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Pain beyond Period

Understanding Menstrual Hygiene Management Challenges

Muslim Refugee Women in Za'atari Camp Perspective

Dissertation submitted in partial fulfilment of the requirements of the
MSc. Development Management

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To My Beloved Parents

The dead and alive, whom have given me lots of support and mental health issues.

I would have finished this better and faster if it wasn't for you, but I love you to pieces.

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I did not think this day will come, but here I am writing the acknowledgments to everyone who made my journey in this master's degree possible, and enjoyable.

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Sarah Hasan Shurbji

Executive Summary

While literature on Menstrual Hygiene Management (MHM) has evolved over the years to include the setting of humanitarian crises, it still has gaps in addressing holistic MHM which takes cultural and religious differences, such that of Islamic and Arabic menstrual hygienic practices into consideration. This research will attempt to fill the evidence gap on MHM challenges experienced by the females themselves.

This research builds on past literature and qualitative data to further strengthen context-specific MHM in emergencies. The challenges faced by Muslim Syrian women in regard to managing their menstruation at refugee camps, specifically in za'atari camp, is explored by looking into the intersection of three areas: 1) Dignity Kits Assessment, 2) Islamic practices and 3) gender and religion sensitive camp design. This is done by reviewing past assessments of Za'atari camp's MHM facilities and services to understand the evolution of camp MHM facilities, while aligning it to data collected from refugees to better understand their practices.

Data collected is done on two phases: *Firstly*, 29 surveys were collected by a random sample of refugee women in camp to identify main points of MHM challenges experienced. The survey is built in a historical way to assess challenges in Syria, on the way to the camp, and inside the camp to verify the authenticity of camp-specific challenges. *Secondly*, 18 women from the 29 were picked for an in depth face-to-face interview to further explore challenges experienced. Three key informants (KI) from UNFPA were contacted to discuss the shortcomings in services. They were not able to respond due to formalities regarding disclosing information.

Key findings identified the following challenges: 1) Inadequacy in meeting context specific dignity kit items 2) Limiting MHM to supplies, which in turns meant 3) lack of cultural and religious specific camp design, which also resulted from 4) insufficient communication with the female beneficiaries. A dearth in evidence on context-specific MHM in camps was also apparent. Further research on monitoring meeting minimum standards and adopting the concept of holistic MHM should be of an interest.

List of Acronyms and Abbreviations

ACTED: The Agency for Technical Cooperation and Development

GRSCD: Gender and Religion Sensitive Camp Design

GRS: Gender and Religion Sensitive

IDPs: Internally Displaced Persons

KI: Key Informant

MHM: Menstrual Hygiene Management

MISP: Minimal Initial Service Package

NGO: Non-Governmental Organization

RH: Reproductive Health

SGBV: Sexual and Gender-Based Violence

UNICEF: United Nation International Children's Emergency Fund

UNFPA: United Nations Population Fund

UN: United Nations

GBV: Gender-Based Violence

WHO: World Health Organization

WASH: Water, Sanitation and Hygiene

Table of Contents

Chapter 1

"The hardest thing in the camp is period for me"-Participant #13

Introduction

Under the heated sun in the middle of the desert, some Syrians became refugees after forcefully fleeing Syria and finding their haven in za'atari camp- which is now considered the fourth largest city in Jordan. The unplanned camp was erected in merely 9 days. It opened in mid-2012, making the refugees now, after 5 years, in a protracted displacement state.

According to the UN, it takes 17 years for refugees to return to their countries, and currently half of displaced people are females (UNHCR, 2015), making camp design and the struggles of female refugees, ever more important.

Out of every 5 households in Za'atari camp, 1 is headed by a female. And 28.2% out of the 49.7% of females in camp are of reproductive age, thus improving Menstrual Hygiene Management (MHM) in camp is imperative. However understanding MHM in humanitarian settings has only recently grew traction from researchers, and most studies revolved around MHM in schools or Water, sanitation and Hygiene (WASH) sector (Schmitt et al., 2017). There's a dearth evidence on MHM challenges faced by women in emergencies, and it is usually at the lowest of priorities in emergency response (WaterAid, 2012, Shmitt et al., 2017). Hence, there is an agreement that further research is needed to identify

better response to menstrual hygiene needs in humanitarian sector (Sommer et.al, 2016; Schmitt et al., 2017).

1.1. Overview of Research

While the current discussions of reproductive rights generally revolve around autonomy, it seems like the fundamental reproductive health (RH) rights for a hygienic management to menstruation has yet to occupy the same momentum (Human Rights Watch, 2017).

In average, females menstruate six to seven years of their lives (Mahon and Fernandes, 2010). Menstruation is a natural body process for females, and while it is a given right that females have access to toilets inside their houses, adequate quality sanitary products, pain killers and detergents; being a refugee woman of reproductive age undermines these rights. In this research, an exploration of the distinct MHM challenges refugee Muslim women have experienced in one camp setting, Za'atari camp, is explored.

In 2013, 1 toilet was assigned to every 50 people inside Za'atari camp (UNICEF, 2013) although Sphere minimum standards (2011) require 1 toilet for each 20 person. In this same year, it was reported that 70% of caravans installed unauthorized private pit latrines (Kleinschmidt, 2014). Moreover, a lack of second pair of underwear for females was reported (UNICEF, 2013). And while no data shows exact amount of distributed sanitary pads to refugee women in Za'atari camp, a UNHCR 2016-2017 Global Appeal needs says 52% of women in refugee camps didn't receive any sanitary materials. It is also still ambiguous which cluster in the humanitarian field should provide MHM services, or what is the best response, thus driving overlapping of services and possible miscommunication with refugees.

This research will provide evidence on understanding Muslim women MHM challenges in camps through answering the following questions:

1- What are the challenges and coping mechanisms faced by Muslim Refugee females during menstruation in refugee Camp?

2- What are Muslim female refugee's preference of dignity kit items and WASH facilities in Za'atari camp?
3- How gender and religious sensitive are the WASH facilities (Mainly communal latrines and showers) in Za'atari camp?

Three main areas are triangulated to present a framework for literature: MHM in protracted displacement, Islamic MHM practices and Gender and Religious Sensitive Camp Design (GRSCD).

This research will be presented in five chapters: Literature Review, Methodology, Case study overview, Data Analysis and Discussion and lastly, conclusion.

1.2. Context Overview: MHM, Islamic Practices and GRSCD

MHM is gaining traction from researchers, specifically in the area of schools (Sommer, 2010; El-Gilany, Badawi and El-Fedawy, 2005), more specifically schools in Kenya or India (McMahon et.al, 2011; Muralidharan, Patil and Patnaik, 2015; Oxfam, 2010). However, evidence is lacking in terms of what interventions work (Oxfam, 2010; Millington and Bolton, 2015). It is also lacking for other countries as well as in areas such as work, camp settings and Internally Displaced Persons (IDPs). In addition, studies mainly focus on the Hindu context due to the highly diverse taboos surrounding menstruation, thus Islamic practices regarding menstruation are often undocumented.

In Islam, women are not allowed to have intercourse, enter mosques or perform prayers during menstruation. They are also obligated to do the Islamic wash (*Ghusl*) when menstruation ends. Moreover, females from Arab culture are accustomed to generally avoid unrelated males' attention (COR, 2012), thus, within camp settings where public water collection points are often hard to reach, and latrines are shared with strangers, it is crucial to understand the cultural context when designing WASH and MHM interventions to avoid exclusions of females (De Lange, 2013).

Furthermore, it is still vague which cluster in the humanitarian response is accountable for MHM as it has intersections with the WASH, Health, Women Protection clusters and others (Sommer et al, 2016).Until recently, few studies exist on finding links between

MHM related WASH facilities and MHM practices (Wilmouth et al., 2013; WaterAid and Pradhan, 2009; Sommer et.al, 2016). These studies concluded the neglect of female's needs in the planning process. Thus a better understanding of the MHM challenges faced by a diverse set of females needs to be explored to reach a holistic context-specific MHM response by humanitarian agencies.

1.3. Research objective

The importance of proper management of menstrual hygiene in protracted displacement is four dimensional: It is important to **maintain female's health** and protect them from vaginal infections. It is crucial to **protect females against violence**; for example, latrines situated in hidden areas in a Kenyan refugee camp heightened chances of sexual violence against women if they wanted to change pads during night (Wanga-Odhiambo, 2014). MHM is also a basic need to **maintain female's dignity and empower** them to proceed with other daily activities (WaterAid, 2012).

This research will help providing evidence in understanding MHM challenges experienced by Arabic Muslim refugee females' by triangulating GRSCD, MHM response in protracted displacement and Islamic practices. Thus, informing humanitarian actors and UNHCR's AGD policy[1] to better define holistic MHM to diverse set of females.

The three main objectives of this research are: 1) assessing the dignity kits distributed; 2) Identifying the MHM challenges and coping mechanism Muslim femlae experience inside Za'atari Camp, and finally 3) assessing how MHM appropriate are/were the WASH facilities within Za'atari camp.

[1] Refer to section 3.5 in this research for more on this policy.

Chapter 2

"There is no purity taking a shower in communal showers" – Participant #4

Literature Review

Literature review is the theoretical base which surveys published work in a critical way (Hofstee, 2006). Hence, this chapter will critically explore historical literature in three main topics that will inform the research. Firstly however, definition of key concepts is presented. After which the evolution of MHM response in emergency and protracted displacement settings is analyzed by tracking services provided by MHM leaders through the cluster system, minimum MHM standards and the general MHM challenges females face in humanitarian settings. Secondly, in an aim towards context-specific humanitarian response, an overview of the cultural and religious menstrual hygienic habits of Muslims Arab females is explored. Finally, a brief analysis on the concept of GRSCD is presented. Various types of secondary sources of data is utilized (i.e. journals, grey literature, books and reports).

2.1. Key Concept Definition

In this section, I will present main concepts used throughout this research to better frame research questions.

2.1.1. Disaster Relief

For the sake of this research, CRED definition of man-made disasters is followed, which is an often sudden situation that causes human suffering and loses, overwhelms local capacities and necessitates international and national assistance (CRED, 2009). Disaster relief would generally be through governments then humanitarian organizations through the cluster system[2]. They primarily respond to people's immediate needs, but also bridging short and long-term needs (IFRC, 2017).

2.1.2. Protracted Displacement

Displacement in this research refers to people who flee their countries due to a sudden man-made disasters in their own countries. Such include refugees, asylum seekers and IDPs (ODI, 2015; IFRC, 2017). For the case of this research, I am focusing on refugees. UNHCR defined Protracted Refugee as "Situations where 25,000 refugees or more have been in exile 'for 5 years or more after their initial displacement, without immediate prospects for implementation of durable solutions" (ODI, 2015, p. 11). Syria currently contributes to the highest number of displaced people.

2.1.3.Gender-Sensitive WASH Facilities

House et al., (2014) refers to gender as the determinant of roles, privileges and limitations affecting males, females and LGBTIQ+[3]. Gender-sensitive WASH facilities in the sphere (2011) acknowledges that people experience things differently according to their gender. Thus, toilets, showers, water basins and water collection points are designed to accommodate all genders.

[2] Refer to section 2.1.3 for more.

[3] LGBTQ+ refers to Lesbians, Gay, Bisexual, Transgender, Intersex and Queers. The plus (+) was recently added to include any other sexual preferences.

