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**MOVING PAST THE STIGMA?:
THE NARRATIVE OF MENSTRUATION IN WASH AND MHM
ORGANIZATIONS**

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Abstract:

Menstruation is associated with social stigma, however, over the past decade menstrual hygiene management (MHM) has received increased attention as a global concern. MHM emerged from the water, sanitation, and hygiene (WASH) sector and has played an influential role in framing the discourse around menstruation. This research looks at the environment that led to the WASH sector owning the term MHM and how that influences the narrative today. Through a discourse analysis of documents of influential organizations working on MHM, this thesis explores the narratives being put forth in connection to ideas of concealment, bodily management, and hygiene with the aim to uncover the narrative of menstruation and whether or not it reinforces or lifts the menstrual stigma.

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CHAPTER I: Introduction

“The curse,” “on the rag,” “that time of the month,” and “the red plague,” are just a few examples of the many euphemisms describing the same thing, menstruation.¹ Although roughly one quarter of the world’s population is currently on their “period,”² it remains a topic associated with stigma and spoken through euphemisms like the examples listed above.³ However, over the last few years, “menstruation” has been receiving increased attention. In 2015, *Cosmopolitan* proclaimed it “The Year The Period Went Public” and highlighted several events that happened that year including the ability to track one’s period on the iPhone Health app to the fight to end the “tampon tax.”⁴ With the recent focus and energy surrounding menstruation, it has begun to be addressed in more mainstream ways from politicians to major news outlets.⁵ For example, in 2016, President Barack Obama discussed menstruation and the taxation of menstrual products in an interview.⁶ In 2017, Kenyan President Uhuru signed a law requiring free menstrual pads for schoolgirls through government provisions.⁷ While the focus on menstruation has been gaining more attention over the last few years, some international organizations and non-governmental organizations have started their work on menstruation years before “The Year The Period Went Public.”

¹ Ingrid Johnston-Robledo and Joan C. Chrisler, “The Menstrual Mark: Menstruation as Social Stigma.” *Sex Roles* 68, no. 1-2, (2011), 10.

² Inga T. Winkler and Virginia Roaf. “Taking the Bloody Linen out of the Closet – Menstrual Health as a Priority for Achieving Gender Equality,” *Cardozo Journal of Law and Gender* 21, no. 1 (2015), 3.

³ Johnston-Robledo and Chrisler, “The Menstrual Mark,” 12.

⁴ Anna Maltby, “The 8 Greatest Menstrual Moments of 2015.” *Cosmopolitan*. October 13, 2015.

<https://www.cosmopolitan.com/health-fitness/news/a47609/2015-the-year-the-period-went-public/>.

⁵ Malaka Gharib, “Why 2015 Was The Year of the Period, And We Don’t Mean Punctuation.” NPR, December 31, 2015. <https://www.npr.org/sections/health-shots/2015/12/31/460726461/why-2015-was-the-year-of-the-period-and-we-dont-mean-punctuation>.

⁶ Abigail Jones, “The Fight to End Period Shaming Is Going Mainstream.” *Newsweek*. April 20, 2016.

<https://www.newsweek.com/2016/04/29/womens-periods-menstruation-tampons-pads-449833.html>.

⁷ Chris Bobel. *The Managed Body: Developing Girls and Menstrual Health in the Global South*, (Basingstoke, Hampshire: Palgrave Macmillan, 2018), 4.

However, even with the recent attention, menstruation remains socially stigmatized.⁸ In many countries, the stigma around menstruation coupled with a lack of adequate information, facilities and materials impede on women and girls' human rights.⁹ This stigma has long served as a barrier to women and girls' full participation in public life and can affect their right to health, work, education, and gender equality more broadly.¹⁰ Even though menstruation serves as a standard biological function for many women and girls, the menstrual stigma has created a history of silence that has impacted the lack of discussion around the subject and influenced the neglect from policy-makers as being a "public" issue.¹¹ While the stigmatized nature of menstruation has been one of silence, this has tangible consequences in how that shapes women and girls' behavior and bodily knowledge. For example, studies have found that many girls have a limited understanding of menstruation prior to reaching menarche, with some as low as 2.8 to 12.1% reporting knowledge.¹² While only 5.3 to 6.4% of women feel comfortable pursuing health professionals for menstrual disorders.¹³ As the data above verifies, the menstrual stigma has serious and sometimes damaging implications for a woman's health, education, and overall wellbeing.

While menstruation continues to gain priority and attention as a human rights concern and is being discussed on a more visible level, much of the foundation was formed by the Water,

⁸ Mami Sommer, Jennifer S. Hirsch, Constance Nathanson, and Richard G. Parker. "Comfortably, Safely, and Without Shame: Defining Menstrual Hygiene Management as a Public Health Issue." *American Journal of Public Health* 105, no. 7 (2015), 1303.

⁹ Chris Bobel, "Menstrual Pads Can't Fix Prejudice", *The New York Times* (March 31, 2018). <https://www.nytimes.com/2018/03/31/opinion/sunday/menstrual-periods-prejudice.html>.

¹⁰ "Menstruation Matters to Everyone, Everywhere." MHDAY. Accessed December 23, 2018. <http://menstrualhygieneday.org/materials/menstruationmatters/>.

¹¹ Sommer et al., "Comfortably, Safely, and Without Shame," 1303.

¹² Venkatraman Chandra-Mouli, Sheila Vipul Patel, "Mapping the knowledge and understanding of menarche, menstrual hygiene, and menstrual health among adolescent girls in low- and middle-income countries", *Reproductive Health* 14, no 1 (2017), 3.

¹³ Symphorosa SC, Chan KW Yiu, PM Yuen, DS Sahota, and Tony KH Chung. "Menstrual Problems and Health-seeking Behaviour in Hong Kong Chinese Girls." *Hong Kong Medical Journal* 15, no. 1 (February 2009): 21.

Sanitation, and Hygiene (WASH) development sector.¹⁴ Out of this sector emerged Menstrual Hygiene Management (MHM) which focuses on providing education, menstrual care products, and WASH infrastructure to individuals primarily in the Global South.¹⁵ Over the past decade, WASH/MHM organizations have focused on the difficulties that many women and girls in the Global South experience while menstruating. The challenges put forth by these organizations include a lack of adequate information prior to reaching menarche which often leads to shame, fear, and embarrassment that can be compounded by social and cultural taboos.¹⁶ Other challenges that are stressed include a deficiency in adequate sanitation systems that do not allow them to discreetly and effectively care for their menstrual cycles.¹⁷ This can include a lack of facilities, soap, products, water, and a private space to change.¹⁸ The depiction of menstruation over the past decade, both in its challenges and the solutions provided by these organizations, introduced an important aspect of the discourse around menstruation.

The effect of placing menstruation within the WASH/MHM framework and how menstruation has therefore been discussed within this sector has been an unexplored facet of the literature surrounding menstruation. This research project will consider the following question: has the sanitization of menstruation through WASH/MHM organizations reinforced the narrative of menstrual stigma? This research aims to provide a deeper understanding of how the WASH sector frames and discusses menstruation. In doing so, it seeks to examine the implications of

¹⁴ Bobel, *The Managed Body*, 6.

¹⁵ Bobel, *The Managed Body*, 7.

¹⁶ Marni Sommer, Bethany A. Caruso, Murat Sahin, Teresa Calderon, Sue Cavill, Therese Mahon, and Penelope A. Phillips-Howard. "A Time for Global Action: Addressing Girls' Menstrual Hygiene Management Needs in Schools." *PLOS Medicine* 13, no. 2 (2016): 2.

¹⁷ Marni Sommer, Marianne Kjellén, and Chibesa Pensulo. "Girls' and Women's Unmet Needs for Menstrual Hygiene Management (MHM): The Interactions between MHM and Sanitation Systems in Low-income Countries." *Journal of Water, Sanitation and Hygiene for Development* 3, no. 3 (2013): 283-284.

¹⁸ Sommer et al, "A Time for Global Action," 2.

linking menstruation, sanitation, and hygiene together to assess whether such efforts lift or reinforce menstrual stigma.

Currently around the world there is a growing number of UN agencies, NGOs, academics, donors, grassroots organizations, multinational feminine hygiene companies, and social entrepreneurs all working on menstrual-related issues in the Global South.¹⁹ As more players become increasingly involved with this issue, it is imperative to look at the WASH sector's narrative of menstruation. Because the WASH sector was an early adopter for menstruation-related issues and original owner of "menstrual hygiene management," the framing of menstruation within these organizations plays an important role in the way it is addressed and discussed.

Narratives are important not only because it provides a way for an individual to locate themselves and others within the account, but also provides a practical way for people to construct meaning to a given issue.²⁰ According to Elliott, there are three elements of narratives, "(1) narratives are chronological in that they are concerned with events that occur over time; (2) they are meaningful but it is the narrator who provides the meaning through organizing the certain narrative structure; and (3) they are social in that they are shared with others."²¹ The last two elements are especially significant in studying the WASH sector's narrative. Because the WASH sector is the narrator, they are the one providing the meaning to the narrative. Further, because narratives are shared and social, personal narratives connect with larger cultural

¹⁹ Marni Sommer, Jennifer S. Hirsch, Constance Nathanson, and Richard G. Parker. "Comfortably, Safely, and Without Shame: Defining Menstrual Hygiene Management as a Public Health Issue." *American Journal of Public Health* 105, no. 7 (2015): 1303.

²⁰ Lynn Mcalpine, "Why Might You Use Narrative Methodology? A Story about Narrative." *Eesti Haridusteaduste Ajakiri. Estonian Journal of Education* 4, no. 1 (2016): 33.

²¹ Michael Murray, "Narrative Social Psychology." *The Palgrave Handbook of Critical Social Psychology*, 2017, 185.

narratives.²² Therefore, this narrative not only influences others working on this issue but can also affect individual's personal narratives about the subject as well.

This research aims to uncover the narrative of menstruation within the WASH/MHM sector by exploring the common themes, problems, and solutions put forth by WASH/MHM organizations. I will explore how MHM became situated within the WASH sector and the influences that affected the framing. I will then look at these narratives through the lens of menstrual concealment and a managed body to observe whether or not they reinforce or diverge from stigma.

CHAPTER II: The Gendering of WASH and Formation of MHM

By looking at how Menstrual Hygiene Management (MHM) emerged out of the WASH sector provides insight into the early framing of menstruation. Further, the growth and focus of MHM in connection to closing the gender gap in education played an influential role in prioritizing MHM as a global concern. However, literature questioning the validity and effectiveness of research on this topic provides an interesting point of contention.

From the MDGs to MHM

In the early 2000s, there was still very little reference to MHM in literature.²³ When mentioned, menstruation was primarily discussed by family planning advocates in connection with contraceptive use among married women who were of reproductive age.²⁴ Not only was menstruation scant from the literature, but also the policies of WASH initiatives.²⁵ For example, the push towards accomplishing the water and sanitation targets of the Millennium Development

²² Murray, "Narrative Social Psychology," 201.

²³ Sommer et al., "Comfortably, Safely, and Without Shame," 1303.

²⁴ *Ibid.*, 1303.

²⁵ *Ibid.*, 1303.

