



BLEEDING IN THE SHADOWS: UNDERSTANDING PERIOD POVERTY AMONG MIGRANT WORKERS AMIDST REVERSE MIGRATION DURING COVID-19 LOCKDOWN.

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I. Abstract

Migrant workers represent a significant segment of the susceptible demographic. The pandemic-induced lockdown has placed individuals in a state of uncertainty. In addition to experiencing unemployment and loss of income, these individuals faced a scarcity of resources necessary for sustenance in their new location. Consequently, the country had a significant migration event, characterized by the sight of individuals of all genders and ages making their way back to their respective places of origin by walk. The COVID-19 pandemic in India has presented significant issues, eliciting profound feelings of fear, worry, instability, and uncertainty among migrant workers. The issue of menstrual hygiene and sanitation has emerged as a significant worry among female migrant workers and their adolescent daughters as they return to their hometowns, either by foot or in overcrowded vehicles. Due to the absence of restroom facilities along highways and limited financial resources to afford sanitary napkins, individuals in this situation are classified as experiencing period poverty. Female migrants experienced significant levels of discrimination and social shame as a result of their menstruation. There is evidence to suggest that women and girls may be extending the duration of their menstrual product usage or resorting to unsanitary alternatives, such as ashes, mud, old cloth, or rugs. The Ministry of Women and Child Development officially declared on March 30, 2020 that sanitary napkins are classified as necessary items. Nevertheless, the lack of clear notifications has resulted in a state of misunderstanding, hence causing a disruption in the provision of essential sanitary supplies. Consequently, this has led to significant psychological anguish, which may potentially lead to the manifestation of post-traumatic stress disorder. The objective of this study is to investigate the potential impact of the COVID-19 pandemic on the menstrual periods of migrant women. This study investigates the correlation between stress induced by the COVID-19 pandemic and the menstrual cycle during the period of reverse migration. The research findings indicate that the COVID-19 pandemic has led to a significant rise in anxiety and stress levels, which in turn has had an impact on the menstrual cycle patterns of migratory women included in the study. The present study focuses on the impact of the COVID-19 pandemic on female migrant workers, specifically examining the issue of menstrual hygiene. The study also considers the phenomenon of reverse migration and its implications for these workers. Additionally, the concept of period poverty is explored in relation to this population. Lastly, the study investigates the potential occurrence of post-traumatic stress disorder among female migrant workers in the context of the pandemic.

II. INTRODUCTION

The COVID-19 epidemic and subsequent lockdown measures have had a profound impact on several sectors of society, posing significant challenges both in terms of economic stability and emotional well-being. Vulnerable populations, such as migrant laborers, experience negative consequences. The pandemic has had a significant impact on the availability of healthcare services, which are considered a fundamental human right. Routine healthcare services have been disrupted due to shortages in vital medical supplies and healthcare workers. The topic of menstruation has frequently been marginalized in many social settings and has not been prioritized by politicians. The prevalence of "menstrual shame" and the stigmatization around menstruation can be attributed to their entrenched nature within society. Nevertheless, the management of menstrual hygiene, commonly referred to as Menstrual Hygiene Management (MHM), is presently acknowledged as a global public health concern. The COVID-19 lockdown has resulted in increased vulnerability for migrant females who menstruate, as menstruation is a biological process that persists regardless of the lockdown measures in place. The COVID-19 pandemic-induced lockdown has exacerbated the challenges associated with obtaining menstrual hygiene supplies in India, mostly due to the lack of open societal discussions on this topic. During the period of enforced confinement, approximately 58% of small and medium-sized sanitary pad manufacturing enterprises had limitations in their production capacity, while 37% were completely non-operational. The implementation of hygiene measures, such as the utilization of sanitary napkins, serves as a means of safeguarding women's health during the menstrual cycle. The closure of retail establishments and suspension of transportation services resulted in reduced accessibility, availability, and provision of feminine hygiene products. Moreover, female migrant individuals encountered difficulties in accessing sanitary facilities for menstrual hygiene management during their process of reverse migration. During the initial phase of the lockdown, there was a scarcity of sanitary pads due to their exclusion from the list of essential commodities. Consequently, numerous girls and women were compelled to choose unclean alternatives such as utilizing old garments or rags to address their menstrual needs. However, subsequent to widespread public discontent, this was subsequently amended. Several State governments have implemented a provision for the distribution of sanitary napkins in schools as part of the Kishori Shakti Yojna, a program initiated by the central government. As a consequence of the closure of educational institutions amid the pandemic, a considerable number of girls from marginalized backgrounds are facing challenges in obtaining sanitary napkins, leading them to rely on cloth pads as an alternative. One prevalent issue associated with cotton pads is the insufficient knowledge among users regarding proper maintenance practices, which consequently increases the potential risk of infection upon reuse. The aforementioned situation presents a potential threat to the well-being of women, encompassing the possibility of severe infections. The adoption of unhygienic menstruation practices has the potential to elevate the susceptibility of women to reproductive tract infections. The issue of menstrual cleanliness poses a significant worry for girls and women who experience menstruation, leading to stress and anxiety. The absence of adequate menstrual products, limited access to comprehensive education regarding menstruation, enduring societal taboos and stigmatization, and inadequate sanitary infrastructure and facilities can contribute to feelings of isolation and dread experienced by menstruating individuals, potentially resulting in the development of Post Traumatic Stress Disorder (PTSD). Adolescent females traverse considerable distances in order to procure sanitary pads for period hygiene. Families with young daughters had financial constraints that hindered their ability to procure menstrual pads, hence impeding their access to this essential hygiene product. The maintenance of menstrual hygiene is a crucial requirement. There remains a prevalent perception among a significant number of individuals in India that menstruation is associated with impurity or filth. Within vulnerable populations, a significant number of girls have monthly menstrual periods without possessing a comprehensive understanding of the underlying biological processes or the subsequent discrimination they encounter. Marginalized and subject to social stigma, these individuals lack the means to get safe, sanitary, and cost-effective resources for the dignified management of menstruation. Through the implementation of a research endeavor focused on menstrual management resources in India amidst

