



# GENDER & COVID-19

## Gender, COVID-19, and Menstrual Hygiene Management



Globally, over 800 million women, girls, transgender and gender non-binary persons are menstruating while simultaneously coping with the COVID-19 pandemic<sup>i</sup>. For many, menstrual health and hygiene, and its management, is both a taboo subject and a widely unmet need<sup>ii</sup>. Infrastructural, attitudinal, and societal barriers to safe and dignified menstrual hygiene management (MHM) frequently lead to stigma and reduced engagement in work, school, and community life for many people. There are further challenges that test people who menstruates' ability to successfully and safely manage menstruation. For example, some issues that people with disabilities may confront include mobility challenges or the capacity to manage their menstrual hygiene needs independently. Those who are displaced due to natural disasters or conflict may also struggle with their MHM. Crowded conditions and close proximity to men may not afford women, girls and others the privacy or the hygienic facilities to address their MHM. Water, sanitation and hygiene (WASH) insecurity plays a significant role in MHM and menstruators' abilities to manage their periods safely.

### The Current State of WASH and MHM

The inability to safely address MHM negatively affects people's physical and mental health as well as their social and economic development and opportunities. Community toilets or school latrines are often unsanitary, unsafe, lack privacy as well as soap and water, and do not provide options for menstrual hygiene material disposal<sup>iii</sup>. Access to safe and reliable means of disposal of sanitary products is an ongoing problem in many communities.

In 2016, approximately 335 million girls went to primary and secondary schools where they did not have water and soap to wash their hands, their bodies, and/or their clothes when changing sanitary pads<sup>iii</sup>. Without the ability to access safe, sterile WASH resources to sufficiently clean oneself, an individual's risk of infection increases as does their shame. The use of cloths or other reusable MHM products requires access to clean water, soap, and hygienic spaces to dry. Yet too often these basic resources are not easily accessible for those who menstruate.

### MHM and COVID-19

Rather than addressing these WASH insecurities, the COVID-19 pandemic has exposed them, dramatically impacting those who are disabled, refugees, internally

displaced persons, and those from less-resourced countries. An intersectional and gendered approach to WASH and MHM is critical in order to rectify these disparities that the pandemic has exacerbated.

### Primary Impacts

The primary impacts of the pandemic on MHM are yet unknown although morbidity and stress from contracting or caring for those with COVID-19 can impact menstruation and one's ability to safely manage it. Water scarcity and financial stress exacerbated by COVID-19 are also likely to constrain MHM.

### Secondary Impacts

Secondary impacts have significantly and deeply impacted women's and girls' MHM. These impacts stem from strategies designed to control and manage the spread of COVID-19, including:

- Restrictions around freedom of movement;
- Diversion of already limited WASH resources, especially water and soap;
- Social distancing;
- School, employment, and health center closures; and
- Quarantine and self-isolation requirements.

A May 2020 survey of Plan International professionals found that 81% were concerned that people who menstruate would not be supported to meet their MHM needs due to the pandemic. Additionally, 75% said COVID-19 may pose increased health risks for people who menstruate, as resources, like water, are diverted to other needs<sup>iv</sup>.

Lockdowns, border closures, panic buying, and stock outs have impacted the sanitary napkin supply chain, constraining markets for both buyers and sellers, with growing concern that prices will become overinflated and prohibitive<sup>v</sup>.

Lockdowns and economic closures can lead to financial strain which disproportionately impacts women and girls, who frequently are not in control of household finances. The repercussions of this can be devastating:

- Food or utilities may be prioritized over purchasing menstrual hygiene materials, an acute issue for those who commonly use disposable materials monthly.



- School and health center closures, which often provide MHM supplies, can lead to some women and girls trading sex for supplies or the money to buy supplies<sup>vi</sup>.
- Increases in domestic violence have occurred when women and girls' makeshift sanitary napkins from household goods, like blankets, are seen as destructive of domestic products<sup>vi</sup>.

There have also been numerous reports of misinformation, including the false beliefs connecting menstruation to increased risk of COVID-19<sup>ii</sup>. Such misinformation can increase discriminatory practices towards menstruating persons; this stigma may be amplified for persons with intersecting, devalued social identities. The COVID-19 pandemic has exposed systems and infrastructure that fails to consider women's, girls' and others' MHM needs:

- Communities may not be able to maintain WASH infrastructure, resulting in poor waste management systems that cannot handle sanitary napkins; this can lead to groundwater and environmental contamination.
- Breakdowns in WASH infrastructure produce unsafe water, increasing the risk of infection for women, girls and other menstruating persons and the potential for further disease outbreaks<sup>vii</sup>.
- Female patients in quarantine or hospitalized with COVID-19 may lack access to both MHM and WASH supplies.

**“Framing MHM in the context of human rights and gender equality may engage local, municipal, provincial and national government actors not typically attuned to MHM concerns, and can support policy arguments for government action<sup>iv</sup>.”**

## Conclusions

WASH campaigns have the power to improve gender equality, health, and education through investing in MHM infrastructure, resources, and stigma reduction. The funding and infrastructure for MHM, however, has taken a backseat

during the pandemic as the focus has shifted toward pandemic-related hygiene supplies. It is urgent to understand and address the impacts on MHM caused by the redirecting of resources, exacerbated MHM-stigma, market disruptions, financial constraints, and continued lack of access to WASH services. The subsequent lack of focus on MHM has produced setbacks for a transformative gender policy agenda that tackles menstruation-related stigma while advancing MHM to realize gender equality and human rights through WASH.

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<sup>i</sup> Mark Leon Goldberg, UN Dispatch, [Let's Talk About Menstrual Hygiene](#) (May 28, 2018)

<sup>ii</sup> UNICEF, [Mitigating the impacts of COVID-19 on menstrual health and hygiene](#) (April 2020)

<sup>iii</sup> UNICEF, [Guidance on Menstrual Health and Hygiene](#) (March 2019)

<sup>iv</sup> Plan International, [Periods in a Pandemic Menstrual hygiene management in the time of COVID-19](#) (2020)

<sup>v</sup> Farhana Sultana, [Mitigating the impacts of COVID-19 on menstrual hygiene management among women and girls in Bangladesh](#) (May 28, 2020)

<sup>vi</sup> Elizabeth Titus, [The “Shadow Pandemic”: Confronting Period Poverty During COVID-19](#) (February 7, 2021)

<sup>vii</sup> UNICEF, [Monitoring and mitigating the secondary impacts of the COVID19 epidemic on WASH services availability and access](#) (11 March 2020)

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