

Menstruating Women and COVID- 19: Issues and Challenges

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ABSTRACT

Menstruation is a normal biological process. Approximately 1.8 billion people menstruate, yet million of menstruators across the world cannot manage their monthly cycle in a dignified, healthy way. Menstrual products are essential aspect of the menstrual hygiene management (UNICEF, 2008). Even in best of times, discriminatory social, religious and cultural norms, period poverty and lack of basic services often causes menstrual health and hygiene needs to go unmet. In emergencies, these deprivations become exacerbated (Jahan, 2020). Access to menstrual hygiene products has also been neglected during covid-19 pandemic, as periods do not stop for pandemic. The secondary impacts of the pandemic are excessively borne by the millions of girls and women, especially the one who reside in slum areas. The present paper has highlighted the various challenges faced by menstruating women residing in slum areas of Jammu city during the covid-19 pandemic. Majority of the women faced problems regarding access to sanitary products during lockdown and many started using cloth pads for managing their periods during lockdown because of the financial crisis.

Keywords: Menstruation, Slum, COVID- 19, Cloth pads, Jammu, lock down.

Menstruation is a natural biological process, in which blood from the uterus exits through vagina. It first occurs in girls usually between the age of 11 to 14 years (menarche) and until she reaches the menopause somewhere in her 40's (UNICEF India, 2008). Though menstruation is a natural process but still it is considered as unclean and dirty. Menstruation is not an unusual or rare experience; but in many cultures it is a private and largely hidden one. It is associated with various misconceptions and practices which results into adverse health outcomes (Omidvar and Begum, 2010). Across different cultures around the world, various restrictions are imposed during menstruation. Women are not allowed to touch sacred things, to enter kitchen, cannot touch pickle, cannot sleep on the bed. Even in some cultures women lives in menstrual huts during periods and are not allowed to utter the word periods. Menstruating women and menstrual blood are considered as dangerous, poisonous and polluting (Jamadar, 2012).

In western part of Nepal, the women are banned from the house and are required to live in cattle shed or a menstrual hut for the duration of their period and this tradition is known as *Chhaupadi*. They are restricted from participating in family, religious or social functions,

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such as attending the temples or going to weddings, and girls are also prevented from going to school. Menstrual blood is seen as ‘the greatest of all pollution’, in Bangladesh and menstruating women are not allowed to prepare food or even go near the rice fields (Devkota, 2011).

George (2012), found that women in some tribes (Gond, Madiya) in India are forced to live in *Gaokor* (Menstrual hut) throughout their periods, women usually sleep on floor, given the location of the huts, it is not uncommon for wild animals to make appearance, and there have been reports of women dying from snakebite while staying in Gaokors and there are health issues, like infections caused by using dirty cloths. Further, in Assamese culture, on the onset of menarche, a girl is kept in confinement in a room for seven days and made to survive only on milk products, fruits and sprouts. She is not allowed to see men, comb her hair, visit prayer places, cutting nails and reading books. Married women are not allowed to sleep with their husbands due to fear of the husband getting some ailment.

Kumar and Srivastava (2011) argue that most of these taboos actually revolve around the question of a girl being impure during menstruation. These taboos, which are still prevalent, are not only threats but also serious considerations for the professionals in the health sector.

While most cultures treat menstruation as a curse, some see it as a blessing. Esther Harding, (1989), describes that traditionally, menstruation is considered powerful and divine. There are temples in India which celebrate the menstrual cycle periods of the deities. The *Chengannur Mahadeva* temple located in Kerala is known for its rare celebration of menstruation festival for the Goddess *Bhagavathy* which is popularly known as *Thripputhu. Ambubachi Mela* (Tantric fertility festival) is a monsoon celebration held at the *Kamakhya* temple in Guwahati, Assam. Leela Dube, (2001) argued that, in many parts of India, like Karnataka, Andhra Pradesh, Mysore the menstrual cycle was seen as a gift and when a girl would menstruate for the first time, it would be celebrated in public. The common features of the celebration of the onset of puberty are confinement or seclusion of the girl for a certain period number of days. Arti to signify the auspiciousness of the occasion and to ward off the evil. She is served with special food and a ritual bath. Presented with new clothes and accessories of beautification such as flowers, jewellery, and bangles, and a feast which also serves the purpose of announcing the event.

In the Indian cultural context, as soon as girl attains menarche it is considered as a biological indicator that the girl is ready for the commencement of sexual relations. This again is problematic view as the menstrual cycle was seen as a boon for the reproduction. Even when people celebrated it, they had a reductionist view that women’s ultimate goal in life is the reproduction (Holkar, 2018).