the COVID-19 lockdown, the facilitation of suitable and comprehensive communal consciousness may be achieved, hence bolstering the provision of sanitary menstrual commodities. Consequently, the potential for altering attitudes and outlooks becomes feasible.

III. REVIEW OF LITERATURE

Roberts, Goldenberg, Power, and Pyszczynski (2002) were able to demonstrate empirically that even reminders of menstrual blood (e.g., tampons) can lead to avoidance and social distancing, which suggests that menstrual blood may serve as a blemish on women's character. Menstrual blood also reflects several of the key dimensions of a stigmatized condition. For example, it has been considered perilous—both magical and poisonous.

Rastogi, Khanna, and Mathur (2019) in their study pointed out that the novel coronavirus disease (COVID-19) pandemic has hit the menstrual health of girls and women in India by cutting off access to free sanitary napkins and information that helped manage their period. Normalizing conversations around menstruation is as critical as the dispensation of hygiene products to break the chain of taboo, misinformation, superstition and ignorance around the subject.

Moffat and Pickering (2019) in their study emphasized on how migrant women's menstruating bodies bear the 'double burden' of having to maintain their bodies without any infrastructural support (pads, tampons, and hospitals) during their walk. In other words, the material reality of the walking body in the case of women would narrate an even more dire corporeal truth of the body. However, such encounters of the menstruating bodies have not surfaced in any narrative about migrant workers during the pandemic, signaling an oppressive attitude towards women's bodies through silencing and making their bodies invisible. Chandra Mouli and Patel (2020) in his study observed that during the pandemic, the lockdown has been followed by the curtailment of public and personal transportation. Millions of migrant families in the metropolis suffered, as there is no maintenance of adequate stock of menstrual hygiene products at healthcare and community facilities.

Abdul Azeez EP, Dandub Palzor Negi, Asha Rani and Senthil Kumar (2021) in their study stated that female migrant workers who cannot even afford food due to loss of livelihood during the pandemic, cannot think about spending money on pads during menstruation. Hence, migrant women are left with no options, but to use clothes during the menstrual cycle. John and Kuruvilla (2021) highlights the gender dimensions of migration encompassing women's safety, security and integrity during the migrant worker exodus in India during the pandemic. Lack of menstrual management materials like sanitary pads, the privacy to change the pads, and access to facilities created stressful conditions for the migrant workers. Shinohara, Kawasaki, Kuwano & Ohnishi (2021) emphasized stress as a factor likely to affect the menstrual cycle and menstrual pain. The different menstrual disorders experienced by migrants in the present study were related to their individual levels of acculturative stress. Individual coping styles and help seeking behaviors may have been affected by these women's sociodemographic characteristics, but their level of acculturation to the environment or society and extent of feeling acculturative stress also contributed to determining their consultation decisions and help-seeking behaviors.

Crawford and Waldman (2022) emphasize that gender discrimination flourishes in a culture of silence, stigma, and shame associated with menstruation. Until recently, most people would have said that periods are private matters not to be discussed in public. The pandemic may have changed that culture of silence, though, as "period poverty" became more visible. Stigma does not necessarily result from an overt intent to discriminate against those who menstruate, but rather the historic stigma surrounding the open and frank discussion of menstruating people as the norm and treating menstruation as an aberration.

