

Period Poverty: An added poverty in humanitarian crisis

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Dear Madam, The term 'period poverty' is broadly used, indicating an individual's need for menstrual products without sufficient funds to purchase them.¹ Period poverty is defined as "a lack of access to menstrual products". More than half of the world's population are menstruating females, therefore in a situation specifically during a humanitarian crisis, high-period poverty becomes challenging.²

Period poverty, like other types of poverty, is a worldwide issue and it is frequently used when people are unable to access menstrual products due to their low socioeconomic level. These items could include sanitary napkins, inner garments, and other hygiene items.

It can significantly impact an individual's life, but the stigma surrounding periods poses a greater threat to women's health because it discourages people from discussing it. Several factors, including hygiene facilities, waste management, and education, pose physical, mental, and emotional challenges for numerous women. More than half of the world's population menstruates; therefore, high-period poverty becomes a challenge, especially during humanitarian crises.³

It is usually observed that adolescents and young women are frequently underrepresented populations in humanitarian settings, particularly in times of conflict like forced displacement, armed conflict, or natural catastrophes. Wherever a disaster strikes, search and rescue teams prioritize helping those evacuated to shelters and supporting efforts to provide basic necessities like food and water. As a result, other urgent needs of displaced populations, particularly displaced girls and women, may be overlooked.⁴ It has been observed from the global humanitarian crises, that menstruation and hygiene products such as wipes, soaps, and other menstrual products were the most important things they needed at that time.⁵

During the recent floods (June- Aug 2022) in Pakistan, over 33 million people were affected, and over 6.4 million required humanitarian assistance. Approximately 634

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thousand people were compelled to reside in camps. Access to healthcare facilities, personnel, and essential medications and medical supplies was restricted.⁶ More than eight million women of reproductive age affected by floods took extreme measures to manage their periods, such as one woman who described how she had to use tree leaves during her period.⁷

Post-disaster relief and rehabilitation operations rarely prioritize the menstrual hygiene needs of women. Nonetheless, there is a growing awareness of the importance of integrating comprehensive, participatory, and gender-sensitive approaches into response programs with a focus on meeting the needs of women.⁸

Despite the fact that a growing body of literature has highlighted the significance of this neglected experience. There is growing acknowledgment that this natural process negatively affects health and gender equality in low- and middle-income countries.. Other than that, access to clean, dependable absorbent products, supportive sanitary infrastructure, and biological and practical information regarding menstruation was highlighted as important problems women encounter.⁹

Some humanitarian organizations' approach to menstrual hygiene management (MHM) is limited to the distribution of sanitary napkins and does not address the sociocultural practices surrounding MHM.⁸ Utilizing case studies from India, the 2012 Assam floods and the 2013 Cyclone Phailin in Odisha, showed that menstrual hygiene was overlooked at the household level during the recovery phase, resulting in increased privacy and safety concerns for women and adolescent girls in the aftermath of disasters.⁸

Lack of attention to menstrual hygiene is associated with significant health risks, including reproductive and urinary tract infections, which can lead to infertility and birth complications in the future. In addition, failure to cleanse hands after changing menstrual products can lead to the spread of hepatitis B and thrush.

Strategic planning is required to address MHM with a gender-sensitive and inclusive approach, particularly during emergencies. In Pakistan, there is a critical need for a comprehensive plan for implementing MHM behavioural techniques and addressing the stigma associated with menstruation hygiene and practices.

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