

Menstrual Health and Hygiene: A Study on Institutional Healthcare Services for Differently Abled Women during COVID-19 Pandemic in India

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Abstract

There are various forms of disability such as visual impairment, hearing impairment, locomoter disability and mental retardation. As per the census of India 2011, the rate of disability in India is 2.21% of the total population. There are a number of laws passed by the Government of India, still the condition of persons with disability needs attention. In India the percentage of differently abled women is also alarming and so it is necessary to have a look on their socio-economic condition. The study highlights the situation of women suffering from locomoter disabilities and the challenges they faced for ensuring good institutional healthcare during covid-19 pandemic in India. In this study a qualitative research design (case studies and analysis) is used as there are interpretation of ideas and information through various secondary sources. The various reports of national and international agencies presented in the study emphasize the turmoil of public health institutions in India under covid-19 disaster.

Keywords: *Women with locomoter disability, Menstrual hygiene, Institutional healthcare, Covid-19 pandemic, Women Health*

1. Introduction:

It is important to raise awareness on the issues pertaining to menstrual hygiene for the overall development, well-being and empowerment of women. Menstrual health is vital part of global health and to achieve sustainable development goals. Therefore, it is necessary to realize human rights and gender equality. There are so many factors which influence menstrual health among women such as gender, age, social security, financial conditions out of which disability is a major factor. There are various research institutions, action groups, government and non-government organizations to ensure safe practices pertaining to menstrual health and hygiene of women regardless of their socio-economic cultural aspects.

In recent times there has been a tremendous awareness regarding menstrual health and challenges faced by women still it is needed to understand and comprehend in order to address the needs of women who menstruate. In India there are majority of women in rural areas who are not able to access commercial sanitary napkins because they belong to low income groups. In 2011, The Ministry of Family Welfare launched a scheme for the betterment and promotion of menstrual hygiene (Menstrual Hygiene Scheme) for women and girls in especially in rural areas. The scheme helped the beneficiaries to access sanitary napkins from government healthcare centers and since then it is in vogue. In the context of women who suffer from various disabilities especially locomoter disability it becomes even difficult for them to handle menstrual hygiene by themselves. In India there are more than 1% persons with disability out of which a significant number of women suffer locomoter disability.

The world was hit by a hazardous virus in the year 2020, the covid-19 pandemic which engulfed millions of people. During this period all segments of society suffered equally, due to lack of transportation, joblessness, displacement and homelessness, starvation, lack of medical facilities such as hospital beds, ventilators etc. As we all know, persons with disabilities are more prone to infection and infectious diseases, due to their underlying health conditions, poverty, social exclusion, lack of accessibility, lack of resources, lack of awareness and communication. Therefore, it was evident for the disabled women to go through various difficulties in times of pandemic and access the resources through healthcare institutions.

1.1 Definition of Menstrual Hygiene:

Menstrual health is vital to the empowerment and well-being of women and girls worldwide. It is also about ensuring the women and girls live in an environment that values and supports their ability to manage their menstruation with dignity.(World Vision International). Menstrual cycle as a normal fact of life and that no one should be held back from practicing menstrual hygiene. (UNICEF). Therefore, MHH (menstrual health and hygiene) is a matter of human rights and is essential for the well-being of women and adolescent girls. While some agencies have defined effective definition of menstrual health by agreeing to the practice of the following health indicators such as: a. Awareness to handle materials related to menstrual hygiene and self-care, b. Menstrual hygiene materials such as tampons and sanitary napkins, c. Appropriate space and privacy for disposing of used materials, d. Supportive facilities such as clean water and soap to wash hands and body parts, e. Timely care, diagnosis and treatment related to menstrual discomforts and pain relief. f. A dignified and respectful environment free from restriction, discrimination and stigmatization for women and girls who menstruate and to let them be their own decision makers.

