

EMPOWERING DISABLED GIRLS AND WOMEN IN MANAGING MENSTRUATION AMONG LOW MIDDLE-INCOME COUNTRIES: A SYSTEMATIC REVIEW

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Abstract:

There is still a stigma attached to talking about menstrual hygiene and health among many women, particularly those who struggle with either physical or mental health conditions. Research is being conducted on adolescents with disabilities and their families in countries with low and moderate incomes with the goals of better understanding their challenges with menstrual health and hygiene and finding ways to alleviate such challenges.

In order to find as many articles as possible, the search was limited to papers published in 2001 and beyond; nevertheless, information that was published as recently as 2019 was taken into account for this analysis. The researchers referred to Google Scholars and PubMed as research tools throughout their work. After finishing the database searches, further research was discovered by browsing through the study's references and doing internet searches for content that was relevant to the topic.

The vast bulk of the research, which totaled 14 and made up 70 percent, were not released until 2021. Except for one study that used a cross-sectional approach, all of the research was either qualitative or quantitative in nature. n equals six, with thirty percent of the research being quantitative and qualitative. Inaccessible restrooms, the challenge of remembering period hygiene information, and the stigma associated with menstruation products are a few of the challenges that disabled people experience. Other tactics, such as restricting the mobility of disabled women when they are menstruating, conducting occupational therapy training in groups, and depending on the environment, were also included in the article.

In spite of the various challenges that MHM must contend with, very few viable solutions have been discovered. One of the most important takeaways from the study was that people who have impairments need early training so that they may be ready for whatever that life throws at them.

This study focuses on the management of menstruation health, the empowerment of girls who are handicapped, and washroom and sanitation (WASH).

1.1 Introduction:

According to the World Health Organization (WHO), more than 650 million people worldwide lack access to clean water, and another 2.4 billion lack access to proper sanitation. Access to basic WASH services is limited for individuals with disabilities in low and medium income countries (LMICs). It is impossible to effectively manage menstrual hygiene in underdeveloped nations without access to water, sanitation, and hygiene (WASH) services (MHM).

UNICEF and the World Health Organization both endorse the following definition: The CDC recommends that women "use a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary throughout the menstruation period, using soap and water to wash the body as required, and having access to facilities for disposing of used menstrual management materials." They now have a better understanding of the menstrual cycle and the tools to manage their periods with grace and confidence. There are many false beliefs and stigmas around menstruation that need to be removed.

Many women, particularly those who face additional challenges, still avoid discussing menstrual hygiene and health. The sexual and reproductive health, rights, and duties of girls with disabilities are often disregarded because of the stereotype that they are asexual. Girls may have trouble washing themselves, their clothing, and menstrual products, and positioning sanitary protection items correctly if their upper body and arms are physically limited. Materials that are accessible and simple to read may be necessary for young women with disabilities, such as visual impairments (blindness or poor eyesight), to communicate their pain and requirements and learn about menstrual hygiene. [7]

We don't often talk about how uncomfortable it may be to get your period. Many young girls experience discomfort during their first menstrual cycle due to a lack of understanding. In a cross-sectional study, 37% of Indian schoolgirls reported knowing anything about menstruation prior to their first period [10]. A disabled girl, on the other hand, is in far more danger. Women and girls who have impairments may see menarche and menstruation more negatively than their non-disabled peers. Premenstrual syndrome is characterised by a wide variety of symptoms, including but not limited to: monthly cramping, menorrhagia (heavy flow), menstrual hygiene issues, mood and behavioural abnormalities (PMS).

Aim of the study:

The purpose of this project is to investigate and address the issues surrounding menstrual health and hygiene (including WASH components) that adolescent girls in low- and middle-income countries and women with disabilities face on a regular basis.

