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Rabia Maryam Mustafa

Asmat Zehra

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Poor menstrual hygiene management: An adverse outcome of menstrual stigmatisation in Pakistan

Rabia Maryam Mustafa¹, Asmat Zehra²

Dear Editor, Menstrual hygiene management (MHM) is defined as the awareness and confidence to manage one's periods using hygienic products, having bathing and washing facilities and the ability to dispose off used menstrual products with dignity and privacy.¹ In Pakistan's predominantly conservative society, menstruation and menstrual practices still face many social, cultural, and religious restrictions. Menstruating women are often considered impure and unclean.² As a result, women have to deal with significant challenges in MHM and adverse reproductive health outcomes.

In Pakistan, there is a culture of silence around the topic of reproductive health. According to a local survey, 91% of Pakistani women felt uncomfortable talking to male family members about their menses.³ Most women are restricted from proper nutritional intake with the belief that certain foods would make them ill.⁴ Whereas in reality, improper nutrition leads to iron-deficiency anaemia in women of reproductive age which is very common in our setting. While many women in the urban settings use sanitary pads to manage menstruation, vast majority of Pakistani women still use cotton, sponges, pieces of old cloth, pieces of new cloth and woollen cloth as absorbent material. Often the absorbent item is not discarded, but washed and dried to be used again. To keep the cloth away from prying eyes, these are sometimes hidden in unhygienic places. Some females avoid taking a bath while they are menstruating⁴ because of the belief that it would affect the flow and cause cramps. This is attributed to poverty, high cost of disposable sanitary pads in addition to lack of awareness and access. These misconceptions associated with menstruation have made this physiological process mentally distressing for many females.

In a study conducted amongst adolescent girls of urban Karachi, 50% of the girls lacked prior knowledge about menstruation and its proper management.⁴ Their elder women, who are the primary source of menstrual information, believe in so many myths and misconceptions

¹5th Year MBBS Student, Dow University of Health Sciences, Karachi, Pakistan;

²3rd Year MBBS Student, Dow University of Health Sciences, Karachi, Pakistan.

Correspondence: Asmat Zehra. e-mail: asmat.az@outlook.com

and cannot guide them properly. Curious teenage girls are often scolded for asking too many questions, further solidifying the idea that periods are something to be embarrassed about. This vast mother-daughter communication gap and the lack of sexual health education in schools, renders these young girls unprepared, resulting in shock and psychological disturbance. In addition, poor MHM increases a woman's susceptibility to urinary and genital tract infections. These have serious consequences, such as pelvic inflammatory disease and adhesions, which often lead to infertility.⁵ This inability to reproduce not only causes more psychological trauma but also destabilizes the woman's status in an already gender-biased society.

The stigma against menstruation must be eliminated from society to avoid the negative outcomes of poor MHM. The fact that a woman's religion and modesty are distinct from her health needs to be ingrained within the community.

This can be achieved by conducting awareness campaigns targeting both men and women, introducing sexual education classes for adolescent students in schools, ensuring the accessibility of free or affordable tax-free disposable menstrual hygiene material (via on campus sanitary vending machines), installing proper disposal facilities for used menstrual materials in schools and workplaces.

Through this writing, we aim to emphasize the impact that social stigma and lack of awareness has on menstrual hygiene is often ignored. More research is required in this area to investigate the factors that can help women in this regard and form an effective psycho-social strategy to promote a healthier lifestyle.

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