Goals (MDGs) aimed to “halve the proportion of the population without sustainable access to safe drinking water and basic sanitation.”²⁶ While this target worked towards breaking the taboo on sanitation, the specific needs of menstruating women and girls were still overlooked in sanitation planning and design.²⁷ While the exact reasons why menstruation related concerns went unnoticed by the development sector for so long are unknown, Sommer et al. hypothesize that there are several compounding factors that led to this oversight. These factors include an unintentional gender bias of engineers working in the WASH sector, lack of funding, and the overall taboo nature of menstruation and the belief that menstruation is a “private matter.”²⁸

However, in the years of 2004-2005 there was a global movement to close the gender gap in education.²⁹ Out of this push to close the gender gap, menstrual hygiene management was formed and prioritized as a “public problem.”³⁰ In an attempt to acknowledge and address those gender-related issues, specifically within schools, new tools and frameworks within the WASH sector were developed to tackle the needs of women and girls, which resulted in the creation of MHM.³¹ During these years, the WASH sector attempted to calculate the repercussions of inadequate WASH facilities in schools and the effect it had on menstruating girls.³² This played an influential role in framing the “universality” of the challenges faced by these schoolgirls which now connected this issue to a human rights discourse as well.³³ Although these early

²⁶ “United Nations Millennium Development Goals.” United Nations.
<http://www.un.org/millenniumgoals/environ.shtml>.

²⁷ Sommer et al, “Girls’ and Women’s Unmet Needs for Menstrual Hygiene Management (MHM),” 283.

²⁸ Sommer et al., “Comfortably, Safely, and Without Shame,” 1303.

²⁹ *Ibid.*, 1303.

³⁰ *Ibid.*, 1303.

³¹ Julie Fisher, Cavill, Sue, and Reed, Brian. “Mainstreaming Gender in the WASH sector: dilution or distillation?” *Gender & Development* 25, no. 2 (2017): 196.

³² Sommer et al., “Comfortably, Safely, and Without Shame,” 1304.

³³ *Ibid.*, 1307.

efforts were influential in the coining of the term “menstrual hygiene management,” it wasn’t for several years later that MHM generated global prominence.³⁴

The Defining of Menstrual Hygiene Management

While menstrual hygiene management was not initially the universally acknowledged label to refer to menstrual-related difficulties, in 2010 there was an upsurge in the use of the phrase MHM, which was seen through the increased documentation of the challenges faced by menstruating schoolgirls in conference papers, then peer-reviewed publications, then social media.³⁵ Some of the other earlier labels included “menstrual management,” “sexual maturation,” and “managing menstrual requirements.”³⁶ However, “menstrual hygiene management,” was officially defined by the UNICEF and WHO Joint Monitoring Programme as, “women and adolescent girls using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials.”³⁷

Why WASH?

While MHM emerged out of the WASH sector’s attempt to close the gender gap in education, it is imperative to look at what other sectors were doing during this time that contributed to the framing of MHM. Sommer et al. look to the sexual and reproductive health community as “a natural fit for addressing the onset of menstruation in girls.”³⁸ However, during the formative years of MHM, the sexual and reproductive health sector was predominantly

³⁴ *Ibid.*, 1304.

³⁵ *Ibid.*, 1305.

³⁶ *Ibid.*, 1305.

³⁷ Murat Sahin, "Guest Editorial: Tackling the Stigma and Gender Marginalization Related to Menstruation via WASH in Schools Programmes." *Waterlines* 34, no. 1 (2015): 3.

³⁸ Sommer et al., “Comfortably, Safely, and Without Shame.” 1304.

focused on girls 15 and older who were especially vulnerable to sexually transmitted infections and unwanted pregnancies.³⁹ Furthermore, the global health goals during this time were focused on reducing maternal mortality and the “feminization of the HIV epidemic.”⁴⁰

Meanwhile, the focus of those working in the education sector were on increasing literacy along with improving access to schools and increasing a shortage of essential resources like textbooks and classrooms.⁴¹ Therefore, when the WASH community began focusing on the gender inequalities within schools by improving sanitation and disposal accommodations for girls in schools, the emphasis shifted to these schoolgirls’ inability to properly manage their menstruation and the consequences that has on their schooling.⁴² Because of the inability to manage their menstruation effectively girls were often reported as having negative experiences in school that led to feelings of anxiety, being distracted, and uncomfortable that can ultimately deter girls from attending school while on their menstrual cycle.⁴³

Keeping Girls in School

As the movement around MHM continued to grow, the use of research and literature discussing the menstrual-related challenges schoolgirls face became a vital asset to those working on the subject.⁴⁴ Through the use of this literature, menstruation began to be perceived as a problem by which girls are being failed by inadequate sanitation and disposal facilities as well as a lack of information prior to reaching menarche regarding their menstrual cycles.⁴⁵

Sommer et al. view this shift around menstruation towards a more structural response supported

³⁹ *Ibid.*, 1304.

⁴⁰ *Ibid.*, 1303.

⁴¹ *Ibid.*, 1304.

⁴² *Ibid.*, 1305.

⁴³ Julie Hennegan and Paul Montgomery, "Do Menstrual Hygiene Management Interventions Improve Education and Psychosocial Outcomes for Women and Girls in Low and Middle Income Countries? A Systematic Review." *Plos One* 11, no. 2 (2016): 2-3.

⁴⁴ Sommer et al., “Comfortably, Safely, and Without Shame.” 1305.

⁴⁵ *Ibid.*, 1305.

by “[t]he growing body of documentation about the inadequate information girls were receiving before menarche about their changing bodies and the insufficient school environments to enable the comfortable, safe, and private management of menstruation provided a strong platform for advocates to lobby for greater attention (i.e., institutional policy and response) from national governments and global donors to the MHM needs of schoolgirls.”⁴⁶

This increased energy towards challenges related to menstruation and the need for structural changes, has largely been on “hardware” which includes products and infrastructure but is usually included as an “add-on to other programming efforts and are motivated to invest as a means to achieve other outcomes, such as education, water, sanitation, and hygiene, and health outcomes including reductions in HIV prevalence rates.”⁴⁷ For example, USAID provided Zambia with a \$20 million grant to invest in WASHplus programs that incorporates water, sanitation, and hygiene with menstrual health in school efforts.⁴⁸ While other institutional donors like the Swedish International Development Cooperation Agency (SIDA) and the United Kingdom Department for International Development (DFID) also fund menstrual health initiatives as an add on to larger grants focusing on education or water, sanitation, and hygiene programming.⁴⁹ However, the rapid growth of this sector has not allowed for there to be appropriate evaluations to measure the impacts of these initiatives.⁵⁰

Lack of Data to Support Claims

⁴⁶ *Ibid.*, 1306.

⁴⁷ Alexandra Geertz, Lakshmi Iyer, Perri Kasen, Francesca Mazzola, and Kyle Peterson. *An Opportunity to Address Menstrual Health and Gender Equity*. Report. Bill and Melinda Gates Foundation (2016):23.

⁴⁸ Geertz et al., *An Opportunity to Address Menstrual Health*, 23-25.

⁴⁹ *Ibid.*, 25.

⁵⁰ *Ibid.*, 25.

While the growth of MHM continues, new scholarship has been published that questions the claims of the effectiveness of MHM interventions. While school absenteeism and other psychosocial concerns like fear, anxiety, and distraction have been linked to poor MHM and used to further the issue as a global concern, the evidence to support that link and accurately capture the many contributing factors have been mixed.⁵¹ Not only is it difficult for these studies to gather the data to support the nuances of the psychosocial concerns, they have traditionally focused on one aspect of MHM. For example, in a study conducted by Hennegan et al., they found that previous reports on the consequences of poor MHM have focused on the type of absorbent used as the main indicator and only some studies extend that to look at one or two other factors, like ability to wash the body or dispose of the products.⁵² Hennegan et al. also found that none of the previous studies included all of the aspects of MHM which makes it difficult to evaluate and establish quantitative links between poor MHM and the effects it has on girls.⁵³ Another factor that contributes to the ineffectiveness and accuracy of these studies is that while there is a definition for MHM, there is no standard of what constitutes “good” or “bad” MHM.⁵⁴

Sommer et al. also provide literature on the scarcity of empirical evidence between the extent of menstrual related barriers and the effectiveness of MHM interventions.⁵⁵ They also show that there has been insufficient research into poor MHM and WASH facilities and the impact that has on girl’s self-esteem or ability to concentrate in school.⁵⁶

⁵¹ Julie Hennegan, Catherine Dolan, Maryalice Wu, Linda Scott, and Paul Montgomery. "Measuring the Prevalence and Impact of Poor Menstrual Hygiene Management: A Quantitative Survey of Schoolgirls in Rural Uganda." *BMJ Open* 6, no. 12 (2016): 2.

⁵² Hennegan et al., “Measuring the Prevalence and Impact of Poor Menstrual Hygiene Management,” 2.

⁵³ *Ibid.*, 3.

⁵⁴ *Ibid.*, 10.

⁵⁵ Sommer et al., “A Time for Global Action.” 3.

⁵⁶ *Ibid.*, 3.

This lack of empirical data becomes problematic when looking at the birth and growth of MHM. Early MHM interventions relied on the literature produced highlighting the challenges menstruating girls face while in school which contributed to the growth of the issue as a global concern.⁵⁷ The challenges put forth were therefore used to stress the importance and awareness of MHM related issues, primarily by the WASH sector.⁵⁸ However, as recent literature explains, the evidence to support these claims is greatly lacking.⁵⁹ While this research will not be measuring the effectiveness of MHM interventions, it will explore the narrative being put forth by organizations heavily involved and engaged early with MHM. Because these organizations were influential in the framing of menstruation as a global concern and continue to work on this issue, it is important to look at how menstruation is being discussed.

CHAPTER III: Theoretical Framework

The following chapter looks at the current literature surrounding menstruation that will serve as the theoretical framework for my research. I will first introduce the foundation of “menstrual hygiene,” stigma theory in connection to menstruation, and the literature that discusses perceptions towards menstruation. I will then examine the idea of menstrual concealment, the imperative for the “managed body,” and the technology fix in connection to menstruation.

The Foundation of the “Hygiene Crisis” and the Sanitization of Menstruation

In order to explore the current environment surrounding menstruation and the focus of “menstrual hygiene management”, it is necessary to examine the foundation of menstruation as a

⁵⁷ *Ibid.*, 3.

⁵⁸ Sommer et al., “Comfortably, Safely, and Without Shame,” 1306.

⁵⁹ Hennegan et al., “Measuring the Prevalence and Impact of Poor Menstrual Hygiene Management,” 2.

hygiene concern. According to the Oxford English Dictionary, hygiene is defined as “conditions or practices conducive to maintaining health and preventing diseases, especially through cleanliness” and popular synonyms for the word include, “cleanliness, sanitation, sterility, and purity.”⁶⁰ The association with “maintaining health” can be viewed as a positive and has other connections to bodily care such as personal hygiene and dental hygiene. However, the relationship with “cleanliness” and “purity” provides the impression that menstruation is dirty and something that needs to be cleaned.

With the advent of “germ theory” in the 1880s, a new emphasis was placed on “antiseptic cleanliness” of the individual, especially involving women’s bodies.⁶¹ With the fear of disease and contamination during this time so prevalent, “menstrual discharge was subjected to more intense hygienic standards.”⁶² In *The Wholesome Woman* published in 1902, Dr. Joseph H. Greer wrote how women should change their napkin at least once in the morning and once in the evening and the “every part of the body [should be] as clean as the face.”⁶³ This shift and emphasis on cleanliness in order to protect oneself from disease, allowed for the sanitization of menstruation to become the dominant narrative that persists today. For example, in Brumberg’s 1993 article, she critically examines this narrative by stating that, “clinical studies demonstrate that in the United States both pre- and post-menarcheal girls regard menarche as a hygienic crisis rather than as a maturational event.”⁶⁴ Brumberg further expands this by explaining, “[w]hen contemporary American girls begin to menstruate, they think of hygiene, not fertility”⁶⁵ and

⁶⁰ *Oxford English Dictionary*, s.v. “hygiene,” accessed September 20, 2018.

<https://en.oxforddictionaries.com/definition/hygiene>

⁶¹ Joan Jacobs Brumberg, ““Something Happens to Girls”: Menarche and the Emergence of the Modern American Hygienic Imperative.” *Journal of the History of Sexuality* 4, no. 1 (July 01, 1993): 113.

