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THE COST AND DEARTH OF FEMALE SANITARY PRODUCTS AND ITS SOCIAL AND REPRODUCTIVE HEALTH IMPLICATIONS

Michaelene Holder-March and **Rotimi Jaiyesimi**

¹Mrs Michaelene Holder-March - RGN RM LLB(Hons) MSc, CMgr, AMBCS MIAEM MISQEM FInstAM Director of Governance, Quality Assurance and Nursing Partnership of East London Co-operatives (PELC) Ltd Becketts House - 2-14 Ilford Hill - Ilford - Essex - IG1 2FA

²Professor Rotimi Jaiyesimi - Associate Medical Director for Patient Safety and Consultant in Obstetrics and Gynaecology Basildon University Hospital NHS Foundation Trust Visiting Professor, Institute of Health Sciences, University of Sunderland

Introduction:

Pubertal development includes the onset of menstruation by young girls. Menstruation is a natural and beneficial monthly occurrence in healthy adolescent girls and pre-menopausal adult women. The age of menarche is getting as low as 8 years. Menstruation ceases at about the age of 45 - 55 years. This in effect means that females will bleed for about 2800 to 4000 days in their lifetime. This cuts across all income and ethnic groups. The financial burden and reproductive health effects on females have not become an issue until recently. Just as female issues such as infertility and urinary incontinence were not discussed publicly in years gone, menstrual problems and its effect on women are rarely discussed publicly at present. However, it is coming to the fore that there is a problem with how women manage the menstrual period. Period poverty has come into our language and it refers to the difficulty with affording sanitary protection. There are health and social implications of poor hygienic management of the menstrual period. These include absenteeism from schools, loss of self-esteem, infections, toxic shock syndrome among others.

Discussion:

'Period poverty' hit the public consciousness in December 2016 following the release of Ken Loach's hard-hitting film *I, Daniel Blake*. One scene, showed a struggling single mother caught stealing sanitary towels. This caught the conscience of the nation and food banks were flooded with donations of menstrual products. This has led to a national campaign calling for free menstrual products for children in receipt of free school meals.

Sanitary protection:

Sanitary wears come in various forms and these include pads and tampons. They also come in different sizes and absorbent capacity. The cost of a pack of sanitary product is a drain on the pockets of women. It is estimated that a woman will spend about £20,000 in her lifetime for sanitary products. The cost implications of sanitary products push young girls and women to use alternatives such as rolled toilet paper, stuffed socks or pieces of cloth. This situation is worse in low to medium income countries but not exclusive to them.

Effects:

Social: One in ten girls in Africa misses school for the duration of her period each month.² In March 2017, the media were full of reports of schoolgirls in Leeds, United Kingdom routinely missing school because they were unable to afford menstrual products. Children as young as 10 were choosing to stay at home to avoid the embarrassment of bleeding on their school uniform in front of their peers, because they were not adequately protected. They miss school every month because they cannot face the shame and fear of going to school using socks stuffed with tissues, old torn T-shirts or newspaper. In these families, menstrual products are an unattainable luxury. Embarrassed to go to school, absenteeism, will affect academic performance. This is likely to exacerbate the cycles of being uneducated, unemployable, poverty and inequality.

Health: In Bangladesh, infections caused from filthy, contaminated rags are rampant. Menstrual hygiene has been linked to high rates of cervical cancer in India. In the United States, where the economic and opportunity costs of menstruation for poor women have gone relatively undocumented, the problem hides in plain sight. That is, until there was a call for menstrual care to be treated as healthcare. A systematic review of the available scientific literature was undertaken to ascertain the differing approaches to menstrual hygiene management (MHM) and its association with a wide range of health and psycho-social outcomes in lower income settings. 14 articles were identified which looked at health outcomes, primarily reproductive tract infections (RTI). 11 articles were identified investigating associations between menstrual hygiene management, social restrictions and school attendance. MHM was found to be associated with reproductive tract infections in 7 papers. However, methodologies varied greatly and overall quality was low.

Addressing the issue - advocacy:

The provision of free or subsidised sanitary products will reduce the financial burden on teenagers who are not in employment as most of them will be students. Staying in school is essential in helping women in all countries achieve their full potential. Toilet papers are provided in public toilets for free. Placing vending machines in schools and other female toilet facilities for free sanitary products and reduction in the shelf costs will go a long way to alleviate and eliminate the exposure to period poverty.

Conclusion:

There is need to step up the discussion on the lack of access to quality hygienic sanitary products and to advocate for the provision of free sanitary products to young girls and students. The potential adverse reproductive health issues can result in infections and affect fertility. The costs of managing these disorders will place a strain on the cost of health care. Also important is the negative social impact on the dearth of sanitary products. There is a need for further scientific, qualitative and quantitative research, to ascertain the social and reproductive health impact of menstrual hygiene management.

Biography

Michaelene Holder-March is a qualified teacher, nurse & midwife with registrations both in the UK & USA; she also holds a LLB and MBA in Management. Michaelene Holder-March is a strong advocate of hands-on, inquiry based learning, she actively involves herself in a variety of charitable community service, mentoring /coaching others to follow her lead. Today Michaelene Gail Holder-March is an executive director of Operations, System Resilience and Nursing at one the UK biggest NHS providers. Additionally she has 3 established UK companies MHM Health Consultancy Ltd.

mhm@mhmhealthconsultancy.com