2.1.4.The Cluster Approach

The coordination of any humanitarian assistance comes primarily through The Cluster Approach, where specific humanitarian organizations , both UN an non-UN, operate in different humanitarian sectors (Refer to figure 1), such as health, protection and WASH (UNFPA, 2015). This approach is needed to enhance coordination through inclusion of effected populations. Moreover, an Inter-Cluster Coordination (ICC) is run by the Humanitarian Country Team on a national level to further avoid duplication and enhance prioritization of populations needs.

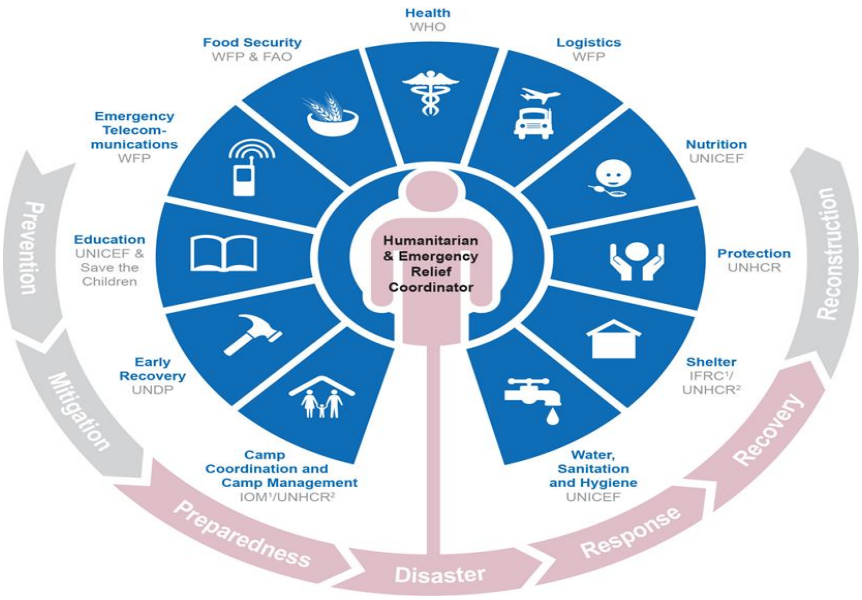

Figure 1: The Cluster Approach-Reproduced from humanitarianresponse.info

2.2. Menstrual Hygiene Management (MHM)

Menstruation is a natural monthly process that signs a good RH system. Females start menses at menarche age - which is typically between 8 and 16 - till an estimated age of 50, or menopause (Jones et al., 2009). During this time of the month, females' uterus bleeds through the vagina, causing abdominal pain, back aches and general fatigue. Females may also experience change in mood such as sadness or depression (Tearfund, 2009; WaterAid, 2012).

Sommer et al. (2015, p.6) defines MHM as: "women and adolescent girls using a clean material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose used menstrual management

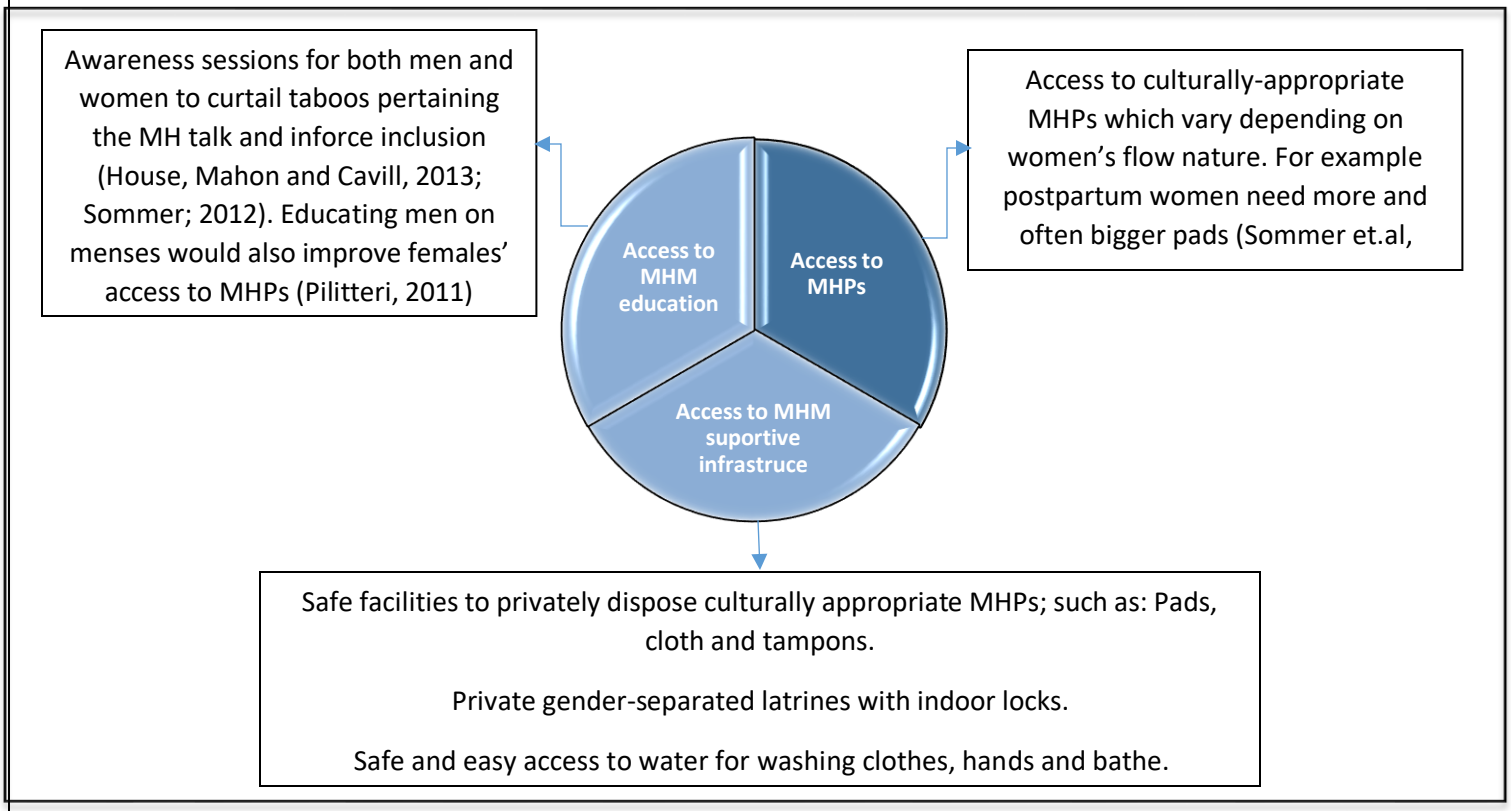

Figure 2: Holistic MHM Approach- adapted from Sommer et.al, 2016

materials". And while consensus is still not reached, it is generally agreed that holistic MHM includes Access to menstrual Hygiene Products (MHPs), MHM education and supportive infrastructure (Sommer et.al, 2016) - Refer to figure 2.

In emergencies, women are challenged by the lack of the aforementioned MHM facilities and services. Moreover, while MHPs are not considered life-saving items, the lack of them can negatively affect women's dignity, health, education and livelihood means (IFRC, 2015b).

Till this day, the typical response to MHM in refugee camps is the distribution of reusable/disposable sanitary pads to households, disregarding other aspects, such that

of non-culturally appropriate and inadequate hygienic items, inadequate WASH facilities, lack of financial means and difficulty accessing water points (Robinson and Obrecht, 2016). Governments and humanitarian agencies within the cluster approach are thus required to regularly adapt their assisting tools and programs to be more context and culturally specific for refugee needs.

2.2.1. MHM and the Cluster Approach

Since mid-1990s, the recognition of vulnerable categories' RH needs -such as refugees' RH- increased. The lack of evidence to RH needs in the refugee camps and IDPs was first highlighted by *The Lancet* in 1993 (Krause, Jones and Purdin, 2000). In 1994, during the International Conference on Population and Development in Cairo, an objective to make RH care accessible to all by 2015, specifically vulnerable and displaced people, was set (ibid). Soon after, RH in humanitarian emergencies was gaining traction and the minimal initial service package (MISP) was developed in 1995, and it has been the basic guideline for RH response in emergencies (Krause et al., 2015). After which, the Inter-agency Working Group on Refugee Reproductive Health (IAWG) and the Reproductive Health for Refugees Consortium was created (Krause, Jones and Purdin, 2000). Still, no precise MH needs were addressed at this time.

In 2000, a gap in addressing women's MHM needs in the humanitarian field was found by UNFPA, hence came the development of dignity kits, which specifically targets the management of menstruation, and their distribution became one of UNFPA's main roles, n (ALNAP, 2000; Mazzacurati, 2013). Still, MHM entails elements that goes beyond the *health cluster* and a kit of hygienic items, such as **WASH facilities and services** -which is delegated to UNICEF-, and **GBV risk** when using the WASH facilities - which UNFPA co-leads with UNICEF under the *protection cluster*- (ALNAP, 2011). This requires a multifaceted and interdisciplinary approach to MHM that encompasses activities from different clusters and different agencies (Sumpter and Torondel, 2013; Millington and Bolton, 2015; Sommer et.al, 2016).

So while UNFPA primarily distributes dignity kits under the health cluster, coordination needs to be in place to avoid duplication from other NGOs. In Yemen, UNHCR distributed sanitary pads and communicated this to UNFPA to avoid duplication (ALNAP, 2011). Moreover, in China, both UNCIEF and UNFPA distributed the same items but to different communities thanks to the communication (ibid). Also, in Iraq, Norwegian Refugee Council (NRC) has taken the responsibility of Dignity kits distribution instead of UNFPA (NRC, 2016). However, multiple humanitarian agencies are currently distributing their own hygienic kits that might include sanitary pads too, and not to everyone or not at the same time, which resulted in creating resentment and confusion between beneficiaries (Sommer et.al, 2016). The lack of adequate monitoring and evaluation for MHM services aggravates this discrepancy (ibid).

2.2.2.MHM Minimum Standards, MISP and Dignity Kit

As highlighted before, MHM till this day does not fall under a specific cluster, thus it is quite difficult to determine unified set of minimum standards. However, The Sphere Project (2011) is the most internationally recognized minimum standards in humanitarian response and it includes more standards about MHM each year, but it mostly includes MHM response in relations to WASH. Nevertheless, keeping in mind that some general foundational flaws still exist in the Sphere which goes beyond this research and is too broad to cover. For example, only in its recent unpublished edition is women's participation from the affected populations an explicit requirement (The Sphere Project, 2017).The current version of the Sphere is gender-neutral. For example, Standard Analysis 1 in Guidance Note 3 for the Water chapter does not specify the necessity for having women representative in the assessment teams. Having these foundational gaps heightened MHM challenges. It is noted in Rohwerder report (2014) that due to lack of gender-sensitive logistics, there were incidents where male logistics bought G-strings as the Dignity kit underwear. In another incident, a male logistician handed individual pads instead of packets to females, not knowing they should be given by pack. Thus The Sphere, while still broadly followed, should be accompanied with other standards to be adequate.

The most comprehensive guideline for a more holistic MHM till this day is Menstrual Hygiene Matters[4] (WaterAid, 2012) which includes the provision of NFIs, MISP kits, Dignity kits.

2.2.2.1. NFIs

Part of early response to disasters is NFIs. Depending on the presence of other agencies in a humanitarian scene, multiple actors can take the responsibility of distributing Non-Food Items (NFIs). NFIs would include essential items for physical and psychosocial survival, such as clothes, blankets, jerry-cans, tents, sanitary pads, torches and whistles. And they are distributed to beneficiaries as soon as an emergency occurs, and it is recommended that the dispensable items- such as sanitary pads- would last at least a month (MSF, 2009; UNHCR, 2007).