⁶² Brumberg, ““Something Happens to Girls,” 113-114.

⁶³ Joan Jacobs Brumberg, *The Body Project*. (New York NY: Random House, 1997): 76.

⁶⁴ Brumberg, *The Body Project*, 100-101.

⁶⁵ *Ibid*, 93.

often “think first about the external body – what shows and what doesn’t – rather than about the emotional and social meaning of the maturational process.”⁶⁶ By using the phrase “menstrual hygiene management” does the WASH/MHM sector reaffirm the idea that menstruation is a “hygienic crisis” that subjects women’s bodies to policing through an emphasis on cleanliness?

A Feminist Critique of MHM

The focus of the external body in Brumberg’s text can also be seen in the response of the development and human rights community to menstruation. Kuntala Lahiri-Dutt provides a critique of menstrual hygiene management programs by exploring how “menstruation has gained significance as the ultimate marker in defining the ideal womanhood”⁶⁷ and that for the WASH sector, “the cleansing of the female body of menstrual blood is the key marker of difference between female and male needs in water and sanitation.”⁶⁸ She further mentions what this research aims to develop by stating, “...one must note that interventions in MHM are neither completely irrelevant nor unnecessary. What is problematic is the pegging of menstruation with hygiene...Also problematic is the manner in which they are being carried out, the public messages being made about women and their bodily autonomy, and the lack of attention given to alternative means of dealing with menstruation.”⁶⁹ This research aims to explore Lahiri-Dutt’s criticism above while capturing the nuance of the issue.

Menstrual Stigma

Through Erving Goffman’s theory on stigma and placing it within the context of menstruation, it can be argued that menstruation is socially stigmatized. According to

⁶⁶ *Ibid.*, 66.

⁶⁷ Kuntala Lahiri-Dutt, “Medicalising menstruation: a feminist critique of the political economy of menstrual hygiene management in South Asia.” *Gender, Place & Culture* 22, no. 8 (2014): 1162.

⁶⁸ Lahiri-Dutt, “Medicalising menstruation,” 1159.

⁶⁹ *Ibid.*, 1168.

Goffman's theory of social stigma, "a stigmatized identity is one that is socially regarded as a mark of failure or shame, tainting the self."⁷⁰ Goffman categorized stigma into three types, "abominations of the body", "blemishes of individual character", and "tribal identities or social markers associated with marginalized groups," all of which can be applied to menstrual stigma.⁷¹ Johnston-Robledo and Chrisler use Goffman's theory to argue that menstruation can be viewed in all three of Goffman's categories. For example, the act of bleeding fits into the first category, the aversions to menstrual blood and the act of "staining" can fit into category two, and the "femaleness" of menstruating forms a tribe which fits into category three.⁷² This research will use Goffman's definition of stigma in connection with menstruation and how that has influenced the response of organizations through focusing so heavily on hygiene.

While Goffman's seminal work provides the theory to connect stigma and menstruation, Johnston-Robledo and Chrisler use Goffman's theory to argue that menstruation is a stigmatized condition by examining it in the context of American culture. Due to the aversions to menstrual blood and the stigmatization of menstruation, women are expected to keep their menstruation "status" hidden.⁷³ By using Goffman's categories above, they stress that the fear of "leaking" and having someone know they are menstruating is one of the biggest concerns among American girls and women.⁷⁴ The importance of keeping menstrual blood hidden can be seen in the advertisements for feminine hygiene products that flood American media. These advertisements have continued to reinforce the narrative that menstruation is something embarrassing that should not be openly discussed which can be seen through the way menses is visually

⁷⁰ Mary Crawford, Laurie M. Menger, and Michelle R. Kaufman. "This is a natural process': managing menstrual stigma in Nepal." *Culture, Health & Sexuality* 16, no. 4 (2014): 426.

⁷¹ Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity*. 4-5.

⁷² Johnston-Robledo and Chrisler. "The Menstrual Mark," 10.

⁷³ *Ibid.*, 10.

⁷⁴ *Ibid.*, 10.

represented in these ads. An example of this can be seen through the use a light blue liquid instead of red to represent menstrual blood. Advertisements also utilize words such as “fresh” and “confident” which reaffirms the narrative that menstruation is dirty, embarrassing, and needs to be kept hidden in order for women to function in their everyday lives. By using the advertised product their menstruating status remains concealed, therefore saving them the embarrassment of someone knowing they are menstruating.⁷⁵ Does the ways in which the WASH/MHM organizations speak about menstruation mirror the narrative portrayed above?

Bad Blood

Literature that examines how this narrative was formed will aid my research and provide a foundation to use as a comparison. For example, Thomas Buckley and Alma Gottlieb’s anthropological study found that, “the near universality and exoticism alike of these menstrual taboos and, perhaps, so resonant with the feelings of men and women in literate cultures that ethnographic findings themselves have entered into popular culture as truisms.”⁷⁶ The “universality” of these menstrual taboos has contributed to the current narrative of menstruation, which is associated with words and feelings of shame, being unclean, and smelly.⁷⁷ Looking at menstruation as a strictly biological function, the connection to vomiting and sneezing has been made since they all “eject matter from its appropriate place within the body.”⁷⁸ While all of these involuntary body functions cannot be controlled and are associated with words such as ‘unclean’ and ‘dirty,’ menstruation is not seen as ‘normal,’ because it is not experienced by all of

⁷⁵ *Ibid.*, 10.

⁷⁶ Thomas Buckley and Gottlieb, Alma. *Blood Magic: The Anthropology of Menstruation*. (Berkeley: University of California Press, 1988): 6.

⁷⁷ Winkler and Roaf, “Taking the Bloody Linen,” 3.

⁷⁸ Victoria Louise Newton, “Status passage, stigma and menstrual management: ‘Starting’ and ‘being on.’” *Social Theory & Health* 10, no. 4 (2012): 400.

the population unlike the other examples.⁷⁹ Meanwhile, Mary Douglas argues that menstrual blood can be viewed as ‘polluting.’⁸⁰ She argues, “[if] we can abstract pathogenicity and hygiene from our notion of dirt, we are left with the old definition of dirt as matter out of place.”⁸¹ By applying this to blood, menstrual blood is viewed as out of place because for men and children, their body releases blood only when they are faced with an injury or a medical process. However, menstrual blood is different because, “each month it flows freely, transgressing the perceived boundaries of the body.”⁸² The “out of place” nature of menstrual blood adds to the narrative of it being ‘polluting,’ ‘dirty,’ and ‘smelly.’

As explained above, menstruation is a stigmatized subject globally, although with differing severity among different cultures. Because of that stigma, menstruation has not been openly discussed and when it is, the conversation is typically in association with keeping it hidden. Because the dominant narrative of menstruation has been one that was traditionally stigmatized and connected with terms such as ‘polluting,’ ‘hygiene,’ and ‘smelly,’ has the response through WASH and MHM initiatives reinforced that?

Menstrual Concealment

The imperative for ‘menstrual concealment’ is to protect traditional feminine ideals of cleanliness and beauty that are put at risk during menstruation.⁸³ Elizabeth Arveda Kissling states that, “concealment refers to the belief that menstruation is something to hide and/or to be

⁷⁹ Newton, “Status passage,” 400.

⁸⁰ Mary Douglas. *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*. (London, Routledge, 2007): 35.

⁸¹ Douglas, *Purity and Danger*, 35.

⁸² Newton, “Status passage,” 400-401.

⁸³ Tomi-Ann Roberts. “Female Trouble: The Menstrual Self-Evaluation Scale and Women’s Self-Objectification.” *Psychology of Women Quarterly* 28, no. 1 (August 13, 2004): 22.

ashamed of.”⁸⁴ Because menstruation poses a threat to feminine ideals, the concealment of menstruation allows for individuals to protect ‘normal’ notions of femininity.⁸⁵ As Newton explains, “[i]n the public sphere, women are expected to appear well presented and sexually appealing, and there is no room for the leaking bodies...”⁸⁶ Because the act of menstruating is in opposition to the public perception of femininity, the use of feminine hygiene products allows for individuals to keep the act “hidden.” As Roberts explains, the advertisements for these products promise “women a sanitized, deodorized, and fresh bodily presentation”⁸⁷ that emphasizes the need for cleanliness in the cultural discourse. However, as Kissling mentions, these advertisements do not speak about menstruation, but rather, its concealment by stating, “they give the appearance of breaking menstrual taboos by speaking openly about the management of menstruation as they promote its concealment.”⁸⁸ The ‘menstrual concealment’ that can be found in feminine hygiene product advertisements can also be applied to the WASH/MHM sector. With the emphasis placed on hygiene and sanitation, is menstruation actually being discussed or its concealment?

Roberts expands upon this idea of ‘menstrual concealment’ and the imperative to protect traditional feminine ideals by conducting a study in which a woman dropped either a tampon or hair clip out of her bag.⁸⁹ This study shows that menstrual concealment not only influences advertisements, but also effects personal interactions. For example, the research concluded that the participants displayed negative reactions when the tampon was dropped out of the bag and

⁸⁴ Elizabeth Arveda Kissling. “Bleeding Out Loud: Communication about Menstruation.” *Feminism & Psychology* 6, no. 4 (November 1, 1996): 483.

⁸⁵ Newton, “Status passage,” 400.

⁸⁶ *Ibid.*, 400.

⁸⁷ Roberts, “Female Trouble,” 22.

⁸⁸ Kissling, “Bleeding Out Loud,” 483-484.

⁸⁹ Tomi-Ann Roberts, Jamie L. Goldenberg, Cathleen Power, and Tom Pyszczynski. ““Feminine Protection”: The Effects of Menstruation on Attitudes Towards Women.” *Psychology of Women Quarterly* 26, no. 2 (2002): 131-39.

viewed the woman as “less competent, less likeable, and tended to be both psychologically and physically avoided relative to a woman who dropped a less “offensive” but nonetheless a highly feminine item – a hair clip.”⁹⁰ This study provides a deeper look at how menstrual stigma and the need for women to keep their menstrual status concealed plays a role in everyday interactions. As Roberts et al. conclude in their study, through the concealment of menstruation, the “sanitized, deodorized, and idealized images of women’s bodies become the only ones we encounter and accept.”⁹¹

Managing Menstruation

The pressure and expectation for menstruating women and girls to keep themselves clean in order to protect traditional feminine ideals furthers the idea that their bodies must be managed. Lee and Sasser-Coen expand on the idea of ‘menstrual concealment’ by analyzing the discourse particularly aimed at adolescents which is, “encouraging them to conceal natural bodily functions and keep their growing bodies small and thin lest they take up too much space, exercise power, or show evidence of failing in the disciplinary regimens of feminine bodily hygiene/care.”⁹² Lee and Sasser-Coen argue that this requirement to keep the menstruating body in control leads “to the self-disciplining and policing that occurs through the everyday compulsive regimens of menstrual bodily care and control.”⁹³ Chris Bobel further expands on this idea by stating, “[m]anaging menstruation means keeping it under control or contained so that it does not get in the way—of school, of respectability, of a good time. The ‘managed body’ is a narrow

⁹⁰ Roberts et al., “Feminine Protection,” 136.

⁹¹ *Ibid.*, 138.

⁹² Janet Lee and Jennifer Sasser-Coen. *Blood Stories: Menarche and the Politics of the Female Body in Contemporary U.S. Society*. (New York and London: Routledge, 2015): 60.

⁹³ Lee and Sasser-Coen, *Blood Stories*, 60.

frame that puts control above embodied knowledge, pleasure or power.”⁹⁴ This research will look at the “management of menstruation” and if that supports the ideas above that views it as a way to control and police menstruating bodies.

