



**Redressing Gendered Health
Inequalities of Displaced
Women and Girls**

Preliminary results: ReGHID
Survey-Honduras.

Menstrual health during Displacement

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Preliminary results: ReGHID Survey-Honduras

A study of the sexual and reproductive health of returnee migrant women

Menstrual health during Displacement

Menstruation is an inevitable part of the reproductive cycle of women and adolescent girls¹. In the [official statement](#) to mark International Women's Day in 2019, human rights experts called for the adoption of concrete measures to end discriminatory practices and taboos associated with menstruation to support menstrual health for women and girls around the world.

Women and adolescent girls have specific needs during menstruation that must be met in order to guarantee the right to healthy, dignified and universal menstruation. As well as menstrual hygiene products, these needs imply certain minimum sanitary conditions – particularly access to drinking water and sanitation – the management of menstrual pain, access to information about illnesses or health conditions which could be triggered during the menstrual cycle and an understanding of good sexual health practices. When taken in the round, these factors make up a space much wider and more inclusive of the menstrual health approach nowadays. Addressing menstrual health in a proper way is an essential part of Sexual and Reproductive Health Rights for women and adolescent girls irrespective of age, gender², residency status and / or nationality.

The circumstances and stress factors experienced during the displacement of the migratory journey may influence menstrual health practices and conditions of migrant women and adolescent girls, causing prejudice to their sexual and reproductive health. Considering this framework, the ReGHID survey³ used a series of indicators in order to study the menstrual health of displaced migrant women from Honduras and their access to services. With the aim to produce key information for effective action plans in policies that guarantee Sexual and Reproductive Health Rights (SRHR) during displacement.

The results showed that majority of women who reached the United States had their period during the journey (Tab.1). This was the case for a far lower proportion of women for whom Mexico was the last country reached.

¹ Includes trans-gender and cis-gender groups.

² Irrespective of gender because not all people that menstruate are women. Gender identity transcends the binary distinction of biological sex.

³ Survey implemented in collaboration with International Organisation for Migration (IOM). Sample size was 1,235 returnee woman and adolescents in Returnee Reception Centres in San Pedro Sula, Honduras. June-July 2022. See infographic and preliminary report of ReGHID survey in the following link <https://gcrf-reghid.com/publications/>

Table 1. Last country reached by had experienced the menstruation during displacement

Had the menstruation	Last country reached					
	Mexico		USA		Total	
Yes	234	36.4%	319	55.5%	553	45.4%
No	398	62.0%	217	37.7%	615	50.5%
N/A	10	1.6%	39	6.8%	49	4.0%
Total	642	100%	575	100%	1217	100%

Menstruation of migrant women was conditioned by the time duration of their journey. Two thirds of the women (two out of every three returnee migrant women), who reported that they had not had their period, indicated that their displacement lasted less than 30 days (Tab. 2). This indicates that one of the main reasons for an absence of menstruation was that their period calendar didn't match with the time when they were in displacement.

Table 2. Menstruation during displacement by duration of migratory journey

Duration of Journey	Menstruation during displacement									
	Yes		No		999		888777		Total	
[-30 days)	273	49.5%	412	67.1%	6	14.0%	1	16.7%	692	57.0%
[1-2 months)	174	31.5%	137	22.3%	20	46.5%	2	33.3%	333	27.4%
[2-6 months)	82	14.9%	53	8.6%	15	34.9%	2	33.3%	152	12.5%
[6-12 months)	16	2.9%	4	0.7%	2	4.7%	0	0.0%	22	1.8%
[12+ months)	7	1.3%	8	1.3%	0	0.0%	1	16.7%	16	1.3%
Subtotal	552	100.0%	614	100.0%	43	100.0%	6	100.0%	1215	100%

Greater clarity around this result can be seen in the following table (Tab. 3). Period calendar was the principal factor for all age groups, followed by use of contraception and pregnancy. The youngest age group provided the highest percentage in both latter categories.

