

Breaking the Silence: An Overview of Sexual and Reproductive Rights from Menstrual Health Perspective

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ABSTRACT

Menstruation is an important aspect of women and adolescent girls' life. Our society still considers menstruation as a taboo. Menstruating women face several socio-religious challenges when acceptance to menstruation is concerned. Open discourses about periods and its hygiene can help women to come out from the existing myths of menstruation. Healthy and informative discussion about menstruation or menstrual hygiene can allow women and girls to deal better with bleeding cycle. It is a human right of every menstruating woman and girl to manage periods without any socio-cultural hurdles. It acts as a starting point for discussion around sexual and reproductive health rights (SRHR). It is an important determinant and result of SRHR. When the human rights, including sexual and reproductive rights of adolescent girls and women who menstruate are met, they are more likely to manage their periods in a safe and healthy way. A holistic approach needed for the inclusivity of menstrual hygiene in the SRHR that helps in overall development of women. With this background the present paper conceptualises the phenomenon of menstruation, menstrual health and Sexual Reproductive rights. Further the paper tries to explore the integration of menstrual hygiene in sexual and reproductive rights of women. The study will be descriptive in nature and secondary sources of data will be used. The present paper will be divided into three sections. Section 1st deals with Introduction, Methodology and Objectives. Section 2nd deals with Discussion, and 3rd section deals with Conclusion. The study is significant because it helps us to understand inclusion of menstrual hygiene in sexual and reproductive rights.

Keywords: *Menstrual hygiene, Women, Sexual and Reproductive Rights, Adolescent girls, Menstruation*

The word "menstruation" is derived from the Latin word "menses" which means moon, with orientation to the lunar month and lasting around 28 days long. The onset of periods changes the life of an adolescent girl (Thakur, Aronsson, and Faxelid, 2014). Menstruation is a normal and natural process that is experienced by adolescent girls and women. Adolescence in girls signifies a special transition from girlhood to womanhood (Sapkota, Sharma, Budhathoki, Khanal, and Pokharel, 2013). Adolescence is the period between 10 to 19 years of life (World Health Organization, 2014). At this time,

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girls experience changes in their hormones, their menstrual cycle continues until they reach the menopause stage. Periods are the normal process of the reproductive cycle that occurs in girls/ women's bodies in which blood comes from their uterus and exits through their vagina (Garg and Anand, 2015). Menses means the onset of physiological and reproductive maturity in girls (Shanbhag, Ravi D'Souza, Josephine, Singh, Goud, 2012). There are over 355 million women and girls who are menstruating each day (Menstrual Health in India, 2016). The starting stage of menstruation is called menarche, and this stage usually occurs in between the age groups of 12-13 years of girls (Spot On! Improving menstrual health and hygiene in India, 2015) Menarche is a kind of signal for a woman to become pregnant, female experiences about 455 bleeding cycles across her reproductive years (Panday, 2014). Menstruation is commonly known as menses, periods, or monthly bleeding cycles (Kaur, Kaur, and Kaur, 2018). The menstruation has mainly three phases that are follicular phase, ovulation phase, and luteal phase. In the process of a menstrual cycle there is the endometrium lining of the uterus which gradually turns wide and releases blood. This bleeding lasts for three to five days or up to seven days. The blood that is menstrual fluid contains mucus and vaginal secretion. The colour of this fluid varies between red, bright red, dark brown to black. The odour of this menstrual fluid is not very pleasant especially when it comes in contact with air. The flow of the monthly bleeding cycle varies from female to female, its flow changes throughout the cycle. When there is a high amount of loss of blood it leads to anaemia (Kaur, Kaur and Kaur, 2018). During periods, women feel uncomfortable and severely suffer from a lot of pain. They deal with their menstruation differently from one another because of their availability of resources, like their educational awareness about menstruation, cultural and traditional beliefs, their economic resources, etc. There are many social and cultural restrictions attached to menstrual cycle (Garg and Anand, 2015). Although it is a normal process, but it is linked with several misconceptions and practices, which sometimes causes severe health problems to women in the future (Shanbhag, Shilpa, D'Souza, Josephine, Singh, and, Goud, 2012). Menstrual health and hygiene are very vital for the menstruating women and adolescent girls. For dealing periods with hygienically, women must be aware about menstrual hygiene as well as sexual reproductive rights. With the illustrated introduction the present study focuses on the menstrual hygiene and sexual reproductive rights.

