

University of Montana

ScholarWorks at University of Montana

Undergraduate Theses, Professional Papers, and Capstone Artifacts

2023

For Women of Missoula: Menstruation and Refugees

Bella M. Spencer

University of Montana, bs158627@umconnect.umt.edu

Follow this and additional works at: <https://scholarworks.umt.edu/utpp>



Part of the [Education Commons](#), and the [Other Public Health Commons](#)

Let us know how access to this document benefits you.

Recommended Citation

Spencer, Bella M., "For Women of Missoula: Menstruation and Refugees" (2023). *Undergraduate Theses, Professional Papers, and Capstone Artifacts*. 454.

<https://scholarworks.umt.edu/utpp/454>

This Thesis is brought to you for free and open access by ScholarWorks at University of Montana. It has been accepted for inclusion in Undergraduate Theses, Professional Papers, and Capstone Artifacts by an authorized administrator of ScholarWorks at University of Montana. For more information, please contact scholarworks@mso.umt.edu.

For Refugee Women of Missoula

GLI Capstone

Samantha Boutte, Brooklyn Grubbs, Bella Spencer, Holly Sudol, & Emmily Valencia

Global Leadership Initiative, University of Montana GBLD 499

Professor Kelsey Stamm

May 12, 2023

Abstract

Stigmatization, lack of accessible menstrual products, and an overall misconstrued sense of menstruation impact menstruators at a disproportionate rate. When delving into the literature, we found that refugee women not only faced stigmas and a lack of access to menstrual products and education, but also ran into cultural barriers and differing attitudes on menstruation. To address this issue, we formulated the idea of a menstrual drive. Instead of focusing on refugee menstruators as a whole, our focus will be the refugee population in Missoula, MT. We recognize that the stigmatization of menstruation is an ongoing global issue that affects many menstruators worldwide; however, we also aim to address the same issue present within our community. During the implementation stage of this project, we found commonly shared interests in the refugee crisis as well as sexual health education and started here when creating our project's main idea. The next stage involved gathering information about refugee menstruators, cultural considerations, barriers to menstruation, and an apparent lack of education. Then we began outreach to Soft Landing Missoula and the International Rescue Committee (IRC) on the feasibility of this project. Our next and final steps will include gathering menstrual products to assemble menstrual kits and dispersing these kits to Soft Landing Missoula for refugee menstruators to collect. Our goal is to make an impact and reverse menstruation stigma at the community level, starting with our refugee community.

Proposal

Menstrual health knowledge regarding refugees, immigrants, and asylum seekers who migrate to the United States is a topic that has been found to need a significant amount of more research. Members from these populations have varying degrees of knowledge when it comes to menstrual health (Milewski et al. 2021). What education, products, or assistance that is or is not already available prior to arrival in the United States is a topic that is still unknown. Even in the United States, menstrual health education is left up to the state. Some states may not teach adequate menstrual care and education whereas some may. This research project attempts to highlight this issue by exploring more specifically menstrual health education with local refugee populations which have been relocated to Missoula, MT. Various types of methods are employed, using quantitative and qualitative methods to analyze barriers, lack of education, and cultural awareness topics which arise in the realm of menstrual health education research. With a focus on menstrual health education, the project is projected to gather menstrual health products such as pads, tampons, and other materials such as sanitary wipes. These materials will be collected and then donated to Soft Landing Missoula where refugees can freely grab menstrual kits as they need. Other than a menstrual hygiene drive, creating a social media presence on Instagram as well as an educational infographic to go with donated menstrual products are currently in the works. With such a sensitive topic, ethical concerns are bound to surface. Ethical concerns include limitations found in research and potential spread of falsification or misinformation. Likewise, limitations found in the research include a lack of obstetrician-gynecologists (OBGYNs) or specialists who have a multicultural perspective of menstrual health. Menstrual health practices vary across cultures and countries, which is a key theme recognized in the project. Lastly, misinformation or falsification may be present when creating a

social media presence. Because the group members associated with this research project are not nursing or health care majors, presenting menstrual and sexual health facts can present issues. To combat this ethical concern, group members associated with this project have been in contact with organizations such as Partnership Health Center and the International Rescue Committee to gather information and examples of what our infographic should look like. We hope to foster a relationship with the local refugee community, recognize this issue resides in the community of Missoula, and although this is only a one time project, bring awareness to the community to show this not only is a global issue, but a local one.

