

**Houston Area  
Model United Nations  
Standard Committee**



**WHO**

**Chair | Meghna Yennu  
Topic B Background Guide  
Houston Area Model United Nations 48  
February 2-3, 2023**

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# Note to Delegates

## Delegates,

Hi! Welcome to the WHO Committee! Firstly, I'd like to thank you for choosing to participate in this committee, the World Health Organization, this year. My name is Meghna, and I will be your chair for this committee. I'm very thrilled to be chairing these sessions with you, and I can't wait to see all the discussions and resolutions that will be thrown around the hopefully not virtual room! Some background on me: I'm a sophomore at Rice University, studying English and Biology alongside Medical Humanities, which is basically what the name sounds like, medicine from a humanities standpoint. I'm always interested in interdisciplinary approaches to the issue of healthcare, as it is a topic that does not occupy only one sphere of influence, but involves many domains, including social, political, economic, and of course, medical.

How I got involved with Model UN is rather ironic, in the sense that I genuinely thought I would never go to anything associated with public speaking or debate. Certainly I never thought I would do anything related to Model UN, so of course, I ended up somehow going to a MUN conference, knowing absolutely nothing about procedure or committees. That conference was surprise, surprise HAMUN! Even though it was very intimidating, I think the thing that I really remember was the feeling of excitement when I got my first note, asking if I was interested in forming a bloc with them. My resolution that I helped write did not end up passing, but the act of creating and formulating resolutions with complete strangers is something that I think I'll never forget. I think the thing that really draws me to MUN time and time again, is how complete strangers all join together to collaborate and compete together in making resolutions like their lives depend on it, and this creative and engaging environment is something I strive to foster in our own committee this year.

Model United Nations, as a simulation of the actual United Nations, allows you as students to contextualize global politics as something you can actively shape and direct, and I hope by participating in this committee, you all will gain a better understanding of your place as a global citizen in relation with the wider world, and how there truly no such thing as an isolated issue in our increasingly interconnected global world. Can't wait to meet you all! Good luck!

See you soon,

**Meghna Yennu**

Rice University | Class of 2025

Houston Area Model U.N | WHO Chair

Contact Information: [mdy1@rice.edu](mailto:mdy1@rice.edu)



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## Background Information



Menstrual healthcare has been frequently erased and stigmatized from the global healthcare agenda: it was not placed on the International Conferences on the Population and Development, nor was it stated directly in Sustainable Development Goals regarding health, gender equality, and sanitation. However the WHO has placed it, just as recently as June 2022, at the forefront of their agenda, in recognition of the role menstruation plays in quality of life, and the relationship between menstruation and physical and mental well-being. In rethinking menstruation beyond a sanitation and hygiene issue, the WHO strives to create conversation around menstruation as part of living and good health rather than something to be hidden away.

Menstruation should not be regulated to subject people must talk around, which allows for the spread of rampant misinformation. This stigma prevents the creation of environments built for menstruation, such as accessibility of menstrual products, as well as awareness of disordered menstruation, such as endometriosis, PMDD, and more. Education surrounding pain mitigation as well as spaces to discuss dealing with daily occurrences and accidents, especially for adolescents, can easily prevent unnecessary silence in enduring pain and embarrassment relation to periods.

While the definition of menstrual health is multi-faceted and spans different sectors, it can be broken down into four main categories:

- **Awareness** of menstruation before menarche (first menstruation).
- **Use of menstrual materials** to capture and contain menstrual blood, such as sanitary pads, cloth, tampons, or cups. These can also be grouped into single-use and reusable materials.
- Access to a **private place to wash and change** while at home.
- **Participation** in activities during menstruation, such as school, work and social activities.