Objectives

With this background, the main objectives of this present study are:

- To conceptualise the phenomenon of menstruation, menstrual health, and Sexual reproductive rights.
- To explore the integration of menstrual health in sexual and reproductive rights of women.

METHODOLOGY

This present paper is mainly focused on menstrual health and sexual reproductive rights. It is very important and sensitive issue. Due to sensitive nature of study, this research paper is qualitative in nature. The research paper used descriptive research design and Secondary sources like Research paper, Reports etc. are used. Reports by UNICEF, WHO and other international agencies are taken into consideration.

DISCUSSION

The term menstrual health and hygiene was first coined by UNICEF in 2019 (UNICEF Guidance, 2019). Menstrual health and hygiene refer to "Women and adolescent girls are

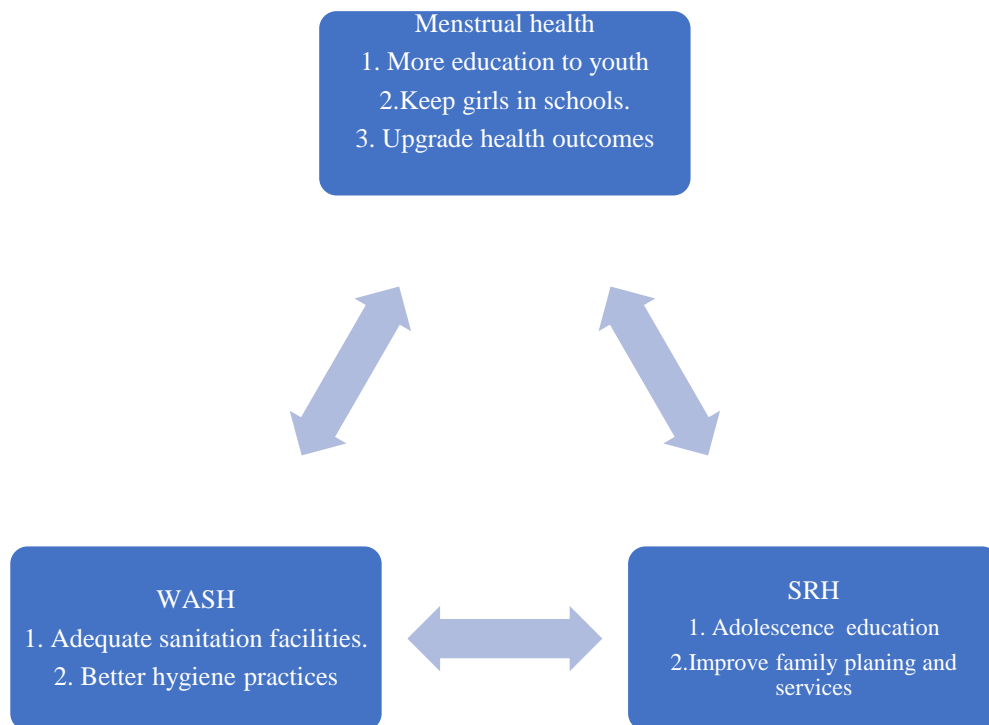
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using a clean menstrual management material to absorb or collect blood, that can be changed in privacy as often as necessary for the duration of menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management material". Menstrual health and hygiene act as an umbrella term that covers menstrual management also (ibid, 2019). Poor health and hygiene management threaten the human rights of the menstruating women and girls whether it is in the context of sanitation, education, health, or gender equality (Wardana, 2020). Menstrual health is the result of Sexual and Reproductive health rights. The World Health Organization (WHO) defines reproductive health as: a condition of complete physical, mental, and social well-being, not only the absence of sickness or disability. People with reproductive health have the capacity to have a pleasant and safe sex life, as well as the ability to reproduce and the freedom to choose if, when, and how frequently to do so (WHO,2020). Everyone's sexual rights must be recognized, safeguarded, and fulfilled in order to achieve and sustain sexual health (2020, Inspire). But SRHR community overlooked the concept of menstrual hygiene. However, global health practitioners did not show much concern on how menstruation affects the sexual and reproductive life of women. Many menstruators all over the globe face different kinds of challenges like physical, social or even discrimination and violence (reference). These challenges frequently entrenched in harmful gender norms. Menstrual health plays a crucial role in Sexual and reproductive rights. Negative attitude and myths that surrounds the phenomena of menstruation can influence the decisions of women related to reproductive health that she takes throughout her life. So, there is a need to understand menstrual hygiene in detail and should include in the policies and programmes that works for women and girls (Technical brief for the integration of Menstrual health in SHR, 2019). An integrated approach requires that works on menstrual hygiene, particularly in the water, Sanitation, and hygiene (WASH) and education sectors and understand links between menstrual hygiene and Sexual and Reproductive rights (The Integration of Menstrual Health into Sexual and Reproductive Health and Rights Policies and Programmes, 2021).