1.2 Definition of Disability: Disability results from the interaction between individuals with a health condition, such as cerebral palsy, Down syndrome and depression, with personal and environmental factors including negative attitudes, inaccessible transportation and public buildings, and limited social support. (WHO, 2001)

2. Review of Literature:

2.1 Disability among women:

Generally speaking the term disability has nothing to do with gender, as it is a problem for all. Though, disabled women are more vulnerable and prone to undergo various social problems in the society. The women and girls of all ages ranging in almost all forms of disability are more susceptible and marginalized groups of the society. The number of disabled women still remains a hidden mystery and hence their rights also remain unidentified. In major scenarios it is witnessed that the women with disabilities are often stereotyped as sick, dependent, incompetent and helpless. Due to which they are always subjected to psychological stress, physiological pain, sexual violence, social exclusion, isolation, neglect, lack of treatment due to poor financial condition or family support and overall degradation. Therefore, these women are always at risk for dehumanization. They carry the social stigma from home to the community

and every social sphere. It is also witnessed that the women and girls who suffer disabilities are often prone to forced sterilization and pregnancy prevention because the family does not want to carry their burden of responsibilities. Therefore, differently abled women suffer from multiple discrimination and are at a high risk of gender based violence.

2.2 Factors related to Disabled Persons in India

Who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (UNCRPD, 2006). Marginalization, stigmatization, discrimination, social exclusion, inability to participate in public life are the few stringent hardships that women with disability face as compared to men with disabilities and women without disabilities (UNFPA, 2019).

There are billions of people in the world who face some form of disability at some point or the other. About 15% of the world population suffers from disability in some form or the other. The global prevalence of disability among women is higher than that of men, be it mental, physical, or sensory. India is the largest state after China which comprises of disabled people. (WHO, World Bank, 2011). Approximately 2.68 crore people i.e. 2.21% people out of 121 crore population of India suffer disability in some form or the other. Among this disabled population women constitute a significant number. (Census, 2011) It was revealed that 20% of the population suffered locomotor disability, 19% visual and hearing disability whereas the other 8% has multiple disability.

In contrast to the Census 2011, it is stated that disability in India is reduced to 1% from 2019 to 2021 from 2.2% (26.8 million) as estimated by Indian Census in 2011 and also of the estimation done by National Sample Survey Report in 2018. (NFHS, 2019). Nevertheless, there is still an unending dilemma and the virtue of the disabled in India remains unreliable, as there are a range of socio-economic cultural factors that affect their condition. Overall there is no particular or accurate estimate of India's population of disabled persons. Some agencies use the method to count the population of disabled by the certificates or ID cards they hold but that covers only a small part of population according to experts.

The article 41 of the Directive Principles of State Policy (DPSP) states that the State shall make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness, and disablement, within the limits of its economic capacity and development. Moreover, the schemes such as Deendayal Disabled Rehabilitation Scheme, ADIP – Scheme for Assisting Disabled People in Purchasing and Scheme for Implementation of Persons with Disabilities (SIPDA) are some of the functional programs of the Government. In addition programs such as District Disability Rehabilitation Centres are also made by the Government. The Accessible India Campaign has been launched under a 10 point scale to ensure social justice and welfare for the persons with disability. Therefore, even before the ratification India passed a number of laws for the welfare of persons with disability. However, in the international scale the Universal Declaration of Human Rights (1948), The International Covenant of Civil and Political Rights (1996) and the international Covenant for

the Economic, Social and Cultural Rights (1996) did not hold the term disability in its protected category. Even the International Convention on the Elimination of All Forms of Discrimination among Women (CEDAW) does not state any particular clause for disability, only UNCRC is one such convention which contains specific article related to disability as it requires for the state to recognize the rights of the children with disabilities and to ensure their participation in the communities.

2.3 Differently Abled Women and Their Right to Health

The women with disabilities are often seen facing difficulties in physically accessing the healthcare services. They have equal rights to all services just as a normal human being, therefore the Article 25 of the UNCRPD states to take appropriate measures and ensure the health care services are gender-sensitive for all persons with disabilities and include important measures related to treatment and rehabilitation. The Indian Constitution also constitutes Article 21 which indirectly ensures the right to health as a part of protection of life and liberty of citizens. However, it was WHO to firstly recognize the right to health as one of the fundamental rights for every human being.

