

EDUCATIONAL ACTIVITY ON MENSTRUAL POVERTY: EXPERIENCE REPORT

*ATIVIDADE EDUCATIVA SOBRE POBREZA MENSTRUAL: RELATO DE
EXPERIÊNCIA*

*ACTIVIDAD EDUCATIVA SOBRE POBREZA MENSTRUAL: INFORME DE
EXPERIENCIA*

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ABSTRACT

To share the experience of an educational activity on menstrual poverty in the school environment. Experience report developed by professionals from the Multiprofessional Residency in Family and Community Health in the municipality of Horizonte - Ceará, in the period of June 2023, targeting children and adolescents aged 11 to 14, enrolled in an elementary school. For the systematization, we used the method developed by Oscar Holliday, the proposal in five stages. The educational activity brought up an important debate on menstrual care, and also served as a basis for the students to be future multipliers of the discussion on menstrual poverty. It was observed that menstrual poverty is still permeated by taboos, a situation that is reflected in the scarcity of databases, public policies and actions aimed at promoting intimate dignity.

Keywords: *Menstruation; Women; Vulnerable Populations.*

RESUMO

Socializar a experiência de uma atividade educativa sobre a pobreza menstrual no ambiente escolar. Relato de experiência desenvolvido por profissionais da Residência Multiprofissional em Saúde da Família e Comunidade do município de Horizonte – Ceará, no período de junho de 2023, tendo como público-alvo crianças e adolescentes, na faixa etária de 11 a 14 anos, matriculadas em uma escola de ensino fundamental. Para a sistematização, utilizou-se o método elaborado por Oscar Holliday, a proposta em cinco tempos. A atividade educativa trouxe à tona um importante debate sobre o cuidado menstrual, além disso, serviu de base para que as alunas sejam futuras multiplicadoras da discussão sobre a pobreza menstrual. Observou-se o quão a pobreza menstrual ainda é permeada de tabus, situação que reflete na escassez das bases de dados, políticas públicas e ações voltadas para a promoção da dignidade íntima.

Descritores: *Menstruação; Mulheres; Populações Vulneráveis.*

RESUMEN

Socializar la experiencia de una actividad educativa sobre la pobreza menstrual en el ámbito escolar. Informe de experiencia desarrollado por profesionales de la Residencia Multiprofesional en Salud Familiar y Comunitaria del municipio de Horizonte, Ceará, en junio de 2023, dirigido a niñas y adolescentes de 11 a 14 años matriculadas en una escuela primaria. Para la sistematización, utilizamos el método ideado por Oscar Holliday, la propuesta de los cinco tiempos. La actividad educativa trajo a colación un importante debate sobre el cuidado menstrual, además de servir de base para que las alumnas sean futuras multiplicadoras de la discusión sobre la pobreza menstrual. Se observó que la pobreza menstrual aún está permeada por tabúes, situación que se refleja en la escasez de bases de datos, políticas públicas y acciones dirigidas a promover la dignidad íntima.

Descriptores: *Menstruación; Mujeres; Poblaciones vulnerables.*

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INTRODUCTION

Menstrual poverty is a concept that brings together in two words a complex, transdisciplinary and multidimensional phenomenon, experienced by girls and women due to the lack of access to resources, infrastructure and knowledge, so that they have full capacity to take care of their menstruation. There is a recurrent total lack of knowledge about the subject or, when there is some knowledge, there is the perception that this is a problem far from the Brazilian reality¹.

The complexity of this phenomenon is characterized by numerous aspects, including the absence of disposable pads or tissues, reusable cups, and personal hygiene materials. There are also issues whose magnitude evidences the lack of toilets, especially in public facilities. In addition, the situation becomes an aggravating factor in places that do not have sewage, water, garbage collection and public cleaning services, which contributes to the fact that menstrual hygiene is not fully implemented¹.

Thus, menstrual precariousness is visualized in several countries, especially due to the restriction of menstrual products. This restriction is based on the low social conditions experienced by the female population. This situation has a direct impact on the adoption of harmful measures during the menstrual period, as women and girls use sheets of newspaper, plastic bags, socks and old cloths to contain blood flow in an emergency manner, putting their health at risk².

The consequences generated by menstrual poverty permeate health issues, reverberating in other spaces, such as education, since by not being able to manage their menstrual period properly, due to the menstrual precariousness experienced, girls and adolescents go to the extreme of choosing not to attend school. From this context, "[...] One in three young people has already stopped attending school due to lack of sanitary pads, 20% of young women aged 14 to 24 have already stopped going to school because they do not have sanitary pads"³.