WASH programs aim to provide universal access to safe drinking water and proper sanitation, as mandated by Sustainable Development Goal 6.2: "*adequate and equitable sanitation and hygiene for all and the elimination of open defecation, with special attention to the needs of women and girls, as well as those in vulnerable situations*" (UNICEF, 2019). Because of the fundamental link between sanitation and health, such access clearly has favorable effects on world health (Ram Mohan and Dulluri, 2019). Gender is present in every area of WASH, from who is heard in policy and decision-making to how the lack of water or basic sanitation affects women differently (Sweetman and Medland ,2017). The topic of menstruation was eventually included by WASH because of a growing need for gender-specific concerns (Fisher et al., 2019). As the WASH sector focused on issues of gender equity, menstruation was identified as a major obstacle to girls' access to education. Many schools lacked the privacy required to change menstrual products (van Eijk et al., 2016).

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Shared Goals



Instead of common goals, there are overlapping obstacles that women and teenage girls face when it comes to menstrual health and SRH. Menstruating women and girls frequently cope with periods with secrecy, dread, and humiliation, like how both issues are surrounded by taboos. Women and girls are disempowered in making decisions about their bodies. To promote the well-being of women and girls, these challenges must be addressed. Education is the most effective means of overcoming these obstacles. Educating those who operate as a source of previous information for teenage girls, such as their moms, sisters, and aunts, about menstrual health and sexual and reproductive rights is the need of the hour. Furthermore, underprivileged, and handicapped women have access to information on menstruation health and sexual reproductive rights (Integrating menstrual health, water, sanitation and hygiene and sexual and reproductive health in Asia and pacific region, 2017). Comprehensive educational programmes for girls and women of all ages would necessitate community-based programming, not only in schools. The programs should be based on a notion of health as a human right, and it should go much beyond basic education on how to use and dispose of menstruation products. Menstrual health is grounded in the human right to health, and teaching that menstruation is a part of the reproductive cycle and is linked to other elements of health, such as nutrition, may make menstruation less stigmatized. Menstrual-related issues such as painful periods, endometriosis, and urinary tract infections, as well as therapy and pain management, would be covered as part of this health education. In addition, school and health-care employees will get menstrual health training, including guidance on how to maintain and use menstrual health services and facilities. Through peer-to-peer learning and curriculum, all students will be educated about menstruation health and SRHR. Importantly, each nation and cultural environment is expected to be responsive to this method of concentrating on menstrual health and health care settings (Her Wash: Menstrual health and Sexual and Reproductive health). Women's overall health and well-being are dependent on their sexual and reproductive health. It's crucial to their capacity to make choices and decisions about their lives, such as when and whether to have children.