According to Rohwerder (2014), NFIs which best meet females' basic needs in emergencies would include hygiene/dignity kits, suitable clothing and contraception. And items that meet female's protection needs include torches and whistles. However, evidence of consultation with affected females and consistency of items delivered as required in The Sphere before their provision is lacking. According to MSF's (2009) NFI guide, underwear is usually neglected due to difficulty of fitting sizes to the populations, which makes it harder for women to use sanitary pads (Sommer, 2012). While less important items, such as Sari is usually included according to culture for enhanced mobility (MSF, 2009). To further enhance mobility, the distribution of NFIs should be in a place that insures female's dignity and safety (Rohwerder, 2014).

Moreover, WASH's Hygiene Promotion teams should coordinate with other organization who might be distributing NFIs to maximize the use of items distributed (UNICEF, 2007; The Sphere, 2011), like explaining the appropriate number of times to change pads during the day, or how to properly cleanse after period, in a way that matches items distributed.

[4] The most powerful toolkit was only published on 7th of October thus has not been the foundation of this research, however, it is ever more comprehensive. Please refer to Sommer et.al (2017) in references.

2.2.2.2. MISP

MISP is a comprehensive medical kit that is included under Guidance Note 2, Standard 2 in the Sphere as the initial responding task to RH needs of affected populations (The Sphere Project, 2011). Its primary goal is to reduce mortality, GBV, morbidity and disability for people in crises, specifically females (WRC, 2011). However, in 2010, culturally appropriate menstrual products were added as a minimum priority objective in MISP, and is distributed with NFIs (WRC, 2011).

2.2.2.3. Dignity Kits

Dignity kits (DKs) complement MISPs. Since 2000, UNFPA has been providing DKs to females in humanitarian settings to encourage their comfort, dignity and mobility. DKs are designed through consultation with the effected community to ensure the provision of context-appropriate materials such as sanitary pads/cloth/cup, whistles, torches, culturally appropriate garments and buckets for washing personal items (UNFPA, 2015, GBV, 2015).

In a survey assessing dignity kits in Uganda and Sudan, women in Uganda expressed their need for a cloth to wrap around their waist as part of the kit to avoid embarrassment of leakage through clothes (IFRC, 2015b). The survey also showed the importance of having a comprehensive kit to meet female's needs (ibid). For example, UNHCR specifies Six underpants/female/year and 12 disposable pad/female/month (Rohwerder, 2014). However, 38% of the respondents identified buckets, ropes and pigs as a vital element to their MHM (IFRC, 2015b). Moreover, according to DK distributors, menstrual females of non-menstrual age complained about not getting the kits at all (IFRC, 2015b).

Some experts also suggest the inclusion of an extra bucket for women to wash their menstrual clothes in as they might be reluctant in washing them with other clothes due to cultural or religious reasons (Rohwerder, 2014). Other items could be added depending on the context. CARE Kenya provided solar lights as part of DKs to reduce women's vulnerability at night (Rohwerder, 2014).

As for DKs distribution, UNFPA DK package is a reusable fabric backpack, but it is reported that they always come with a bucket (GBV, 2015). Collection points of DKs should also be discrete and close to households to minimize risk of GBV (UNFPA, 2015). Distribution times and locations should be communicated to women prior to distribution for women to plan their trips (GBV, 2015). Distribution teams do not require having female staff, however, some studies show that females from certain cultural background that still consider menstruation a taboo subject would feel uncomfortable buying pads from male staff (Millington and Bolton, 2015). And while no one standard is used to define how long should the DK last, SPHERE recommends one month period (2011).

Moreover, people who are registered with UNHCR only receive DKs, thus making it difficult to receive them in early emergency settings (UNICEF, 2007).

DKs are proving to be reducing challenges women face in humanitarian contexts. Females expressed the feeling of being respected upon receiving dignity kits in Myanmar (Abott et al, 2011). And in Democratic Republic of Congo, distributing dignity kits allowed females to spend cash assistance on other needed items and not to make the hard compromise (ibid).

2.2.3.Social and Health Impact of Poor MHM on Females

Poor MHM repercussions have been poorly researched thus far, mainly due to small scale, ungeneralizable research and interventions. However, it is agreed that inadequate MHM response could lead to female's loss of dignity (Robinson and Obrecht, 2016; Phillips-Howard et al., 2016; Sommer et.al, 2016), health consequences, social exclusion (Mason et.al, 2013), dropping out of school (el-Gilany, Badawi and El-Fedawy, 2005) and greater risk of GBV (Robinson and Obrecht, 2016). Women could be victims of sexual exploitation in exchange of buying required hygienic products, impacting the psychological, health and social wellbeing of the victim (UNFPA, 2015; Phillips-Howard et al., 2016). In Uganda, refugee females' mobility and dignity were negatively impacted by having no access to MHPs or gender-sensitive WASH facilities (Parker et.al, 2014).

Furthermore, when WASH programs fail to take MHM in consideration, like building communal latrines close to men's gathering points, hinders female's accessibility to these latrines and compromises their safety and health by them choosing inadequate private pit-latrines (De lange, 2013; Philipes-Howard et a., 2016). Household head females reported feeling more at risk if their houses lacked a private bathroom; a primary requirement for MHM (UNFPA, 2013).

Adequate Hygiene Promotion could also shed away taboos and misconceptions. In Tanzania, it is believed the owner of the menstrual cloth will get cursed if someone saw it (WaterAid, 2012), while in Bangladesh, women would bury menses clothes to prevent evil spirits from using them. Social exclusion of women during menses, such as in Nepal, denies women from cooking and sleeping in the same room with other family members (ibid).

However, research on health consequences of poor MHM - such as rash and irritations- are contested and scarce (Robinson and Obrecht, 2016). The most discussed health symptom of poor MHM is Urinary Tract Infection (UTI) (Singh et al,2001), and although a scientific proof linking poor MHM and UTI does not exist, many recent reports assumed the connection (WaterAid, 2009; Mahon and Fernandes, 2010; Valsangkar et al. 2014). But inadequate MHM response, such as lack of locally appropriate sanitary products, can indirectly have health consequences. Burundian women in a Tanzanian refugee camp had to sit on open flame to slow menstrual blood due to lack of sanitary pads (Krause, Jones and Purdin, 2000).

Finally, it is estimated that it would cost up to 10% of a poor family's monthly income to buy disposable sanitary pads (Tearfund, 2009). When refugee females find themselves suddenly the household head, struggling to secure livelihood means, 10% of monthly income on MHPs would force them to make hard compromises.

House, Mahon and Cavill (2013) summarizes the negative effects of poor MHM as a cycle of neglect (Refer to figure 3).

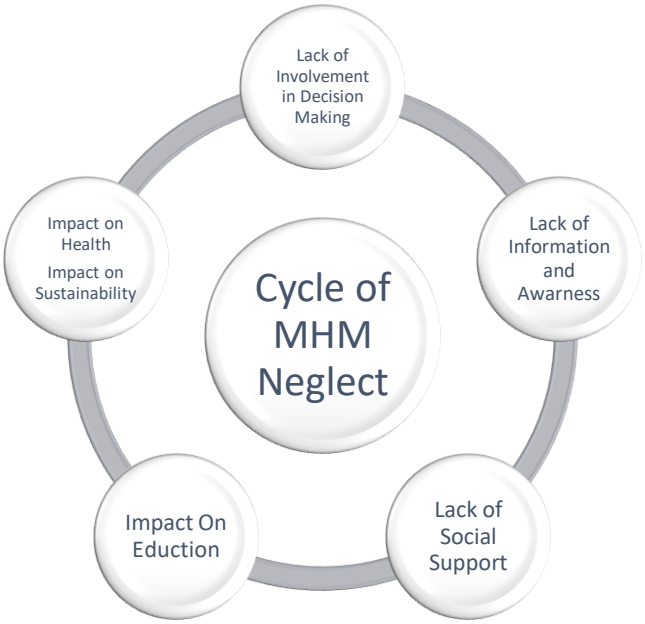

Figure 3: Cycle of Neglect- Adapted from House, Mahon and Cavill, 2012

2.3. MHM and Islamic Practices

Apart from Sikhism, all religions have restrictions and taboos around menstruation (Bhartiya, 2013). And while humankind is generally hygienic, hygiene is greatly emphasized in Islam and some practices are obligatory, Menstruation ablution being one of them. MHM has been regulated by Islamic religious jurisprudence (*Fiqh*) in different chapters in Quran and Sunnah. In this section, we will focus on the issues that intersects within the context of the humanitarian sector and camp designs including washing up from menses, washing menses-blood stained clothes, and Muslim women cultural habits. Moreover, we will only mention Hadith (prophetic traditions) from Sahih Bukhari (AlBukhari, n.d) and Sahih Muslim (Muslim bin al-Hajjaj et al., 2007), which is viewed as the most trusted collections of hadith.

Menstruation, or *AlHayd* in the Islamic terminology, is the shedding of the endometrium which happens once every 28 days from puberty (nine lunar years) till menopause (fifty years). Any blood after or before this age limit is not considered menses in Islam (Rizvi, 1985). While menstruation is considered *najas* in Islam, which literally translates to

impurity, it does not stop the woman from living her life and the term only reflects on the substance of the process. However, some religious restrictions and taboos exist regardless of the previous claim. For example, in the Ayah "And they ask you about menstruation. Say, it is discomfort, therefore keep aloof from the women during the menstrual discharge and do not go near them until they have become clean..." (Al-Qur'an Al-Kareem, n.d,a), it orders men to abstain from having penetrative sexual intercourse with their wives. Other religious acts which are forbidden due to the harm it may result to women's bodies are performing prayers and fasting. And they remain forbidden until a woman performs *ghusl AlHayd* (menses wash up) (Rizvi, 1985; Brozyna, 2005). Some Islamic scholars might also say that touching Quran or reciting it, or both, is forbidden, but there is no consensus on this.

It is widely agreed by Islamic scholars that *ghusl AlHayd* is obligatory and is similar to ablution from sexual intercourse, which is explained in the following part of hadith: "…Everyone amongst you should use water…and then pour water on her head and rub it vigorously till it reaches the roots of the hair…Afterwards she should take a piece of cotton smeared with musk and cleanse herself with it…." (Muslim bin al-Hajjaj et al., 2007). A woman who is in a state of post-natal, or *Nafsa´* as referred to in Islam, is required to perform *ghusl AlHayd* as well. However, small differences between sects and scholars would determine how strict the *ghusl* is. For example, the need to reach the hair roots and using of perfume/musk afterwards is obligatory as seen by some scholars, while for others, it is only desirable (Sharawe, 2000). On the other hand, *Istihada*, which is different from AlHayd, refers to blood shedding after the menstrual cycle which obliges women to do wudu' –wash up for prayer- before each of the five prayer (Sharawe, 2000; AlBukhari, n.d, books 6 hadith 324).

When going to toilet, the use of toilet paper alone is abominable and private parts are preferably washed by water (ibid; Kuşçular, 2007). This is called Istinja in Islam. While istinja is performed when on menses or not, it is considered more preferable to follow these recommendations when on menses (Noor, 2016). That is why most Muslim houses would have a bidet (kuscular, 207).

While these practices thus far alludes that Muslim women are using more water than non-Muslims, Islam is very accommodating and conservative in using water. Dry ablution, or *Tayamum*, is an alternative to ghusl and wudu' that replaces water with clean earth dust. Tayamum is performed when water is scarce, not available nearby or the person has an illness that forbids them from using water (Al-Qur'an Al-Kareem, n.d, b). However, Tayamum is not a common practice now a days, even in water-scarce countries.