Table 3. Reasons for not having the menstruation during the migratory journey by age groups.

Reasons for not having their period	Age Group							Total
	[15,24)		[25,34)		[35,+)			
Pregnancy	16	6.3%	5	2.3%	2	1.4%	23	3.7%
Menopause	0	0.0%	0	0.0%	24	16.4%	24	3.9%
Contraception	32	12.5%	22	10.3%	14	9.6%	68	11.1%
Illness	1	0.4%	5	2.3%	3	2.1%	9	1.5%
Was not its period calendar	191	74.9%	171	79.9%	92	63.0%	454	73.8%
Had been operated on	1	0.4%	0	0.0%	4	2.7%	5	0.8%
Other	2	0.8%	0	0.0%	0	0.0%	2	0.3%
Didn't know	5	2.0%	6	2.8%	4	2.7%	15	2.4%
Preferred to not answer	7	2.7%	5	2.3%	3	2.1%	15	2.4%
Subtotal	255	100.0%	214	100.0%	146	100.0%	615	100%

Access to menstrual hygiene services by travelling condition (Tab.4) showed that women travelling with offspring had less access to drinking water, soap for their hygiene or access to a private room or bathroom in comparison to women travelling alone or with other people. Results point to the especially vulnerable groups amongst the migrant women – those travelling alone and those travelling with their children.

Table 4. Travelling condition by access to facilities and hygiene products during menstruation

Access to facilities/sanitary products		Travelling condition							
		Travelling condition		Travelling with others		Travelling with children		Total	
Drinking water	Yes	243	93.5%	83	93.3%	178	87.7%	504	91.3%
	No	17	6.5%	6	6.7%	25	12.3%	48	8.7%
	Subtotal	260	100%	89	100%	203	100%	552	100%
Soap and other hygiene products	Yes	231	88.8%	83	93.3%	173	85.2%	487	88.2%
	No	29	11.2%	6	6.7%	30	14.8%	65	11.8%
	Subtotal	260	100%	89	100%	203	100%	552	100%
Private room / washroom	Yes	194	74.6%	77	86.5%	132	65.0%	403	73.0%
	No	66	25.4%	12	13.5%	71	35.0%	149	27.0%
	Subtotal	260	100%	89	100%	203	100%	552	100%
No access to any of the above facilities	Yes	14	5.4%	5	5.6%	24	11.8%	43	7.8%
	No	246	94.6%	84	94.4%	179	88.2%	509	92.2%
	Subtotal	260	100%	89	100%	203	100%	552	100%

Comparing the same indicator for access to facilities by last country reached (Tab.5), a greater percentage of women who reached the United States reported being able to access facilities than migrant women who were only able to reach Mexico.

Table 5. Last country reached by access to facilities and hygiene products during menstruation

Access to facilities/hygiene products		Last country reached					
		Mexico		USA		Total	
Drinking water	Yes	222	94.9%	282	88.7%	504	91.3%
	No	12	5.1%	36	11.3%	48	8.7%
	Subtotal	234	5%	318	11%	552	100%
Soap and other hygiene products	Yes	210	89.7%	277	87.1%	487	88.2%
	No	24	10.3%	41	12.9%	65	11.8%
	Subtotal	234	10%	318	13%	552	100%
Private room / washroom	Yes	187	79.9%	216	67.9%	403	73.0%
	No	47	20.1%	102	32.1%	149	27.0%
	Subtotal	234	20%	318	32%	552	100%
No access to any of the above facilities	Yes	224	95.7%	285	89.6%	509	92.2%
	No	10	4.3%	33	10.4%	43	7.8%
	Subtotal	234	100%	318	100%	552	100%

Menstrual pain

This section of the ReGHID study consists of questions around menstrual pain management during the migratory journey, whether pain is a regular occurrence during their menstrual cycle and how severely it was felt. A greater proportion of women in the younger age group reported that they had experienced menstrual pain during the migratory journey when compared with adult women (Tab. 6).

