


## Short Report

**Period poverty in rural Sri Lanka; Understanding menstruation hygiene and related health issues to empower women.**Ayesh Hettiarachchi<sup>1\*</sup>, Thilini Agampodi<sup>1</sup>, Suneth Agampodi<sup>1</sup><sup>1</sup>Department of Community Medicine, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka.**Abstract**

This report presents findings on the prevalence of "period poverty" in Sri Lanka, which refers to inadequate financial resources, cultural stigma, and limited menstrual hygiene resources that affect the management of menstruation. We conducted a cross-sectional study in 2010, in the Anuradhapura district with 539 pregnant women, collecting data on their menstrual history, health-seeking behaviour, blood loss, and access to sanitary products. Our results show that 137 (25.4%) of the women reported menstrual issues, and only 68 (12.6%) of them sought medical care. Furthermore, 139 (25.7%) of the participants reported a menstrual blood loss of more than 80ml. Of the participants, 98 (18.2%) had used "old clothes" as a sanitary product during their lifetime, highlighting the lack of access to proper menstrual hygiene products. We found that inadequate sanitary facilities were associated with low education, low income, living in remote MOH areas, and moor ethnicity. Given the current economic hardships faced by Sri Lanka as a country, the study on period poverty gains a greater relevance, emphasizing the need of addressing the financial burden of menstrual hygiene products. We recommend comprehensive reproductive health education for adolescent girls and women, as well as efforts to reduce the financial burden of menstrual hygiene products, to improve the management of menstruation for women in Sri Lanka.

**Keywords:** Health seeking, Menstruation, Period poverty, Sri Lanka, Women empowerment

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**Introduction**

Menstruation is a natural biological process experienced by females, yet "period poverty," or the inability to access resources to manage menstruation, remains a global issue affecting millions of females worldwide. It is estimated that over 500 million reproductive-age females lack the facilities to manage their menstruation [1]. Many studies conducted in low- and middle-income countries (LMICs) have repeatedly reported inadequate resources for managing menstruation [2–4]. In rural Sri Lanka, this issue could be particularly devastating given

limited access to affordable products and sanitation facilities due to economic constraints. Menstruation-related barriers often constrain females in many ways, including education, personal and professional growth, and productivity [4,5]. Cultural shame and stigma around menstruation further impede efforts to address this issue, including limited research on this subject area. This study aims to explore menstrual hygienic practices and common menstrual and menstruation-related

problems faced by the rural female population in Sri Lanka.

We carried out a descriptive cross-sectional study in 2010 at Anuradhapura, Sri Lanka in parallel to an anaemia study conducted on the same population [6]. The study population comprised pregnant women registered in field antenatal clinics, and the modified WHO 30 cluster sampling technique was used with a precision of 5%. Field clinics were considered as a cluster for sampling, and in the first stage, five MOH areas were randomly selected. In the second stage, 30 clusters were established using a probability proportionate sampling technique. Socio-demographic and economic data were collected through an interviewer-administered questionnaire, which included questions on menstruation prior to pregnancy, such as menarche, duration of menstruation, menstrual problems, and help-seeking behaviour for menstrual problems. Menstrual blood loss was estimated using a pictogram, which is a valid tool for assessing menstrual blood loss worldwide. The data were entered into an Epi-info database, and data quality was maintained through consistency checks, range checks, and skip patterns incorporated into the data entry program. The main study received ethical clearance from the Research and Ethics Committee at Rajarata University in Sri Lanka.

A total of 539 pregnant women with a median age of 27 (IQR 23-31) years were included in the study. Sinhalese women accounted for 86.8% (n=468) of the study sample. More than half (53.2%) left the school before their ordinary-level examinations. Only 68 (12.6%) of the women were formally employed. The median income of the family was Rs.20,000 (Inter quartile range Rs.12,000-30,000; 1USD=174LKR). Of the participants, 227 (42.1%) were in their first pregnancy. The median age at menarche in this study sample was 13 years (IQR 12-14). Regular menstruation was reported by 476 (88.3%) of the study sample. Among those who were having regular cycles, the median number of days per cycle was 28 days (IQR 28-30). The majority of the study population reported that the length of the cycle is between 25 to 30 days. The median duration of bleeding was four days (IQR 3-5). Passing clots during menstruation were reported by 157 (29.1%) females with a majority (n=90, 57.3%) passing clots only a single day and another 53 (33.8%) for two days. However, only 79 have reported that they are passing clots in every cycle (n=68) or frequently (n=11). Flooding was reported by 31 (5.8%) participants, but only 18 reported that it was