Materials and methods

Search strategy

The key goals of this search were to find published, scholarly articles on disability, low-income nations, and the empowerment of Muslim women and girls. In order to locate as many papers as possible, we included low-income nations and limited our search to those published in 2001 and after. In addition to the most recent research available (published after 2019), this study also incorporates older works. The two most important tools we used in our research were PubMed and Google Scholar. The team also consulted preexisting references and conducted internet searches for new studies to add to the body of work they uncovered via the database searches. We took into account women's health, developing nations, and disabilities while selecting our keywords. As a term, "disability" encompasses a wide range of medical conditions (e.g. self-reported functional or activity limitations).

Quality Assessment:

Using a method developed by Banks et al. [13], the likelihood of bias was determined for a number of studies. After include each piece of work, we gathered and assembled the information below about it: paper type and methodology, list of participants with contact data and location, overview of key results Publications having an initial coding framework of 15 or above on the Research Assessment Tool for Scholars (RATS) scale were subjected to a theme analysis [14]. Potential sources of bias in the study's design, sample methods, data collecting, processing, and interpretation were examined. Given the diversity of study designs, we opted to assess each publication according to its overall bias risk rather than using strict cut-off criteria. Studies were thought to have low bias and, as a result, unlikely to change their results if all or almost all of the criteria were met. The criteria that were not fulfilled in this inquiry were rated as having an extremely high likelihood of affecting the findings, while the unmet prerequisites were rated as having a low to moderate likelihood of doing so. The study's conclusions would be heavily influenced by a single unmet requirement.

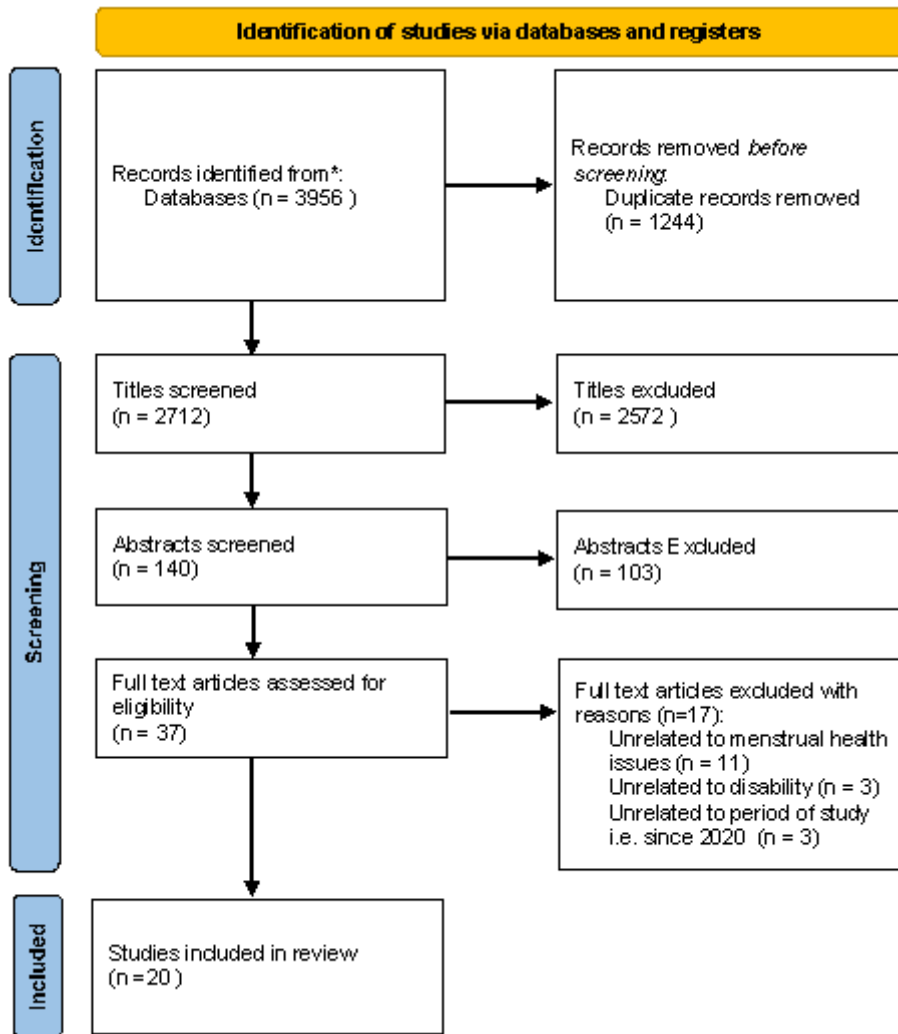
Results:

Study Selection:

There were 3,956 results returned from the database search. We had to get rid of all 1244 of them. Furthermore, the abstract screening process eliminated 103 studies and left out 2572 research papers through the title screening process. Of of 37 total papers reviewed, 17 were deemed to be invalid. A total of over a dozen more sources were reviewed. No new information was discovered after searching databases. Fig. 1 shows an example.

Figure 1

Search strategy with PRISMA flow diagram



EMPOWERING STRATEGIES:

Adolescents' mental health is profoundly impacted by difficulties with menstruation. Adolescents with poor functional scores may benefit from a school assessment before being placed in a treatment centre. The gender gap in education can only be closed if girls and young women are given the opportunity to learn from the start. Preparing children in this way helps them cope better when they encounter challenging situations. [6] Women and girls with impairments may also choose to restrict their mobility during menstruation. Reduced activity limitations and increased independence in daily living for persons with compromised bodily

functions may be achieved with the use of local and individualised supports. The management of menstrual hygiene is a worldwide public health issue. Participants in the study suggested that occupational therapists provide instructional workshops for larger groups. Some participant suggestions for dealing with leakage include: changing pads often, lining pads with the underwear seam, and wearing dark clothes. Every business, whether public or private, should be obligated to meet the minimum standards necessary to provide a disabled person's access to necessary medical home care.

Over the last 12 months, UNESCO has been working on a new puberty policy that encourages educators everywhere (including governments) to talk about menstruation and menstrual hygiene management.

Projects supported by Procter & Gamble may be understood in a variety of ways, such as those that emphasise how they serve as an entry point to more in-depth sexuality education, how they cater to the needs of both girls and boys, and how they protect basic civil liberties. It's possible that, despite the presence of other forms of framing, level-1 framing, which emphasises values, is the most successful. The UNESCO and P&G relationship helped get the word out about these rights and the messages that went along with them all across the world. The International Organization of Standardization (ISO) and Procter & Gamble have both said that MHM needs further attention (P&G). The government of Canada donated much to UNICEF and the United Nations Girls' Education Program.

Discussion:

The purpose of this research is to better understand the challenges that women and girls with disabilities have when trying to access MHM services and to develop strategies to address those issues. Twenty of the entries really made the cut. There has been a lot of research done on the difficulties that carers have while caring for people who have both physical and intellectual disabilities.

Beyond the taboos of menstruation and disability, there are a number of additional concerns that must be addressed when discussing MHM for people with disabilities. The lack of high-quality research on menstrual hygiene in handicapped women is highlighted in this study. It is challenging to campaign for more attention and resources to fulfil the MHM needs of handicapped persons and their carers if there is not persuasive data from a variety of circumstances. Many persons with impairments and their carers need extensive training and knowledge in MHM. Caretakers may use MHM techniques, such as limiting a handicapped person's mobility and limiting blood flow during menstruation.

Participants in the study suggested that occupational therapy education sessions for groups might help people become better at self-management. Users suggested using contextual signals in addition to wearing dark clothing and placing pads around the seams of underwear to conceal

leaks. Menarche may cause a wide range of emotions in women, including worry, despair, fatigue, grief, and anger. Although education about puberty has gained general support, there is still debate about who is responsible for teaching girls.

Conclusion:

The inquiry uncovered a plethora of potential issues, but just a few of workable remedies. Further research is required to fill the void left by this study. Teaching those who are disabled from a young age can help them be ready for everything life throws at them. Reducing stress and protecting MHM members from stigma and sterilisation are possible outcomes of changing the public's perception of the movement.

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