IV. NEED FOR THE PRESENT STUDY

Menstruation is sometimes regarded as an individualized or intimate subject, despite its significance in the realm of public health, owing to the rigid societal conventions and stigmatization surrounding it. The Ministry of Health and Family Welfare implemented a program aimed at promoting

menstruation hygiene among adolescent girls and women residing in rural regions, with the objective of enhancing their awareness of the subject. The statement highlighted the need to maintain menstrual hygiene, improve the availability of sanitary pads of superior quality, and promote the proper and environmentally responsible disposal of used sanitary napkins. The matter is equally pertinent in metropolitan environments. In the context of India, it is estimated that over 355 million girls and women experience menstruation, although they encounter substantial challenges in effectively managing menstrual hygiene. In the context of India, it is observed that a significant proportion of women, approximately 88%, resort to utilizing rudimentary materials such as aged fabric, rags, and ash for their monthly needs. This practice can be attributed to individual preferences, limited availability of high-quality menstrual goods, as well as a prevailing dearth of accurate knowledge and understanding regarding the usage of sanitary pads and other related items. A significant proportion of adolescent girls from marginalized populations exhibit a lack of knowledge on menstruation prior to experiencing their initial menstrual cycle. The majority of individuals hold a negative perception of their body during menstruation due to a belief that menstrual blood is impure. This is the prevailing state of affairs for menstrual hygiene care in the absence of the pandemic. The government-imposed migrant crisis has further intensified the situation following the implementation of lockdown measures aimed at controlling the transmission of COVID-19. Presenting accounts of migrant workers and exploring the societal stigma around menstruation can pose significant challenges.

V. RESEARCH METHODOLOGY

The selected sampling area for this study is the Visakhapatnam district located in the state of Andhra Pradesh. The study has employed a stratified sampling technique, which falls under the category of probability sampling. The sampling population comprises of 80 female individuals, encompassing married women, unmarried women, and teenage girls. These individuals are categorized into several strata based on the following factors: a) Age b) Educational background c) Health issues d) Marital status. Data has been gathered through a combination of primary and secondary research methods. The data has been subjected to qualitative analysis through the utilization of interview and survey methodologies. A semi-structured interview protocol has been developed to facilitate the gathering of data. This protocol includes 10 queries that are pertinent to the specific information needed from the participants in order to achieve the study's objectives. The survey approach involves the utilization of a structured questionnaire as the research instrument for gathering information pertaining to the demographic characteristics of the participants, including factors such as age, educational attainment, and marital status. Furthermore, alongside the aforementioned primary source of information, secondary data has been gathered from other scholarly sources such as publications, research papers, reports, newspapers, and online platforms.

VI. DATA ANALYSIS

AGE OF THE RESPONDENTS	NO. OF RESPONDENTS
>19 years	16
20-50 years	64

The age distribution of the study participants exhibits a broad range, indicating a diverse demographic trait. Out of the total sample of 80 respondents, a total of 16 participants are classified as being above the age of 19, although a larger portion of the sample, consisting of 64 persons, falls between the age bracket of 20 to 50 years. The incorporation of individuals from both younger and middle-aged demographics for a thorough examination of the effects of menstruation-related difficulties in the context of reverse migration throughout several phases of life.

MARITAL STATUS OF THE RESPONDENTS	NO. OF RESPONDENTS
Married	61
Unmarried	19

A smaller percentage of the participants, specifically 19 persons, are categorized as unmarried, while the bulk, consisting of 61 individuals, are stated to be married. The higher prevalence of married individuals implies that they encounter distinct challenges and considerations related to menstruation and reverse migration, compared to unmarried individuals. This variation may guide the development of policies and interventions that are specifically designed to address the specific needs of different demographic groups.

EDUCATIONAL BACKGROUND OF THE RESPONDENTS	NO. OF RESPONDENTS
Literate	23
Illiterate	57

Out of the entire sample population, a subset of 23 persons can be classified as literate, denoting their competence in reading and writing skills to some extent. In contrast, a larger subgroup consisting of 57 participants is characterized as illiterate. This educational discrepancy may indicate differences in access to knowledge, resources, and the ability to explain and fight for individual needs. The high rate of illiteracy among some participants may make it difficult to manage menstruation amidst reverse migration.

The majority of respondents (72.5%), or 58 people, said they used traditional ways like old cloths and rugs to deal with their periods. However, only a smaller percentage, or 27.5% of participants (22 people), said they are aware of using modern menstrual hygiene items like pads. This big difference in how many people used menstrual hygiene products says that a lot of the people who took part may not have had access to or knowledge of modern, clean alternatives. Traditional ways are common, which makes people worry about their health, comfort, and hygiene during their periods. It may be necessary to close this knowledge gap and encourage people to use safer and more effective methods of menstrual hygiene in order to improve the general menstrual health and well-being of the population.