The Technology Fix and the Modern Period

In order to look at the “management” of menstruation, it is imperative to look at the literature on how this “management” takes place. With the technology of improved menstrual care products in the United States during the 1920s and 1930s the experience of the “modern” period began.⁹⁵ As these technological fixes became available in the mass market, women found new ways to manage their menstruation.⁹⁶ Freidenfelds explains that this technology “presented a vision of a “modern” body that was well managed, did not leak or smell, did not cause anxiety or self-consciousness, and did not display other evidence of menstruation.”⁹⁷ As the convenience of disposable products became increasingly available, the “modern” management of menstruation became the preferred method over traditional cloths.⁹⁸ Freidenfelds explains, “[b]y the 1940s and 1950s, the use of cloth became a marker of poverty, and disposable pads came to be regarded as a necessity even for many of those who did not consider themselves to have made it into the middle class.”⁹⁹ Not only does this stress the importance of concealment but also the menstrual stigma that urges individuals to use these more effective “modern” products. With the invention of these modern products, the sanitary pad and tampon, women and girls were now given the means to manage their bodies more effectively and keep their menstruation

⁹⁴ Bobel, *The Managed Body*, 42.

⁹⁵ Lara Freidenfelds, *The Modern Period: Menstruation in Twentieth-century America*. (Baltimore: Johns Hopkins University Press, 2009): 120.

⁹⁶ Freidenfelds, *The Modern Period*, 157.

⁹⁷ *Ibid.*, 120.

⁹⁸ *Ibid.*, 134.

⁹⁹ *Ibid.*, 134-135.

concealed.¹⁰⁰ According to Freidenfelds, the technological fix of products “made menstruation disappear.”¹⁰¹

Bobel also provides scholarship on the technological fix of menstruation but expands the idea to encompass MHM. Bobel uses Rosner’s definition of a “technological fix” and applies it to the menstrual products solution.¹⁰² Rosner calls a technological fix, “a simple solution designed to solve a complex problem, often inadvertently creating new problems.”¹⁰³ Bobel argues that the solution of products to address poor MHM has created new problems, such as the waste produced from these products.¹⁰⁴ Has the imperative for bodily management within WASH/MHM organizations created a new problem that needs to be addressed?

Key Aspects

This research will use the above theoretical framework to provide the analysis for my findings. By examining my findings through the lens of menstrual concealment, menstrual management, and the technological fix, I will be able to identify if the current narratives being put forth by the organizations studied further the idea of menstrual stigma or go against that narrative. In order to provide the most thorough analysis, it is imperative to look at my findings through this framework since all of these key aspects are a result of menstrual stigma.

Chapter IV: Methodology

For the purpose of answering the research question of the effect sanitization of menstruation has on the narrative of menstrual stigma, quantitative and qualitative methods are

¹⁰⁰ *Ibid.*, 129.

¹⁰¹ *Ibid.*, 169.

¹⁰² Bobel, *The Managed Body*, 28.

¹⁰³ *Ibid.*, 28.

¹⁰⁴ *Ibid.*, 28.

used. The research carried out is primarily document analysis that is complemented with interviews from individuals who work at the organizations studied.

Organizations Studied

I have identified three organizations, UNICEF, WASH United, and WaterAid to examine as case studies. Based on an overview of organizations active in the field, these three were identified as “highly active organizations” on the issue of MHM.¹⁰⁵ Other organizations that I considered studying were UNESCO, Save the Children, Human Rights Watch, World Health Organization (WHO), United Nations Population Fund (UNFPA), and Water Supply and Sanitation Collaborative Council (WSSCC). I used the following criteria to select the three organizations for this research: early involvement, scope of their work, and the visibility and influence of their work through major publications, media presence, and large events that bring the field together. These events include, “MHM Day,” which was started by WASH United in 2013 that now includes 350 partner organizations¹⁰⁶ and “MHM in 10” that was co-hosted by UNICEF and included WaterAid with the first meeting being held in 2014.¹⁰⁷ These events aim to raise awareness of menstrual hygiene management. Because of these organizations early involvement, the discourse they put forward played an important role in the framing of the narrative of menstruation in this sector. Based on their work, these organizations define and own Menstrual Hygiene Management (MHM) in connection with the WASH sector to a large extent.

Discourse Analysis

¹⁰⁵ Geertz et al., “An Opportunity to Address Menstrual Health and Gender Equity,” 24.

¹⁰⁶ “About Menstrual Hygiene (MH) Day.” MHDAY. Accessed October 10, 2018.
<http://menstrualhygieneday.org/about/about-mhday/>.

¹⁰⁷ Sommer et al., “A Time for Global Action,” 1.

I conducted an empirical discourse analysis in order to provide the data on how these organizations frame the discussion around menstruation. Phillips and Hardy explain that, “[d]iscourse analysis shares the concern of all qualitative approaches with the meaningfulness of social life, but it attempts to provide a more profound interrogation of the precarious status of meaning.”¹⁰⁸ By using a critical discourse analysis, I analyze the ways in which menstruation is being discussed within these organizations and identify the “problems” menstruating individuals face and the “solutions” put forward by the organizations.¹⁰⁹ As Phillips and Hardy continue, “[t]his is the most important contribution of discourse analysis: it examines how language constructs phenomena, not how it reflects and reveals it.”¹¹⁰ The aim of conducting this research is to provide and uncover the narrative of menstruation within the organizations.

Data Collection

To determine the sample for my analysis, I used a web search. In order to find the public narrative within these organizations, I wanted to locate information that is the most readily available and accessible. Further, this approach allowed a robust sample size while maintaining a similar approach amongst all three organizations. When gathering the samples, all of the searches were carried out in Incognito Mode on Google Chrome. This was to ensure that cookies from previous searches would not influence the search results.¹¹¹ The samples were gathered from each organization’s website and Google.

WaterAid:

¹⁰⁸ Nelson Phillips and Cynthia Hardy. *Discourse Analysis: Investigating Processes of Social Construction*. (Thousand Oaks, CA: Sage, 2011): 6.

¹⁰⁹ Brian David Hodges; Kuper, Ayelet; Reeves, Scott. “Discourse Analysis.” *BMJ : British Medical Journal (Online)* 337, (Aug 07, 2008): 2.

¹¹⁰ Phillips and Hardy, *Discourse Analysis*, 6.

¹¹¹ Yuxi Wu, Panya Gupta, Miranda Wei, Yasemin Acar, Sascha Fahl, and Blase Ur. "Your Secrets Are Safe." *Proceedings of the 2018 World Wide Web Conference on World Wide Web - WWW '18*, 2018.

For WaterAid, the samples gathered were procured from the WaterAid Global website located at the IP address <https://www.wateraid.org/?global=1>. In the top right corner is a search icon where I typed in the word “menstruation.” In order to not influence my results by using phrases like “menstrual hygiene” or “menstrual hygiene management,” I chose to use “menstruation.” This choice was made in order to provide an unbiased analysis on the framing of menstruation as a whole within the organizations. From these results, I chose the top 25 results listed in order to have a balanced and rich sample while also maintaining a reasonable number of documents to code. I decided to focus on articles, blog posts, and country snapshots and exclude country reports and training guides. Because this research is focused on the narrative and discourse put forth by the organizations, I decided to focus on easily accessible material. Training guides and final country reports are long, dense, and not easily consumable for individuals not familiar with water, sanitation, and hygiene. Further results were excluded due to repeated articles and broken links. As a result, I determined a sample of 14 of these documents and proceeded to coding these. To complement the search on the internal website and to gather a more comprehensive list of documents, I gathered the top 10 hits from Google because this is the information people can most easily access. The number 10 was chosen because that is the number of articles that will appear on the first page of a Google search excluding paid advertisements that can appear at the top of the search with the word “Ad” next to it. Again, this choice was made due to accessibility. In Incognito mode, I typed in “WaterAid menstruation”. The final sample set for WaterAid is 19 documents.

UNICEF:

The samples for UNICEF were obtained from the IP address, <https://www.unicef.org/>. In the search bar in the upper right hand of the screen, I typed in the word “menstruation.” Because

this search result yielded country reports and public partnership annual reports which are not relevant to the framing of the public narrative, I narrowed the results down by clicking “Web Page” underneath “Formats” to the left of the results. This did not change the results of the search, but further filtered the types of documents to ensure that my sample set contains articles that are relevant to my research. I chose the top 25 results, but only 17 of them were added to the sample while 8 were excluded due to broken links or repetition. Of the Google search of “UNICEF menstruation” two of the articles were repeated and the tenth hit was a Rutgers International article that used UNICEF data. The Google search yielded six additional articles to add to my sample. As a result, the final sample size is 23.

WASH United:

WASH United’s main contribution and focus of menstruation is Menstrual Hygiene Day. This event was introduced in 2013 by WASH United and the organization is currently “the overall global coordinator of MH Day and acts as the international secretariat.”¹¹² Because the focus of this organization is different from UNICEF and WaterAid and the website does not have the same search ability, the sample was determined through a slightly different approach. The samples for WASH United are comprised of the MH Day Highlight Reports that are available, which comprises the years 2015-2018. These contain information from the year’s event, such as activities that took place on MH Day, and messaging around the event. The Google search of “WASH United menstruation” yielded two results. Six total documents were coded, however due to the nature and length of the event reports, the sample set was as robust as the others.

Coding

¹¹² WASH United. <http://menstrualhygieneday.org/about/about-mhday/>.

Once my sample set was complete, I coded the documents to provide my data. These codes aim to link the messaging of these organizations with the narrative they are putting forth through a qualitative analysis. This data aims to look at the context of how menstruation is being discussed through the “problems” and “solutions” put forth in my sample set. By choosing to look at the “problems,” that is, what these organizations identify as challenges women and girls face regarding their menstrual cycle, I am able to examine the ways in which these organizations are framing the struggles of menstruation. In order to provide the complete narrative, I chose to look at the “solutions” being suggested by these organizations as well. The “solutions” look at how or what these organizations are putting forth to combat the “problems” menstruating women and girls are faced with. By choosing to look at both the “problems” and “solutions,” I hope to explore and capture the complete way in which menstruation is being discussed within these organizations and whether or not it continues the narrative focused on ‘menstrual concealment’ or is more focused on empowerment and openly talking about menstruation. The codes used were:

Problem:

“Inadequate education opportunities;” “WASH facilities;” “products;” “health;” “stigma, myth, or taboo;” “lack of information about menstruation;” “other.”

Solution:

“More/Improved WASH facilities;” “products;” “education specifically about menstruation;” “education/peer groups;” “involve the community/break down taboos;” “involve/educate boys;” “national guidelines/policy/government involvement;” “other.”

Additional codes that were used are:

“Mention of sectors other than WASH;” “Mention of ‘manage menstruation’”

Interviews

I have also conducted in-depth semi-structured qualitative interviews with individuals who work at the three organizations listed above. By speaking with these organizations, I aim to receive insight into why they chose to frame the discussion of menstruation a certain way and why specific words and terms were chosen instead of others. By interviewing the individuals who are key players in the discussions made at these organizations and having the data set to back up my findings, I will be able to provide a well-rounded narrative within these organizations.

Limitations

There are several limitations to this research. First, by focusing on only three organizations limits the research findings. While these organizations are all influential players in the MHM field, they are by no means the only organizations working on addressing the challenges of menstruation. By researching more organizations, a more robust and nuanced discussion would be provided. Likewise, this research is limited by the number of documents coded. This research is also limited by only discussing women and girls as menstruators. Because these organizations primarily speak of menstruators as women and girls, this research does as well to maintain continuity between the organizations and this research. However, I would like to acknowledge that not all women menstruate and not only women menstruate.¹¹³

¹¹³ Bobel, *The Managed Body*, 38.

CHAPTER V: Findings

Below are the findings from the sample set. The first table provides the findings that appeared under the “problems” codes, the second table correlates the “solutions” codes to the findings, and the third table captures the “additional” codes that were used.