Moreover, it is desirable in Islam to not leave pubic hair for more than 40 days (AlBukhari, n.d). And while it is not well documented, but it is common to remove it every week if possible, thus it is culturally accustomed for women to shave after each menses[5] (refer to findings in chapter 5).

Washing of menses-blood soiled clothes is a must if a woman is to wear them again for prayer. In a Hadith, a woman whom menses-blood stained her clothes came asking the prophet (PBUH) on what to do, to which he answered: "….she must take hold of the blood spot, rub it, and wash it with water and then pray in it" (AlBukhari, n.d, book6 hadith 304). However, washing clothes with water or soap is not obligatory if they were scarce and if the garment is not going to be used for prayers. In a Hadith narrated by Aisha where women mentioned having only one garment for menses and it got soiled with menses blood, thus they used saliva to remove the blood with their nails (ibid, hadith number 309). Nonetheless, it is observed that modern Muslim women would not suffice with the aforementioned Islamic recommendations due to cultural habits and basic hygiene practices.

Moreover, while the prophet did not mention number of times to wash menses clothes each time they get stained, it is culturally common for women to wash their impure garments and underwear in a separate washing bucket, then wash the bucket seven times- one of the washes with dust, to purify it and use it again. This practices follows the hadith: "If a dog drinks from the utensil of anyone of you it is essential to wash it

[5] Being an Arab Muslim from Syrian background myself, I am comfortable in generalizing this without a documented resource, however, the data collected further strengthens this statement.

seven times." (AlBukhari, n.d, book4 hadith 173) which Muslim added "soil it with dust" (2007), it being the impure utensil.

Finally, Muslim and/or Arab women, just like other cultures in India, would use euphemism to talk about their menses and are often discreet about talking about it in front of males, even related ones (Bhartiya, 2013). This shows how intertwined social and religious practices affect women's menstrual practices and this should be taken into consideration in developmental and humanitarian settings.

2.4. Gender and Religion Sensitive Camp Design (GRSCD)

A former UNHCR high commissioner, Kleinschmidt, said once that camps are "storage facilities for people" (2015). The average number of years a refugee can remain in a protracted displacement situation is 20 years (ODI, 2015). Thus, in the midst of protracted displacement conditions, a sustainable, scalable and context-specific camp design should take a subject as basic as MHM into consideration. The conventional way of sufficing for communal shared toilets or unauthorized pit latrines and denying a more permanent camp design from the beginning is not gender-sensitive (Harvey, Baghri and Reed, 2002). And camp design guidelines are still neglecting, to some extent, MHM. In this section I will specifically talk about one area of GRSCD: WASH facilities. Overall, GRSCD WASH facilities will strengthen physical protection, supporting livelihoods and reduce risk of diseases outbreaks to females (Corselles and Vitale, 2005).

According to WaterAid (2015), good practice of MHM WASH-friendly facilities in emergencies should include:

- Safe and accessible ***water supply*** of adequate quantity.
- Accessible, safe, well-lit and private ***Latrines*** which quantity matches the minimum Sphere standards, segregated by sex and are large enough to change menstrual protection materials in. If electricity cannot be provided, then the NFI or Dignity kits should provide torches.
- Safe, private, accessible and lockable ***bathing units***, with a hook for hanging clothes as well as a discrete drainage to drain menstrual blood.

- Hidden ***disposing facilities*** within latrines for menstrual material.
- Private, sex-segregated ***washing facilities*** to clean underwear and clothes.
- Maintaining cleanness of all previous facilities.

Unfortunately, the responsibility of providing these MHM related facilities that goes beyond provision of dignity kits and sanitary pads is often unclear (Sommer et.al, 2016). However, they generally fall under the WASH cluster (refer to figure 1), and they mostly follow The Sphere Standards (2011) and UNHCR emergency handbook (2005). Nevertheless, most humanitarian agencies, such as OXFAM, IFRC and MSF developed their own recommendations on designing WASH facilities. And even then, when a camp is constructed in emergencies, recommendations are disregarded and it results in overlooking gender elements and heightens women vulnerability (De Lange, 2013; Sommer et al., 2016).

Poor attention to MHM in general have led engineers and camp designers to create facilities which are not MHM-friendly. Shared latrines, for example, are unacceptable, both for cleanness and accessibility issues, and can result in health outcomes such as diarrhea, trachoma and others (Heijnen et al., 2014). However, when it comes to refugee camps, it is still the norm in standards.

The 2nd standard on Excreta disposal in The Sphere (2011) recommends appropriate, secure and safe communal toilets and bathing blocks which are close to dwellings and can be accessed day and night. For females however, using toilets and showers means transporting water from water points, and while the maximum distance between the nearest water points to a given house is 500 meter (ibid), it contradicts UNHCR's emergency book which requires a distance not farther than 200 meter (2007). It is proven to be of a burden on females to make trips to latrines to wash after menses, or boil water for bathing in communal kitchens in cold weather (Oxfam, 2010; UNHCR, 2007). And during rainy seasons and pregnancy, women find it even more difficult to go to public latrines, thus they would defecate using pots within their residents which would further increase risk of public health issues (Tearfund, 2009).

According to World Toilet Organization, women spend three times longer in latrines than men due to biological difference (Tearfund, 2009). However, with The Sphere (2011) having a minimum standards of 1 latrine for each 50 person, which goes down to 1 latrine for each 20 if the emergency to be protracted regardless of the gender. This leads female refugees to defecate in private pits in their dwellings due to toilets congestion. This will also lead to more costly and hard waste desludging problems in camps as pit latrines proved not to account for the accumulation of disposable MHM materials (Phillips-Howard et al., 2016).

Furthermore, information about MHPs' disposal is scarce due to the shame and secrecy culture surrounding those (Scorgie et al, 2016). Due to this, MHPs' are increasingly being disposed through waterborne sanitation systems, thus posing health risks on sanitation workers and end users (Truyens et al., 2013).

Finally, to address GBV in WASH facilities, both protection principles 1-2 and Excreta Disposal Standard 2 recommends either lightning in communal latrines, or torches to be provided to households for night use and protection, especially for women and children who are more prone to attacks (The Sphere Project, 2011). Thus, it is a prerequisite to UNHCR's operations to install solar lights in and out of latrines to ensure female's wellbeing, safe mobility and decreasing risk of sexual violence. (UNHCR, 2016).

The most comprehensive guide for gender sensitive WASH facilities design is MSF's (2015) where it includes a contextual development of latrines and bathing facilities that meets female's needs.

Chapter 3

"This is all from God, I came to accept my condition" – Participant #5

Methodology

This chapter includes a brief overview of the research questions then defining the rational and appropriateness of research methods, sample and data collection method, and the conceptual framework used to analyze the data.

3.1. Research Methods

The ontology of this research aims to understand challenges behind MHM in refugee camps, particularly za'atari camp, from the refugee Muslim women perspective through tracking these challenges which they experienced through the Islamic practices and GRSCD lens.

The methodology for addressing the research topic combined both quantitative and qualitative methods, namely: literature review of existing data, questioner and semi-structured interviews. This method is also known as triangulation, which is used to increase validity and reliability of data (Denzin and Lincon, 2017) by comparing results through parallel perspectives (Mason, 2006) and informing qualitative methods (Barbour, 2013), and finally to help in sampling criteria (Cawley, 2004). Thus, data generation went beyond that to observing the social construct of the interviewees living conditions and

surrounding as well as the current camp design. This was done through looking at online maps and grey literature as it will help in documenting physical aspects of camp design without depending on people's response (Barbour, 2013, Mason, 2006, Powell et.al, 1996).

The reason why a triangulation method is used is the variety of claims in what is being delivered to refugee women regarding MHM, and the varying level of service delivery and quality between camp districts. Interviewing alone would have given unreliable and misinformed conclusions.

Firstly, the literature review explored the most recent data regarding MHM in humanitarian settings to address real gaps in research and to avoid duplicating findings. Then a preliminary questionnaire (annex 2) was used to inform the development of the topic-guided interviews question. This way, information gathered, such as number of kids and marital status which could trigger unpleasant emotions if asked during interviews, would be less troublesome for interviewers.

The bulk of data is then generated through semi-structured interviews (annex 3) which were initially informed by the preliminary questionnaire and based on: WaterAid toolkit (2012), IFRC Dignity Kits Survey in Sudan and Uganda (2015) along with MSF's latrines design guide (MSF, 2015) and UNFPA Dignity Kit guidelines (UNFPA, 2015). This is used as the main data generation method due to its ability to fully incorporate women as active participants and answer the research questions. The questions, while based on WaterAid toolkit, are also formed in a Narrative Interview method to show the "life story" or historical change of habits and challenges experienced (Barbour, 2013), or as mentioned by Pavlish (2007); that they allow the participants themselves to reach the analysis phase and creating solutions. The topics draw a historical timeline of the women's challenges and the evolution of MHM camp's services. All forms filled by participants were translated to Arabic and all interviews were recorded and done at participants own caravans to ensure their confidentially and comfort.

This is a feminist methodology as it critically analyzes literature through a feminist perspective (Hesse-Biber, 2012), while also making women participants the source of knowledge to challenge findings from other research (Seale, 2000). Refer to annex 4 for an overview of the method process.

3.2. Sample

The sample has been randomly identified by community leaders and UN Women's Oasis. A list of 38 prospect participant was obtained, only 22 were reachable. An additional 7 participants were snowballed through other participants until saturation has been reached, which implied that there are no different responds to be expected from other non-participants (Barbour, 2013). All 29 participants filled questioner in annex 2 to identify main findings, 17 participants were chosen to interview. The main criteria to being called for an interview is having at least 1 participant from each district who perform Islamic washing after menstruation.

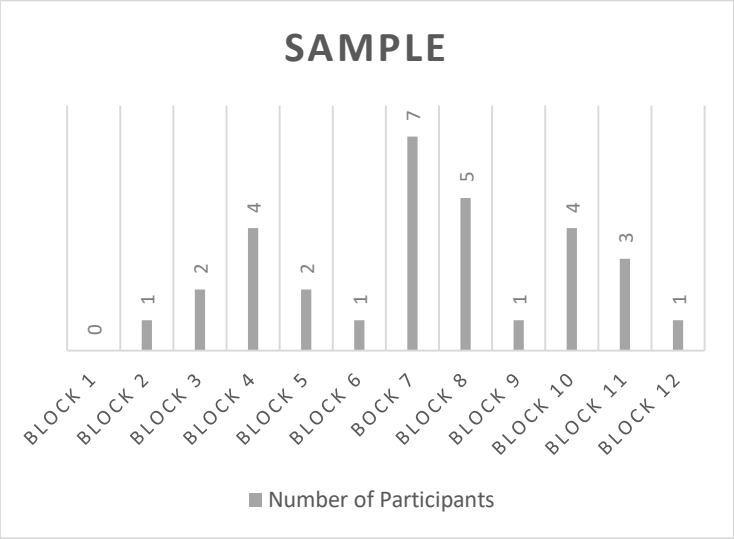

Figure 4: Sample quantity

District 1 was unattainable due to lack of contacts. Refer to figure (4).

Referring to the menstruation definition in section 2.4, the age limit is 9-50 years old, but due to the consent constraints in interviewing non adults, age limit set between 19 and 43[6]. All participants have been living in the camp for an average of 4 years and signed the consent forms.

For WASH facilities assessment, past online maps were analyzed for communal toilets and showers as they were destructed by the time this research is done.

