many needs unmet that causes additional suffering to take place that is easily preventable. In many countries around the world, this negligence shows more pressing than ever as PWM suffer and die from the consequences.

Introduction

Menstruation and uterine reproductive health is a burden to deal with in everyday life for those who experience it. It is not only monthly bleeding and hormonal changes in people with uteruses, but also includes more difficult things to manage, such as hormonal mental disorders, menopause, chronic pain, post-abortion care, and so on. Some people experience odd and disorienting hormone changes during their cycle that can cause depression, anxiety, and suicidal thoughts that require a daily pharmaceutical solution. Others can experience more physical disorders and diseases that also require daily medication that without it, they suffer greatly in their daily lives. The modern world is extremely unpredictable, with rising tensions between states and the people within them to the changing climate causing more severe weather events. Emergency management is growing exponentially in academia, but

unfortunately menstrual health is often an afterthought during the preparation and mitigation process of the disaster cycle. Many people who menstruate (PWM) are well aware that “periods don’t stop in a crisis.” (ActionAid, 2020) Menstrual health is shrouded in stigma around the globe, which is so unfortunate because this stigma spills over into the world of disaster recovery and emergency management. Studies have been done by the scholars in emergency management that distressingly point to the consensus that the menstrual health of affected populations during and after a disaster is usually an afterthought (Krishnan, 2016, p. 1).

Importance to the Field

Low menstrual literacy (incompetence on the topic of menstruation) is common throughout the field of disaster recovery. Water, sanitation, and hygiene (usually

abbreviated to WASH) is a very detailed oriented component of emergency management, and authors like Sydney Amoakoh believe that the current guidelines for menstrual care during disaster recovery is not enough. Amoakoh argues in her research that the current state of menstrual health understanding in the field “leaves menstruators worldwide (displaced or not) susceptible to social ridicule, gender based and sexual violence, and threats to their human rights to health and full participation in public, academic, and economic life”. (Amoakoh, 2019) She argues that there needs to be more education about menstrual health pre-disaster, and psychosocial support for PWM during the recovery period of the emergency management cycle. Even during non-disaster times, PWM around the world are forced to stay home during their period for the reasons previously mentioned by Amoakoh. According to the Thomson Reuters foundation and journalist Annie Banerji, more than one third of PWM in India do not attend school during their periods either due to lack of education around the menstrual cycle, lack of sanitary pads or other products to keep them clean and hygienically safe, or due to a lack of toilets at their schools. Unfortunately, this is not uncommon. In the entirety of South Asia, one third of young PWM miss school during their periods, and in Nepal there is no menstrual health education. At one particular school there is only one toilet for 170 PWM, which forces them to stay home when they would have to visit the bathroom frequently. (Banjeri, 2018) Women and PWM are generally more vulnerable during hazardous times than cis-men, especially in underdeveloped countries. (Haider, 2017) Vulnerability comes in many shapes and sizes but can conglomerate together during times of disaster so that if one area of specific vulnerability is exacerbated, it can cause other areas to worsen.

Case Study – Bangladesh

Dr. Nibedita S. Ray-Bennett, a sociologist who specializes in disaster risk reduction, did an in-depth study on reproductive health during a flood in Belkuchi Upazila, Bangladesh. The area itself is already extremely exposed to natural disasters, and while it develops maternal deaths have been on the decline yet post abortion care is not where it could be. The government of Bangladesh implemented a reproductive health kit to healthcare providers that would assist in post-abortion care and other reproductive health efforts during the 2017 flood season. These health kits were in extreme demand from the PWM in Belkuchi Upazila (Ray-Bennet, 2019). Unfortunately, during the first three months of the study, almost half of the PWM who received said care were not able to be contacted afterwards to see how their experience was, mostly due to the societal taboo and serious consequences of publicly speaking about abortion. (Ray-Bennet, 2019, p. 13) This study proved that menstrual health is more than just pads and tampons, and that people do not stop getting pregnant during disasters, and also do not stop wanting to terminate pregnancies during times of extreme hazard.

Case Study – Nepal

In Nepal, a similar situation was happening just two years prior. A large earthquake struck the area in 2015 and highlighted how vulnerable PWM really are post-disaster. According to authors Suraj B Thapa and Ganesh Acharya, “while destruction of hospitals and healthcare facilities led to severe lack of antenatal care, pregnancy rates are paradoxically likely to increase following a disaster due to unavailability of contraceptives” and an increase in rape (Thapa, 2016).

Thapa and Acharya argue that PWM were constrained to ask for help, and that more changes in policy and protective measures

need to be in place to ensure the safety of all those who need it during a disaster, especially PWM.

Challenges in Efficacy

The restricted conversation on the matter constricts this issues greatly. As said earlier, PWM from the Bangladesh study were forced to go unspoken about their experiences due to pressure from societal and cultural norms in the area. It would be reasonable to say that the taboo shrouding this need for a specified healthcare is the biggest reason as to why menstrual health care is not taken as seriously as the needs of other vulnerable populations that also require more in-depth care. The platform for PWM to speak out on this issue is absent in some parts of the world where it is most needed (Rahman, 2013). In Nepal, a century old tradition called “Chhaupadi” forces PWM to do many odd things while on their period, and while this custom has been banned, the stigma that remains still holds up around areas where the ban is difficult to enforce. One part of Chhaupadi forces PWM to sleep in huts while they are on their period, and at least four PWM died in 2018 due to smoke inhalation from fires lit while sleeping in this hut as an attempt to stay warm in the freezing cold they were so arrogantly forced out into (Pokharel, 2019). Science and development author Imogen Mathers argues that

“Menstrual hygiene isn’t considered a life-saving priority... the result is WASH facilities and camp layouts that neglect [PWM]’s needs and even put their lives in danger.” He also mentions that PWM who attend these camps “opt to change pads after nightfall, a time that puts them at risk of violence” because there is nowhere to dispose of sanitary products around the toilets, so they must carry them in open sight to the nearest place of disposal (Mathers, 2016).

Conclusion

Menstruation and reproductive health is an afterthought in emergency management. Many people rely on adequate menstrual health care to function efficiently and to the best of their ability. Sex does not stop during a crisis. Neither does rape, premenstrual dysphoric disorder, endometriosis, pregnancy, and menopause. But neither do all the people who menstruate. With efforts continuing in the field to raise awareness for issues like these, pride can be found in having a specific vulnerability that can lead to finding the keys to society being as resilient as possible in the modern world. Proper menstrual health assistance and education are a need for the world to continue on, and any competent emergency manager should take it into deep consideration during their planning process.

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Recommended Citation

Guise, E. (2020). Oh, bloody hell: Menstrual and reproductive health during times of crisis. *Made in Millersville Journal*, 2020. Retrieved from <https://www.mimjournal.com/guise-2020>