Literature Review

The research found contains a few key ideas. First, cultures should have acknowledgment when discussing sexual health because different cultures have different views. Moreover, barriers to accessing reproductive health resources exist, and understanding them can help create a better system. Likewise, there is a lack of education regarding sexual health, especially among the refugee population. Finally, it is important to donate menstrual products to those who need them.

Cultural Consideration

Due to working with a community that comes from various cultural backgrounds, we acknowledged how sensitive our research project is and decided to implement a multicultural approach. This approach was essential to our research and donation of menstrual kits as it allowed us to recognize cultural biases. In the United States, we hold predominantly westernized beliefs toward menstrual health, menstruation (menarche), and menstrual hygiene. Such westernized beliefs include a normalization of accessible menstrual products in stores and in public restrooms; and state led sexual health courses which provide education on menstruation

and how to use menstrual products. In the United States, however, there is a large stigma surrounding menstruation. As we have addressed in the literature, 58% of menstruators in the United States report feeling embarrassed for even having a period (Armstrong et al. 2022). Additionally, menstruation is met with feelings of embarrassment and shame. Because of our own bias towards menstruation, we tend to judge other cultures' beliefs of menarche based on the standards of our own. This introduces a cultural bias, which we eliminated through adopting a multicultural mindset. It is important to understand that western sexual health practices are not common in other countries. However, we did not consider cultural relativism for our research. While cultural relativism omits us from judging another's culture based on what we deem right versus wrong, it promotes the ignorance of much needed menstrual education, product access, and resources. While working with Soft Landing Missoula and the International Rescue Committee, our group discovered that pads on average were favored amongst the refugee populations residing in Missoula.

In a focus group based interview of the Shona people, it was discovered that specific cultural beliefs, norms, and traditions play a large role in menstrual health education and awareness. To the Shona people, sex and sexual health are not openly discussed. It is believed that openly discussing the act diminishes the power it holds (Dune et al., 2017). In many ways, Shona people shroud sexual health topics in secrecy. Due to Shona customs, navigating sexual health topics in a group setting came with its difficulty and challenges as it directly conflicted with their traditions.

Another specific study of cultural awareness and menstrual hygiene includes a case study conducted on girls and women of Zambia. This source was chosen for the literature because it discusses the role initiation rites play in sexual health education for Zambian girls. In Zambia,

deeply ingrained cultural beliefs of purity and taboos surrounding menstruation remain relevant. Only during female initiation rites is menstruation taught to young Zambian girls. Religion and rites control menstrual hygiene boundaries and practices. In the United States, though there is education provided at the school level, menstrual and sexual health remain taboo. However, in female-centered societies such as the case study of Zambian girls and women, rites surrounding menstruation have a much more positive context. In the 20th century, westernized beliefs, education, and Christianity spread affecting the performance of initiation rites, diminishing them (Rasing, 2021). Because of the western spread of beliefs, initiation rites are sparse and young Zambian females no longer learn of menstruation because their gateway to access has been taken away.

Lastly, of the literature regarding cultural awareness, Muslim females also have a very restricting sense of menstruation practices. During menstruation, Muslim females abstain from religious practices, eating medicines, wearing new clothes, attending to guests, cooking food, exercising, and in some cases bathing (Kumar et al., 2011). There is a belief that bathing during your period or menstruation increases complications or complexities of pregnancy (Kumar et al., 2011). The only place Muslim girls are permitted to go is school. This study highlights the different understandings of menstrual health which arise due to social, cultural, economic determinants, education, attitude, and family environment (Kumar et al., 2011). These studies demonstrate the importance of being culturally competent, as is shown in each example that their beliefs and traditions regarding menstruation vary to a significant degree than the western ideology of menstruation.

