OPINION EDITORIAL

# Menstrual Hygiene Management in the Context of Displacement: Challenges and Next Steps

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Adequate menstrual hygiene management (MHM) is vital to the overall menstrual health and well-being of women and girls. When women and girls experience barriers to managing their menstruation, their ability to reach their full potential is limited [1]. Context plays a significant role in determining whether women and girls are able to access the appropriate information, materials, and services to adequately manage their menstruation in a dignified way. Accordingly, addressing menstrual health and hygiene must be a global health priority, especially for vulnerable populations including refugee or displaced women and girls, whose challenges regarding MHM are exacerbated. This article will shed light on the issue of MHM in the context of displacement, outlining the unique challenges displaced women and girls face in achieving adequate MHM and will follow with a brief exploration of existing literature on the global MHM response. The article will conclude with recommendations for further action, specifically in the area of research and evaluation of recent toolkits and guidelines to foster improved MHM program delivery and improve collaboration between multiple sectors.

Currently, we are living amidst the largest global displacement event in human history since World War II [2]. According to the most recent statistics, 70.8 million people comprised of refugees, internally displaced persons (IDPs), and asylum seekers, were forcibly displaced worldwide at the end of 2018, marking a new record high [3]. Ongoing conflict leading to threats of violence and persecution, as well as natural disasters and famine closely linked to climate change, all suggest an increase in future global displacement statistics [3,4]. Since women and girls comprise approximately half of the displaced persons worldwide, and the continuing rise in global displacement statistics over recent years continue to trend upward, the importance of addressing the issue of MHM in the context of displacement cannot be overlooked [3].

Poor menstrual hygiene has been associated with increased susceptibility to reproductive tract infections [5], which may increase risk of future reproductive health complications such as increased likelihood of acquiring STIs, pelvic inflammatory disease, and heightened risk of pre-term birth [6]. In addition to negatively affecting women's physical health, poor MHM may negatively affect educational attainment and cause psychosocial issues such as shame and embarrassment due to pervasive and enduring menstrual stigma/taboo [6,7]. Poor MHM is recognized to disproportionately affect marginalized and disadvantaged populations such as those living as displaced persons [8]. In the context of displacement, challenges to attaining adequate MHM may be unique to the stage and setting of a woman's migration journey, for example when in transit, or in rural, urban, or camp settings - but regardless of where these challenges exist, the inability to maintain adequate menstrual hygiene for proper health and well-being is recognized as a public health concern and a human rights issue [8,9].

The majority of the literature (both academic and grey literature) examining the challenges to MHM faced by displaced women and girls includes

barriers to accessing at least one, if not all of the three main components that constitute MHM [10-17]; namely (1) access to MHM materials such as underwear, soap, (2) access to MHM infrastructure including sanitation facilities, and (3) access to MHM health and hygiene education [18]. For example, in Ugandan IDP camps, women and girls reported a lack of functioning locks on water, sanitation and hygiene (WASH) facilities resulting in safety and privacy concerns when needing to change their menstrual materials [13]. Displaced women and girls in Myanmar and Lebanon reported that distributions of MHM supportive materials could be infrequent leading to use of cloths rather than preferred disposable sanitary pads [12]. The literature has also demonstrated that challenges to access in these situations is further compounded by menstrual taboo/stigma [11-13,16]. Even when displaced persons find themselves in countries with reasonable healthcare access and supports, taboos around menstruation can hinder their willingness to seek help and discuss reproductive health issues related to menstrual bleeding with health care providers, as reported in a 2017 study of migrant women living in Canada and Australia [19].

There are also major challenges with regards to MHM program delivery in displacement settings. The literature has noted the lack of a coordinated multi-sector response resulting in confusion and lack of consensus amongst sectors on which MHM strategies would be most successful [12,14,18,20,21]. Efforts to develop and publish guidelines for MHM in the context of displacement have led to a number of new resources in recent years [20,22-26], with one of the most comprehensive and displacement-focused resources, the MHM in Emergencies toolkit [20], being released by Columbia University in 2017. Despite the availability of new toolkits and other resources on MHM, there is still no “gold standard” and further implementation and evaluation of their use in the field must be undertaken.

It is important to note that much of the literature that has outlined the challenges of MHM in displacement and subsequently informed the creation of current guidelines and toolkits was derived from research specific to displaced women and girls living in refugee or IDP camps. While extremely important, there is also a need to gain further insight into the challenges faced by women and girls that comprise displaced populations living elsewhere. For example, there are many displaced persons living in urban dwellings in cities along major migration routes, with the example of Athens, Greece, being a common choice of refuge for Syrian and Afghan migrants seeking shelter in the European Union [27]. Many grassroots non-governmental organizations (NGOs) in urban cities and elsewhere, step up to meet various needs such as those associated with MHM. Supportive partnership building is needed between academic institutions and grassroots NGOs to gain better understandings of challenges across a wider range of settings, as well as identify the use of and evaluate the effectiveness of toolkits and guidelines for MHM program delivery in the field.

Supportive partnerships have the potential to result in more sustainable funding avenues for NGOs and generate knowledge exchange useful for both academics and staff in the field. One such example can be highlighted through the pilot testing and evaluation of the MHM in Emergencies toolkit [20] in three refugee camps located in Tanzania [28]. The project was carried out through a partnership between Columbia University researchers, the International Rescue Committee (IRC) NGO and 13 local grass-roots organizations, ultimately leading to knowledge generation of the important components of introducing new technical guidance in the field, and improved clarity around organizational roles in MHM response [28].

MHM in the context of displacement therefore presents a unique opportunity for researchers to advance the progress made in this area of developing global health priority. Menstrual health and hygiene is vital to women and girls' health and well-being. Advancements in the area of MHM will help to meet the Sustainable Development Goals (SDGs) relating to healthy lives and well-being, gender equality and empowerment for women and girls, and water and sanitation, SDGs 3, 5, and 6, respectively [29]. Women and girls all around the world have a right to sufficient resources to adequately manage their monthly menstrual cycle in a healthy, safe and dignified manner.

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