



(RESEARCH ARTICLE)



## Exploring women's hygiene practices in underserved communities: A case study in Elapatha rural area, Sabaragamuwa province, Sri Lanka

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### Abstract

The results of this case study focus on the prevalence of exploring women's hygiene practices regarding "period poverty" in selected areas of Sri Lanka, which is defined as a lack of resources for menstruation management, cultural stigma, and insufficient financial means. In the Elapatha rural area of the Rathnapura district in the Sabaragamuwa province of Sri Lanka, we carried out a cross-sectional case study regarding 4 MOH areas in 2023. Data on girls and women's menstrual histories, health-seeking behaviors, sample size (427), access to sanitary materials, and financial status were gathered for the study. According to overall findings, the average value of women who use pads is 17.28% and that of women who use clothes is 72.35%, respectively. While the percentage of school-aged children who use pads is less than 26%, most upper-middle-aged women use cloth. Over 75% of the women reported having menstrual problems and using "old clothes" as a sanitary product at some point in their lives, underscoring the dearth of availability of appropriate menstrual hygiene products. Studies recorded that living in distant and MOH regions, not having a government hospital in the Elapatha secretarial division, having low finances, and having less education were all linked to poor facilities. The study on period poverty becomes even more pertinent in light of Sri Lanka's current economic struggles, underscoring the necessity of reducing the cost of menstrual hygiene products. To help women in Sri Lanka better manage their menstruation, we suggest measures to lower the cost of menstrual hygiene products and to provide comprehensive reproductive health education to adolescent girls and women.

**Keywords:** Health seeking; Menstruation; Period poverty; Women empowerment; Elapatha area

### 1. Introduction

Menstrual health refers to "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity in relation to the menstrual cycle." (WHO- 2022). Menstruation is a natural biological process experienced by females. "Period poverty," or the inability to access resources to manage menstruation, remains a global issue affecting millions of females worldwide. Period poverty refers to the lack of access to menstrual hygiene products, education, and adequate sanitation facilities, often due to economic constraints. This issue disproportionately affects women and girls who struggle to afford or access necessary menstrual products like pads, tampons, or menstrual cups. Period poverty can have serious consequences for both physical and mental health, as well as educational and economic opportunities.

Governments, NGOs, and grassroots organizations are working to raise awareness about period poverty and implement solutions to ensure that all individuals have access to the necessary resources for menstrual hygiene. Initiatives such as providing free or subsidized menstruation products, teaching about menstrual hygiene, and lobbying for legislative reforms to remove taxes on these products are some of the ways that period poverty is being addressed. Additionally, de-stigmatizing menstruation and fostering open conversations can contribute to creating a more supportive environment for those experiencing period poverty. More than 500 million women of reproductive age are thought to

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be without the resources necessary for managing their menstruation [1]. Inadequate resources for managing menstruation have been consistently observed in numerous studies undertaken in low- and middle-income countries [5, 1]. Due to financial limitations, this problem may be especially severe in rural Sri Lanka, where access to reasonably priced goods and sanitary services is restricted. Women are frequently hampered by menstruation in a variety of ways, including productivity, personal and professional development, and education [1, 9]. Menstruation has been correlated with cultural shame and stigma, which further interferes with efforts to address the problem and the scant literature on the topic. The purpose of this study is to investigate prevalent menstrual and menstruation-related activities as well as menstrual hygiene problems faced by the rural female population in Sri Lanka.

### **1.1. Rationale and Significance**

Women's hygiene practices are fundamental to their health and socio-economic empowerment. However, in many underserved communities, factors such as limited access to education, inadequate infrastructure, and entrenched cultural norms create significant obstacles to proper hygiene. This case study aims to contribute to the body of knowledge surrounding women's health in such settings and provide insights that can inform targeted interventions. Poor health-seeking behavior related to menstrual issues is a consistent finding in studies conducted globally [10, 4], which indicates 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 menstrual hygiene, promoting health education to adolescent girls and 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 provides insights into understanding the nature of period poverty in the region and its impact on menstrual hygienic practices in the country. The term refers to when an individual is unable to afford or has no access to menstrual products. Currently, the period poverty rate in Sri Lanka is at 50%, and 50% of households report not spending any money on menstrual products. Official engagement with this issue appears to be on the rise.