A significant majority, comprising 75% of the participants (60 individuals), indicated that they were unable to obtain menstrual hygiene products during the reverse migration. On the other hand, a small proportion of respondents (25 percent, or 20 individuals) indicated that they had availability of menstrual hygiene products. The notable discrepancy highlights a disconcerting dearth of accessibility and availability of critical reproductive hygiene resources for the majority of the participants while they are undergoing migration. The restricted availability of these products gives rise to concerns concerning the reproductive health and overall welfare of individuals.

The study of the availability of toilets and other facilities for hygiene shines light on an important part of the participants' experiences during their migration. A large majority of the people who answered (62 people, or 77.5%) said there were no good hygiene and sanitation facilities. However, a small group of people 22.5% of the participants, or 18 people—said they had access to the right tools. These results show that a lot of the people who took part in the study did not have access to the right facilities to meet their basic health needs while they were moving. Not having the right facilities causes problems with health, dignity, and general well-being.

A significant proportion of the participants, accounting for 52.5% (42 persons), indicated experiencing social disapproval as a result of menstruation. In contrast, a significant proportion, comprising 47.5% of the participants (38 persons), did not disclose experiencing any form of stigma. The aforementioned findings underscore the widespread prevalence of societal attitudes and perceptions pertaining to menstruation, wherein a significant proportion of participants reported instances of stigmatization. The significance of stigma highlights the necessity for awareness campaigns and programs that seek to challenge cultural taboos and promote a more inclusive and

friendly atmosphere for those who experience menstruation. The importance of addressing stigma cannot be overstated in the context of promoting menstruation health, preserving dignity, and dismantling obstacles that impede open dialogues and the establishment of effective support measures.

A large majority (83.75% of respondents, or 67 people) said they were anxious and stressed because of their periods and the lack of good infrastructure during the reverse migration process. On the other hand, 12.5% of subjects, or 13 people, did not say they had experienced such emotional problems. The results show how hard it can be emotionally for people during reverse migration when they are having problems with their periods and there isn't enough infrastructure. A lot of people have reported feeling anxious and stressed, which shows that people who are migrating while menstruating needed specific mental health and support services to help them deal with the problems they have faced.

VII.CONCLUSION

The topic of Menstrual Hygiene Management (MHM) is frequently overlooked and carries a substantial amount of stigma. It is imperative that this issue be re-evaluated and given due attention from a public health standpoint. Therefore, it is imperative for legislators to enact laws and policies that prioritize the needs and interests of women. Hence, it is imperative for policymakers to incorporate measures pertaining to the provision of sanitary napkins and incinerators inside initiatives such as the Swachh Bharat Abhiyan. In addition, it is imperative to consider the environmental dimensions while addressing the disposal of utilized sanitary napkins. Sensitization is a procedure of equal importance. Hence, it is plausible that the mere act of generating consciousness may not necessarily result in a modification of behavior. The process of sensitization is characterized by a protracted duration, during which it progressively shapes the cognitive frameworks of individuals. Menstruation is an inherent physiological phenomenon, although prevailing societal prejudices around menstruation tend to undervalue women's reproductive capabilities and frequently subject their talents to scrutiny during menstruation. Hence, it is imperative to educate women and adolescent girls about the inherent strength and empowerment associated with the menstrual process. The reassessment of the production and distribution of feminine hygiene products to women residing in relief camps is of utmost significance, as it enables them to effectively engage in the practice of maintaining proper menstrual hygiene without encountering any challenges. During the period of enforced confinement, several non-governmental organizations (NGOs) also provided migrants with sanitary pads. However, a significant number of these groups had challenges related to financial resources. Therefore, it is advisable that the government establish specific measures to ensure the inclusion of female refugees and migrants in the government's adopted policies.

VIII.LIMITATIONS OF THE STUDY

All studies are subject to limits, which can arise from ecological or economical constraints. The current investigation is subject to several constraints due to the inherent characteristics of the research methodology and the complexities associated with the issues and subjects under examination.

- a) The scope of this study is confined to the city of Visakhapatnam alone, thereby limiting the generalizability of its findings. The investigation is limited to specific regions due to constraints related to time and money. Hence, it is unable to accurately depict the remaining territories within India.
- b) The sample for the study is picked using a random process, taking into consideration specific characteristics such as geographical location, accessibility, and size in Visakhapatnam, Andhra Pradesh.
- c) The findings lack generalizability to other industries. The findings pertain exclusively to female migrant laborer's and adolescent females who experience menstruation while participating in reverse migration during the lockdown imposed due to the COVID-19 epidemic.

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