Kissling, (2012) argued that, people do not talk about it openly as it is a matter of disgrace. On the one hand women bodies are celebrated when they bear children. But menstruation- a prerequisite for pregnancy- is something that we are expected to hide. Menstruating bodies quickly turns from miracle makers into polluters. The stain becomes the mark of shame. The shame attached with menstruation is universal and the silence global rule. Because of social pressure, the menstruating girl is required to maintain the taboos. The social prohibition upon discussion of menstruation with others, often causes parents to avoid discussing menstruation with their daughters, leaving girls unprepared for menarche.

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In recent times, Menstrual Hygiene Management (MHM) has witnessed an encouraging improvement in asserting the need for breaking the silence that has strengthened the highly integral patriarchal socio-cultural system in India. Initiatives like movie **Padman**, Documentary **Period: End of Sentence**, the great **WASH yatra**, books like **Menstrupedia**, **Code Red Project** and people and organizations like **Shyam Sunder Bedekar**, **Maya Vishwakarma**, **Roshini foundation**, **Mythri speaks** has placed emphasis exclusively on de-stigmatizing menstruation to move forward and reclaim the fundamental right to life, equality, and dignity for women. Hashtags on social media like *#happytobleed* *#periodsarenotaninsult* are part of menstrual activism challenging and eradicating stereotypes of women's bodies, through blogging or posting pictures. It has allowed young women to cast normal female bodily processes in a more positive light (Irine, 2015).

However, despite several efforts by the government, filmmakers and NGO's to create awareness regarding menstruation, still our society lagging behind, both in terms of shedding the stigma surrounding menstruation, as well as creating awareness about menstrual practices. Around 1.8 billion women, girls and other non- binary people menstruate globally. In India around 336 million menstruating women are of reproductive age group and menstruate 2-7 days, every month, yet millions of them cannot manage their periods in a dignified, healthy way. Only 36% of the women in India use hygienic sanitary products during periods. Discriminatory social norms, cultural taboos, religious restrictions, gender inequality, poverty and lack of basic facilities and services often causes menstrual health and hygiene needs to go unmet even in the best of times. In case of emergencies these problems gets worse and COVID- 19 pandemic is such an example (Jahan, 2020).

The COVID-19 pandemic and lockdown had an adverse impact on all sections of the population, across the world socially, psychologically and economically (Garg, 2020). It has far reached negative impact on the lives of people living below the poverty line, differently-able people, women, children, elderly and migrant workers restricting their mobility, reducing school life, work and community life participation, freedom and choices, compromising safety and causing anxiety and stress (Jahan, 2020).

During pandemic many faced complex situations and complexities were heterogeneous in nature. It was different across regions, caste, class, religions and gender. Whenever a society is encountered with the crisis, the worst affected are always the low-income group people. These people are mostly engaged in unorganized labour work, and most of them experienced loss of income during the lockdown phase. People living in low Socio- economic conditions already face barriers to obtaining menstrual hygiene products and related services. With rising economic uncertainty, closed stores and transport facilities and rising costs, they are facing even more hurdles (UNICEF,2020).

Jahan (2020), argues that When lock down happened, already existing vulnerabilities got exaggerated. Healthcare being a fundamental human right was also affected during the pandemic. Pandemic affected the routine healthcare services especially due to shortages of essential medical supplies and health staff (Hussein, 2020). The secondary impacts of the pandemic were excessively borne by the millions of girls and women, especially who were residing in slum areas. Slums, the residence of migrants and urban poor, are undeserved areas with insufficient living space, poor housing, basic services and infrastructure such as clean drinking water, electricity and drainage, and poor access to toilets and sanitation services. Poverty and life in slums significantly compromise the ability of girls and women to effectively manage menstruation. There are many factors that affect how women manage

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their monthly period, such as the lack of information and awareness on menstruation, non-affordability of menstrual products, poor access to water, sanitation and hygiene infrastructure and services, lack of privacy, safety and security (Chakravarthy, et al, 2019).

The COVID-19 lockdown made menstruating females a part of the vulnerable groups, because menstruation is a biological process and does not cease during a lockdown. With the sudden closure of shops and shut down there was less availability and accessibility of menstrual hygiene products (Garg, 2020). Number of surveys were conducted, which reported that problems faced by girls and women have increased during covid-19 pandemic (MHM, 2020) Such as :-

- Restricted access to sanitary products because of disrupted supply chain.
- Limited access to facilities to wash, change and dispose of period products.
- Increased prices of sanitary products.
- Reduced access to information and health services.
- Lack of access to clean water and toilets to manage periods.
- Unhygienic environment for sanitary product disposal.
- Increase in stigma, shaming and harmful cultural practices related to menstruation.