“Problems”

Organization	Inadequate Education	WASH Facilities	Products	Health	Stigma, Myth, Taboo	Lack of Information About Menstruation	Other
WaterAid	12	48	20	4	29	19	5
UNICEF	5	24	10	4	19	18	1
WASH United	3	4	3	0	3	6	0

“Solutions”

Organization	More/Improved WASH Facilities	Products	Education Specifically About Menstruation	Education/Peer Groups	Involve the Community/Break Down Taboos	Involve/Educate Boys	National Guidelines/Policy, Government Involvement	Other
WaterAid	34	30	8	7	18	4	7	4
UNICEF	26	7	10	8	13	6	0	0
WASH United	3	9	10	7	35	7	16	0

“Additional”		
Organizations	Other Sectors	Manage Menstruation
WaterAid	7	17
UNICEF	1	10
WASH United	9	3

WASH Heavy Focus

Due to these organization’s focus and areas of expertise, the attention on WASH related problems and solutions does not provide surprising results. However, how these problems and solutions are being discussed provides much more interesting findings. Much of the language surrounding these issues frame menstruation as a barrier, especially to receiving an education. An example of this can be found in the following quote, “[w]hen there are no private toilets, limited access to sanitary products, or when girls must contend with stigma associated with menstruation, they are more likely to miss school and their educational performance suffers, making them less likely to enter and complete secondary school, which in turn limits their future employment prospects.”¹¹⁴

“Manage,” “Dignity, ” and “Hygiene”

As the table suggests, “manage menstruation” appeared within all three organizations although significantly more in WaterAid and UNICEF. As this phrase was coded, a theme appeared that often connected the phrase “manage menstruation” with “dignity” or “hygiene.” For example, one article says, “implementing a number of inspired MHM initiatives to help schoolgirls manage their period hygienically and with dignity.”¹¹⁵

¹¹⁴ “A Chance to Thrive.” UNICEF. November 13, 2015. https://www.unicef.org/equity/85938_85948.html.

¹¹⁵ Sarah Cowley. “From taboo to empowerment through menstrual management and education.” UNICEF. March 6, 2018. <http://unicefcambodia.blogspot.com/2018/03/from-taboo-to-empowerment-through.html>.

Lack of Education About Menstruation but Not a Focus on Menstrual Education

Within the sample set, “lack of education about menstruation” emerged as a common theme among the organizations. For example, the 2017 MH Day Report from WASH United says, “in India, only 1 out of 2 girls have knowledge about menstruation before their first period.”¹¹⁶ While another statistic about the lack of information regarding menstruation states that, “[a]lmost half of girls in Pakistan and 31% of girls in Cote d'Ivoire said that they didn't know about menstruation until they started their first period.”¹¹⁷

However, as my findings show, the amount of attention spent to “education specifically about menstruation,” does not receive the same focus. Further, these findings also show that even when there is a mention to menstruation focused education there is also usually a mention to hygiene education as well. For example, “[t]he classes teach girls about menstruation cycles, personal hygiene, diet and anemia, and how to use pads.”¹¹⁸

Products

The findings across the organizations also provide information on product-based solutions. Since “menstrual management material” is part of the definition of MHM, I found that products remain a focus of these organizations not only as a “problem” but also as a “solution.” Further, these findings allowed me to look at the types of products being suggested. For example,

¹¹⁶ *Highlight Report for MH Day 2017*. Report. 2017. Accessed 2018. http://menstrualhygieneday.org/wp-content/uploads/2017/09/MHDay-2017_HighlightReport.pdf. 3.

¹¹⁷ Sanjay Wijesekera, “#MenstruationMatters...to all of us.” UNICEF. May 27, 2017. <http://unicefstories.org/2017/06/01/menstruationmatters-to-all-of-us/>.

¹¹⁸ Denise Sherpherd-Johnson, Abdul Rahman Zaeem, Ruth Pappoe, and Reza Hendrawan. “How Girls – and Boys! – Are Busting Period Myths in 5 Countries around the World.” UNICEF. May 25, 2018. Accessed January 09, 2019. <https://www.unicef.org/stories/how-girls-boys-are-busting-period-myths-5-countries>.

these products ranged from "reusable pads - promoted as an alternative to commercial pads"¹¹⁹ to "sustainable product options."¹²⁰

As the theme of products emerged, a new problem of "disposal" also began to emerge. These findings show an increased need for disposal to be part of comprehensive MHM initiatives. One article highlights these challenges by stating, "O&M (operations and maintenance) are poor and adequate waste disposal solutions are rare."¹²¹

WASH's Early Involvement

During the interviews, individuals working in the field provided a deeper understanding of how MHM emerged from the WASH sector. For example, an employee at WaterAid discussed how MHM became a focus in their organization. They said, "[b]y paying attention to menstrual hygiene it really shines a light on the need to make WASH female friendly. It focuses on sanitation and WASH being adapted and modified to take into account gender differences...and in my experience there's a lot of people that haven't really thought about gender differences in WASH so menstrual hygiene management is something they can really understand."¹²² The focus of "gender differences" as one of the defining reasons why the WASH sector became involved with MHM is further explained in an interview with a UNICEF employee. This individual stated, "[o]n the proactive side, it's an opportunity for the WASH profession to be thinking about and designing services that are responsive to half the population. Whereas a lot of the services that the WASH sector is used to designing, and this is a gross

¹¹⁹ "Menstrual hygiene management in schools in South Asia: Bhutan." Country snapshot. WaterAid. https://washmatters.wateraid.org/sites/g/files/jkxoof256/files/WA_MHM_SNAPSHOT_BHUTAN.pdf.

¹²⁰ *Highlight Report for MH Day 2015*. Report. 2015. Accessed 2018. http://menstrualhygieneday.org/wp-content/uploads/2017/01/MHDay2015_HighlightReport_s.pdf. 11.

¹²¹ Menstrual hygiene management in schools in South Asia: Nepal." Country snapshot. WaterAid. https://washmatters.wateraid.org/sites/g/files/jkxoof256/files/WA_MHM_SNAPSHOT_NEPAL.pdf.

¹²² Interview with WaterAid employee, December 5, 2018, Skype.

generalization, but they seem to be the same for everyone...this is an opportunity to think through and respond to the very real needs of girls and women who are menstruating. So, we've come at it in a service provision perspective.”¹²³ Meanwhile, an employee with WASH United mirrored these responses by stating that, “it laid the groundwork for a more inclusive approach situated within the WASH sector and it all came from more inclusive facilities... it was picked up by the WASH sector [...] because part of menstrual hygiene management is access to water and sanitation.”¹²⁴

Another explanation of the early involvement was a practical systems approach explained by an individual with UNICEF who said, “I think it is associated with WASH because menstrual blood is seen as another waste drain that needs to be managed and disposed of, similar to the other waste drains that we deal with in WASH.” The UNICEF employee furthers this by saying, “I also think it has this close association [to WASH] just from the engineering perspective or systems perspective, because sanitary pads or other menstrual management materials if they're not properly disposed of end up flushed down toilets or thrown down pit latrines and this causes a problem from a clearly practical engineering standpoint that has nothing to do with the larger dignity or rights framing or with girls and women's bodies, it's just purely for a practical perspective this is messing up my toilet.”¹²⁵

The Addition of MHM

These interview findings provide a better understanding to how the WASH sector views and situates MHM, which is similar to the findings of how menstruation is discussed on the

¹²³ Interview with UNICEF employee, December 7, 2018, Phone.

¹²⁴ Interview with WASH United employee, December 4, 2018. Skype.

¹²⁵ Interview with UNICEF employee.

organization’s homepage. These findings show that while these organizations focus on MHM, it is presented as something that is an add on to WASH initiatives.

WaterAid:

Located on WaterAid’s home page, there is no direct reference to menstruation. In the background is a video that plays showing smiling children washing their hands, putting water on their faces, and closing a restroom door with the message, “We are WaterAid. The international not-for-profit making clean water, decent toilets and good hygiene normal for everyone, everywhere.”¹²⁶ Further down on the homepage, there is a tab to click on “Good hygiene” that states, “Good hygiene promotion is one of the most effective ways of improving global health”¹²⁷ that takes the visitor to the hygiene specific page. In the second paragraph of this page is the first reference to menstruation that says, “[a]round the world, poor hygiene is making children sick, putting mothers and babies at risk in hospitals, and stopping young women staying safe and well on their periods” and is shortly followed by (in bold), “[s]o hygiene promotion has to go hand in hand with access to safe water and toilets.”¹²⁸ In total, this page directly refers to menstruation four times.

UNICEF:

UNICEF is an organization that “works in 190 countries and territories to save children’s lives, to defend their rights, and to help them fulfill their potential, from early childhood through adolescence,”¹²⁹ and unlike WASH United and WaterAid is not solely focused on water, sanitation, and hygiene concerns. Therefore, the homepage highlights the issues they work on

¹²⁶ WaterAid. <https://www.wateraid.org/?global=1>

¹²⁷ WaterAid.

¹²⁸ *Ibid.*

¹²⁹ UNICEF. <https://www.unicef.org/what-we-do>

including but not limited to, “child protection and inclusion,” “education,” “child survival,” “gender equality,” and “UNICEF in emergencies.”¹³⁰ While WASH is located within the “child survival” section, “adolescent development,” “health,” and “education” does not contain any reference to menstruation. The Water, Sanitation and Hygiene page states that “UNICEF’s water, sanitation and hygiene (WASH) team works in over 100 countries worldwide to improve water and sanitation services, as well as basic hygiene practices”¹³¹ however there is no mention on menstruation or menstrual hygiene until directly typed into the search bar. The WASH and Women section states that, “UNICEF is working to ensure...that hygiene promotion interventions are specifically designed to reach women and girls” but does not explicitly mention menstruation until further down the page in connection with school enrollment and attendance. This section says that, “the lack of safe, separate and private sanitation and washing facilities in schools is one of the main factors preventing girls from attending school, particularly when menstruating.”¹³²

WASH United:

The first thing visitors see when visiting WASH United’s homepage is the text, “Let’s end the hesitation around menstruation: 28 May is Menstrual Hygiene Day” with a picture of girls smiling below it. However, for the next three sections, there is no direct mention of menstruation until the last paragraph of the homepage which states, “WASH United and partners have already trained more than 200,000 children in Sub-Saharan Africa and South Asia in good WASH behavior (including menstrual hygiene management) using our trade-mark play-based approach to WASH education...Through campaigns and media we have reached more than 500

¹³⁰ UNICEF.

¹³¹ UNICEF. <https://www.unicef.org/wash/>

¹³² UNICEF.

million people with critical messages on sanitation and hygiene, including menstrual hygiene.”

¹³³ This paragraph then mentions Menstrual Hygiene Day before ending with their “...commitment towards the realization of the human rights to water and sanitation internationally.” ¹³⁴

CHAPTER VI: Discussion and Analysis

Through the lens of the theoretical framework, the findings of my research will be examined and discussed. By looking at the common themes as well as the tensions and differences from all three organizations, this chapter will provide the narrative being put forth.

Women’s Empowerment: But, First Manage Your Body

Across the organizations, the idea of “women’s empowerment” serves as a common thread that provides a reason why they are involved with MHM and how “empowerment” is often lacking until they receive proper MHM. One article in the WaterAid sample addresses the question of why a WASH organization would get involved with menstruation by stating, “[y]ou might wonder why a water and sanitation NGO is talking about menstrual hygiene. It’s because we are trying to make the important point that for women’s empowerment we should start with something like menstrual hygiene.” ¹³⁵

This idea of “women’s empowerment” through menstrual hygiene appears throughout the sample set by citing examples of opportunities that are hindered by poor MHM. For example, one article states, “[o]ne of the biggest reasons adolescent girls drop out of school in many

¹³³ WASH United. <http://wash-united.org/>

¹³⁴ WASH United.