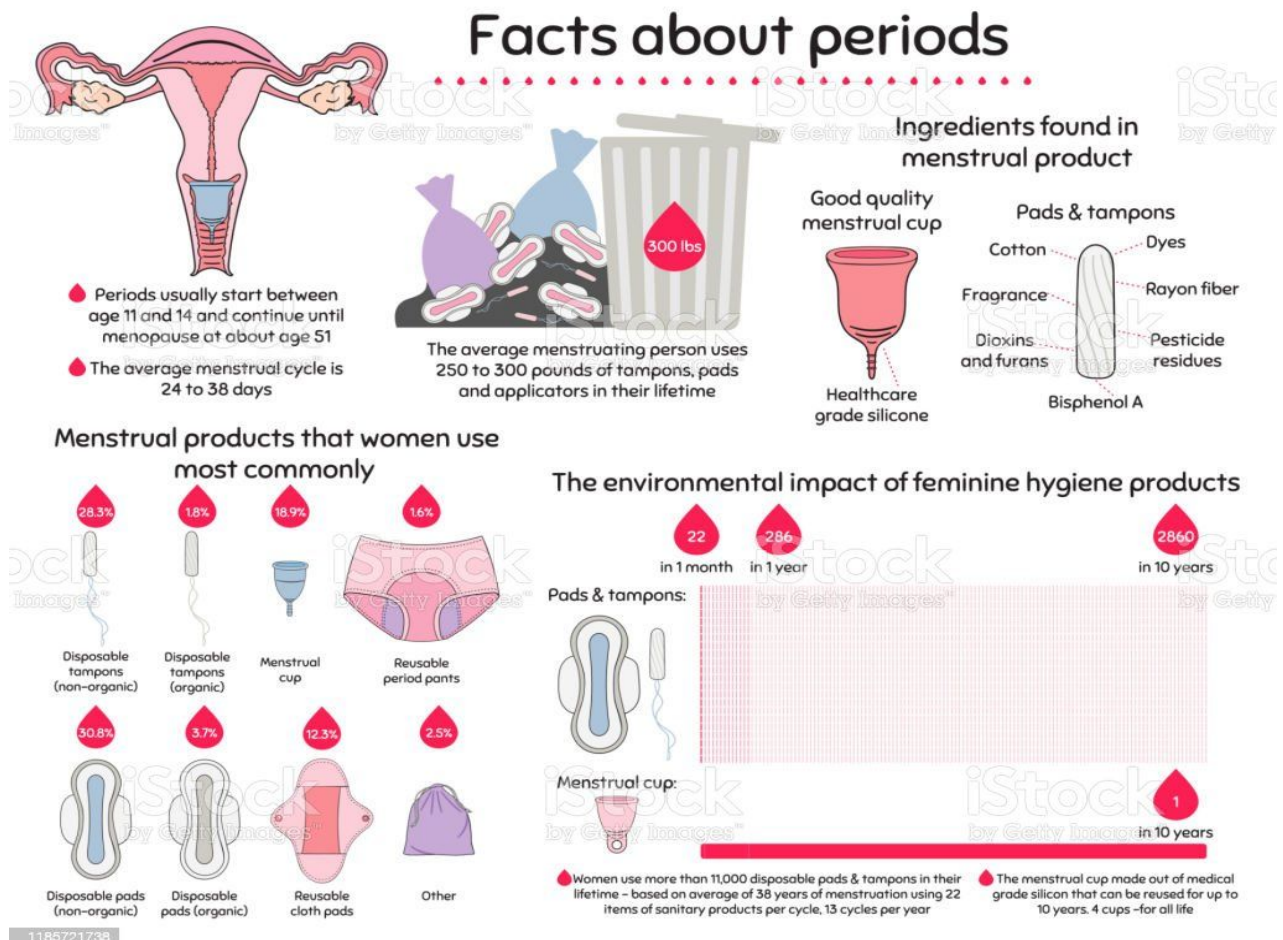
Use of menstrual materials is dependent on accessibility, both socio-economic and environmentally. Globally, lack of access to menstrual products leads to use of old clothes, wool, paper, rags, anything to stem the blood flow, which not only can cause health issues due to sanitation, but also because it makes it different to manage menstruation. Lack of education and awareness around menstruation limits people's knowledge of products, mainly from word-of-mouth, not knowing about the variety of options available, such as pads, tampons, and cups. This prevents people from finding products that work for them best, as well limitations on attaining certain menstrual products worldwide. Relegating menstruation to the gendered domain breeds stigma in discussing during school, work, and social activities, creating censorship around the daily dialogue about pain and shame.

# Topic History: WHO

Movement on menstrual health as more than hygiene and sanitation issue from WHO has been very recent, with a topic-focused declaration only being released as recently as June 2022. Most movements and past legislation surrounding menstruation have not come through the WHO committee; menstruation being overlooked as a general health issue rather than a purely sanitary problem. In the WHO statement for menstrual health rights, they call for three actions:

- “Firstly, to recognize and frame menstruation as a health issue, not a hygiene issue – a health issue with physical, psychological, and social dimensions, and one that needs to be addressed in the perspective of a life course – from before menarche to after menopause.”
- “Secondly, to recognize that menstrual health means that women and girls and other people who menstruate, have access to information and education about it; to the menstrual products they need; water, sanitation, and disposal facilities; to competent and empathic care when needed; to live, study and work in an environment in which menstruation is seen as positive and healthy not something to be ashamed of; and to fully participate in work and social activities.”
- “ Thirdly, to ensure that these activities are included in the relevant sectoral work plans and budgets, and their performance is measured.” [1]