2.4 How COVID-19 has affected the Women with Locomoter Disability in India?

The covid-19 pandemic was sudden and uninformed. It affected and impacted the lives of women with disability increasingly. Though the government and policy makers ensured to save the lives of all and leave no one behind still they had to take strict measures to curb the virus as it was a public health crisis. The agencies and government across the globe especially the UN system, professional experts, and health communities worked towards to address the situation and vulnerabilities of the Covid-19 crisis. It was due to the lack of mobility, restrictions, physical isolation, lack of management of the healthcare providers and case overload the women with disabilities faced compounding challenges. Though there is a limited data available on how the covid-19 has impacted women with disabilities but it is evident that women have certainly faced lack of legal care, social services, treatment, diagnosis related to menstrual discomfort and had been subjected to ignorance due to prolonged dependence and neglect in the matter of their reproductive health in times of pandemic.

3. Research Questions:

- What were the various healthcare facilities hindered during the pandemic for beneficiaries pertaining to differently abled women?
- What type of challenges (socio-economic, psychological) did the beneficiaries face in accessing the menstrual hygiene resources from the government healthcare centre during pandemic?
- How could the healthcare institutions assist the beneficiaries (women with locomoter disabilities) in coping up the challenges pertaining to menstrual hygiene?

4. Objectives of Study:

1. To ascertain information related to the access to menstrual healthcare services provided by government healthcare institutions for women with locomoter disability during covid-19 pandemic in India
2. To study the condition, challenges and vulnerability of women with locomoter disabilities pertaining to menstrual health and hygiene during the pandemic
3. To suggest and recommend solutions to the underlying social problem so as to prevent future setbacks

5. Research Methodology:

5.1 Data Collection: Secondary Data

6. Discussion and Analysis: Case studies, Reports and Newsletters

The co-relation between the two variables i.e. independent and dependent variable has been well crafted through online surveys and reports gathered from the Government. The services pertaining to menstrual health and hygiene were totally disrupted during the onset of covid-19 pandemic. In the first week of national lockdown the spread of covid-19 was tremendous and so the government also did not list sanitary napkins as an essential commodity which was also halted in the supply chain. Therefore, there was an immediate closure of these services and also transport. Though, it was later on added by the government's revised order to list sanitary napkins in the essential list. Nevertheless, there was an acute shortage of the supply of sanitary pads in institutional healthcare systems.

According to various NGOs, help groups it was estimated that around 121 million women could not access the basic needs especially in the rural areas from the government healthcare institutions during the pandemic. Due to deprivation of the menstrual products from the healthcare institutions the girls had to remain dependent on homemade cloth pads which prove to be not supportive to maintain menstrual hygiene. This remains same for the women with disabilities.

In a case study performed by Anganwadi workers of Chattisgarh- Mahasamund reported that due to closure of pharmacies the differently abled women were forced to use cloths which affected their health adversely making them susceptible to vaginal infection. Moreover, they had to wash the clothes after using them to make them ready for re-use. Many women with locomoter disabilities had reported that it was because of their disabilities their family members had to travel faraway to purchase the products for them.

A case from suffering from locomoter disability located in Raigad Orissa reported that she had to travel 10 km to buy sanitary napkins because they were inaccessible in the nearest healthcare centers to them. Another case of a differently abled women quoted from Bangalore that she was hesitant to ask her family members for menstrual hygiene products as there were no female members in her family. After the outbreak of covid-19 the WHO has recommended to maintain water and sanitation facilities in all healthcare centres, but surveys have predicted lack of water

supply or scarcity. One participant from a village in Orissa said that there was limited water supply in their villages while another shared that water supply was not regular in her area which was “forcing her and others to purchase water”.

Even news reports of interviews with people with disabilities during the pandemic discusses the difficulties of needing to minimize physical contact by not taking assistance which for many who use wheelchairs or need to be lifted to use the wash basin to wash their hands which brings up the issue of accessibility of toilets and handwashing facilities, which has been facilitated under the Swachh Bharat Mission in both rural and urban spaces. The accessible India campaign has also mandated accessible toilets in community complexes, though there is also a need to manage accessible toilets and wheelchair facilities for differently abled women in the public healthcare institutions of rural areas. It is because lack of toilet facilities significantly impacts the health of women with disabilities. There are reports which also say that there had been lack of oxygen facilities, in the rural healthcare centres which caused major problem for the women with disabilities to manage COVID-19.