¹³⁵ Rose George. “When your period means you have to live in a shed.” WaterAid. <https://www.wateraid.org/stories/when-your-period-means-you-have-to-live-in-a-shed>.

developing countries is that they simply cannot manage their menstruation”¹³⁶ while another article expands upon education by stating, “[f]or girls to enjoy their rights to education and fulfill their potential to contribute to the health and wealth of their families, communities and nations they need to be able to manage their period with comfort and confidence.”¹³⁷ Similarly to the previous quote, menstruation serves as the catalyst for girls’ disempowerment in this UNICEF article that states, “[m]enstruation, without such critical supplies and facilities can cause girls to miss class or even eventually dropping out completely, depriving them of a basic right and the ability to reach their full potential in life and society.”¹³⁸ This connection between menstrual hygiene and opportunities introduces the dynamic that in order for women and girls to succeed they must “manage their menstruation” and without proper MHM their entire life trajectory will be negatively affected.

One article in my sample is a page explaining what Menstrual Hygiene Day is, which explains, “Menstrual Hygiene Day (MH Day) builds awareness of the fundamental role that good menstrual hygiene management plays in helping women and girls reach their full potential.”¹³⁹ This narrative is similar to the ones found both in WaterAid and UNICEF which is without the management of menstruation, women and girls’ do not have the ability to “reach their full potential.” Additionally, the article states how “[i]nadequate menstrual hygiene management (MHM) directly affects women’s and girls’ self-esteem.”¹⁴⁰ By stressing how detrimental the

¹³⁶ Margaret Batty, “Breaking the bloody taboos around menstruation.” WaterAid. May 25, 2018. <https://www.wateraid.org/uk/blog/breaking-the-bloody-taboos-around-menstruation>.

¹³⁷ Therese Mahon, Rebecca Heald, and Claire Gray. “How well is South Asia meeting the menstrual hygiene needs of its adolescents?” WaterAid. May 25, 2018. <https://washmatters.wateraid.org/blog/how-well-is-south-asia-meeting-the-menstrual-hygiene-needs-of-its-adolescents>.

¹³⁸ Sarah Cowley. “From taboo to empowerment through menstrual management and education.” UNICEF Cambodia. March 6, 2018. <http://unicefcambodia.blogspot.com/2018/03/from-taboo-to-empowerment-through.html>.

¹³⁹ “28 May – Menstrual Hygiene Day.” WASH United. <http://wash-united.org/our-work/programs/mh-day/articles/menstrual-hygiene-day>.

¹⁴⁰ *Ibid.*

effects of poor MHM are while also framing improved MHM as the empowering opportunity furthers the narrative of the need for a “managed” body.

In the examples above, menstruation is viewed as something that gets in the way of women and girls economic and educational opportunities and it isn't until the body is “managed” or controlled that they are able to access these opportunities. Bobel expands upon this further by stating, “[t]hrough efficient menstrual management, the body contained is not only presentable but it is also (always) ready to work, ready to earn, ready to succeed. Women and girls are now ready to be taken seriously.”¹⁴¹ This idea, when put in direct analysis with the idea that women's empowerment should start with menstrual hygiene entails significant risks. It puts forth the notion that in order for a woman or girl to be taken seriously, she must first keep her body managed and contained. Once her body is properly managed through MHM, only then does she gain opportunities.

The Sanitizing of Dignity

This dynamic between empowerment and “management” becomes sanitized through the prioritization of WASH focused initiatives that situates menstruation squarely within the WASH sector. One document states that, “[a]ll stakeholders should prioritise access to clean water, decent sanitation and good hygiene practice as key for the effective management of menstruation”¹⁴² while another says “to manage menstruation hygienically and with dignity, it is essential that women and girls have access to clean water, decent toilets and good hygiene, but its currently a neglected issue.”¹⁴³ One article mentions the complexity of menstruation however

¹⁴¹ Bobel, *The Managed Body*, 15.

¹⁴² Sakhile Khaweka, “Water, sanitation and menstruation: lessons from the East and Southern Africa Menstrual Hygiene Management Symposium.” WaterAid. June 13, 2018. <https://washmatters.wateraid.org/blog/water-sanitation-and-menstruation-lessons-from-the-east-and-southern-africa-menstrual-hygiene>.

¹⁴³ “Menstrual Hygiene Matters.” WaterAid. <https://washmatters.wateraid.org/publications/menstrual-hygiene-matters>.

brings it back to WASH by stating, “[t]he secrecy and stigma around menstruation makes it more difficult for women and girls to get the help and support they many need to manage their periods hygienically and with dignity – particularly for the one in three women who have no access to a decent toilet.”¹⁴⁴ Again, the attention is brought to a lack of WASH facilities while equating an individual’s dignity to their ability to manage their menstruation. This discourse that links dignity and menstruation does not appear problematic until placed within the framework of a “managed” body. While the challenges that many women and girls face when attempting to care for their menstrual cycle does infringe on their basic human rights and dignity, it is through the need of better bodily management that creates tension.¹⁴⁵ This tension is also discussed by Bobel who writes, “in the world of MHM, dignity depends on discipline.”¹⁴⁶ This dependent relationship can be seen in the examples above and puts the actual act of “managing” menstruation on the individual and gives the idea that once there are proper facilities or products, all of the challenges disappear. These examples provide a simplified solution that continues the idea that the management of menstruation, which results in the proper concealment, is essential to the dignity of women and girls.

This connection between hygiene and dignity appears again in a document that states, “[w]ithout access to water, sanitation and hygiene during menstruation, dignity and opportunities

¹⁴⁴ Crowley, Laura. “Students in Uganda lead the way in making periods affordable and smashing taboos.” WaterAid. August 24, 2017. <https://www.wateraid.org/media/students-in-uganda-lead-the-way-in-making-periods-affordable-and-smashing-taboos>.

¹⁴⁵ Menstruation Matters to Everyone, Everywhere." MHDAY. Accessed December 23, 2018. <http://menstrualhygieneday.org/materials/menstruationmatters/>.

¹⁴⁶ Bobel, *The Managed Body*. 40.

erode." ¹⁴⁷ Another document states, "[a]t schools that offer information and provide for privacy and cleanliness, girls gain dignity and self-respect along with an education."¹⁴⁸

In the quotations cited above, the dynamic between opportunities and menstrual management is tied directly to hygiene and sanitation. While the attention given to water, sanitation and hygiene is expected due to the focus of the organizations, the emphasis and choice of words perpetuates both the idea that menstruation is a hygienic concern and that it must be concealed in order for girls and women to become empowered. Furthermore, in an interview with a WaterAid employee they also speak on the connection between dignity and sanitation. They say, "It [menstruation] brings very strongly into the WASH debate, the topic of dignity. It's not just about the safe management of human waste, but it's also the importance of dignity, safety, and privacy. And that brings it up that much higher in the agenda of the WASH sector and it bridges the issue into human rights."¹⁴⁹ This paper does not argue that the inability to care for one's menstrual cycle infringes on women and girls' human rights and can impact their bodily knowledge and decision making.¹⁵⁰ However, it is through connecting dignity directly to being able to manage menstruation that furthers menstrual stigma.

This emphasis on dignity and hygiene further entrenches the perceived need for "menstrual concealment." By connecting an individual's dignity to their ability to "manage their menstruation" furthers the idea that menstruation poses a threat to 'normal' notions of femininity and one must "manage" it in order to spare embarrassment. ¹⁵¹ Linking dignity to managing

¹⁴⁷ Jane Wilbur, "We must ensure people with disabilities have dignity during menstruation." WaterAid. July 23, 2018. <https://washmatters.wateraid.org/blog/we-must-ensure-people-with-disabilities-have-dignity-during-menstruation>

¹⁴⁸ Jane Dineen, "How Good Menstrual Hygiene Keeps Girls in Schools." UNICEF. August 20, 2018. <https://www.unicefusa.org/stories/how-good-menstrual-hygiene-keeps-girls-school/34632>.

¹⁴⁹ Interview with WaterAid employee, December 5, 2018, Skype.

¹⁵⁰ Sommer et al., "A Time for Global Action." 2.

¹⁵¹ Newton, "Status passage," 400.

menstruation, and making the relationship seem dependent upon one another shows the true threat of “leaking bodies”¹⁵² in this narrative. While Newton’s analysis was focused on menstrual product advertisements, many of the concepts she uses can be applied. For example, Newton states, “[i]n the public sphere, women are expected to appear well presented and sexually appealing, and there is no room for the leaking bodies...”¹⁵³ and further explains how the concealment of menstruation protects traditional feminine ideals that focus on a clean external appearance.¹⁵⁴ The imperative for ‘menstrual concealment’ becomes apparent because as the examples above illustrate, without the proper concealment of menstruation, their dignity is threatened.

The Conditional Relationship of MHM and Education

Another recurring theme amongst the organizations is the focus on improving MHM in order to keep girls in school. For example, UNICEF states, “a quality high school education can transform a girl’s future, yet around the world, many adolescent girls miss school or even drop out all together for one simple reason: menstruation.”¹⁵⁵ Once more, menstruation is portrayed as something that strips women and girls of their opportunities and something that will remain a barrier until their menstruation is “managed.” This can be seen through the focus of WASH related solutions and the shift in language that occurs in the sample set once the interventions are introduced. For example, one article states, “the creation of hygienic on-site school facilities has

¹⁵² *Ibid*, 400.

¹⁵³ *Ibid*, 400.

¹⁵⁴ *Ibid*, 400.

¹⁵⁵ Jane Dineen, “How Good Menstrual Hygiene Keeps Girls in School.” UNICEF. August 20, 2018. <https://www.unicefusa.org/stories/how-good-menstrual-hygiene-keeps-girls-school/34632>.

enabled girls to better manage their period and concentrate more fully on their studies.”¹⁵⁶ This quote gives the appearance that the creation of WASH facilities will not only keep girls in schools but also allow them the opportunity to be better students as well. Again, there is the discourse put forward that once girls have the ability to manage their menstruation, their opportunities increase. However, these claims of improved school attendance and improved psychosocial outcomes have been critiqued as not having the accurate data to support them.¹⁵⁷

This portrayal of a direct conditional relationship, that is, creating “hygienic on-site school facilities” will result in girls staying in school provides an oversimplified solution that is not supported by the existing literature.¹⁵⁸ Hennegan et al. critique the studies that have focused on school absenteeism and the effect menstruation has on girls’ ability to focus and participate during class and have called for more quantitative evidence to support these claims.¹⁵⁹ However, even with the existing literature critiquing these assertions, the narrative that equates better MHM to keeping girls in school persists.

This theme of improved MHM and keeping girls in school appears throughout all of the organizations. For example, a UNICEF article states, “[i]n poor areas, for example, the absence of clean sanitation facilities in schools leads to absenteeism among girls.”¹⁶⁰ This can also be seen in WaterAid which states, “[n]umerous studies have shown that the lack of MHM-friendly facilities and support for schoolgirls and female teachers is a barrier to their full participation in school and thus to a quality education.”¹⁶¹ WASH United also connects better MHM to increased

¹⁵⁶ Sarah Cowley. “From taboo to empowerment through menstrual management and education.” UNICEF Cambodia. March 6, 2018. <http://unicefcambodia.blogspot.com/2018/03/from-taboo-to-empowerment-through.html>.

¹⁵⁷ Sommer et al., “A Time for Global Action.” 3.

¹⁵⁸ Hennegan et al., “Measuring the Prevalence and Impact of Poor Menstrual Hygiene Management.” 3.

¹⁵⁹ *Ibid.*, 2.

¹⁶⁰ “A Chance to Thrive.” UNICEF. November 13, 2015. https://www.unicef.org/equity/85938_85948.html.