Barriers Refugee Women Face

It is unfortunately no surprise that the barriers that face women regarding availability to menstrual products is a greater challenge to refugees. The barriers found were not only related to the education of menstruation and cultural traditions surrounding the topic, but also the access to these products for groups such as refugees. In a study conducted by a group seeking to collect information from over a thousand records, the lack of education is evident. The team focused on sources that highlighted the menstrual barriers on young refugee women that had been conducted within the last ten years. The most prominent barrier found was lack of adolescent friendly services. The World Health Organization describes these as education services that are equitable, acceptable, appropriate, and effective to the younger population, such as menstrual health education within schools (Tirado 2020). When the younger population is not educated, it affects the general population as each generation begins to age, resulting in a dangerous cycle. Unfortunately, the absence of education in relation to menstrual health can result in cyclical misinformation for generations. If one generation was given education on menstruation, the importance of understanding one's body could be passed down.

While seeking articles written by women who have experienced cultural barriers, we fell upon a piece detailing a young woman's journey from Egypt to Italy. Although this woman was not comfortable giving her real name, likely due to cultural differences, she noted how she experienced getting her period and the change experienced between the countries. The most notable barrier was the language difference, because refugees often do not speak the language of the country they are about to move to. These women, although they may be moving to a more progressive view of menstruation in comparison with their home country, can still run into roadblocks because they are simply unable to ask for what they need. This highlights the importance of having a translator when they arrive and being educated on how to ask for hygiene

necessities. We sought to eliminate this barrier by creating an infographic showing different activities that may aid a woman while menstruating. This infographic is simple and highlights practices that are accessible such as maintaining a balanced diet, and exercising, both of which are proven to aid the severity of menstruation.

Although the language barrier is prominent cultural obstacles, it cannot be overlooked that many women in countries have different experiences from our own when discussing menstruation. It can be considered shameful to even mention this natural occurrence for women. Due to this cultural difference, even refugees who have come to the United States may not feel comfortable discussing it. Knowing this, we sought to make our menstruation kits as discreet as possible. This was completed by putting the products in brown paper bags, and having them placed in the pantry of Soft Landing, allowing the women to pick them up along with any other supplies they may need. Other cultural differences include the absence of support for women when they experience sexual assault. It has been speculated that resistance to change surrounding menstruation education can attributed by underlying forces such as can increase in likelihood of sexual abuse when women use the toilets. This lack of protection is a deterrent for women to use the restroom, especially when they have to frequently for menstruation. This relates to our final barrier concerning resources.

In contrast to cultural barriers that arise from societal structures and religious differences, this barrier is relatively easy to address. Resources can include menstrual products such as pads and tampons, sanitation products such as soap or hands wipes, or access to safe toilets. An article details research done at a camp in Syria and Lebanon, and the findings are unfortunate. Out of 800 surveys, they found that over sixty percent of women do not have access to underwear, let alone sanitary products (Mazzinni 2017). It is no surprise that the lack of these hygiene products

cause problems down the line with not only the women menstruating, but the sanitary conditions of these camps. It has been inspiring to view articles who recognize these challenges, and then explain how to overcome them for communities of refugees in need. The "I Support Girls" organization understood that there was a desperate need for underwear, bras and menstrual products for women who fled Afghanistan after the Taliban takeover. The founder of I Support Girls emphasizes that while a crisis goes on, that doesn't mean your period will stop. Dana Marlowe powerfully stated, "Our period is one more thing an individual has to manage, regardless of what else is going on" (Marlowe 2021). In the United States it is difficult enough to get citizens to recognize the turmoil that occurs in other countries. We are drawn to headlines of disaster and think of the problems we are told, and not the ripple effect of what they cause. It is important to keep in mind that resource barriers exist because of other actions such as cultural norms being different, war, and the state of one's community. These barriers all affect each other. Lack of education creates stigma in culture which results in little to no resources. It is a cycle that can be broken, but often is not because of its complexity. It is a privilege to have open education and access to menstrual products, when so many women around our world do not have that luxury.