As the WHO has gone on to state, most of the work done on menstruation has not come from the government, but rather “activists – including young people - and nongovernmental organizations have done much to place menstrual health on the agenda.” Governments have started to address challenges such as obtaining access to menstrual products for school-going adolescents, as well as populations under difficult circumstances, such as the homeless or incinerated. These are important steps, but as the declaration clarifies, “governments could and should do more than improve access to menstrual products. They should make schools, workplaces and public institutions supportive of managing menstruation with comfort and dignity. More importantly, they should normalize menstruation and break the silence around it. Finally, in the context of what is happening in Ethiopia, Ukraine, and elsewhere, governments should include an attention to menstruation as part of a broader sexual and reproductive health response in those who are displaced because of war or natural calamities.” [1]



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## **Case Study: Serbia**

A general overview of existing knowledge related to the impact of access to menstruation to health was first developed, which examined issues on: menstruation and menstrual-related in marginalized populations; the mental health impacts of lack of education/accessibility to menstrual healthcare; and human rights and gender aspects of stigmatization of menstruation. Despite the large amount of research on these issues, policy makers have not implemented policies to address the health impacts of sanitation conditions on menstruation, largely due to gender discrimination.

A policy brief was then produced to support Serbia in this regard. The policy brief first identifies several areas that require policy and intervention actions. Across the board for all aspects of gender mainstreaming and achieving gender equality is collecting and analysing sex-disaggregated data. This is a particularly acute problem in Serbia since data available in terms of sanitation and the health impacts of sanitation are not predominantly sex disaggregated. This makes it difficult, or rather impossible, to make proper assessments of the comparative situation and to implement subsequent gender responsive policies. [2]

Implementation centered around talking openly about menstruation and educating all genders to reduce feelings of shame and discomfort around the topic. Teachers and staff were trained to discuss menstrual healthcare and educated on how to approach and address the topic when it came up. Being able to address the topic directly beyond euphemisms helped address stigmatization, as well as implementing menstrual products in the bathrooms as well as labeling disposal bins.



# Questions to Consider

- How does the language surrounding menstruation lead to the narrative centering menstruation legislation and policy around solely hygiene rather than general well-being and daily life? How does the gendered language surrounding menstruation impact (“feminine hygiene, feminine products”) contribute to the silence and stigmatization of menstruation? How can the WHO work together with community centers, such as schools, to reconfigure the conversation about menstruation to encompass all aspects of life?
- How can member states work together in creating resolutions that account for menstruation as not just a medical topic, but a social, economic, cultural, and political topic as well? How does understanding the local attitude towards menstruation correlate with understanding of the global attitude towards menstruation and menstrual care? How can menstrual education be reframed to this conceptualization of menstruation as part of life rather than something to hide away? How is the public environment constructed without menstruation in mind, and how can the WHO reconfigure the environment to accommodate for menstruation?
- How can the WHO take into account the socio-economic inequalities that involve menstruation, healthcare and education, while also going beyond the binary of developing/developed countries? How do attitudes about menstruation intersect with attitudes around disability, and how can the WHO address the stigmatization about menstruation, understanding the range of manifestation from a few days, little to no pain to extreme dysmenorrhea?

# Resources for Research

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8098749/>
- <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2783499>
- <https://www.bcm.edu/healthcare/specialties/obstetrics-and-gynecology/ob-gyn-conditions/menstrual-disorders>
- <https://www.health.harvard.edu/blog/period-equity-what-is-it-why-does-it-matter-202106012473>
- <https://www.weforum.org/agenda/2022/06/period-poverty-pain-stigma/>
- <https://www.globalcitizen.org/en/content/period-poverty-everything-you-need-to-know/>
- <https://policylab.chop.edu/blog/period-poverty-public-health-crisis-we-dont-talk-about>

# Citations

[1] “WHO Statement on Menstrual Health and Rights.” *World Health Organization*, World Health Organization, <https://www.who.int/news/item/22-06-2022-who-statement-on-menstrual-health-and-rights>.

[2] “Unda Project 1819AE: Serbia - Impact of Access to Sanitation on Women's Health.” *UNECE*, <https://unece.org/environment-policy/environmental-performance-reviews/unda-project-1819ae-serbia-impact-access>.

