

The impacts of COVID-19 on menstrual health management among adolescent girls in Egypt and Kenya



Menstruation Shouts Project

Menstrual Health Experiences and Challenges among adolescent girls during COVID-19 pandemic: A qualitative study conducted in disadvantaged communities in Egypt and Kenya

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What is menstruation?

Menstruation, also referred to as period, is a monthly experience where the female undergoes bleeding per the reproductive system, particularly the vagina. The source of the bleeding is the shredded inner layer of the uterus (womb). The overall cycle lasts on average between 28 to 35 days with 3 to 5 days of bleeding.¹

Why menstruation needs more attention during the COVID-19 pandemic?

Considering the menstruating adolescents, among the nearly two billion individuals around the globe in the reproductive age who menstruate, there are almost one billion adolescent girls who are in the puberty phase, about to experience menarche or already menstruation. In poor settings, those adolescents' experience additional obstacles in accessing sexual and reproductive health and rights services and thus dealing with poor menstrual health practices.² In the course of pandemics, the existing social constraints as gender inequality, gender-based violence, stigma, and discrimination against menstruating individuals are more likely to be aggravated than the usual circumstances. Up to date, the small number of research contributions confirmed the adverse impact on efficient menstrual health management during the COVID-19 pandemic. For example, there is a significant drop in the accessibility to services and products owing to the restrictive measures associated with COVID-19. Similarly, the possibilities to choose menstrual products became narrowed because of market shortage.³ COVID-19 response strategy does not pay attention to the needs of menstruating individuals, including adolescents. Adolescents face more challenges given the challenges existing because of their age group and the rapidly-growing characteristics; biological, physical, emotional, and psychological. In poor-settings and disadvantaged communities, existing challenges get amplified.

What do the adolescent girls need?

- Governmental and non-governmental attention to their menstrual needs
- Trusted sources for formal or informal sexuality education
- Financial compensation for the families who lost their jobs
- Massive societal change in behaviors, attitudes, and practices towards menstruating girls and women
- A response to the disruption in the WASH by mitigating the cut in the water supply and sanitary services
- Broadening the scope of development programs that target adolescent girls as the main beneficiaries

¹ <https://medlineplus.gov/menstruation.html>

² Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. The Lancet. 2018 Jun 30;391(10140):2642–92. : [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30293-9/fulltext?elsca1=etoc](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30293-9/fulltext?elsca1=etoc)

³ Brief: Mitigating the impacts of COVID-19 and menstrual health and hygiene: https://mcusercontent.com/d12d86e5c8b981b0521d81f6d/files/894515a3-f298-4693-bfb6-fa7d5e9c3830/Brief_on_mitigating_the_impacts_of_COVID_19_on_menstrual_health_and_hygiene_24_April_2020.01.pdf

The Dimensions Of COVID-19 Impact On Menstrual Health Management Among Adolescent Girls

Sex Education and Access to Menstrual Information

COVID-19 response indicated restrictive lockdown, including stay-at-home measures and a curfew at specific times. Consequently, the schools were closed, which led to breaking the educational system and the source of information about menstruation. The physical connection with the schoolmates stopped resulting in confining the menstrual experience sharing with peers. However, as per these rules, any unpleasant school experience was put on hold. On the other hand, and despite the economic burden, there was a notable increase in using the internet and social media platforms still without accessing trusted sources for sex education or menstruation-related information. In some incidents, adolescent girls lost their accessibility to their mobile phone, which is the only device used for accessing the internet.

Menstrual Cycle Symptoms and Signs Alternation

Given the unstable surrounding circumstances and the boredom experienced because of the stay-at-home measures, the pre-menstrual symptoms and signs mainly; the mood swings were aggravated. Some adolescents noted irregularities in their menstrual cycle; for example, spotting and change in the cycle length, either longer or shorter. Distinct symptoms like breast pain, pelvic pain, nausea, excess bleeding was increased considerably, but the emotional instability was the most concerning by the adolescents. Not only a general depressive status lingers in the first days of the bleeding phase, but also it endured more than usual. There was a tendency of isolation and

avoiding any form of engagement in the daily activities. With the declined accessibility to painkillers, adolescents had to bear a more painful menstrual cycle. Nevertheless, adolescents were able to recognize the psychological changes and perceive them as a consequence of the COVID-19 pandemic. It is noteworthy to mention some adolescents admitted their need for psychological support or counseling as this situation is the first of its kind, and they were not prepared enough to face it.

