

Menstrual Health and Period Poverty in Sri Lanka: A Narrative Review (PLATO Sri Lanka WP1)

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INTRODUCTION

Menstrual health in Sri Lanka faces challenges from stigma, inadequate education, and limited access to sanitary products, exacerbating period poverty. These challenges impact girls’ education, health, and dignity, justifying the need for comprehensive menstrual health programs and policy reforms.

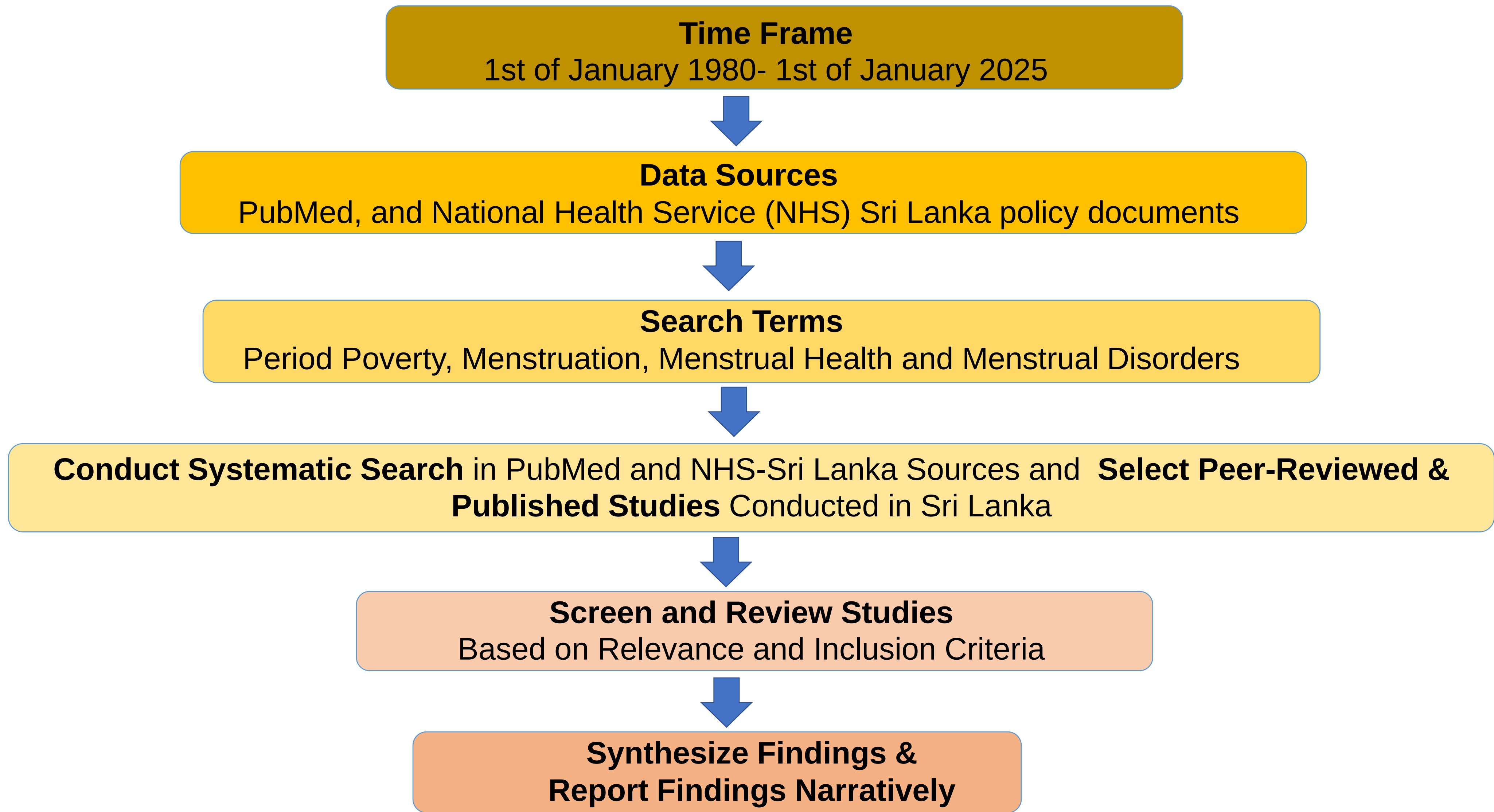
OBJECTIVE

To explore evidence of menstrual health and period poverty in Sri Lanka..

DESIGN

A systematic design was used.

METHODS



RESULTS

Three studies were identified with 4 themes that reported on period poverty and menstrual health linked to rural and urban regions of Sri Lanka. Inadequate sanitary facilities were linked to low education, low income and remote living areas were a common theme. Approximately 60–70% of schoolgirls lack access to proper menstrual hygiene facilities, leading to higher absenteeism rates and widening gender disparities. Economic factors, including rising prices of menstrual products, worsen the issue, especially in low-income communities. Links between socioeconomic factors and period poverty in rural regions were associated with the lack of access to sanitary products, inadequate sanitation facilities, and cultural beliefs affecting menstrual hygiene management. Menstrual hygiene practices and challenges were another theme that highlighted the prevalence of period poverty and its impact on women's health and well-being was significant.

Policy issues related to period poverty and menstrual health in Sri Lankan hospitals stem from systemic challenges that hinder effective service delivery. One significant issue is the limited integration of menstrual health into broader sexual and reproductive healthcare policies. Stigma persists due to inadequate training for healthcare professionals, leading to misinformation and a lack of gender-sensitive care, leaving menstrual health concerns poorly addressed.

Hospital infrastructure often lacks adequate menstrual hygiene support, with insufficient private spaces, sanitary products, and waste disposal. Limited product availability in hospital pharmacies and high costs worsen period poverty, creating significant barriers for menstruating individuals seeking healthcare, particularly among low-income women.

Government initiatives such as free sanitary product distribution, show promise although this lacks universal applicability. Menstrual health education in schools remains insufficient, leaving many students unaware of appropriate hygiene practices.

CONCLUSIONS

Sri Lanka has been challenged with accessibility, education, and social acceptance of menstrual health leading to period poverty. Early interventions and targeted education around menarche are essential to empower young girls and reduce disparities. Reproductive health education and efforts to reduce the financial burden of menstrual hygiene products are needed to improve menstrual management for women in Sri Lanka.

ACKNOWLEDGEMENT



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