Condition is no different for menstruating women living in slum areas of Jammu city. Though survey was conducted in 2015 -16 by The National Family Health Survey (NFHS)4 of Jammu and Kashmir, reporting that only 66.5 % of women (Urban 85.0, Rural 60.2) in the age group of 15 to 24 years use hygienic methods of sanitary protection during their menstrual period. However, data regarding the availability and affordability of hygiene products during covid-19 pandemic is not available for the UT of Jammu and Kashmir. Therefore, in order to study and understand the challenges faced by menstruating women living in slum areas of Jammu city, this paper has been developed.

The paper has tried to look into the broad two objectives i.e the issues and challenges faced by menstruating women living in slum areas of Jammu city during the COVID- 19 pandemic and has tried to understand how women from different age groups tackled problems related to menstrual health and hygiene during the COVID- 19 pandemic. The study was conducted in the Slum area of Kalika colony which lies at the bottom part of Bahu Fort in Jammu city. This slum is developed along the nallah, which drains the sewage from upper part of the area. Residents in the selected slums are migrants from other districts and states. It was observed that most of the houses (*Juggies*) comprised of single room, accommodating two to five members each. the room was used as kitchen in the day and as a sleeping area at night. There were common bathrooms (made of *Tarpaulin*) used by two or three households together. Most men and women were reported to be engaged as labourer, vegetable vendors, shop assistants, domestic helps etc.

As the country went under lockdown and all kinds of work were shut down, it became difficult for slum dwellers to even fulfill their basic necessities like food and medicines. They were left to survive on their savings and charity. Access to sanitary napkins was a challenge and considered item of luxury during pandemic. Condition of women and girls living in slum areas of Jammu city was no different. Therefore, 50 women (25 married and 25 unmarried) in the age group of 14-50 years from the slum areas of Jammu city were selected. Purposive and Random sampling technique was used to select the sample. Interview schedule method was used to collect the data.

Field Analysis

India went into one of the world's strictest lockdown from 25th March to 31st May 2020, and it was extended four times (Hindustan times, 2020). From June 1, 2021, there were gradual relaxations. Periods do not stop for the pandemic across India in the past two years, but access to menstrual products and hygiene did, especially for Socio- economically challenged families. There were widespread reports of shortage of sanitary products, sharp rise in prices and rise in shame and stigma attached with the process of menstruation.

Accessibility and Affordability of sanitary products

In most of the social contexts, the topic of menstruation has often been relegated and it was not on the priority list of policy makers. During the initial phase of the lockdown, sanitary napkins were not included in the essential items list which was later on added after huge outrage. Although pharmacies and other provisional stores remained open during pandemic, but availability does not automatically mean affordability, as families financial difficulties increased, especially for those who were residing in slum areas and even could not made basic provisions affordable. Affordability and access to safe sanitary products and sanitation were overlooked during the lockdown, as menstruating women from slums relied on free or subsidized products from NGO's, governments centers or schools (Plan International,2020). During pandemic, when families from low income were left to defend themselves through charity and from their savings, in such times, sanitary products became luxury that many women across the country couldn't afford (BBC, 2020).

Similarly, during the field work it was found that women living in the slum areas of Jammu city were struggling to manage their periods with severe shortage of products, sharp rises in prices and a lack of access to basic information and services. Both women and men living in slum areas were engaged in daily wage works, which was completely shut down during lock down. Therefore, it became difficult for them to meet even their basic needs. As one woman stated that, *"I have 2 daughters; we don't have enough money for food. How can we buy sanitary pads? So, my daughters have started using cloth, instead of disposable sanitary pads."*

During the initial phase of the lock down, sanitary products were not included in the essential items lists. Only after massive public outrage, authorities did rectify this and included sanitary napkins in the list of essential items. But during the field work it was found that, despite being added to essential items list, sanitary products were not given to them during ration or other essential item distribution. It was also found that no NGO's or government body approached them for menstrual health and hygiene facilities.

Further it was found that, women who were married were habitual of using cloth pads even before pandemic and the school going girls (unmarried) were using disposable sanitary pads only, but during lock down, they have also shifted to cloth pads because of economic crisis. As one young girl stated that, *"my mother never allowed me to use cloth pad before pandemic, but now we don't have money to buy sanitary pads. I feel very uncomfortable. I don't like cleaning cloth pads."*

Menstrual hygiene is an important need. COVID-19 pandemic has demonstrated that menstruation and menstrual hygiene in India is multifaceted challenge. Lack of gender-sensitive response in the pandemic, and the issue of affordability, accessibility and awareness have further magnified these challenges. Period shaming, poverty and discriminatory socio-cultural norms on menstruation affect women physical and mental

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health. Pandemic has made things worse with limited access to sanitary products, increased poverty and disruption of essential services especially for low-income population and women living in slum areas.