### **1.2. Effects of period poverty on women**

This term refers to when an individual is unable to afford or has no access to menstrual products. Many women and girls, especially in low-income communities, may not have regular access to affordable menstrual products. This can result in the use of improvised and unsanitary materials, leading to health risks and discomfort. Insufficient access to proper menstrual hygiene products can lead to health issues such as infections and discomfort. Poor menstrual hygiene can also contribute to reproductive and urinary tract infections. Girls who lack access to menstrual products may miss school during their periods, leading to gaps in education. The stigma surrounding menstruation can also contribute to absenteeism and negatively impact academic performance. Societal taboos and stigma surrounding menstruation can compound the challenges faced by women and girls experiencing period poverty. This can contribute to feelings of shame and embarrassment. Limited financial resources can make it difficult for some individuals to afford menstrual products. In some cases, the choice between purchasing food and menstrual hygiene products becomes a stark reality. Efforts to address period poverty include initiatives to provide free or subsidized menstrual products, education on menstrual hygiene, and advocacy for policy changes to eliminate taxes on these products. Additionally, de-stigmatizing menstruation and fostering open conversations can contribute to creating a more supportive environment for those experiencing period poverty. Addressing period poverty requires a multi-faceted approach that involves economic, cultural, educational, and policy interventions. Efforts to reduce stigma, improve education, provide affordable products, and enhance infrastructure are essential in tackling this issue in Sri Lanka and elsewhere. Keep in mind that the situation may have evolved since my last update, and it's recommended to consult more recent sources for the latest information.

Period poverty can have significant and wide-ranging effects on individuals, communities, and societies. Some of the key effects include: Health Consequences: Infections and Health Risks: Limited access to menstrual hygiene products can lead to unhygienic practices, increasing the risk of infections and other health issues. Poor menstrual hygiene can negatively impact reproductive health, potentially leading to complications. An issue that is brought up in discussions related to sanitation is menstrual hygiene. [7] Argue that menstrual hygiene management is not given adequate attention in wash initiatives in the South Asian region. [8] Connect women's daily sanitation practices in an Indian

context with a range of psychosocial stressors that include environmental, social, and sexual stressors. They claim that the intensity of these stressors differed according to the woman's life stage, living environment, and access to sanitation facilities. Educational Barriers: School Attendance: Girls facing period poverty may miss school during their menstrual cycles due to a lack of access to menstrual products and proper facilities. Academic Performance: Irregular attendance and missed classes can affect academic performance and contribute to educational inequality. Economic Impact: Workforce Participation: Women who face period poverty may experience challenges in participating fully in the workforce, potentially affecting their economic opportunities and advancement. Psychological and social effects: Stigma and Shame: Cultural taboos and the stigma surrounding menstruation can contribute to feelings of shame and embarrassment, affecting mental health. Isolation: Periodic poverty can lead to social isolation, as individuals may feel excluded or stigmatized. Gender Inequality: Reinforcement of Gender Inequity: Period poverty reinforces existing gender inequalities by disproportionately affecting women and girls, limiting their opportunities, and perpetuating societal norms that stigmatize menstruation. Public Health Issues: Increased Burden on Healthcare Systems: Health issues arising from poor menstrual hygiene can contribute to an increased burden on healthcare systems. Cycle of Poverty: Interconnected with Poverty Period poverty is often intertwined with broader issues of poverty, creating a cycle that is challenging to break without addressing the root economic and social factors. Human rights concerns: Violation of Human Rights: Lack of access to menstrual hygiene products can be viewed as a violation of the right to health, dignity, and education, particularly for women and girls.

Efforts to address period poverty involve not only providing access to affordable menstrual products but also challenging cultural taboos, improving education and awareness, and implementing policies that promote menstrual health. By addressing period poverty, societies can contribute to the overall well-being, dignity, and empowerment of women and girls. In the realm of public health, understanding and addressing the unique challenges faced by underserved communities is crucial for promoting overall well-being. This case study delves into the intricate dynamics of women's hygiene practices within an underserved rural village, shedding light on the barriers, cultural nuances, and opportunities for improvement. The selected village serves as a microcosm, representing the broader challenges faced by women in similar settings worldwide.