[6] Refer to Annex 6 for key participant's information, including age. The average age of participants was 30 years old.

3.3. Limitations

Desk Review analysis on the intersectionality between Islamic practices, GRSCD and MHM services might not have covered all published work due to word limits. Furthermore, some refugee statements on historical events and services provided could not be verified, such as dignity kits distribution mechanism in 2012. Nonetheless, the primary focus of the research is a subjective understanding of challenges experienced by them. And although confidentially of data was confirmed to participants, fear of showing as ungrateful towards camp authorities could have altered their responses.

On sample limitations, the absence of participants from district 1 is believed to have an impact on the overall quality of the research as it is the oldest district and one of the farthest districts from NFI distribution point.

Moreover, data generated from WASH facilities analysis will not be coded or analyzed as stand-alone data due to time constraints, thus I am integrating rather than combining methods of research (Moran-Ellis et.al, 2006) which might result in loss of presentation of data.

Furthermore, three KI from UNFPA were contacted to discuss the shortcomings of dignity kits distributed to participants, but due to formalities in disclosing information; no answer was obtained, which would have been a great validation or disputation to findings.

Finally, due to sample constraints, data generated is not representative or generalizable to other camps. Nevertheless, data will fill a gap in research.

3.4. Ethical Considerations

Ethical considerations are cleared via written consent form (see Annex 1). The consent is gathered due to the vulnerable nature of interviewees. At all times, UNHCR's (2004) Code of Conduct was respected and referred to while interviewing refugees.

3.5. Conceptual Framework

As literature for this exact sample and area of study is scarce, data will be coded to identify themes using grounded theory, which means explanations and analysis of the data will be generally drawn from the respondents themselves (Barbour, 2013).

UNHCR's Age, Gender and Diversity (AGD) policy will be the conceptual framework of this research, focusing however on the gender and diversity parts only as changes in needs based on age between participants was not researched. In this policy, gender refers to the "Socially constructed roles for Women and Men" (UNHCR, 2011, P.1). While diversity refers to "… different cultural perspectives, beliefs, social status etc." (UNHCR, 2011, P.2), thus the framework was adequate to understand the challenges of Muslim –sometimes household head- (Diversity element) Syrian women (Gender element). UNHCR aims to better understand the specific needs of everyone by analyzing communities' AGD dimensions, and this research will help with enriching the evidence base of the GD dimension.

AGD approaches in Za'atari camp is currently one of the strategic development plan objectives for 2017-2020. The AGD policy seeks to ensure the full participation of all refugees to enjoy their rights equally, and omit discriminations. Through AGD analysis, UNHCR are able to orient their interventions around a gender and diversity sensitive design. One of AGD's policy main challenges is ensuring females' right of accessing quality RH services and the prevention and response to SGBV (UNCHR, 2016). This research will complement this policy by further conducting an in-depth analyses to challenges faced by Muslim Women within the MHM camp settings. Human rights (UNFPA, 2014; Winklet and Roaf, 2014), Sphere minimum standards (2011), and the latest IFRC's Gender and Diversity guide (2015) are also imbedded in UNHCR's AGD policy.

Chapter 4

"It's so hot so you need to change your pad every couple of hours"- Participant #21

Za'atari Camp Overview

Za'atari camp is chosen for the research primary due to my familiarity with the context as I worked in the camp. But more so based on its recency, unplanned initial condition, and current protracted displacement state that could portray the historical challenges faced by women.

On the northern borders of Jordan, in one of the hotter cities there, the 5.3km2 za'atari camp with approximately 80 thousand Syrian refugee resides, majority of which are Muslims. The camp is administered jointly by UNHCR and The Jordanian Government. It consists of 12 districts; district 1,2,3,4 and 12 are referred to as the "Old Camp", while 5,6,7,8,9,10 and 11 are the "New Camp" (UNCEF, 2014). 49.7% of its residents are females, while 28.2% are of those are of reproductive age. Moreover, 1 in every 5 households is headed by a female.

Since its establishment in mid-2012 due to Syrians fleeing civil war in Syria, the nature of the camp settlement evolved from tents and communal toilets, showers and kitchens into urban caravan settlement that reflects the needs of its refugees. This includes the construction of solar power plant to distribute 11 hours of daily electricity to households

and piped water network to all caravans by the end of 2017 (UNHCR, 2017a). Still the electricity is not enough to operate fans in hot weather for example, and some caravans are installing generators. Moreover, water trucking was delivered to communal tanks and not on a House hold level (Vander Helm et.al, 2017). Cultural and gender specific segregation in communal facilities was taken into consideration due to cultural and religious practices and to ensure protection (The Sphere, 2011). However, refugees started immediately building their private bathrooms by using existing facilities materials, thus damaging them for those who are less capable, subjecting others to water contaminations and health risks and creating an overall inequity in services (VanDer Helm et.al, 2017; Tran, 2013). And as of 2013, around 70% of camp caravans had installed their private pit latrines (Kleinschmidt, 2014).

Primarily, UNHCR's Shelter implementing partner, NRC, distributes in-kind, cash and voucher distributions on behalf of all international organizations. While ACTED, OXFAM and JEN done the Hygiene Promotion sessions on different times. Only one distribution point resides in district 6 and is run by NRC[7]. Along with NFIs and winterization kits distributed, a monthly cash allowance of 20 JOD food voucher to each registered refugee every month, gas cylinder voucher and hygienic items voucher for each family every 3 months. Moreover, work permits are very hard and expensive to get –around 350 pounds-, thus refugees opt out[8] and are currently suffering from lack of livelihoods means.

[7] Refer to Annex 5. All live reports, statistics and maps could be found on http://data.unhcr.org/syrianrefugees/settlement.php?id=176&country=107&region=77

[8] This information is gained through my experience in the camp, but you can also refer to Data.unhcr.org. (2017)

Chapter 5

"I used my son's diapers at night" – Participant #13

Data Analysis and Discussion

The aim of the dissertation is to understand the challenges and coping mechanisms Muslim refugee women face during menstruation in za'atari camp, and if their preference of MHM items/services differs from what was presented to them, and if so, how they coped and how gender and religious sensitive is the camp. I previously presented the three main areas in LR (MHM in emergencies, Muslim female's practices and GRSCD) which gave a foundational backdrop to the discussion ahead. In this chapter, I will first present a summary of key findings, then summarizing quantitative data, and qualitative data following LR order. I will then answer the research questions by discussing the findings and triangulating all elements in LR and finally presenting implications of the findings on future research.

5.1. Key Findings

This research identified the following key findings, which were supported by past literature, namely: 1) Limited coordination between clusters involved in MHM which raised confusion amongst beneficiaries 2) insufficient communication with beneficiaries which in turns meant 3) Inadequate DK items; 4) Limiting MHM response to supplying pads; 5)

absence of CRSCD, which resulted in 6) uncomfortable coping mechanisms by females. Refer to Annex 7: Hierarchical representation of findings.

5.1.1.Quantitative Research Findings

Overall, 34% of participants felt challenged in managing their menstruation inside camp, compared to only 17% who expressed feeling challenged in MHM in Syria. Upon arrival to camp, none of the participants were asked about their preferred MHPs. However, all participants answered pads as their preferred protection. Upon receiving MHPs, 37% mentioned lack of privacy in receiving them. Moreover, according to 31% of participants, pads distributed were not enough: 24% had to borrow from neighbors due to this, while 29% bought extra pads. This was attributed to the increase in pad usage since moving to the camp for 28% of participants: one participant had an increase from 5 pads/month in Syria, to 30 pads/month in camp[9]. Moreover, 12 out of 20 who gave birth in camp did not receive any additional pads postnatal. 17% had to make the hard choice between buying food or pads, however when interviewed they coped with this by overusing pads.

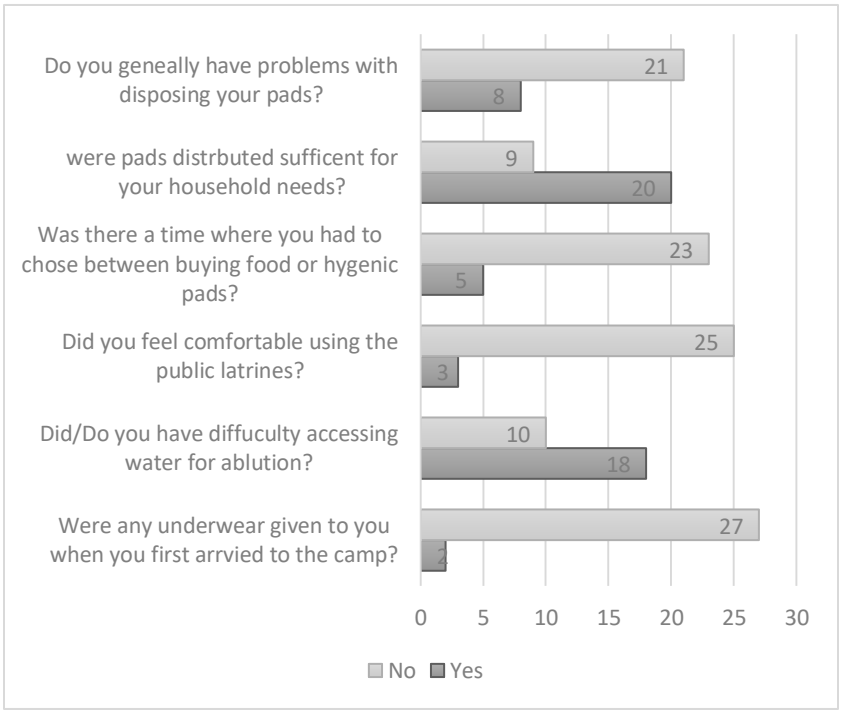

Figure 5: Quantitative Research Key Findings

On Islamic practices: although 59% had difficulty accessing water, all women maintained water-based Islamic ablution while in camp.

[9] This was later discussed in the interview and it was due to installing an intrauterine device. A procedure a lot of females did to avoid unwanted pregnancy inside the camps.

Finally, regarding communal WASH blocks, 66% were concerned about their safety going to public latrines while 86% felt uncomfortable using them. 44% attributed their discomfort to uncleanness, non-private location, lack of safety and shortage of water. All participants installed a private latrine, 79% paid for this installation. Disposing pads also raised concerns; 78% disposed used pads in their own caravan's bins instead of public toilets' bins. Refer to Figure (5) for key findings.

5.1.2.Qualitative Research Findings

Interviewer: Describe your menses management in Za'atari camp in one word?

Participants: "Torture"…."Embarrassment"…"Struggle"

Upon arrival to camp, most participants knew about what they preferred calling "females kits" instead of "dignity kits" – which at later stage became distribution of just pads instead of kits- through flyers, however, 6 of them knew through neighbors only. And they all agreed on the uncertainty of when or if to expect future deliveries till this day. One participant mentioned a delay of one month in delivery when she first arrived to camp that she had to use cloth. Participant #4, had to wear her kid's diapers during this time.

The kit mostly had 4 packs of pads, 10 pad in each. However, all other items in the kit varied between participants. Only some participants mentioned receiving a complete kit (with soap, washing powder, shampoo, etc.) few times, while some only received the full kit when they first arrived to the camp. Starting 2014, UNHCR monetized all items in the kit with a 20 JOD voucher/family/3 months, except for pads. The distribution happened once every 3-4 months. At the same time, The Saudi National Campaign also distributed a hygienic kit that included toothpaste, tooth brushes, soap, washing powder and 4 packs of pads (5 pads each) (UNHCR, 2014), the distribution is less more predictable and was only given to some participants. The criteria of distribution could not be identified.