In view of the above, the objective of this study is to socialize the experience of an educational activity on menstrual poverty, developed by the team of Family and Community Health Residents, in an elementary school located in the city of Horizonte – Ceará. The purpose of the activity is to raise awareness about menstrual poverty, encouraging proper hygiene care for the menstrual period. It is worth emphasizing the importance of the study in question, due to its social relevance, since menstrual poverty directly affects the lives of school-age children and adolescents who, due to their situation of social vulnerability, are made invisible by the government.

METHODS

This is a qualitative and descriptive study, of the experience report type, of an educational activity in health carried out by resident professionals of the Multiprofessional Residency in Family and Community Health of the School of Public Health of Ceará (ESP/CE), who are inserted in Basic Health Units (UBS), in the municipality of Horizonte – Ceará.

The educational activity was planned and facilitated by the Social Work resident, with the collaboration of the Nursing, Dentistry and Nutrition residents. It took place in June 2023, with the target audience being children and adolescents, aged 11 to 14 years,

enrolled in an elementary school located in the municipality of Horizonte – Ceará. The moment lasted approximately 60 minutes, was attended by 60 students and ended with the delivery of the sanitary napkin kit of the Intimate Dignity program. The program in question was instituted in the municipality by Law 1,450/2021, with the proposal to promote municipal policy actions in relation to menstrual dignity.

The meeting was held via oral presentation by the facilitators, and the educational activity addressed themes such as: menstrual poverty and intimate dignity. To carry out the activity, we use easily accessible materials such as sound boxes, balloons, markers and colored papers. Regarding the evaluation and analysis of learning, observations and subjective reports of the participants were used, in addition, the action was recorded via field diary and photos. Aiming at the systematization of the experience, which proposes to understand and systematize the experience lived in a critical and reflective way, we will use the five-step proposal elaborated by Oscar Holliday, whose step by step consists of: the starting point, the initial questions, recovery of the lived process, the deep reflection and the points of arrival⁴.

RESULTS

FIRST HALF: THE STARTING POINT (PARTICIPATION AND RECORDING OF EXPERIENCES)

The first stage is titled as the starting point, as it is characterized by effective participation in the activity that will be systematized. At this stage, it is essential to produce records, whether via field diary, photos or video, since only then will it be possible to reproduce the moment as it was.

When we arrived at the school environment, we were welcomed by the institution's coordination, which previously signaled the number of students, age group and grade. Afterwards, we were introduced to the students, who were very receptive. We started our first contact in a relaxed way through a dynamic entitled "on the way to happiness", in which each participant was responsible for protecting their balloon. To do this, when throwing it into the air, everyone should create strategies so that their balloon remains intact. The moment generated countless laughs and enabled an incredible connection between the parties involved, which helped the exposition of the theme achieve its preliminary objective.

SECOND HALF: OPENING QUESTIONS

In the second stage, it is important to follow three essential recommendations, namely: the definition of the objective of systematization, the delimitation of the object and the definition of the systematization axis, as these will determine the expected result of systematization.

In this way, experiencing the proposed activity with the students allowed, from the playfulness, a broader look at the repercussions generated by menstrual poverty in the daily lives of girls who experience situations of vulnerability. The strategies adopted through the educational activity in the school context evidenced infinite possibilities of doing health, mainly fostering the strengthening of the performance of the multiprofessional residency beyond the walls of the health units, promoting health in

social environments.

THIRD: RECOVERY OF THE PROCESS EXPERIENCED

With regard to the third stage, it is essential to emphasize the descriptive aspects of the experience based on two essential moments: reconstructing the story, ordering and classifying the information. Thus, initially, the activities were divided into three moments: theoretical explanation of the theme, dynamic clarification of doubts and delivery of the kit of sanitary pads linked to the Intimate Dignity program.

To explain the theme, we used a playful approach that was implemented through the shared exchange of knowledge in which two questions were raised: what is menstrual poverty? And what is the importance of intimate dignity? From the interaction of the students in the face of the questions, we began the characterization of what menstrual poverty is and presented its main implications in the face of inadequate management of menstruation.

In the second moment, we proposed the following dynamic: the students received papers and pens to write doubts related to the subjects covered and, from there, they all put their paper in a box. Then the box was passed from hand to hand until the music stopped. Whoever had the box when the music stopped, removed the paper and, together, we clarified the doubt exposed. Finally, in the third moment, the students were invited by the school team to receive the sanitary napkin kit of the Intimate Dignity program.

FOURTH AND FIFTH PERIOD: THE BACKGROUND REFLECTION AND THE ARRIVAL POINTS

In the fourth and fifth stages of the method in question, the analysis, synthesis and critical interpretation of the process are made. Therefore, the formulation of conclusions and communication of learning is highlighted at this moment. Based on this premise, when we enter the school space, we are faced with several realities, since when we seek to promote actions on menstrual poverty in the school environment, we realize that access to information pertinent to women's health is still restricted and limited to the field of health.