### *Objectives*

- Overall objective

Explore the community's attitudes towards women's hygiene and health. Investigate the role of community leaders and influencers in promoting positive hygiene practices.

- Specific objectives,
  - Examine ongoing government and non-governmental organization (NGO) initiatives addressing women's hygiene in the region, were improvements in infrastructure can contribute to better hygiene practices.
  - Develop practical and culturally sensitive recommendations to improve women's hygiene practices in the Elapatha Rural Area.
  - Propose strategies to overcome identified barriers and enhance community engagement.

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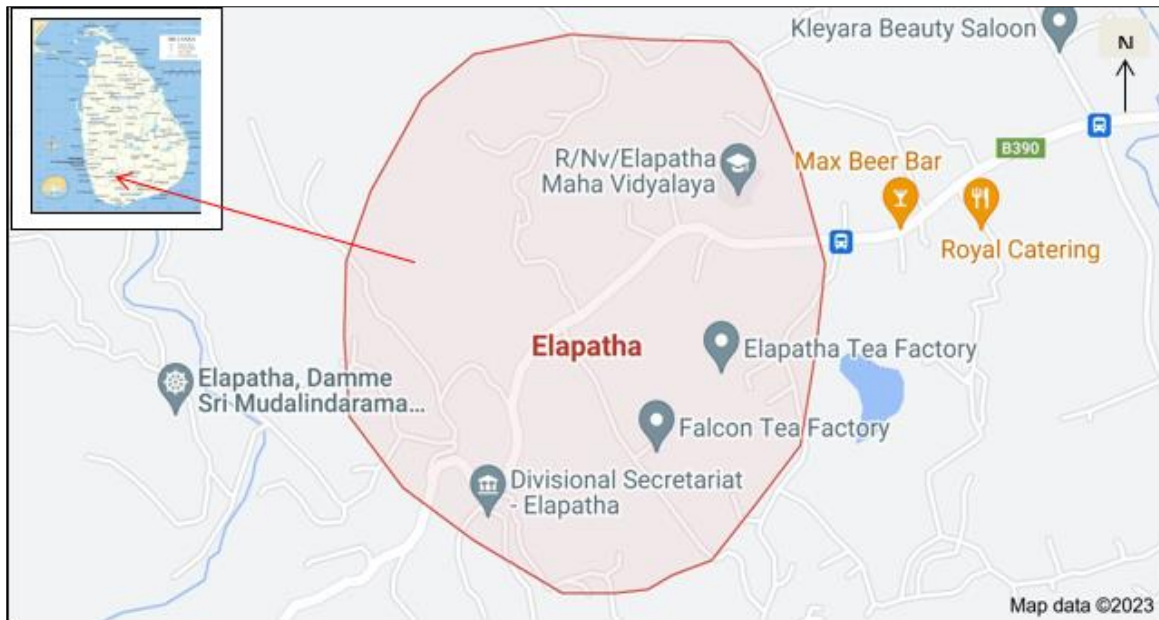
## **2. Methodology**

Primary and secondary sources are used to collect data on qualitative and quantitative aspects and carry out a descriptive cross-sectional study in 2023 at the Elapatha secretariat area, Sri Lanka. Qualitative methods, such as in-depth interviews and focus group discussions, will be utilized to capture the richness of women's experiences, perceptions, and challenges. Quantitative surveys will provide statistical insights and support the generalization of findings. The study will also engage with community leaders, healthcare providers, and local authorities to gain a holistic understanding of the context. 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 behavior for menstrual problems. The baseline case study was conducted in 2023. In each location, the households were systematically sampled to be included in the case study. A total of over 400 women in eight age groups were included in the study. (Menarche typically occurs between the ages of 10 and 16, with the average age of onset being 12.4 years.) Age, ethnicity, education, employment, and income were significantly associated with not having access to proper sanitary methods (Figure 2).