Age limit for receiving the kits according to participants is between 13 and 40 years old, no online data to confirm. Participant #17 reported having to buy more pads than

distributed as she is sharing them with her 12 years old daughter, who she believes to have reached menses early due to the heat of the camp. #17 also said she is not changing her pad as often to make sure her daughter has enough. #12 stated knowing women above 40 who still get menses and had to borrow or buy pads due to age limits. On the contrary to participant #4 who said her daughter started receiving pads at the age of 11.

The only distribution point is located in district 6[10], thus having long waiting period for beneficiaries as reported by Oxfam in 2014. Furthermore, they have an all-male front-desk team[11] since the opening of the camp. However the lines of distribution are segregated by sex. 7 out of 17 participant described the distribution process as "embarrassing" due to having males team, they would prefer sending a male family member. And most who described the process as comfortable followed their statements by "we have to cope". Participant #12 -who got kids that needs constant supervision and find it hard to leave the house- said she's embarrassed to get the pads from *male distributes*, while her husband is embarrassed of getting *pads* from male distributors. On the other hand, #11, who is more financially capable than other participants, said she never collected the pads. Mainly because her husband will not allow her going to mixed-sex areas. She said he would sometimes go, but ever since they monetized all items except for pads, her husband did not feel it's worthy to go all the way for just pads. To add to the embarrassment, all participants except for one noted that bags containing the pads were –and still are- transparent.

The quality and quantity of kit's items distributed varied between participants. Most participants said the quality varied from the beginning till now, and when the quality is bad, no one uses them. Participants showed me unused packs from months ago[12]. Poor quality led them to either change their pads more than required, using cloth on top of pads, or using their kid's diapers at night. Not doing so meant having a very unpleasant

[10] Refer to Annex 5 for better visualization of distribution's location on camp map.

[11] Other team members who are/were not directly distributing kits/pads to women are/were female, according to participants. No online data to confirm past staff sex.

[12] "Fresh" pads were the most distributed brand. Being a female in the field of logistics myself, I would never have chosen this brand and it shows the consequences of lacking females in logistics as well. They have let price overrule quality where they should not have.

night of overflowing for most, and worrying about changing pads at night. Participants with higher blood flow showed greater emphasis on quality. Four participants said they felt comfortable with the quality, like participant #21 where she said it's the hot weather that made her sweat and ruin her pads too early which is why she also uses diapers.

As for quantity of pads, while few felt it was adequate and one even mentioned sending pads back to Syria as she had a lot, mostly participants had to cover their needs by borrowing from pregnant women who had no need for pads, or buying from the local market.

For five participants, the lack of pads led to skin rashes caused by overusing pads. At the same time, HP lectures on menstruation, while agreed by most that they were beneficial, would advise participants to change pads every 2-4 hours to avoid infections or rash. Participant #8, 7, 24, 25 and 26 who attended these lectures reported not being able to follow this advice due to lack of pads which developed rashes. As a result, participants had to wait for a long time in clinics to get rash ointment, and they sometimes end up being advised to use olive oil instead. Accessing period-pain medications however, is easy according to all participants who use them.

Another element which heightened the chances of skin rash and other vaginal infections was lack of underwear in kits. Underwear was not received by most participants that some had to sell UNHCR's gas vouchers to buy them amongst other basic necessities. Furthermore, those who received underwear reported having them in extra-large sizes that they had to dispose them. When underwear were stained with blood; lack of extra ones, coupled with lack of financial capacity and the extreme cold weather conditions in the camp forced participants #4 and #25 to wear their underwear directly after washing it. This has caused them skin rashes which they had to buy ointment for.

Also reported lack of underwear is participant #8, she was thus forced to daily wash underwear, thus increased her family's water consumption. Moreover, adding lack of electricity to za'atari camp's heat, and the natural warm and moist nature of female's

genital and the dampness of even regularly changed pads would worsen their rash, according to participant #11.

As mentioned in LT, dignity kits would have solar lights to protect women from GBV and allow them to use communal latrines at night. However, participant #23 who arrived to the camp in 2014 said she knew only about one flashlight distribution back in 2016 but did not receive one, and "when we asked why we don't get a flashlight", she goes on saying, "they said it is for special cases". She bought candles to enhance her mobility. Another participant who claimed to be discriminated against in the distribution of flashlights is #17.

"My husband was still in Syria, I could not go to the toilet alone at night, and I had to wake up my daughter to go with me, or mostly hold my urine in till the morning. They only distributed flashlights to the rich"-Participant #17

An adaptive method to light roads to communal latrines at night which #17 used -and according to participant #19 was the most commonly used by camp residents- is the use of their Nokia 1100 mobile Torchlight. On the other hand, participant #3 received a solar light and a mechanically powered flashlight[13], while #26 had the latter with a gasoline-powered latrine. However, most participants did not receive any flashlights, which, as reported by participant #21, have hindered their use of communal toilets at night.

Contrary to Kits' being directed to female needs, they had male razors but no female hair removal items which the women expressed as a primary element in managing their menstruation the Islamic way. All women reported maintaining hair removal habit ever since they arrived to the camp. Some reported removing their pubic hair once every week, while others once after each period according to Islamic laws.

"Hair removal is very basic need for women" - Participant #8

[13] Mechanically Powered Flashlights are flashlights that gain power through electricity generated by users' muscles. It is excellent for humanitarian situations as it needs no batteries or an electrical socket to recharge, however, it can be a strain for older people.

Some allocated 0.5 JOD monthly for buying sugar wax, while others learned how to make the wax in the communal kitchen, which turned out to be embarrassing as men would walk in on them making wax on the kitchen floor.

Only one participant said the lack of access to hair removal affected her marriage due to being embarrassed of her appearance, she never opened this subject with anyone.

For period blood-stained clothes and underwear, participants had to use the one washing bucket that NRC distributed to them as part of NFIs for washing clothes. Some coped with this by performing the 7 wash-ups for the bucket to purify it then use it again for normal clothes. Others bought another bucket. One participant said NRC distributed other buckets and she assigned one for menses clothes[14]. Moreover, few participants preferred washing their stained clothes at their household instead of communal washing areas due to embarrassment of showing stained clothes, even to other women.

One way poor holistic MHM approach affected participant's mobility, is having NGOs hosting all-female socializing events in mosques for women, overlooking Muslim women's inability to enter the mosque when on menses. An understanding to the religious background on Islamic menses practices could have steered NGOs to designate another site for the socializing events, allowing all women to participate.

Lastly on Islamic practices, none of the participants reported missing fasting days due to lack of water for ablution except for one. However, most participants interviewed had good relationship with community leaders and had water delivered directly to their caravan's tanks, which is not prohibited by camp management and is not an accessible service to everyone.

As for using communal WASH facilities; cold weather, lack of winter boots and winter clothes and the feeling of impurity from unclean floor along with fear of safety led most women to abstain from using them, more so during winter. 4th most needed NFI was

[14] Having worked in logistics and knowing the WASH NFIs distribution frequency, especially the buckets, I can say they are very frequent and some reports might exist online. The inconsistency of this in participant's interviews might be attributed to participant's difficulty in remembering older events.

reported to be winter footwear (REACH, 2015b). When on period, women would not use the facilities on either season. Furthermore, rumors of sexual assaults and rape at night made it impossible to use the facilities at night as one participant puts it.

"I told them if you give me millions I will not use the communal showers" -Participant #9

Communal latrines/showers facilities were reported as the hardest part of managing menstruation inside the camp. Participant #9 reported fear of using these facilities as they lacked electricity and locks thus she directly asked her husband to build a pit-latrine. Moreover, accessing the facilities was not discrete and one participant reported men intentionally sitting beside them. #8's husband denied her from going to public toilets and built her a pit-latrine shortly after arrival.

"It's a normal human right to have a private bathroom"- Participant #3

For the less fortunate participants, like #13, she settled for using her baby's potty at night, and sometimes at morning too when men are around the latrines. As for participant #19 who attended school in camp, she preferred changing her pads in school toilets, maintained by ACTED and UNICEF, which were according to her very clean and comfortable.

Changing the pads was generally described as "embarrassing". One participant narrates her journey as hiding the new pad in her garment, giving the NRC distributed washing pot for anal cleansing and soap to her daughter so people would think it's her daughter going to the latrine, collecting water -heating it in communal kitchen if its winter- then going to the toilet to change. She would usually have to wait 5-10 minutes on line. The used pad would be brought back to her caravan instead of disposed in public bins also due to embarrassment. One participant said she would wake up very early in the morning to throw all used pads in the public bin.

"I felt rage inside, going to the communal toilets to change my pads. It is indescribable feeling. I had depression for a while due to going to the communal toilets" – Participant #21

As of 2016, all caravans have private latrines which were built either by beneficiaries, or an NGO.

5.2. Data Analysis

This research is set to expand empirical knowledge on understanding MHM challenges for the niche demographics of Muslim female Syrian refugees in Za'atari camp. The three main questions were:

1- *What are the challenges and coping mechanisms faced by Muslim Refugee Women during menstruation in refugee Camp?*
2- *What are Muslim female refugee's preference of dignity kit items and WASH facilities in Za'atari camp?*
3- *How religious and gender sensitive are the WASH facilities (Mainly communal latrines and showers) in Za'atari camp?*

As expected, the challenges, coping mechanisms and WASH facilities assessment are aligned with past literature's findings such as Schmitt et al., 2017, Sommer et.al, 2016 and Sommer, 2012. However, this research suggests that it's the triangulation of inadequate dignity kits, WASH facilities and the religious and cultural background of beneficiaries that leads to developing these challenges, which strengthens the need for a holistic MHM approach.

To start off, coping mechanism does not mean the situation is OK for the affected population, and sometimes, numbers can be misleading and the majority of non-interviewed might be unable to cope (MSF, 2009). Overusing a pad, using baby diapers when it is overflowing, waking up your entire family to go to the latrine and having to rub your body with water and salt because you feel impure after ablution in communal showers is not Ok, nor it is humane.

The common major theme of challenges was due to the absence of GRSCD. Syrian families are typically extended and patriarchal, like most Arabic families. It is thus believed that a woman must be protected from unrelated men's attention and they are typically

expected to stay in house (COR, 2014). With this in mind, along with lacking essential DK items to access communal latrines such as winter wear or flashlights, made it inevitable for Syrian refugees to destruct communal WASH facilities and build their own. As Schmitt et al. (2017) suggests, having a database with cultural habits, specifically MHM preferences, could help in emergencies where camps like Za'atari camp have to erect in merely few days.

Also having in mind that GBV was a main concern to Syrian women in Syria, which may cause them to stay in their households and generally avoid going out without another family member (COR, 2014), further heightened their challenge of using the communal toilets. The lack of flashlight, while could have been due to lack funds[15], coupled with no electricity in camp raised undeniable fear amongst female beneficiaries in accessing facilities at night.

Accessing the distribution point remains a challenge till this day. Not only is it the only point, but it is far from some districts. According to live statistics[16], in 2015 district 12 had one of the highest percentage of populations as well as the highest percentage of females, which is not in a walking distance from district 6.