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Sexual and reproductive health encompasses not only physical well-being, but also the right to healthy and respectful relationships, inclusive, safe, and appropriate health services, accurate information, effective and affordable contraceptives, and timely support and services in the event of an unintended pregnancy. Menstruation, fertility, contraception, pregnancy, sexually transmitted diseases, chronic health problems (such as endometriosis and polycystic ovary syndrome), and menopause are all linked to different life phases. Sexually active women of all ages need to follow safe sex practices for their sexual and reproductive health. It's also critical to have access to reliable, unbiased, and up-to-date sexual and reproductive health information and services. Women may attain optimal health and wellbeing by having access to sexual and reproductive health services, excellent knowledge about maintaining a healthy lifestyle, and physical and mental health services (women sexual and reproductive health, 2021). Gender equality is inextricably linked to women's health, particularly sexual and reproductive health, according to the ICPD (International conference on Population and Development) and the FWCW (Fourth world conference on Women). Both of these papers convey political desire and are consensus texts. International human rights texts, such as treaties or conventions, on the other hand, are sources of international law and thus regarded legally obligatory. The Women's Convention, often known as the International Bill of Women's Rights, is the most important human rights convention addressing discrimination against women. In principle, States Parties to the Convention agree to adopt a policy of eradicating all kinds of discrimination against women, and to ensure that women have equal access to and enjoyment of human rights and basic freedoms as men. It encompasses all aspects of women's life in both the public and private realms, including discrimination in the domain of health and health care. Article 17 establishes the Committee on the Elimination of Discrimination against Women (CEDAW Committee). It is made up of 23 expert members who are elected by States Parties from among their own citizens and serve on a personal basis. The Committee's primary responsibility is to oversee the Convention's implementation by reviewing periodic reports from States Parties on the steps they have taken to give effect to the Convention's provisions and on progress achieved in this regard. Based on the analysis of reports and material received from the States Parties, the Committee may also make broad recommendations. Some of these broad suggestions deal with procedural issues like States Parties' reporting responsibilities, while others are explications of substantive issues and authoritative interpretations of the rights provided by the Convention (Shavlen, 1998).

Health-Related Rights under the Women's Convention

As already mentioned, article 16(1)(e) of the Convention guarantees the right to decide on the number and spacing of children, but that is only one of the articles that address women's rights in relation to health. Article 12 is central. It formulates States Parties' obligation "to take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning." It further stipulates their undertaking to "ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation. "It should be noted that the Women's Convention is the only one of the six human rights treaties in the United Nations system to mention family planning. In addition to the articles, the right of access to specific educational information and advice on family planning is guaranteed under article 10(h). And article 14(b) specifies, in particular, the right of women in rural areas to have access to adequate health care facilities, including information, counselling and services in family

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planning. The Convention also refers to women's right to protection of health and to safety in working conditions, including "the safeguarding of the function of reproduction", in article 11(1)(f). Many other provisions of the Convention have an implicit or indirect bearing on women's rights in relation to health, some of which have been explicated in the General Recommendations of the CEDAW (Convention on the Elimination of all forms of Discrimination against women) Committee in relation to female genital mutilation; sexual violence; HIV/AIDS; and reproduction (Shalev,1998).

CONCLUSION

On the basis of above illustration, the concept of menstruation is looked down upon in many ways. Menstruating women face challenges at different stages of life, starting from menarche to menopause. It is important to adopt a holistic approach for menstruation and menstrual hygiene. Menstrual hygiene should be included in the Sexual and Reproductive rights and ensure that programmes associated with Sexual and reproductive rights not only address biological fact but psychological experiences also. One of the most important aspects is providing knowledge to women and girls regarding menstrual hygiene and sexual reproductive rights are education. Education should generate accurate information through discussions and Interaction. These discussions should start by community health workers among different communities and teachers in Schools. Approaching menstrual health as rooted in the larger concern of sexual and reproductive helps in shifting the focus from sanitation and sanitary products to awareness and education.

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Conflict of Interest

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