## 2.1. Secondary sources

### 2.1.1. Study area profile

Elapatha Divisional Secretariat, Rathnapura District, Sabaragamuwa, Sri Lanka, South Asia (Latitude 6.6561° or 6° 39' 22" north, Longitude 80.3677° or 80° 22' 4" east). Because of its physical characteristics, the Rathnapura district is reportedly one of the most susceptible places to natural disasters. According to records, the divisional secretariat of Elapatha has the greatest number of families impacted by natural disasters. Therefore, the Elapatha divisional secretariat division focuses on the patterns of communicable diseases, the economic loss resulting from the detrimental effects of natural disasters on health, the efficacy of public health care, and the traumatic and non-traumatic health risks in the community affected by the disasters.



**Figure 1** Elapatha secretarial divisions (source- Google map)

## 2.2. Statistical analyses

The main purpose of the sample size calculation is to determine the number of samples needed to detect significant changes in focusing parameters, treatment effects or associations after data gathering. In cross-sectional studies the aim is to estimate the prevalence of unknown parameter, from the target population using a random sample. So an adequate sample size is needed to estimate the population prevalence with a good precision. For sample size calculation, was used the following formula, of a qualitative variable in prevalence or cross-sectional studies. [3]

$$n = Z^2 P (1-P) / d^2$$

Where:

n is the required sample size.

Z is the Z-score corresponding to the desired confidence level.

P is the estimated population proportion.

d is the margin of error.

## 3. Result and Discussion

### 3.1. Sample size

The standard value for the sample size in a cross-sectional study is not fixed and depends on several factors such as the desired level of confidence, margin of error, expected prevalence or proportion, and the design effect if applicable. However, common practice often involves choosing a standard level of confidence (e.g., 95%) and a margin of error (e.g., 5%), 95% confidence level (Z=1.960), use an estimated population proportion of 0.5 (P=0.5), and set a margin of error of, let's say, 0.05 (d=0.05), used the sample size for 400 individuals, the calculation would be:

$$n = (1.960)^2 \cdot 0.5 \cdot (1 - 0.5) / (0.05)^2 = 385$$

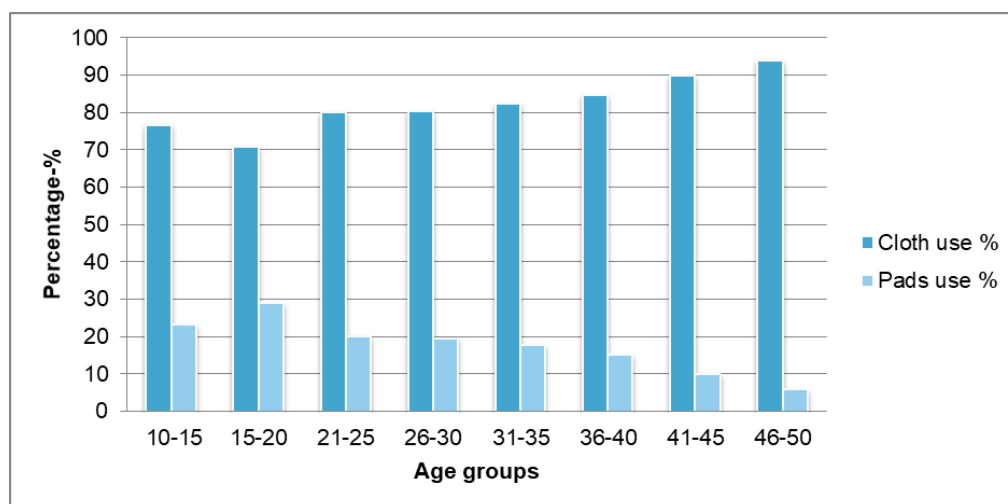
None responding was considered 10%,

$$n = 385 / 90 \cdot 100 = 427.78$$

According to this calculated value, sample size is Moderate; it suggests that the sample size falls within a reasonable and acceptable range for the objectives of this study. It is appropriateness for Study Objectives. Mention the statistical power of study. A moderate sample size may still provide adequate power to detect meaningful effects or differences, depending on the effect size and variability in population. Resource Feasibility, Effect Size, Precision of Estimates, also considered.

