

Need of the time: Educating men on Menstrual health

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Dear Editor, The substantial prevalence of menstrual disorders often impairs young girls' quality of life¹ with dysfunctional menstrual bleeding being one of the leading causes of anaemia amongst adolescent girls. Lack of proper hygiene and worn-out, unclean cloth leads to recurrent genitourinary infections.² A cross-sectional study conducted at girls' government and private schools in Pakpattan, Pakistan, in 2016 reported an 86% prevalence rate of dysmenorrhoea. Many girls described severe associated menstrual pain leading to high absenteeism rate from schools.¹

It calls for an adequate gynecological evaluation and management. However, women do not seek professional and educational help because of the cultural and religious taboo that consider menstruation an impurity and a cause of embarrassment.³ Menstruating women in Muslim countries like Malaysia and Pakistan are often excluded from participating in religious activities or visiting places of worship.² Such practices can also be attributed to low literacy rates and stigmatization of women's reproductive health, perpetuating a culture of silence around menstruation. A culture of shame and silence also impedes any formal education and understanding of menstrual care. Teachers are hesitant to discuss menstruation in class to avoid open discussion, further discouraging young girls from sharing their problems and concerns with their educators. Therefore, as girls approach puberty their school absences and drop-out rates increase because of fear of embarrassment and bullying by their male colleagues and teachers, especially if there is a paucity of female teachers.³ A study in Quetta, Pakistan has shown that instead of a professional educator, mothers were the primary source of knowledge for 67% of the participants,⁴ who often conveyed their own myths and misconception to young girls.² Such social dynamics cultivate poor menstrual hygiene management (MHM), resulting in serious health consequences like anaemia and infections which have dire consequences on women's economic productivity and empowerment.^{1,2}

Moreover, gender inequality in countries such as, India and Pakistan often prevents women's access to feminine

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hygiene products. Both countries are essentially patriarchal societies where most women, especially in rural setting, do not have the autonomy to make decisions. They are dependent on the male members of the household financially and for any medical assistance. Men, however, either fail to see the importance of feminine hygiene products because of lack of awareness, considering it a waste of money or due to financial constraints, do not want to spare money for expensive sanitary napkins. In either case, even well-aware women are forced to compromise their menstrual hygiene, resorting to the use of rags.³

This brings to light the need for men to be educated on mensuration and advocate the importance of MHM in their households to bring about a healthier change. A multi-state study⁵ conducted in India has shown that most boys from various socio-economic groups were keen to understand and learn about menstruation which provides hope that males may become strong advocates for MHM in future. However, certain cultures deem it highly inappropriate or waste of time for men to discuss menstruation, adolescent boys eager to learn about menstrual hygiene are often punished by parents/teachers, presenting a major deterrent in our hope of educating men on MHM.

An interventional study was successfully conducted in Lucknow, India, despite these major barriers. It explored the knowledge and attitude of three groups of men, categorized into married, elderly, and young boys and intervened with educational strategies to encourage understanding and communication on menstruation in each age group to destigmatize menstrual healthcare. As a result, the male members became active advocates of appropriate menstrual care in their villages. They supported the women in their household, encouraged them to participate in subsequent awareness campaigns and prioritized their menstrual hygiene by including sanitary napkins in their financial budget.

Conclusively, the knowledge of men on MHM, and its impact on local women's menstrual health status should be studied in Pakistan as well. An interventional study in Pakistan, like the one conducted in Lucknow,⁶ India, will demonstrate the need of the hour; to incorporate education regarding the normal menstrual cycle, its

hygienic management into the educational curriculum for all pupils and awareness programmes for older men and the rural population. Such measures may help reduce the stigma associated with discussing menstrual problems at home and encourage a more empathetic and understanding attitude towards menstruating girls.

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