frequent. Of the total sample, 137 (25.4%) reported that they had perceived severe menstrual issues in the past. The commonest problem reported was heavy bleeding, including clots (n=44, 8.2%), followed by irregular cycles (n=38, 7.1%) and severe pain (n=33, 6.1%). Flooding (n=20, 3.7%), prolonged menstruation (n=19 3.5%), amenorrhea (n=16, 2.9%), delayed cycles (n=11, 2.0%), frequent menstruation (n=9, 1.6%) and intermenstrual bleeding were the other problems reported. Only 68 (12.6%) women sought medical care for menstrual issues, while 74 others who perceived that they had a severe problem did not seek medical care. Even though the estimated menstrual blood loss was more than 80ml among 139 (25.7%) women, less than one-fourth of them perceived it as a problem.

Of the 539 women studied, 98 (18.2%) the available sanitary product during their lifetime was “old clothes”. Age, ethnicity, education, employment, and income were significantly associated with not having access to proper sanitary methods (Table 1).

Poor health-seeking behaviour related to menstrual issues is a consistent finding in studies conducted globally [7,8], indicating that the taboo surrounding menstruation has yet to be adequately addressed. This result underscores the critical role that socioeconomic factors play in a woman's decision-making regarding menstrual management and highlights the need for targeted interventions that address these factors to improve access to menstrual hygiene products. In line with the Sustainable Development Goals (SDG) for Gender Equity in Sri Lanka, empowering women and girls is a critical step in overcoming the challenges associated with period poverty. This study also shows the importance of providing adequate reproductive health education to adolescent girls and reproductive-age women, reducing the economic burden of menstrual hygiene products, and implementing policies that focus on more vulnerable and marginalized populations, such as women with low-income levels and those with a low level of education.

Even though this study was conducted in 2010, the limited availability of more up to date studies on this particular study area in this particular region makes the findings provided in this paper still valuable and provide insights into understanding the nature of period poverty in the region and its impact on menstrual hygienic practices in the country.

**Table 1:** Socio-demographic and economic factors associated with the choice of sanitary method among fertile women residing in Anuradhapura district.

		Sanitary method				Significance	
		Pads		Cotton clothes		Chi-square	p
		n	%	n	%		
Age	<20	68	87.2	10	12.8	8.298	.040
	20-29	269	83.8	52	16.2		
	30-39	98	74.8	33	25.2		
	>39	3	60.0	2	40.0		
MOH Areas	NPC	130	79.8	33	20.2	10.321	.035
	NPE	113	83.1	23	16.9		
	Thalawa	121	85.8	20	14.2		
	Kekirawa	62	83.8	12	16.2		
	Horowpathana	15	60.0	10	40.0		
Ethnicity	Sinhala	402	85.9	66	14.1	39.742	<.001
	Moor	39	54.9	32	45.1		
Education	Up to grade 5	12	57.1	9	42.9	27.969	<.001
	Passed grade 5	16	66.7	8	33.3		
	Up to grade 11	186	76.9	56	23.1		
	Passed O/L	81	89.0	10	11.0		
	Up to A/L	146	90.7	15	9.3		
Employed	No	380	80.7	91	19.3	3.255	.071
	Yes	61	89.7	7	10.3		
Income quintile	Q1	84	67.2	41	32.8	29.730	<.001
	Q2	94	83.2	19	16.8		
	Q3	115	85.2	20	14.8		
	Q4	51	81.0	12	19.0		
	Q1	97	94.2	6	5.8		

Considering the ongoing economic crisis in the country, the findings of this study could be further relevant to the current context. Economic hardships often have a significant impact on the ability of individuals, especially those in rural areas, to access affordable menstrual hygiene products and sanitation facilities. With the current economic situation in the country, it is reasonable to assume that the issue of period poverty and limited access to proper menstrual hygiene resources may continue to affect a significant proportion of the Sri Lankan population.

While acknowledging the time gap and the need for more updated data, the findings of this paper still provide

valuable context and insight regarding period poverty and the barriers faced by Sri Lankan women in accessing menstrual hygiene resources in the country. Furthermore, this study can serve as a cornerstone for future research, enabling a comparison of the findings with more recent studies to assess the progress made in addressing period poverty and improving menstrual hygiene practices in Sri Lanka. By establishing this baseline understanding of the prevalence and challenges associated with period poverty, this study provides a reference point for the evaluation of the effectiveness of initiatives aimed at reducing period poverty in this particular region and the country.

In conclusion, this study sheds light on the need to address the persistent issue of period poverty in Sri Lanka and highlights the importance of tailored

interventions that take into account the social, cultural, and economic factors that contribute to this issue.

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