### 3.2. Percentage of Cloths and pad users recorded of study

Figure 2 mentioned that women of different age groups were classified into 8 age groups, and data was obtained. As shown in the graph above, the average value of women who use pads is 17.28% and that of women who use cloths is 72.35%, respectively. While the percentage of school-aged children who use pads is less than 26%, most upper-middle-aged women use cloth.

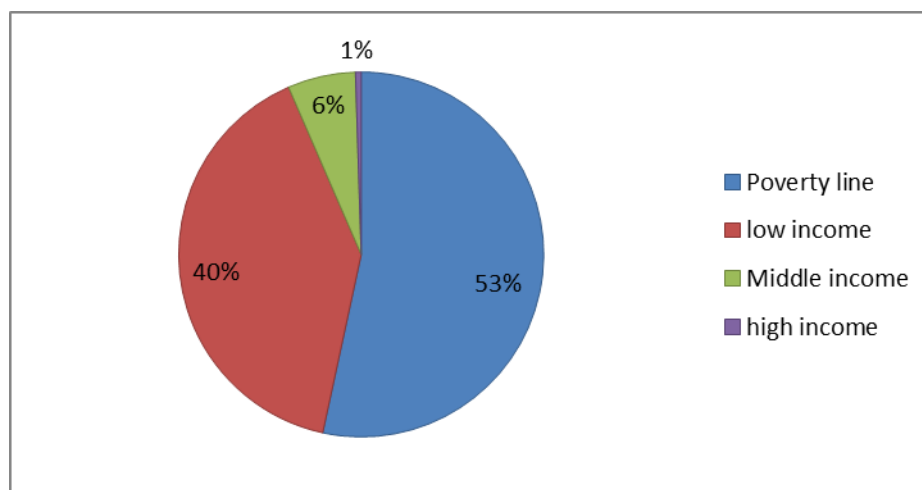


**Figure 2** Percentage of sanitary methods

Study recodes highlight the paucity of clear evidence on the extent to which education outcomes are impacted solely due to girls' menstruation. Studies that focus on this issue are often limited in sample size. These studies also encounter additional challenges, including the difficulty in identifying whether absenteeism is due to social stigma, lack of access to menstrual hygiene products, lack of access to adequate sanitation in school, or pain related to menstruation.

### 3.3. Income status of participants in the study

Figure 3 considers the income category of participants in the study area, and most of the women (53%) show the poverty line category; 40% show the low income category. Then most of the participants are below the poverty line. One example of these discriminatory policies is the exorbitant taxes on menstrual hygiene products in Sri Lanka. The Millennium Development Goal of Ensuring Environmental Sustainability, later replaced by Sustainable Development Goals, identifies access to basic sanitation facilities as an essential human right, and it was officially declared in 2015 by the United Nations (UN), General Assembly [2, 13, 11]. The inaccessibility of menstrual hygiene products also results in the use of makeshift, unhygienic replacements, which have direct implications for menstrual hygiene management (MHM). Poor MHM can result in serious reproductive tract infections. A study on cervical cancer risk factors in India has found a direct link between the use of cloth during menstruation (a common substitute for sanitary napkins) and the development of cervical cancer, the second-most common type of cancer among Sri Lankan women today.



**Figure 3** Percentage of income category

Internationally, repeals on menstrual hygiene product taxation are becoming increasingly common due to the proliferation of gender inequality and the resulting unaffordability of essential care items, commonly known as ‘period poverty’. Kenya was the first country to abolish sales tax for menstrual products in 2004, and countries including Australia, Canada, India, Ireland, and Malaysia have all followed suit in recent years. If Sri Lankans are serious about creating an equal platform for women and girls to achieve their full potential, ‘Collective Individualism’ is certainly the key. Gender equality can no longer be just a ‘women’s issue’. It’s an ‘everyone issue’. Each and every Sri Lankan has a responsibility to demand real action from their policymakers, to promote gender-sensitive policies, and to abolish taxes like this, which actively limit a woman’s ability to achieve her full potential.