Education Surrounding Menstrual Health

Understanding the resources already available to and lacking for refugee populations is vital to our research. We must know the level of education about the menstrual cycle of our targeted population/s and which cultures know what and the reasons why each culture might have some gaps in understanding or knowledge, whether it be from displacement or traditional cultural understanding. The article from *Malala.org* dives into the need for menstrual products and knowledge of how to navigate menstruation for refugee women and girls. The article was

written by Khwahish Khan, a young girl from India who saw this need in Afghanistan and is attempting to address it. Data from this article states that women and girls in refugee camps in Syria and Lebanon lack access to underwear and sanitary products and instead must use unhygienic things like moss and old rags which could cause a plethora of health problems. Since they lack the resources and understanding of how to approach their menstrual cycle, they are unable to access the resources that the refugee camps provide. The article from *ReliefWeb* that focused on the menstrual health education of women and girls in Lebanese refugee camps specifically found that many of the young women didn't know how to track their cycles to predict the approximate time of the next one. A program at the camp focuses on educating mothers and young girls on menstrual health and debunks myths about menstrual cycles. Furthermore, the research article from *joghr.org* talks about a study conducted in New York City that shows asylum seekers have less knowledge about sexual health than the average American woman. Ten asylum-seeker women in New York City talked about their understanding of different sexual health topics. Fifty American women in New York answered the same questions to have a comparison. The asylum seekers scored eighteen percent lower in their knowledge than the other women. The article attributes possible reasons for the lack of education, such as language and cultural barriers.

Benefits of Donating Menstrual Products

A key theme found in the literature was the importance of menstrual health and how the donation of menstrual products aids that. There is a wealth of literature regarding this theme but the three sources we drew from are: "Our refugee crisis response must prioritize menstrual health" by Brigaud, "Lack of sanitary supplies for refugee girls and women" by Khan, and "Importance of donating feminine hygiene products" by Parker. According to Parker, not

attending to one's menstrual health can lead to serious negative consequences ranging from tract infections to cervical cancer (2018). Another aspect of the importance of menstrual health is that women are able to keep their dignity and their movability (Khan, 2021). Unfortunately, menstruation can be related to feelings of shame, however, being able to take care of oneself in regards to one's period helps women feel more dignified. Being able to go about their daily lives keeps one's dignity but also allows freedom of movement that allows women to perform necessary tasks and be able to go and search for services they need. A path towards good menstrual health and thus avoiding negative health consequences and the loss of dignity and movement is the acquisition and use of menstrual products such as pads and tampons. Sadly, a lot of refugees are unable to afford or acquire menstrual products and that is where menstrual product donation drives come in. When refugees arrive they are given welcome money that is supposed to get them through their first three months here. However, that money doesn't go far because it has to cover their phone bill, groceries, clothes, and of course rent and utilities. Thus, adding menstruation products to their bill is a financial burden most cannot afford. Additionally, most states carry a sales tax on toiletry products that are not covered by SNAP which has forced some women to exchange their food stamps for money for feminine hygiene products (Parker, 2018). An effective way of relieving that financial burden is to donate menstrual products. Donating menstrual products to refugees will also improve their menstrual health, foster trust amongst the community, and improve women refugee's quality of life (Brigaud, 2022).

The literature presented acknowledges the need for menstrual products and education among women and girls who are refugees. Many women across the planet lack access to menstrual products and that can create dozens of other problems for them moving forward. Whether refugee women are in camps in another country, newly placed in a big city, or have

lived in Missoula for months, there is a need for menstrual products and education about menstrual health.

Research Methods

Social Media & Advertisement

For this project to be successful we needed to receive a lot of donations. To achieve that we created posters to raise awareness and to reach more people in Missoula. The posters were eye-catching and included a QR code for donating. They also had what products we recommended to donate, the donation sites, and the dates of the drive. The posters were hung in multiple businesses around Missoula; sites included Clyde Coffee, Fact or Fiction Books, and Greensource Missoula.

In order to have a broader reach of people who are willing and able to donate money to buy these products or the products themselves, we also used social media. We chose to use Instagram and Facebook because they make it easy to reach out to businesses and to interact with the public. We used these pages to promote the small event we had at the UC and updated followers about new donation sites as well as giving shoutouts to businesses that helped us collect donations. Our page was able to reach a news station that ended up doing a TV story on our project. Social media was an effective way to reach people who might not be in the Missoula area, but also wanted to contribute. We also used social media as a means of educating our followers about menstrual health and menstrual practices around the world. By sharing posts from larger organizations with similar messages it built up our credibility and helped to educate us as well. It was a great way to learn and teach about the global context of our project.