On the scarcity of pads however, while a major challenge reported by most researchers and I, it could be interrupted by four ways: 1) the pads are actually scarce. 2) Preference of UDI contraceptive by some women in Za'atari camp made their flow greater, thus alluding the scarcity of pads, 3) the usage of period pads as daily vaginal discharge protection[17] resulted in less pads during period, or finally 4) the age limit set by UNHCR/UNFPA forced mother's to share pads with others. On last point for example, participant #4's 11 year old daughter received pads back in 2012, while #17's daughter who arrived on 2014 didn't, this caused rashes and pain beyond period to both mum #17 and her daughter. Furthermore, in an assessment done in 2015, some respondents sold

[15] Most items not included in DK could have been due to lack of funds, but the research focuses on female's rights in a holistic MHM rather than lack of funds.
[16] Refer to http://reachjor.github.io/pop_count/index.html for live statistics.
[17] Only one participant mentioned using the distributed pads for both periods and daily protection, which could be the case for some past research findings on scarcity of pads.

their gas cylinder vouchers to buy baby diapers as they were not sufficient (REACH, 2015a) and as a consequence more diapers were distributed, however, this could have been majorly connected to females using diapers themselves. Night pads, instead of diapers should have been distributed as a consequence.

The age limit difference further connects to the apparent lack of coordination of MHM response, which exacerbated both the challenges faced by beneficiaries, and the non-gender and religion sensitive WASH facilities' design. For example, participant #7 who arrived a year after #3 and #25, did not receive a flashlight of any type though communal latrines were still at use and she had not built a private latrine yet, it made it more difficult for her to access the latrines. Her need to change pads at night, or ablution, and the lack of light, pushed her to ask for private latrine.

Unexpectedly, the lack of coordination in core MHM items emerged. For example, unaligned advice on changing pads multiple times a day from HP and the scarcity of pads and livelihoods means to follow the advice by beneficiaries further strengthens Sommer et al., 2016 suggestion of having WASH cluster taking the lead in coordinating MHM.

Interestingly however, although the common conclusion from my research and others states insufficient communication on MHM with beneficiaries which results in these challenges, 90% of the Syrian population are practicing Muslims, and generally speaking, they are less likely to discuss sexual or feminine problems (COR, 2014). The communication suggestion on past research thus must be contextualized in terms of cultural and religious preferences. Beneficiaries' religious background also reflects the way they see challenges in the context of "all things from God are good" and would withhold on giving criticism so they do not seem ungrateful, both to God and camp management.

5.2.2. Ways Forward – From Dignity Kits to Femininity Kits, and From Camp Settlements to Urban cities

The inadequacy of DKs is the most packed challenge for Muslim refugees in this research. They were both lacking in items and unfitting for the cultural, contrary to what UNFPA promotes. Lack of flashlight, underwear, soap and the reported need of hair removal to maintain Islamic ablution practice calls for urging need in monitoring and enhancing kits. A suggestion that is believed to alleviate women's dignity is giving them cash instead of dignity kits or pads (UNICEF, 2007, p.4).

> *"You can call a place like Za'atari camp impermanent and not build adequate infrastructure, but organic development, driven by refugees, is unstoppable. Impermanence costs more on the long run" - Weinreich –NYTimes 2014*

In the latest UNHCR Strategic Development Plan (2017b), which focuses on enhancing AGD and participatory approaches, women reported being inclined into staying in camp. Thus it was not a surprise that 50% of refugees preferred building private latrines and showers in their caravans from the beginning due to lack of security, lightening, cleanliness and dignity in using communal latrines (Oxfam, 2014), they wanted to feel "at home". With the forced protracted displacement, host countries and humanitarians need to address these facts from the start.

What started off as a grid system layout for caravans and communal WASH facilities in Za'atari camp, refugees transformed to informal U-shaped compounds with private latrines to suit their extended Islamic Arabic families' lifestyle. The camp was not sensitively designed, the kits lacked items, and female's preferences were different than provided. This research suggests that one of the reasons for this major disruption is lack of holistic MHM approach.

In 2013, household headed females reported the higher feeling of risk if their houses lack private bathrooms and their preference of washing hands after changing pads in their own bathrooms (UNFPA, 2013; UNICEF, 2014). Thus even at the early stages of camp

opening, a UNICEF report (2014) found that the majority of households' generated wastewater from unregulated water systems, which came mainly from private latrines, showers and sinks. The shyness of disposing pads in communal bins further heightened the waste management. This had both health and sanitation impact on the community and environment.

This also resulted in generating wastewater from households which was not appropriately disposed and a formal communal wastewater system was crucial to avoid public health outbreaks (UNCEF, 2014).

Thus in general, a holistic MHM approach is yet to be identified in emergency and protracted displacement situations. Apart from Schmitt et al., 2017, this is the only research to explore MHM challenges amongst Muslim refugees in a protracted displacement situation in this triangulated form, thus providing a cornerstone empirical evidence for future researchers.

In retrospective, the survey should have included a question on how heavy does a women believe her period is as it would have implications on the severity of challenges they encounter (Sharawe, 2000). Moreover, the interviews should have included KII from UNHCR, UNFPA and NRC to publicly document reasons of shortcomings in service delivery to inform future research.

Chapter 6

"It's a normal human right to have a private bathroom"- Participant #3

Conclusion

This research has been set to expand empirical evidence in the importance of a holistic MHM which I answered by the questions asked on female's challenges, dignity kit preferences and how GRS was Za'atari camp's design. Interviews concluded triangulated themes which answered all questions above: 1) Uncomfortable coping mechanism, 2) absence of GRSCD as well as 3) limiting MHM response to supplying pads while other MHPs were needed, which is driven by the 4)limited MHM-concerned clusters coordination and 4) insufficient communication with beneficiaries.

The findings, while aligned with past literature, were presented in a new framework which triangulated three elements represented in LR while having AGD to conceptualize the argument. This showed the importance of a holistic MHM approach, and how UNHCR will better respond to refugees needs by looking at things in the AGD lens. MHM is not an additional service to be provided, but rather a consideration to take when designing service or facilities. Thus, urgent need for humanitarian agencies to work towards a

context-sensitive camp design that ultimately aspires to build urban sustainable cities and better respond to female's needs.

With more momentum in similar research, the drive towards more context-specific dignity kits and context-sensitive camp design should be on the rise.

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Annexes

9.1. Annex1: Consent Form

Consent form

Challenges Facing Muslim Refugee Women regarding MHM in Za'atari Camp

Investigator: Eng. Sarah Shurbji Email: SXS1363@student.bham.ac.uk
Supervisor: Dr.Martin Rew

This information is being collected as part of a research project concerned with the challenges facing Muslim refugee women regarding Menstruation Hygiene Management in za'atari camp conducted by the investigator, Sarah Shurbji, an International Development Department masters student at the University of Birmingham, under the supervision of Dr.Martin Rew. I would like to track the challenges Muslim women had/are still having regarding Menstruation within the camp.

You will be asked to complete a survey that will ask you some basic questions which will help me tailor our interview to the aspects you –and other participants- highlights. After which, I will conduct an interview with you for maximum 2 hours asking you a little more about the experience you had with MHM services within the camp.

All information you provide will be conditional and your name will not appear on any papers except this – and if you consented initials use-. Your survey and questioner will have an identification number that is only known by the investigator.

You may refuse to take part of the study or withdraw at any time.

You have the rights to know the results of this research, or to have any general questions and concerns answered, by emailing the investigator through the details mentioned on top of this letter.

However, for research purpose, please answer the following:

May we refer to your data in print using your initials? Yes☐ No ☐

Do you consent to have a voice recording? Yes ☐ No ☐

If you have read and answered all the above, and consent to take part in this research, please sign below.
Signed by:
_____ Participant's name _____Signature
In the presence of:
_____ Experimenter's name _____ Signature

Date _____

9.2. Annex2: Questioner Question

Annex 2						
Name Code:						
Please answer the following quesitons by either writing down the answer in the blank beside the question, or by circling the suggested answer						
General Information						
Approximately, since when have you been in Zaatari camp?						
What district are you living in?						
What is the housing you are currently living in?	Caravan		Tent			
Are you the household head?	yes		no			
How many kids do you have?						
Do you have female children of reproductive age?	yes		no			
If you answered the previous question with yes, please write how many female children of reproductive age you have?						
Did you deliver any babies inside the camp?	yes		no			
Camp Menstrual Hygiene Management Facilites						
Do you get financial aid from NRC?	yes		no			
What is the area you most spend money on?	Food	Water	Clothes	Household equipment	other	all
Were any pads given to you when you first arrvied to the camp?	yes		no			
Were you asked about your preferred period protection (pad, tampon, ..etc) when you first arrived to the camp?	yes		no			
Were you given any underwears when you first arrived to the camp?	yes		no			
Were the pads/underwear given to you in private?	yes		no			
Did you, or anyone you know, had more pads postnatal?	yes		no			
Did/Do you have diffuculty accessing water to wash up?	yes		no			
During your early time in the camp, did you use public latrines?	yes		no			
Were you concered about your saftey when using the public latrines?	yes		no			
Did you feel comfortable using the public latrines?	yes		no			
If you answered the previous question with no, please specify why?	Access	Saftey	Cleanness	lack of water	other	all
Periods in Syrian: The following are questions about your experience of having period back when you were in Syria						
Did you practice islamic wash after period?	yes		no			
Did you use daily pads/liners?	yes		no			
Approximately, how many pads did you use during your monthly period?						
Did you use medications for period pain?	yes		no			
Period from the time of leaving home to the time of arrival to camp						
At any time rom the time you left your home to the time you arrived in the camp, were you worried about having your period?	yes		no			
From the time that you left your home to arriving in the camp, did you receive any humanitatian assistance?	yes		no			
If you answered the previous question with yes, did you receive any menstrual items as part of the assistance?	yes		no			
If yes, who did you receive the menstrual items assistance from?	UNHCR	UNFPA	NRC		other	
From the time you left your home to the time you arrived in the camp, were you able to obtain adequate menstrual items in general?	yes		no			
If yes, what was the main way you obtained menstrual items?	UNHCR	UNFPA	Relatives/friends	I bought them	other	
Period during your time at camp: The following are questions about your experience of having period while being in zaatari camp						
What did you use when you had your period?	Cloth		Pad		both	other
What is the primary way that you get the menstrual material for your period?	UNHCR	Received from Family/friends	I Bought them	NGO	other	
If you answered NGO to the previous quesiton, please write down their name						
If you bought them, where do you buy them from?						
If you bought the menstrual material, how much do you buy them for?	.....JOD per					
Was there a time where you had to chose between buying food or hygenic pads?	yes		no			
Do you receive any pads from NRC?	yes		no			
If you answered the previous quesiton by yes, how often?						
If you answered the previous quesiton by yes, were they sufficent for your household needs?	yes		no			
Do you do the islamic wash after periods?	yes		no			
If you answered by yes to the previous question, what did you use for the wash?	Water		Sand			
Did you use public latrines while on your period?	yes		no			
If yes, how did you dispose sanitry pads?	trash outside latrine	trash inside latrine	private trash in my caravan	other		
Do you geneally have problems with disposing your pads?	yes		no			
Did you use the public shower while on your period?	yes		no			
Did you or any of your family memebers install a private latrine in your caravan?	yes		no			
If you answered the previous question with yes,did you pay for it?	yes		no			
Approximatly, how many pads do you use now during your monthely period?						
Ending questions						
Do you feel you had challenges managing your menstruation back in Syrian?	yes		no			
Do you feel you had challenges managing your menstruation during the time between fleeing your house and arriving to the camp?	yes		no			
Do you feel you had challenges managing your menstruation inside za'atari camp?	yes		no			