Rise in Stigma and Shame surrounding Menstruation

Various harmful socio-cultural norms, misconceptions, taboos and stigma attached with menstruation continue to lead to discrimination and exclusion of women and girls. Though our culture has seen rise in menstrual activism with recent campaigns that aims to put period stigma in the past. Women across the world have started campaigns to challenge menstrual taboos and to bring attention to the issue of menstruation in the media, cultural discussion and research policy makers. But during covid-19 pandemic stigma and shame attached with menstruation of being tabooed, embarrassing and unclean was on the rise. The period stigma along with poverty had huge impact on women's physical and mental health (Gupta, 2021).

During the lockdown when male family member were present at home, out of defense and shame menstruating women hide their sanitary products and do not clean their cloth pad properly, dry it in dark corners, due to lack of privacy, which is one of the cause of infections, UTI's and many other reproductive tract infections (Jahan, 2020). The lockdown has also made it challenging for female members to access toilets for menstruation management. A common problem linked to cloth pads is that those who use it do not have adequate information on how to maintain them so that they do not pose risk of infection on reuse. Women use cloth pads without knowing how to maintain them and this poses a danger to their health, including risks of infections of a grave nature (Goli; Sharif; Paul; Salve,2020). The lack of sanitary products can create a sense of isolation and fear among menstruating women. During the lockdown, the rapid assessment survey carried out in May 2020 reported 56% of young women had an unmet need for sanitary napkins. The problem was most acute in Rajasthan (73%) and Bihar (55%), and in Uttar Pradesh, less than 20% of female respondents expressed this concern (The Hindu, 2020).

Similar shame and stigma were faced by women of selected slum area of Jammu city. During the field analysis it was found that lockdown has intensified the need to conceal the menstruation, which directly or indirectly affected the health of menstruating women. As majority of women (married and unmarried) argued that, during lockdown when men were at home, it became difficult for them to use toilet facilities as frequently as they needed to and getting additional water to wash pads. Common bathrooms were shared by many households and scarcity of water further add on to already existing problems related to menstruation. And what was more difficult and embarrassing was putting cloth pads out in the sun to dry as men in the house would see their cloth pads. They dry their cloth pads inside their houses to avoid any kind of embarrassment or shame attached with menstruation.

It was further analyzed that, young girls and their mothers were concerned about their health and hygiene and were aware about the implications of using unhygienic means of sanitary products. But they were forced to prioritize other household needs, over personal care items. This resulted in psychological consequences including shame, anxiety and fear of stigma.

However, many feminist thinkers and sociologist like Gloria Steinem, Simone de Beauvoir argued that situation regarding menstrual practices would have been different if men could menstruate. Men's bodies would represent a boast worthy, masculine event, due to their privileged social standing. On the other hand, due to structurally institutionalized nature of

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the inferior female identity that devalues and separate the female state from that of the male, the menstrual cycle is negatively constructed. Gloria Steinem (1980), wrote in her work, “if men could men-struate” that because men construct the binary therefore, they held the power to lay claim and name what is good and normal in the social world.

Further, Beauvoir (1953) state that menstruation in and itself does not make women other, but the menstrual cycle is denigrated as it is linked to the inferior female identity meaning menstruation a curse or taboo. Simply means, menstruation itself is not taboo, because women menstruate that what makes it impure, curse or taboo.

Therefore, COVID-19 pandemic has reinforced the challenges related to menstruation, by intensifying already existing inequalities for girls and women. Even greater for those women who are already marginalized because of race, religion, gender identity, social class, or disability status.

CONCLUSION

Covid-19 pandemic's primary impacts were the immediate consequences on people health. On the other hand, secondary impacts were caused either through the effects of fear or the steps taken to control or contain it. And COVID- 19 has secondary impact on the health of menstruating girls and women. These impacts varied from country to country as well as person to person. Depending on the nations ability to respond to this COVID- 19 pandemic through health systems and social protection several measures were taken. But the most affected were economic and socially vulnerable sections including menstruating women from different sections of society (Garg, 2020).

The COVID- 19 has left girls and women worldwide struggling to safely manage their periods and hygiene because of the shortage of products, increase in prices and taboo attached with it. Women living in poverty already face problems in obtaining menstrual hygiene and health related services. And it became bigger during lockdown. Though sanitary products were added to essential item list, but their affordability remain out of reach for women in slum areas. Conditions were no different for women of slum areas of Jammu city. Young girls are forced to use unhygienic methods for managing their periods impacting their physical and mental health. Covid-19 pandemic has intensified the impact of household level of taboos and stigmas on women and make it more difficult for them to manage their menstruation without shame and discomfort in often confined spaces.

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