During the promotion of the activity, the students' narratives were permeated with taboos about menstruation and mainly with a lack of knowledge about basic care regarding the ideal period for changing sanitary pads, how to clean the intimate region, puberty and what to do in the face of menstrual cramps. In other words, we are still faced with existing gaps in situations that should have broad repercussions. When we proposed the discussion in the school space, we observed through the rain of questions how the students, although embarrassed, used the moment to demystify issues related to body care, which until then were based on common sense.

Based on the perceptions apprehended, we can highlight the effectiveness of the results of the educational activity carried out in the school environment, since the communication of learning transcends the walls of the school, considering that the students will be multipliers of the knowledge acquired.

DISCUSSION

Through this report, we demonstrate that the educational action related to menstrual poverty served as a basis for the democratization of information related to the theme, since it enabled the exchange of knowledge and consequently contributed to the demystification of the taboos that permeate menstrual care.

In this sense, it is important to highlight that the lack of understanding about menstrual care affects a large portion of the female population, especially girls and vulnerable women who do not have the appropriate means to perform correct hygiene during the menstrual period. In addition, for girls who are at certain ages, there is still financial dependence on the part of their parents, making it impossible to buy some products that are outside the family budget due to existing social vulnerability¹.

The deprivation of basic rights to provide minimal care with menstrual hygiene has a direct impact on the lives of girls who, due to social and economic issues, are crossed by embarrassing situations that reverberate in their full development. In this regard, it is necessary to clarify that "the deprivation of these rights characterized by menstrual poverty is, therefore, a multidimensional problem that requires a multidisciplinary approach, aiming to solve the problems arising from the non-guarantee of human rights"¹.

Due to such deprivations, the learning of school-age girls who experience menstrual precariousness is entirely compromised, considering that a menstruating girl is unable to have full attention in class when she is in pain or afraid of soiling her clothes because they are not properly protected⁵. In Brazil, there are 7.5 million girls who menstruate in the school environment⁶. According to these data, about 321,000 students' study in schools that do not have toilets in usable conditions, and among these students, 121,000 are in the Northeast, that is, 37.8% of the total number of girls who study in schools without adequate toilets⁶.

Schools without toilets for use represent the extreme of a situation that, even when less unhealthy, erodes the future that education promises – especially for the population that menstruates⁵. In addition to the infrastructure in the school space, it is necessary that the school is functional and contains all the elements that are essential for personal use during the menstrual period⁵. Every scenario of insecurity involving menstruation corroborates the occurrence of school absenteeism.

School absenteeism is one of the main impacts caused by menstrual poverty on the lives of school-age girls, which, in turn, generates other repercussions, such as lower performance in assessments and impaired socio-emotional development, in addition to contributing to greater stress, lower motivation and a lower sense of belonging to school⁷. Due to the expressions of the phenomenon of school absenteeism, the school becomes an important instrument for the promotion of health promotion actions for children and adolescents.

Access to health information provides girls with self-knowledge of their own bodies and contributes to the denaturalization of menstrual pain, which masks problems such as endometriosis, for example. This and several other undiagnosed problems bring innumerable sufferings to the bodies that menstruate⁸. Breaking taboos and silence about menstruation includes educating young women who menstruate, their parents, and communities about this normal physiological process. Health organizations and

associations can play a key role as reliable sources of information about menstruation, which has a positive impact on the fight against menstrual poverty⁹.

In view of the above, it is necessary to reinforce that health care promoted through educational actions is capable of enabling quality of life, disseminating the social rights and health services available in the territory, making the population actively participate in the health services, seeking strategies to transform reality, as it is important to realize that the responsibility for health promotion belongs to everyone (users, community, health professionals and managers)¹⁰.

CONCLUSION

We evidenced that the educational activity provided by the resident health professionals was essential and decisive to combat the invisibilization that permeates menstrual poverty. From the explanation of the theme addressed, the moment provided several potentialities, to cite as an example the effectiveness of the activity through intersectoriality, the strengthening of the bond with the community of the territory, promotion of health and citizenship, attention to hygiene, dissemination of information regarding health services and encouragement of the bodily autonomy of children and adolescents.

However, we emphasize that the present study presented some limitations, especially with regard to the social notoriety of the theme, a situation that is expressed in the lack of databases related to the subject. In addition, it is clear how incipient health education actions are, since they have reached only a few portions of the population. Another obstacle found was the absence of menstrual education in the school environment. From this perspective, the proposed theme raised the discussion in order to promote reflections on menstrual poverty as a public health issue. The results found in this study may support future studies that seek to combat menstrual poverty through health education. It is suggested that other themes related to intimate dignity be addressed with the female population in the most diverse spaces.

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