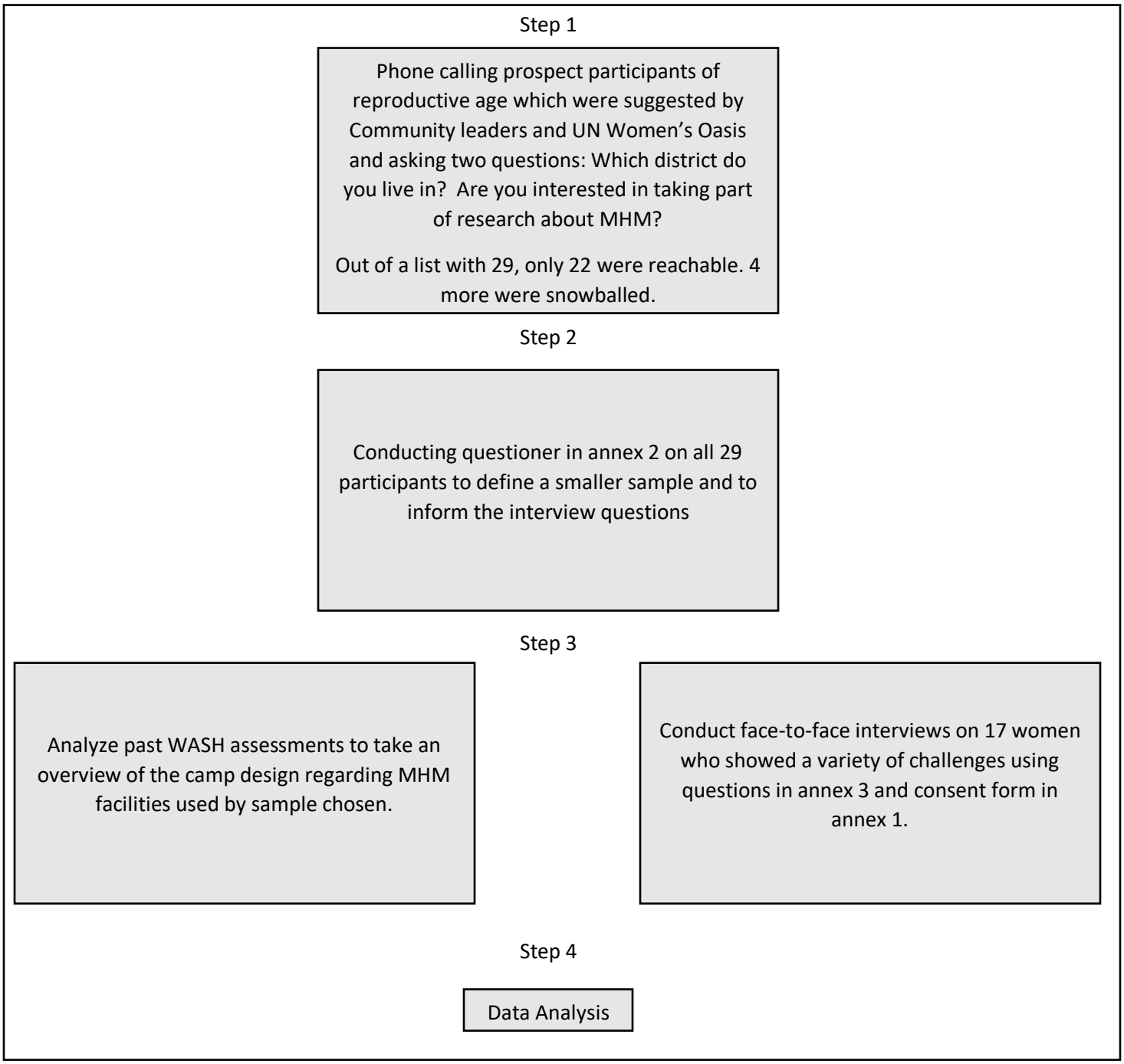
9.3. Annex3: Interview Questions

I am very grateful you agreed to be interviewed. My main objective is to learn more about the challenges you are facing as a Muslim women, particularity in regards to your menstruation habits and the coping mechanism you might had to make. This is to remind you of the consent form you have signed. You can opt out on answering any question you do not feel comfortable with and we can stop the interview at any point.

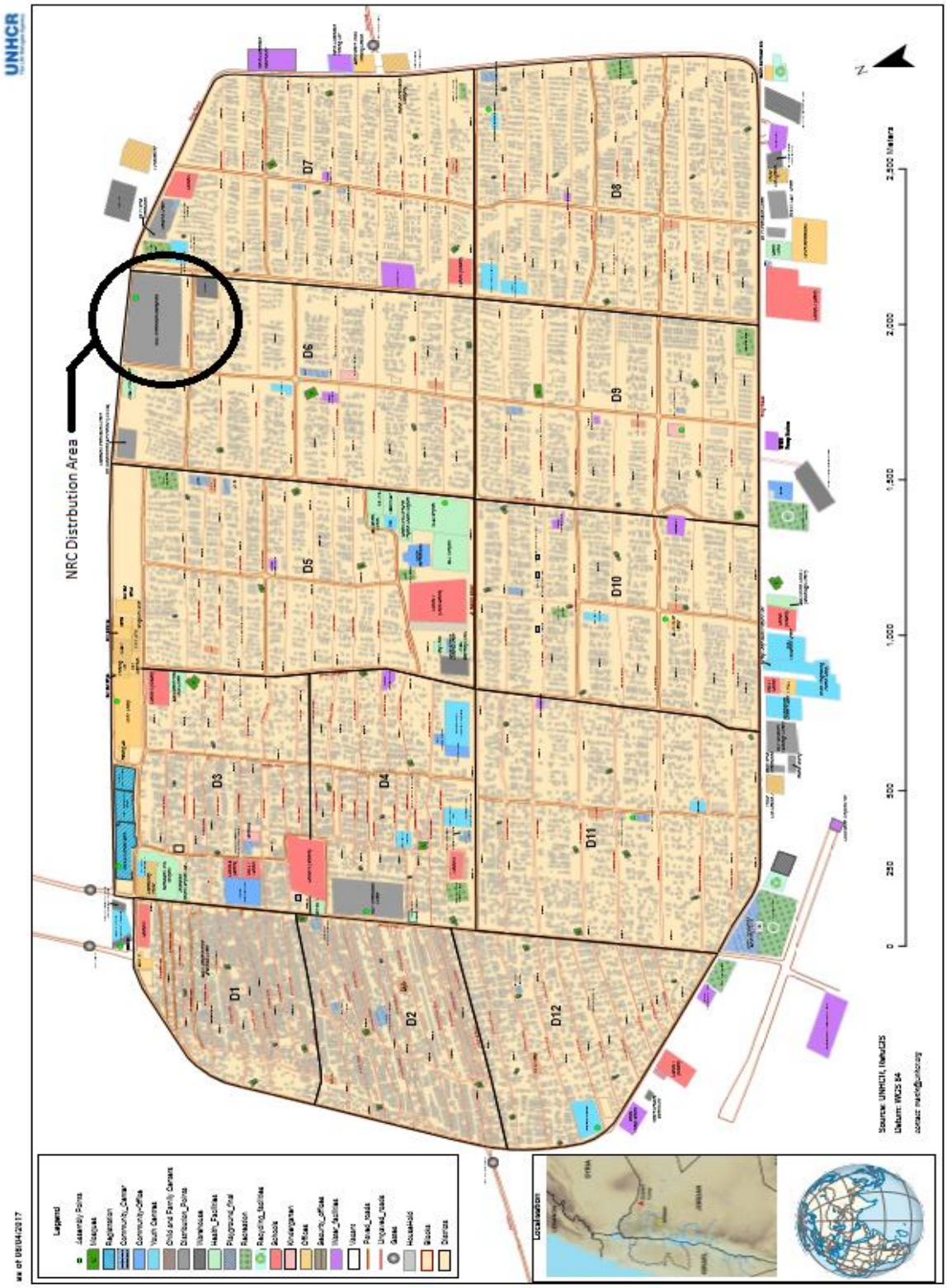
Opening Questions	Follow-up questions
1- Can you tell me your name, age and which district we are in right now?	
Camp Services	**Follow-up questions**
1- Tell me how did you know you will be getting sanitary pads?	- did you have to sign in anywhere? - Can you tell me about the hygienic kits they offer to you? Walk me through the delivery procedure please. - How do they compare to what you are used to? -do you think they should include anything else that you consider a basic hygiene product you use? --What about hair removal or Hair Comp?
2- Can you tell me about the pads that were given as part of the hygienic kit?	-do you think you are adjusting your use of pads to suit the quantity? Talk me through your use of pads -Did they suit the period flow times? (Winged and sleep appropriate for first couple of days then smaller ones for the rest of the week?)
3- Can you tell me about the hygiene promotion lectures you had? Specifically on information about managing your menstruation?	-How did you feel about them? -Did you find them useful/appropriate?
4- Did you use the latrines and shower in the camp during your period?	If yes: (mention the night situation) - Can you tell me about your **first period** inside the camp? What do you think of their privacy, distance, lightning, waiting time and hygiene? What do you think should've been different? - What do you think about the availability of water/soap/toilet papers/ private bins for pads/dry area for clothes hangers? -walk me through the process of taking a bath (water collection, being on line, etc.) If no: -Why not? (They might have installed latrines inside their caravan, elaborate on why they did that if this is the case)
5- Can you tell me about your **most recent period** inside the camp?	-Did you have the required supplies with you (Soap, pads (or cloths??), underwear) -Did the quality of the supplies change?
6- Can you describe a time where you used the latrines during winter to wash up from menstruation –or during-?	-Were winter boots or extra clothes distributed? -How did you heat water? -What do you think would have made your experience better?
7- Can you tell me about a time you had a blood stain on our clothes?	Context: -How did you clean it? Tell me about the supplies you used to clean the clothes? -Were buckets for washing clothes distributed? -Did you use the same bucket for all other family clothes? If yes, how did you feel about this?

8- Tell me how do men play role in effecting your Menstruation management habits?	- (If married only) →Did the lack of any products in the Dignity kit affect your marriage? -Did
9- How do you think menstruation had an effect on other aspects in your life as a refugee?	-Health -Dignity -Education (if studying) -Employment
Finale questions	
1- Would you have preferred taking cash assistance in replacement for Dignity kits/Pads?	
2- Is there anything else you think I should have asked you?	
3- This paper will possibly inform NGOs and donors working in refugee camps on how to deal with Muslim Women's menstruating habits. So what is the one thing you think would make your periods go easier in camps?	
4- If you are to describe your menstruation in za'atari camp, how would you describe it?	(This is Adapted from the Now and Then activity in International HIV/AIDs Alliance, Tools Together Now: 100 participatory tools to mobilize communities for HIV/AIDS, Brighton, UK, May 2006, p. 68)

9.4. Annex4: Methodology process



9.5. Annex 5: Camp Map – Focus on Distribution Point



9.6. Annex 6: Participants Key Information

Participant Code	Age (Only asked to those who were interviewed)	Year of Arrival to Camp	District
1	-	2013	3
2	-	2014	3
3	36	2012	4
4	37	2012	4
5	29	2013	4
6	-	2013	4
7	35	2013	6
8	24	2013	5
9	40	2013	10
10	-	2013	10
11	19	2015	10
12	22	2013	8
13	30	2013	8
14	26	2013	8
15	-	2013	8
16	-	2014	8
17	25	2014	9
18	-	2012	11
19	20	2013	11
20	-	2013	5
21	40	2013	11
22	-	2014	7
23	40	2014	3
24	33	2014	3
25	43	2013	7
26	27	2013	12
27	-	2013	10
28	-	2012	4
29	-	2012	2

9.7. Annex 7: Hierarchical representation of findings