¹⁶¹ “Menstrual Hygiene Management in schools: South Asia.” WaterAid. <https://washmatters.wateraid.org/publications/menstrual-hygiene-management-in-schools-south-asia>.

attendance and provides the example that “[i]n Uganda, 1 out of 2 girls report missing one to three days of school per month to menstruation.”¹⁶² Next to that statement, it says, “[e]nable girls to stay in school by ensuring access to hygienic menstrual products, adequate toilets, water and disposal options.”¹⁶³

The examples above show that even with a lack of empirical data to support these claims, the discourse that menstruation serves as a barrier to girls’ ability to receive an education remains a powerful component for the narrative within these organizations. In order for MHM to gain priority a decade ago, the challenges faced by girls in schools was the driving factor for increased action by the WASH sector.¹⁶⁴ This was substantiated further during an interview with a WaterAid employee who spoke on why the WASH sector became involved with MHM by saying, “[p]eople usually change their pads in toilets so having toilets that are designed to actually provide privacy and dignity and safety are crucial and play a very important role in girls’ attendance in school, for example.”¹⁶⁵ Meanwhile, an employee from the WASH sector at UNICEF also commented on how the early days of WASH and MHM focused on attendance by stating, “[t]he focus has been on how can WASH be a supportive service of keeping girls in school.”¹⁶⁶ However, years later, this relationship between improved MHM and improved attendance remains central to these organizations even though the quantitative data to support this narrative is lacking.

Products: From a Quick Fix to a New Problem

¹⁶² *Highlight Report for MH Day 2017*. Report. 2017. Accessed 2018. http://menstrualhygieneday.org/wp-content/uploads/2017/09/MHDay-2017_HighlightReport.pdf. 3.

¹⁶³ *Highlight Report for MH Day 2017*. 3.

¹⁶⁴ Sommer et al., “Comfortably, Safely, and Without Shame.” 1305.

¹⁶⁵ Interview with WaterAid employee, December 5, 2018, Skype.

¹⁶⁶ Interview with UNICEF employee, December 7, 2018, Phone.

Among the organizations, product-based solutions appear throughout. For example, the code “products” appears 30 times in the WaterAid sample set, only 4 times less than “WASH facilities/interventions.” Because WaterAid is not a menstrual product organization, the frequent mention of product-based solutions over “education specifically about menstruation” (appeared only eight times), for example, shows the imbalance of non-WASH related solutions. This heavy focus on products has been critiqued by Sommer et al. who state, “the “pad” response has focused on sanitary materials as a “magic bullet” that will solve the MHM challenges facing girls...”¹⁶⁷ However, as the study conducted by Hennegan et al. find, “improving only one aspect of MHM, the absorbent used, may not improve MHM overall.”¹⁶⁸ With such a detailed focus to products without the data to back up the claims as Hennegan et al. discuss, the imperative for concealment and management of menstruation serves as the motivating influence of this solution.

Meanwhile, MH Day’s mission is “to break the silence, raise awareness and change negative social norms surrounding MHM around the world.”¹⁶⁹ While their involvement and focus of MH Day situates themselves outside of the WASH sector more than WaterAid and UNICEF, there is still a recurring focus on products within the sample set. For example, in the 2017 Report, it states that to “enable girls to stay in school by ensuring access to hygienic menstrual products”¹⁷⁰ and in 2018 it called for “advocacy for universal access to hygienic menstrual products”¹⁷¹ at both a global and national level. An MHM advocate at WASH United commented on products by saying, “menstrual products are an important part but even where we

¹⁶⁷ Sommer et al., “Comfortably, Safely, and Without Shame,” 1308.

¹⁶⁸ Hennegan et al., “Measuring the prevalence and impact of poor menstrual hygiene management,” 13.

¹⁶⁹ Menstrual Hygiene Day. <http://menstrualhygieneday.org/about/about-mhday/>.

¹⁷⁰ *Highlight Report for MH Day 2017*. Report. 2017. Accessed 2018. http://menstrualhygieneday.org/wp-content/uploads/2017/09/MHDay-2017_HighlightReport.pdf. 3.

¹⁷¹ *Impact Report for MH Day 2018*. Report. 2018. Accessed 2018. http://menstrualhygieneday.org/wp-content/uploads/2018/11/MH-Day-2018-Impact-Report_s2.pdf. 20.

see that product use has been so high, girls are still having negative attitudes around menstruation”¹⁷² They further expand on this idea that products do not change attitudes around menstruation by stating, “[a]s much as it’s great at having access to products in schools it doesn’t mean that girls are having a positive attitude around it [menstruation].”

In an interview with a WaterAid employee, they mentioned that products should not be viewed as the only solution but attempts to connect products directly within the WASH sector by saying, “when people are not using disposable pads they need to have a clean place to wash their rags and their bodies as well so their water supply is also essential in that.” While “products” was coded from everything from “in low-income areas students are taught to make cotton pads”¹⁷³ to the “hygienic use of cloths”¹⁷⁴ it furthers the narrative that menstruation is something that needs to be kept hidden through the use of menstrual products. Bobel offers a critique about the focus on product-based solutions and says, “menstrual products *accommodate* stigma by more efficiently hiding the reality of a biological process.”¹⁷⁵ Because products help keep menstruation hidden or as Freidenfelds argues, “disappear,”¹⁷⁶ the heavy use of product-based solutions provides a narrative entrenched in concealment.

While “products” did not appear as often in the UNICEF sample set, there was a more direct reference to “pads.” For example, one article said, “[g]irls are provided with single-use sanitary pads and these are disposed of by incineration to maintain standards of hygiene.”¹⁷⁷

While an article mentions how Pakistan is developing “the first sanitary napkin vending machine

¹⁷² Interview with Wash United employee.

¹⁷³ “Menstrual hygiene management in schools in South Asia: Pakistan.” Country snapshot. https://washmatters.wateraid.org/sites/g/files/jkxoof256/files/WA_MHM_SNAPSHOT_PAKISTAN.pdf.

¹⁷⁴ “Menstrual hygiene management in schools in South Asia: Afghanistan” Country snapshot. https://washmatters.wateraid.org/sites/g/files/jkxoof256/files/WA_MHM_SNAPSHOT_AFGHANISTAN_0.pdf.

¹⁷⁵ Bobel, *The Managed Body*, 40.

¹⁷⁶ Freidenfelds, *The Modern Period*, 169.

¹⁷⁷ Cowley, “From taboo to empowerment.” UNICEF. <http://unicefcambodia.blogspot.com/2018/03/from-taboo-to-empowerment-through.html>.

in partnership with local health and wellness brands"¹⁷⁸ another discusses, “handsewn sanitary pads to ensure every girl remains in school.”¹⁷⁹ The examples above, through the focus on “pads” forces the notion of a “modern” period in the Global South. As Freidenfeld’s text notes, women in the U.S. began using disposable pads because “they seemed clearly more practical, convenient, and comfortable, given modern expectations about activities during menstruation.”¹⁸⁰ By emphasizing the use of pads, women and girls receiving these provisions have no choice but to manage their menstruation “modernly.” In doing so, however, removes the individual’s ability to choose how they manage their menstruation. Because pads are viewed as convenient and effective, this solution further stresses the imperative of keeping menstruation concealed.

While products are a part of the MHM definition, which states, “women and adolescent girls using a clean menstrual management material to absorb or collect blood...”¹⁸¹ the focus of products has caused new concerns around the safe disposal of them. This “technological fix” defined as the simple solution created for a complicated problem, which often creates new problems, can be seen throughout the data.¹⁸² For example, a WaterAid article discusses the disposal problems and says, “[t]he waste load generated in India is estimated to be 113,000 tonnes of menstrual waste annually”¹⁸³ while another says, “[d]isposal options for used sanitary

¹⁷⁸ Hira Hafeez-Ur-Rehman, "UNICEF Works with U-Reporters to Improve Menstrual Hygiene for Girls and Women in Pakistan." UNICEF Innovation Builds and Scales Innovations That Improve Children's Lives around the World. July 2017. Accessed January 08, 2019. <http://unicefstories.org/2017/08/09/unicef-works-with-u-reporters-to-improve-menstrual-hygiene-for-girls-and-women-in-pakistan/>.

¹⁷⁹ Dineen, Jane. “How Good Menstrual Hygiene Keeps Girls in School.” UNICEF.

¹⁸⁰ Freidenfelds, *The Modern Period*, 134.

¹⁸¹ Sahin, "Guest Editorial," 3.

¹⁸² Bobel. *The Managed Body*. 28.

¹⁸³ “Menstrual hygiene management in schools in South Asia: India.” WaterAid. Country snapshot. Accessed November 3, 2018. https://washmatters.wateraid.org/sites/g/files/jkxoof256/files/WA_MHM_SNAPSHOT_NDIA.pdf.

materials remains an underdeveloped aspect of most MHM services."¹⁸⁴ This issue is also mentioned by WASH United as a barrier to effective MHM, stating, “limited access to affordable and hygienic sanitary materials and disposal options leaving many to manage their periods in ineffective, uncomfortable and unhygienic ways.”¹⁸⁵ While UNICEF also mentions the need for “clean supplies, privacy, disposal facilities...”¹⁸⁶ as part of providing comprehensive MHM services. Because the narrative of menstruation has been one of concealment, the “tech fix” that was aimed at relieving menstrual related barriers ended up causing another problem that now needs to be addressed.

Education About Menstruation...and Hygiene

Across my findings, one of the highest cited “problems” amongst the organizations is “lack of information about menstruation.” As studies have found, a lack of information about menses can perpetuate myths and misunderstandings while leading girls to develop negative attitudes about their bodies and reproductive functions.¹⁸⁷ There are examples within the data set that support these claims. Some examples of this include, “[m]any girls greet their first periods with alarm, without knowing anything about menstruation,”¹⁸⁸ “[g]irls enter puberty without understanding what is happening to their bodies, and suffer in shame and despair as a result,”¹⁸⁹

¹⁸⁴ “Menstrual Hygiene Management in schools: South Asia.” Summary Report. WaterAid. Accessed October 14, 2018. <https://washmatters.wateraid.org/publications/menstrual-hygiene-management-inschools>.

¹⁸⁵ “Menstrual Hygiene Management.” WASH United. <http://wash-united.org/our-work/issues/menstrual-hygiene-management/articles/our-work-issues-menstrual-hygiene-management>.

¹⁸⁶ Dineen. “How Good Menstrual Hygiene Keeps Girls in School.” UNICEF.

¹⁸⁷ Lisandra Rodriguez White. “The Function of Ethnicity, Income Level, and Menstrual Taboos in Postmenarcheal Adolescents’ Understanding of Menarche and Menstruation.” *Sex Roles* 68, no. 1-2 (2012): 73.

¹⁸⁸ Dineen. “How Good Menstrual Hygiene Keeps Girls in Schools.”

¹⁸⁹ Sven Simonsen. “In Kyrgyzstan, girls lift shroud of shame on menstruation.” UNICEF. May 26, 2017. https://www.unicef.org/wash/kyrgyzstan_96065.html.