Outreach to Local Nonprofits

To ensure our project was tailored to the women refugee population in Missoula we partnered with the International Rescue Committee and Soft Landing Missoula. The IRC helped us specifically with our infographic. After the draft was created it was sent to Bonnie Medlin, the Health and Education Programs Coordinator, for her to review and ensure it was accessible to a wide range of clients. This meant ensuring the language used was consistent and easy to understand such as using the words “nutritious food” instead of “good food.” The IRC also suggested what languages the infographic should be translated in that would ensure we reached the largest population of women refugees who receive services from them. These languages included Dari, Ukrainian, & Swahili. Our partnership with Soft Landing Missoula was also essential to the success of our project. They agreed to distribute the menstrual hygiene kits to their clients, refugee women, by giving them out through their pantry.

Funding and Creating a Budgeting Sheet

Part of our project included a menstrual product drive. For this portion of the project, budgeting and fundraising came into consideration. We reached out to Mackenzie Forbis regarding due dates for GLI funding, how much funding the group can apply for, and when / how to accept donations. We had received the full \$300, which went towards purchasing the contents of the menstrual kits. These kits place an emphasis on pads over other products such as tampons. The menstrual kits consisted of 10 pads, 3 tampons, 1 pack of feminine wipes, and 1 pack of sanitary wipes. When it came to the assemblage of these kits it was important to be aware of cultural differences and perceptions in menstrual health and menstruation. This is where the cultural awareness section of the literature review is considered and why the menstrual products were placed into an opaque paper bag, which acted as a barrier because there are still strong stigmas surrounding menstruation.

Outreach to Businesses

As part of our effort to promote our cause, we sought to establish partnerships with businesses that could help us raise awareness and collect donations. We reached out to over 100 businesses via email, Facebook, and our Instagram page. We received a relatively low response, and all who responded were local businesses. Clyde Coffee, Green Source, and Fact or Fiction agreed to serve as donation sites throughout the month of March, providing a convenient location for individuals to contribute to our cause. In addition, we collaborated with Betty's Divine, a local business that hosts a menstrual product drive each April. Betty's Divine donated all of their collected products to our cause. These partnerships allowed us to broaden our outreach and support.

Findings and Analysis

Despite its global impact, we decided to focus locally and attack the lack of menstrual awareness, education, and resources seen in refugee populations living in Missoula, MT. In doing so, we reached out to Soft Landing Missoula and the International Rescue Committee which supplied us with information that pads are the most often used menstrual product when compared to pads or cups. Taking the data into consideration, we used a larger amount of pads in our menstrual kits, but still opted to include a smaller amount of pads for inclusivity. Our funding received from GLI would not be able to cover the amount of kits we intended to assemble, so we reached out to businesses locally and through our social media. We found that local businesses and women-owned or women run businesses were more inclined to help donate menstrual and hygiene products than larger businesses or corporations.

When we presented in the Autumn semester of 2022, we had initially projected to assemble anywhere between 100-300 menstrual kits. So far, we have assembled around 160

which meets our original requirement. While this project was feasible, we do acknowledge that it does generate a considerable amount of waste. For future research, we would look into the sustainability of menstrual products. Opting to use reusable pads can eliminate accumulation of waste. Additionally, menstrual cups help reduce waste as well. However, while this might work in a Western society, refugee populations seeking asylum may not be as worried for sustainability if they previously did not have access to menstrual products.

Originally, we had wanted to create a pamphlet that would pair with our menstrual kits. The pamphlet would include education surrounding menstruation and would be translated into Swahili, Dari, and Ukrainian- languages that appeared to be prominent in the refugee community. When reaching out to the International Rescue Committee, they suggested an infographic would be more beneficial. While not everyone understands the same language, images or visuals are universally understood. The infographic included photos and other visuals that would be understood by others despite not speaking english. We also wanted to survey a group of refugee menstruators who grabbed kits; however, it would be difficult to find who took a kit, we are all not IRB certified, and some refugees may not be willing to be interviewed. Our team decided we did have the time to become IRB certified and were willing to do so; however, through multiple sessions, we had scrapped the survey because menstruation is a sensitive subject, not many women would want to answer our questions, and we were not given the identity of who were grabbing the menstrual kits, so it would be hard to survey. While we were faced with these challenges we found solutions that would not heed the progression of our project.

