

# Menstrual Health Management in Bidibidi, Uganda

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## Introduction

The impact of menstrual health on the reproductive, physical, and psychosocial well-being of young girls bears notable significance. Regrettably, this crucial aspect is frequently disregarded, particularly within refugee and rural settlements throughout sub-Saharan Africa [1]

Simbi Foundation (SF), a non-profit organization that aims to enhance access to education in Bidibidi refugee settlement of Northern Uganda, researched the specific impacts of Menstrual Health Management (MHM) on adolescent girls in this particular setting.<sup>2</sup> Having worked alongside interns and researchers at SF, we acknowledged the importance of implementing sustainable community-driven solutions that can improve secondary school enrolment rates and overall health and wellbeing of female adolescents. This is further supported by the role of education on MHM, access to Water, Sanitation and Hygiene (WaSH) facilities and aims to achieve gender equality being core tenets of the 17 United Nations Sustainable Development Goals (SDGs) [2,3]. However, achieving these goals requires adequate governance structures that promote comprehensive policy and regulatory frameworks addressing MHM; enforce plans to reduce poverty; and understand cultural perspectives surrounding menstruation among vulnerable communities [4] This editorial will delve into recommendations we believe will help improve MHM among female adolescents specifically in Bidibidi, Uganda using the Hierarchy of MHM Needs.

## Background

Uganda has an open-door policy towards immigration allowing people escaping violence, instability, and famine from countries such as South Sudan, DRC, Burundi and Somalia to settle in camps [5]. These individuals are afforded the chance to establish residences in settlements like Bidibidi, which has emerged as one of the most expansive refugee settlements globally. Currently, the population of this camp exceeds 240,000 individuals, encompassing a demographic that is 10% adolescent girls aged 12 to 17 years old [5]. As most girls begin menarche at the age of 12, this opens the potential for many vulnerable experiences related to MHM [6].

In the refugee community, menstrual hygiene care is often not considered a priority and receives little support when compared to other pressing needs such as food, shelter, and safety [7]. However, the consequences of inadequate managed menstrual hygiene can have detrimental impacts on adolescent girls in this environment [7]. These girls already encounter considerable obstacles when it comes to accessing and continuing their education. However, the lack of adequate menstrual hygiene facilities and resources further compounds these challenges [8]. Moreover, the lack of menstrual products encourages girls to use inappropriate items such as cloth, mattress linings and other items, which can result in uro-genital infections [9]. In addition to this, inaccessible and unaffordable reusable menstrual hygiene products force girls to seek alternative means of obtaining them, such as engaging in transactional sex as

a means of securing funds to pay for these items [10,11].

### **Challenges and Barriers to MHM**

Effective menstrual health hygiene faces several barriers and challenges that vary from financial constraints, cultural factors, lack of access to appropriate products, inadequate WaSH facilities, and the need for a comprehensive national-level MHM policy [12]. In Bidibidi, the low socioeconomic status of the families residing in the settlement make it challenging for them to afford 'luxury' items such as menstrual products [13].

Moreover, the isolated nature of refugee settlements limits the accessibility of these products, making both single-use and reusable products almost unattainable. The stigma and taboo of menstrual health is shrouded by silence and neglect, with little conversation or education for girls and boys regarding the topic. The prevailing silence surrounding menstrual hygiene management exacerbates the adverse implications it carries, perpetuating discomfort among both children and adults in openly acknowledging the challenges women encounter in this realm. The absence of WaSH facilities within educational environments stands as the primary and most consequential impediment influencing all the aforementioned challenges. These encompass insufficient water supply, the presence of unsafe and inadequate washrooms that fail to provide privacy, and the absence of sanitary mechanisms for appropriate disposal of menstrual hygiene products [6]. The national MHM policy must address the multifaceted adversities that girls experience in the refugee settlement environment.

### **Recommendations**

According to Sommer, Schmitt, and Clatworthy, there is a hierarchy of MHM needs outlining the various considerations for MHM, starting

from basic materials and supplies, information, facilities, safety, privacy and, at the very top, dignity [15]. To deliver an effective response, we provide recommendations for the three immediate components of MHM; materials and supplies, WaSH facilities, and education, to deliver an effective response.

#### *Materials and Supplies*

Affordability and physical inaccessibility are the primary barriers to accessing adequate menstrual products. To address these barriers, it is essential to establish partnerships with community-based businesses and organizations that locally produce sanitary pads. These partnerships can facilitate the donation or sale of menstrual kits at low cost as well as initiate delivery of subsidies or vouchers to low socioeconomic families. Often, one organization will produce and sell the product and its primary partnering organization will purchase and donate them; this is seen with AFRIpads Foundation and AFRIpads Ltd in southwestern Uganda [16]. Although reusable sanitary pads and menstrual cups are more environmentally friendly and cost-effective than disposable pads, they are not always accessible due to the lack of supportive materials such as water, soap, and a safe space for changing and washing [17]. Additionally, cultural taboos and stigmas associated with menstruation and the lack of education on its use can make it more challenging to promote alternative products [17].

#### *WaSH Facilities*

A lack of supportive WaSH facilities especially in schools is a significant barrier for low attendance rate of female adolescents in Uganda. Investing in infrastructure development and engaging communities in the design can help to improve access and use of WaSH facilities. This includes the establishment of safe clean spaces equipped with supportive

materials, latrines, and hand-washing stations. Funding for these infrastructures needs to be implemented in secondary schools and that can be achieved through the Uganda government, international development organizations, and private sector actors. For example, PLAN International has worked with schools in Torono, Uganda by adding doors to toilets for privacy and creating “menstrual hygiene management clubs” [18].

### *Education*

To eliminate gender barriers, bullying, and harassment, it is crucial to provide both female and male adolescents with education on menstrual and reproductive health. Short-term solutions can involve providing resources to teachers for training and lesson plan development, which can be incorporated into the school curriculum. Sustainable solutions can entail allocating resources towards students, encompassing comprehensive modules that disseminate knowledge on various aspects of hygiene practice in managing menstruation. These modules should cover topics such as the proper use of menstrual products, understanding the menstrual cycle and reproductive health, addressing the existing stigma surrounding menstruation and promoting overarching positive attitudes towards this natural bodily phenomenon [19].

### **Conclusion**

The suggestions put forward in this editorial focus on the most pressing aspects of the Hierarchy of MHM Needs, but further research and needs assessments are required to develop a more comprehensive understanding of effective solutions to enhance MHM in Bidibidi, Uganda. Implementation of these recommendations will require collaboration between stakeholders from various disciplines such as WaSH, education, health, and government to ensure that they are account-

able for the specific policies and implementations within their purview. As stated by the UNFPA “human rights are rights that every being has by virtue of her or her human dignity” [14]. Therefore, when girls are denied access to safe menstrual hygiene management, they are being deprived of their dignity.

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