“49% of young girls had no knowledge of menstruation prior to their first period,”¹⁹⁰ and “[i]n India, 52% of girls don't get any information about periods before they start menstruating.”¹⁹¹ These findings highlight the importance for an education based solution that would provide individuals with education specifically about menstruation. This in turn would not only better prepare girls for menses but also diminish negative attitudes towards their bodies. Furthermore, education based on facts about menstruation instead of its concealment through proper management would diverge from the traditional narrative and work to combat the stigma. WASH United provides an example that discusses the effect the stigma has on knowledge by saying, “[t]he continued silence around menstruation combined with limited access to information at home and in school’s results in millions of women and girls having very little knowledge about what is happening to their bodies when they menstruate and how to deal with it.”¹⁹²

However, the “solutions” put forth do not fully address this identified problem. Within the sample, the code “education specifically about menstruation” predominantly also includes a mention of MHM or hygiene. Some examples of this include, “[t]he materials explain puberty, menstruation, MHM, and the menstruation cycle...” however later states, “[t]he guidelines help teachers and caregivers advise girls on hygiene practices before, during, and after menstruation.”¹⁹³ Other examples state, “[i]n addition to education – including education about health and hygiene – schools can be a place to find water, toilets, privacy, and support”¹⁹⁴ and

¹⁹⁰ Hafëez-Ur-Rehman, “UNICEF Works with U-Reporters to improve menstrual hygiene for girls and women in Pakistan.” UNICEF Stories. July 2017. <http://unicefstories.org/2017/08/09/unicef-works-with-u-reporters-to-improve-menstrual-hygiene-for-girls-and-women-in-pakistan/>.

¹⁹¹ “Are you #PeriodProud?” WaterAid. <https://www.wateraid.org/uk/period-proud>.

¹⁹² “Menstrual Hygiene Management.” WASH United. <http://www.wash-united.org/our-work/issues/menstrual-hygiene-management>.

¹⁹³ Simonsen, “In Kyrgyzstan, girls lift shroud of shame on menstruation,” UNICEF.

¹⁹⁴ Dineen, “How Good Menstrual Hygiene Keeps Girls In School,” UNICEF.

“[p]rovide education on menstrual hygiene, so that women and girls feel confident and are empowered to make informed decisions about how they manage their menstruation.”¹⁹⁵

These examples show that this narrative within these organizations has become so closely tied to hygiene, that instead of focusing on educating women and girls’ about only menstruation the education also includes “hygiene.” While educating individuals about menstruation is a great step in order to break the menstrual stigma, by continuing to add the focus to hygiene furthers the narrative that menstruation is dirty that needs to be cleaned and concealed.

Being “Held Back” by More Than a Lack of Toilets – An Inclusive Approach

According to a WASH specialist at UNICEF, a shift to look at menstruation in a more comprehensive way is a focus beginning in 2018 through the launch of a new strategic plan.

They stated:

“Menstrual health and hygiene was included in that language in UNICEF ‘s gender action plan for 2018-2021 which is the first time that that’s ever been an organizational priority as such. So that means that it’s not just WASH leading the agenda or working with education to co-lead the agenda, it means that the health sector now has a bigger role to play in making sure this is included in their adolescent health agenda. And the protection sector has a role to play and social policy has a role to play. So, it really brings this issue together across the different sides of the house for UNICEF and focuses all of our attention to a clear organizational priority.”¹⁹⁶

As my findings from the organization’s homepage’s highlighted, the portrayal of menstruation related initiatives appears as an add on to larger WASH projects. This can be seen through

¹⁹⁵ *Highlight Report for MH Day 2017*. WASH United. 3.

¹⁹⁶ Interview with WASH Specialist employed at UNICEF, December 7, 2018, Phone.

menstrual hygiene management being separate from “good WASH behavior” but “included” in their initiatives.¹⁹⁷ This “add on” approach has been critiqued of slipping MHM into other programming, such as education or WASH, that focus on different results.¹⁹⁸ By viewing menstruation as its own issue, instead of as an “add on,” the complexities and nuances of menstruation can be more easily captured that can then influence the types of initiatives and programs being done by the organizations.

This shift can already be seen in a short report from the sample set that came out in 2018. The article focuses on the religious myths around menstruation in Pakistan and discusses how certain misconceptions and myths ultimately lead to a lack of information. This lack of information, therefore, “negatively impacts their physical and emotional health.”¹⁹⁹ While the article later explains the goal is to “dispel these misconceptions and promote positive societal change on menstrual hygiene management (MHM)”²⁰⁰ there is a slight departure from the traditional narratives provided. For example, this looks at how stigma and misconceptions lead to a lack of accurate information about menstruation. Not only is the “problem” something that a WASH intervention could not “fix,” it also adds in how this “problem” impacts health, both physically and emotionally. This short report removes the sanitation lens and looks at menstruation as not only a hygiene concern but something that can affect and individual’s health and wellbeing.

Another example of a more inclusive shift to MHM that became apparent from the sample set was the mention of discussing the needs for marginalized communities. WaterAid

¹⁹⁷ WASH United. <http://wash-united.org/>

¹⁹⁸ Geertz et al., “An Opportunity to Address Menstrual Health and Gender Equity.” 23.

¹⁹⁹ “Dispelling religious myths around menstruation in Pakistan.” UNICEF Pakistan. July 12, 2018. <https://www.unicef.org/rosa/stories/dispelling-religious-myths-around-menstruation-pakistan>.

²⁰⁰ “Dispelling religious myths around menstruation in Pakistan,” UNICEF.

brings attention to the difficulties persons with disabilities may face while menstruating by saying, “[w]e found that many people with disabilities couldn't access the WASH services they needed to manage their periods properly, meaning they lacked the safety, privacy, and dignity during menstruation.”²⁰¹ UNICEF also calls attention to this and says, “[g]irls and women with disabilities and special needs face additional challenges with menstrual hygiene and are affected disproportionately with lack of access to toilets with water and materials to manage their period.”²⁰² Further, UNICEF mentions, “[m]any women and girls don't have access to materials to manage their menstruation, especially in times of emergency - natural disasters and conflicts.”²⁰³ While the same language that is focused on dignity and management is present, there is a more direct effort to combat menstrual stigma through focusing on the needs of marginalized menstruating individuals.

A possible solution to continue to shift the focus from menstruation being an “add on” to WASH initiatives to being represented as a more comprehensive issue would be through more cross-sectoral work. This would allow menstruation to have more distance from sanitation while providing a narrative that captures all of the challenges and nuances. Viewing menstruation as a cross-sectoral issue was stressed as an important factor for MHM to remain a priority moving forward in an interview conducted with a WaterAid employee. Not only was the need for continued collaboration emphasized, but also “continuing to make sure it is addressed across different sectors, like health and education. And I think moving into sexual and reproductive health and the rights sphere so it’s all connected.”²⁰⁴

²⁰¹ Jane Wilbur, “We must ensure people with disabilities have dignity during menstruation.” WaterAid. July 23, 2018. <https://washmatters.wateraid.org/blog/we-must-ensure-people-with-disabilities-have-dignity-during-menstruation>.

²⁰² “Fast Facts: Nine things you didn’t know about menstruation” UNICEF. May 25, 2018. <https://www.unicef.org/press-releases/fast-facts-nine-things-you-didnt-know-about-menstruation>.

²⁰³ *Ibid.*

²⁰⁴ Interview with WaterAid employee, December 5, 2018, Skype.

A crucial example of the “need” to involve other sectors states “[t]here is increasing recognition that menstrual hygiene management (MHM) is a multi-sectoral issue that requires integrated action, particularly from the education, health and water, sanitation and hygiene (WASH) sectors.”²⁰⁵ While the need for cross-sectoral approaches is stated above, it does not provide details of how they plan or even if they plan to better incorporate other sectors in their MHM programming. Meanwhile, a summary report from South Asia states that, “[r]egionally, the discourse is moving away from menstrual hygiene to consider menstrual health more broadly, requiring better cross-sectoral collaboration, particularly between WASH, health, and education sectors to build national convergence”²⁰⁶ and provides an example of what that could look like by stating, “[b]etter engagement with the health sector, for example, could help WASH actors consider pain management which is often needed to help girls stay in class.”²⁰⁷ While the regional discourse of menstrual hygiene in South Asia has changed to menstrual health, that shift in focus has not yet happened at WaterAid as supported by the data and continued focus of keeping girls in school as the main benefit to providing pain management to menstruating individuals.

By involving other sectors and including their expertise and knowledge in their specific areas, a more robust narrative could be formed. By looking at the challenges and solutions to menstrual related barriers from a cross-sectoral approach not only would programming be more inclusive, it would also diverge from a hygiene focused narrative.

²⁰⁵ “Menstrual Hygiene Management in schools: South Asia.” WaterAid.

<https://washmatters.wateraid.org/publications/menstrual-hygiene-management-in-schools-south-asia>.

²⁰⁶ Tracey Keatman, Sue Cavill, and Therese Mahon. *Menstrual Hygiene Management in Schools in South Asia*. Summary Report. 2018. 7.

https://washmatters.wateraid.org/sites/g/files/jkxoof256/files/WA_MHM_SUMMARY.pdf.

²⁰⁷ Keatman, Cavill and Mahon, *Menstrual Hygiene Management in Schools*, 3.

CHAPTER VII: Conclusion

As this research shows, the narrative of menstruation within the organizations studied enforces the menstrual stigma by the continued focus of “bodily management” and “concealment.” While there were examples of the more recent attempts to provide a narrative that departs from menstrual stigma, the data conducted provides a narrative that continues to sanitize, enforce concealment, and emphasize the need for a managed body.

The birth of MHM out of the WASH sector’s ability to leverage and publicize the barriers many schoolgirls in the Global South faced allowed for the issue to gain prominence as a global concern.²⁰⁸ However, there is a growing amount of literature questioning the validity and effectiveness of these claims due to a lack of quantitative data to support them.²⁰⁹ Even with the literature surrounding the lack of data in MHM interventions, the initial framing that assisted MHM to gain attention persists. In many cases, this narrative frames menstruation as a barrier to girls receiving an education, however once they receive improved WASH facilities or products, they have the opportunity to attend school. This narrative becomes problematic especially when placed in relationship to dignity. That is, only once the body is managed are opportunities and dignity attainable.

Furthermore, the continued emphasis of products furthers the idea of “menstrual concealment.” Kissling used this term to study the way advertisements spoke of menstruation, which was actually through its concealment.²¹⁰ Because these organizations are not menstrual product companies, the frequent mention of product-based problems and solutions provides the narrative that is dependent on keeping menstruation concealed through the use of products.

²⁰⁸ Sommer et al., “Comfortably, Safely, and Without Shame.” 1305.

²⁰⁹ Hennegan et al., “Measuring the Prevalence and Impact of Poor Menstrual Hygiene Management.” 2.

²¹⁰ Kissling, “Bleeding Out Loud,” 483-484.

While the use of products has been critiqued as providing a quick fix, this “fix” has provided new problems around disposal that appeared frequently in my research. The imperative to keep menstruation managed and concealed allows for the focus to remain on this “technological fix.” However, products do not counter stigma, they reinforce it through concealment. This does not argue that products are not a necessary aspect of caring for one’s menstrual cycle. Instead, highlights the importance of providing women and girls with the opportunity to choose what they use to care for their menses while focusing more of the attention on education.

Throughout the research, the tension between the “lack of information about menstruation” and “education specifically about menstruation” provides an interesting analysis that further connects menstruation and hygiene. The mention of menstruation related education also frequently included hygiene education as well. This continued focus of “hygiene” furthers the idea that menstruation is a “hygienic crisis.” When looking at this in connection to the studies that show the damaging effects a lack of knowledge of menstruation has on girls’ experiences and attitudes towards their own bodies, this focus on “hygiene” education provides further complications to breaking the stigma. For example, by teaching about menstruation in connection to hygiene furthers the stigma by reinforcing the idea that menstruation is something dirty and needs to be kept clean. This is further exacerbated when it is the only information a woman or girl ever receives about menstruation.

This analysis concluded with the examples of a more inclusive approach to MHM moving forward. By discussing the needs of people with disabilities, there is a slight shift that focuses less on concealment and more on the many layers of discrimination and stigma that affect these individual’s ability to care for their menses. Furthermore, by involving other sectors more heavily in these organization’s programming, the current narrative that this research

uncovered could shift and ultimately lift the menstrual stigma. In order to alter this narrative, menstruation needs to be addressed at the many levels in which it intersects that focuses less on the management of menstruators' bodies and more on the experience of menstruation as a whole.

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