Menstrual Health Management Practices Shift

Old-fashioned habits returned among most adolescent girls as the usage of old clothes and unclean toilets. The lockdown factor adversely influenced the accessibility to the purchasing stores as it became unsafe for girls to go out during curfew time even, they are open 24h. The regular hygiene routine was disrupted due to frequent water cuts and the scarcity of personal hygiene tools. The toilet became unclean and seldom lacked privacy because of the presence of many people at the residence. The disposal habits of the used menstrual products did not change. They are regularly disposed of with the rest of household trash, which is collected in one plastic bag.

Economic Status Change

Most of the parents/ caregivers/ guardians faced economic hardship in different forms. Some lost their jobs or got laid off, some had to accept lower salaries, and others searched for extra work that required additional time commitment. One relevant consequence is the affordability of menstrual products. Some families refused to give the adolescents money to purchase pads claiming that they are luxury

products and not a basic need. The financial priority was given to the food and house rent, and buying cigarettes was prioritized over buying pads, soaps, and toilet papers as reported by the adolescent girls. Besides, adolescent girls were deprived of their allowance or stipend, which limited their access to menstrual products. Not only these examples of financial difficulties but also other hardships that negatively affected the psychological status of the family members. Hence, the family bonds got slightly or massively affected.

Particularly in Machakos County in Kenya, some adolescent girls expressed their shame because they had to do sex work or were forced by their families to do it in order to be able to provide for their families and their menstrual products. It is an unacceptable deterioration in the solutions of financial challenges. They also mentioned that they had to accept distinct levels of gender-based violence in these sexual practices. It was difficult for them to object due to their need for the money.

Community and Influencers Impact

While in most cases the mother-daughter relationship and their talks about menstruation were diminished. There was also a tendency to hide their menstruation cycle from other family members and their need for water in case of water cut. Furthermore, emotional, verbal, and physical violence and mistrust acts are extensively practiced against adolescents who started to normalize these practices. In fact, the increased frequency of this violence is what they refuse, which subjectively varies according to their personal views. On the peer level as the friends or the relatives, adolescents did not feel comfortable sharing their menstrual challenges. They felt shameful to borrow pads because of their financial inability to purchase them. Some adolescent girls preferred to apply old cloth rather than being open about their actual needs. With the decrease of physical meetings among peers, some failed to share their feelings and emotions. It was more difficult for them to share them over social media platforms.

Civil Society Services Dynamics

The adolescent girls showed an advanced level of acquired knowledge about their menstrual cycle. Almost all of them received educational sessions through community-based organizations. Their awareness degree helped them by far to acknowledge their menstrual health management challenges and critically think about their root causes. However, they needed external support to identify practical and sustainable solutions to any arising issue. Based on the ongoing project or programs, they got used to receiving personal hygiene kit that includes pads and contributed to maintaining the minimum level of menstrual health management, but for a definite timeframe. Girls realize the lack of sustainability of the civic services provided to them, and they solely depend on the timeline of the ongoing fund.

Interaction with Healthcare system

Before the COVID-19 era, the healthcare-seeking behavior was confined to consulting the Community Health Workers (CHW). Visiting a healthcare center or unit is not a familiarized practice by girls or women to check-up on reproductive health unless they are married. COVID-19 stay-at-home measures did not give space for improving this behavior irrespective of the persisting demand for it in the disadvantaged communities. Moreover, the sudden shift of the national healthcare systems' strategies to respond to COVID-19 left several reproductive health issues behind. Psychological support, as well as access to menstrual products, are among the neglected matters.