The women and girls with disabilities were not able to participate on the efforts related to menstrual health and hygiene during the pandemic. The lack of social support from the care givers such as ASHA, AWW added vain to the situation. The institutional facilities such as cash transfers and distribution of hygiene kits remained unavailable and inaccessible for women with disabilities. Moreover, the schemes also remained dysfunctional for them. The healthcare centers reported that the hygiene kits were insufficient for distribution and not appropriate to support persons with disabilities. Even the caregivers lacked training and guidance, how to manage menstruation and support women with disabilities. These differently abled women ranged majorly from low or middle income families. Many women with disabilities were forced to handle menstruation in their own way due to lack of support from the family. In a recent survey conducted by the National Centre for Promotion of Employment for Disabled People (NCPEDP) it was found that 67% PWDs had no access to doorstep healthcare delivery by the government. Moreover, the villages of Jharkhand, Rajasthan, Hyderabad and Orissa also witnessed lack of access to necessary products such as sanitizers, menstrual hygiene products, diapers and assistive devices, clean running water and accessible toilets and lack of telemedicine. The women with disabilities had also complained about lack of transportation services in the outreach areas made them reluctant towards access to institutional healthcare facilities.

7. Suggestions & Conclusion:

Some suggestions to improve menstrual health and hygiene and access to institutional healthcare needs at times of pandemic for women with locomoter disabilities are following:

1. Make accessible space and toilet facilities for the differently abled women in the healthcare centers.
2. Build menstrual friendly environment for these women so that they can discuss the problems with the caregivers.

3. Provide IEC training, skill development and capacity building programs for the healthcare providers so as to manage menstrual hygiene for the women with disabilities.
4. Design specific programs and camps for these beneficiaries so as to build awareness regarding menstrual health and hygiene and poor hygiene which might lead to reproductive tract infection.
5. Home visits by the Community health workers such as Doctors, Nurses, PHC/CHC health workers, Anganwadi workers, ASHA workers, Block officers and DPOs should be conducted so as to look into the conditions of the women with disabilities.
6. Timely management of government schemes such as in MHH services there are distribution of sanitary pads in schools and anganwadi centers, clean handwashing facilities and disposal facilities.
7. Make assistive devices in the healthcare centres such as provision of wheel chair etc so as to make easy access to resources for women with locomotor disability.
8. Involvement of women with disabilities in reaching out and make a participatory and enabling environment through dissemination of information for other beneficiaries.
9. They should be given the opportunity to design the WASH facilities in the healthcare centers by themselves and draw their opinions to manage menstrual health in future pandemics.
10. Institutional healthcare centers to start behavior change communication programs and initiate interaction with the differently abled women in the management of menstrual hygiene and handling crisis situation such as Covid-19 pandemic.
11. Encourage question answer doubt handling sessions in the healthcare centers on puberty, menarche and menopause among women.
12. Given the type and severity of locomotor impairment, PWDs and caregivers need additional training on how to dress, undress and use menstrual materials given their mobility constraints. Caregivers of individuals with severe locomotor disabilities must be oriented on the most convenient and safe positions for changing clothes and menstrual materials, while respecting the dignity of the girl or woman, and preventing physical discomfort and pain. Some persons with locomotor disability may require some additional modification in their menstrual material, as they remain seated or are immobile for longer durations, and experience leakage as a result. To prevent this, modifications to menstrual hygiene materials may include the following:
 - A. Thick pads and/or longer pads with higher absorption capacity
 - B. Firm fitting underwear, underwear with a soft inner pouch, or menstrual underwear (that has additional layers can be considered to prevent leakage)
13. Foster community dialogues on menstrual hygiene so as to shun it as social stigma by engaging Gram Pradhans, Sarpanch, Gram Panchayat.
14. Ensure access to support for all persons, including those experiencing mental or emotional distress during the COVID-19 outbreak, to call-in, in person, and online psychosocial support and peer support, based on respect for individual will and preferences.
15. Facilitate the participation of women with disabilities in COVID-19 response (e.g., local and national advisory boards), building their capacities to make decisions and take on leadership roles in disaster management guidelines and processes.

All of the above discussion shows that it is imperative to bring conjoint efforts, collaboration and coordination from all sectors to work on menstrual health issues for differently abled women at times of pandemic. It is with the efforts of national, international organizations and government institutions, political leaders a gender inclusive policy can be made to mitigate the effects of pandemic on the menstrual health and hygiene of differently abled women in India.

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