Conclusion

We believe we were successful in the implementation of our project. Research in the literature has shown that lack of menstrual awareness, education, and resources is a global epidemic. While we only focused on the United States, it would be worth exploring other nation's dynamics and problem solving in regards to how they tackle menstruation. At this moment, we are still receiving donations and assembling our kits. Before the end of the Spring semester, we will have donated all of our menstrual kits to Soft Landing Missoula for dispersion.

References

- Armstrong, J., & Khaldun, J. (2022). Addressing menstrual stigma, period poverty, and inequities in women's health. *Fortune Well*.
<https://fortune.com/well/2022/10/11/addressing-inequities-in-womens-health-due-to-menstrual-stigma-and-period-poverty/>
- Brigaud, M. (2022, May 26). *Our refugee crisis response must prioritize Menstrual Health*. Ms. Magazine. Retrieved October 25, 2022, from
<https://msmagazine.com/2022/05/26/refugee-menstrual-health-humanitarian-aid-period-products-women-girls-ukraine-venezuela/>
- Church World Service. (2022). CWS and UMCOR launch new menstrual hygiene kits. CWS.
https://cwsglobal.org/press-releases/cws-and-umcor-launch-new-menstrual-hygiene-kits/?utm_source=rss&utm_medium=rss&utm_campaign=cws-and-umcor-launch-new-menstrual-hygiene-kits
- Dune, T., & Mapedzahama, V. (2017). Culture clash: Shona (Zimbabwean) migrant women's experiences with communicating about sexual health and wellbeing across cultures and generations. *African Journal of Reproductive Health*, 21(1), 18-29.
<https://doi.org/10.29063/ajrh2017/v21i1.1>

International Planned Parenthood Federation. (2021). Period stigma: How it holds back girls and women. *IPPF*. <https://www.ippf.org/blogs/period-stigma-how-it-holds-back-girls-and-women>

Khan, K. (2021, October 20). *Lack of sanitary supplies for refugee girls and women - assembly: Malala Fund*. Assembly. Retrieved September 24, 2022, from <https://assembly.malala.org/stories/lack-of-sanitary-supplies-for-refugee-girls-and-women>

Kumar, A., & Srivastava, K. (2011). Cultural and social practices regarding menstruation among adolescent girls. *Social Work in Public Health*, 26(6), 594-604.
<https://doi.org/10.1080/19371918.2010.525144>

MasterClass. (2021). Understanding cultural bias: 3 examples of cultural bias. *MasterClass*.
<https://www.masterclass.com/articles/understanding-cultural-bias>

Milewski, Andrew R., et al. (2021, July 13) Sexual Health Knowledge in Female Asylum Seekers Living in New York City: A Single-Center, Cross-Sectional Study over One Year: Published in Journal of Global Health Reports. Journal of Global Health Reports, International Society of Global Health, <https://www.joghr.org/article/24946-sexual-health-knowledge-in-female-asylum-seekers-living-in-new-york-city-a-single-center-cross-sectional-study-over-one-year>

Parker, N. (2018, February 24). *Importance of Donating Feminine Hygiene Products*. JOIN. Retrieved September 24, 2022, from <https://joinpdx.org/importance-of-donating-feminine-hygiene-products/>.

Pujol-Mazzini, A. (2017, March 8). *For refugee women, periods a dangerous, shameful time*. Reuters. Retrieved October 28, 2022, <https://www.reuters.com/article/us-womens-day-refugees-periods-feature/for-refugee-women-periods-a-dangerous-shameful-time-idUSKBN16F1UU>

Rasing, T. (2021). Female blood ties: ideas on menstruation and female initiation rites in the context of purity in Zambia. *Storia Delle Donne: Concepire, Generare, Nascere*, 17, 61-83. <https://doi.org/10.36253/sd-13453>

Rodriguez, L. (n.d.). *How does period Poverty Impact Communities in Crisis? How Does Period Poverty Impact Communities in Crisis?* Retrieved October 28, 2022, from <https://www.globalcitizen.org/en/content/period-poverty-crisis-afghan-refugees/>

Tirado, V., Chu, J., Hanson, C., Ekström, A. M., & Kågesten, A. (2020). Barriers and facilitators for the sexual and reproductive health and rights of young people in refugee contexts globally: A scoping review. *PLOS ONE*, 15(7). <https://doi.org/10.1371/journal.pone.0236316>