If menstrual hygiene products are made more affordable, it is likely that more Sri Lankan women will be able to uptake their use, allowing them to attend more school days, work more consistently, and, by extension, access more opportunities. In 2019, Sri Lanka stepped into its worst economic crisis since it had gained independence from British rule in 1948. The crisis led to hyperinflation, exhaustion of foreign reserves, limited accessibility to medical supplies, and increased pricing of basic commodities. One of the less talked-about effects, as the crisis pushed individuals from middle and lower-income groups further down the income spectrum, was an increase in period poverty. Periodic poverty is a significant challenge in Sri Lanka. Approximately 4.2 million people menstruate in Sri Lanka, and less than 30% of them have access to disposable menstrual hygiene products [6]. This blog explains what period poverty looks like in Sri Lanka and what can be done about it. Yet, despite this growing awareness, women and girls often suffer in silence. The many negative consequences that can arise from period poverty are often left unspoken, as the topic of menstruation itself is surrounded by stigma and taboo.

### 3.4. Common impacts of period poverty

Education is one of the key areas affected by period poverty. Priority was given to the economic crisis, as most students did not attend school for one or two days while menstruating. This was mostly to avoid embarrassment and humiliation at school or because parents discouraged their children from attending school due to their beliefs around menstruation. This number has risen to 50% since the economic crisis and will only continue to rise if the government fails to address the implementation of discriminatory taxes on menstrual products. Health issues have also been raised as a consequence of period poverty, as many women turn to rags and clothes to wear during their period. These may not be clean, as women and girls may not have access to clean water or share public wells with other women to clean the used rags. This can lead to infections and lead to serious conditions such as cervical cancer, which is the second most common cancer amongst women in Sri Lanka. Moreover, period poverty could lead to mental health issues, as many women have reported suffering from mild to severe forms of depression linked to feeling stressed due to being unable to afford menstrual products.

### 3.5. Minimize adverse effects

The first step is to raise awareness through conversations (online or face-to-face). This means educating the public and lawmakers alike. Considering the acute economic austerity the country is facing, much of the responsibility lies within the hands of the government to prioritize the needs of women and girls by removing the discriminatory taxes and tariffs imposed on menstrual hygiene products. Additionally, improving sexual reproductive health education in schools would

help to address misinformation. These practical proposals would contribute to easing the current situation. But the key to eradicating period poverty is to advocate for the rights of women and raise awareness of the issue. This is an imperative step to drive a shift in the thinking of the public and create momentum, which would ultimately lead to laws that would mandate affordable period products for everyone in Sri Lanka.

Sri Lanka's cultural norms tend to make menstruation a taboo topic, resulting in a lack of education and awareness about menstruation as well as reproductive health and sanitary products. When looking at the latter, accessibility and affordability are the main issues women and girls face in the country. Considering the case study, during that period, poverty comes in three layers. The first layer is the lack of education and awareness in relation to basic sexual and reproductive health. This includes menstruation. The reasons for the high use of sanitary napkins include fear of leakage, especially for schoolgirls, convenience, and aggressive marketing. However, the problem is not the fact that women use sanitary napkins

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 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

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#### 4. Conclusion

In conclusion, this study observed on the need to minimize income issue of people contributes of period poverty in study area and highlights the importance of tailored interventions that take into account the social, cultural, and economic factors that contribute to this issue. To reduce period poverty should be done conduct awareness and increase income or supply menstrual hygiene necessities through government or NGO donations.

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#### Compliance with ethical standards

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##### *Disclosure of conflict of interest*

Authors have declared that no competing interests exist.

##### *Author's contribution*

Authors, S.M. Nilmini Samarakoon and S.M. Punya Samarakoon managed the data compilation, literature searches, and statistical analysis. P.A. Imandi Pelenda contributes to Structural analysis of income category. Corresponding author and Co-Authors approved the final manuscript. This case study is ongoing research on "Exploring Women's Hygiene Practices, In Underserved Communities: A Case Study in Elapatha Rural Area, Sabaragamuwa Province, Sri Lanka".

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