Table 6. Menstrual pain by age group

Menstrual Pain	Age Groups							
	[15,24)		[25,34)		[35,+)		Total	
Yes	78	32.6%	63	28.8%	22	23.7%	163	29.6%
No	161	67.4%	156	71.2%	71	76.3%	388	70.4%
Subtotal	239	100%	219	100%	93	100%	551	100%

Same indicator combined with the last country reached (Tab. 7) showed a greater incidence of menstrual pain amongst those migrant women who only reached Mexico, compared to those women who reached the United States. This output may be a result of stressor factors on the menstrual cycle during the migratory journey thus increasing premenstrual symptoms as menstrual pain.

Table 7. Menstrual pain by last country reached

Menstrual Pain	Last Country Reached					
	Mexico		USA		Total	
Yes	93	39.9%	70	22.0%	163	29.6%
No	140	60.1%	248	78.0%	388	70.4%
Subtotal	233	100%	318	100%	551	100%

By exploring regular menstrual pain by age groups (Tab. 8), it can be seen that migrant women aged 25 to 34 experienced pains more frequently (“most of the time” and “some of the time”) than younger and adult females. This indicates that certain age groups are at greater risk of suffering pain during menstruation while the migratory journey.

Table 8. Frequency of menstrual pain by age Group

Menstrual Pain Frequency	Age Groups							
	[15,24)		[25,34)		[35,+)		Total	
Some of the time	18	23.4%	20	31.7%	2	9.1%	40	24.7%
Most of the time	16	20.8%	15	23.8%	3	13.6%	34	21.0%
A few times	43	55.8%	28	44.4%	17	77.3%	88	54.3%
Subtotal	77	100%	63	100%	22	100%	162	100%

Recommendations

- Menstruation is an essential part of women and adolescent girls. Facilitating access to affordable menstrual hygiene products, drinking water and the infrastructure necessary during displacement to manage their menstrual health with dignity is a fundamental aspect to guarantee sexual and reproductive health rights (SRHR) in human mobility conditions. There is an urgent need to promote menstrual health initiatives that sensitively address those aspects which are implicit in managing menstruation, as follow:
 - i) Promote information about healthy intimate hygiene practices.
 - ii) Guarantee access, availability and affordability of basic sanitation facilities and hygiene products.
 - iii) Provide guidelines about menstrual pain management.
 - iv) Guarantee privacy and dignity during menstruation.
 - v) Mitigate social stigma associated with menstruation.

Menstrual health also includes menstrual pain management during those days in the period cycle. Menstrual pain is known to have a limiting effect, disrupting the daily routine of menstruating people and setting off other incapacitating conditions such as migraines. It is therefore necessary to keep informed about healthy and effective practices to manage pain during menstruation - irrespective of age or any other condition – and particularly during displacement given that situations occurring during the migratory journey can set-off changes in menstruation and related symptoms.

Supplementary Tables

Table S1. Menstrual health product used and manner of access

Access to product	Menstrual Health Product Used						
	Sanitary pad		Other		Total		
Donation	7	1.3%	0	0.0%	7	1.3%	
Brought from home	293	53.4%	2	50.0%	295	53.3%	
Given to them	21	3.8%	0	0.0%	21	3.8%	
Bought it	172	31.3%	1	25.0%	173	31.3%	
Distributed in a detention centre / deportation centre	45	8.2%	0	0.0%	45	8.1%	
Distributed in migrant shelter	9	1.6%	1	25.0%	10	1.8%	
Other	1	0.2%	0	0.0%	1	0.2%	
N/A	1	0.2%	0	0.0%	1	0.2%	
Subtotal	549		1	4	1	553	100%

Table S2. Type of product and ease-of-access to product

Was able to find product	Type of menstrual health product						
	Sanitary pad		Other		Total		
Yes	507	92.3%	4	100.0%	515	93.1%	
No	35	6.4%	0	0.0%	35	6.3%	
N/A	7	1.2%	0	0.0%	7	1.2%	
Subtotal	549		1	4	1	553	100%