

Conflicts of interest and funding: None

Siddhesh Zadey (corresponding author — sidzadey@asarforindia.org), Association for Socially Applicable Research, Pune; Dr. D.Y. Patil Medical College, Hospital, and Research Centre, Pune, Maharashtra, INDIA; **Parth Sharma** (parth.sharma25@gmail.com), Association for Socially Applicable Research, Pune, Maharashtra; Department of Community Medicine, Maulana Azad Medical College, New Delhi, INDIA; **Pushkar Nimkar** (pushkarnim@gmail.com), Association for Socially Applicable Research, Pune, Maharashtra, INDIA

References

1. Ravi S. Shamika Ravi writes: Our national surveys are based on faulty sampling. *The Indian Express*. 2023 Jul 7 [Cited 2023 Aug 27]. Available from: <https://indianexpress.com/article/opinion/columns/shamika-ravi-writes-our-national-surveys-are-based-on-faulty-sampling-8799300/>
2. Sen P. Pronab Sen responds to Shamika Ravi: No, India's statisticians aren't stupid. *The Indian Express*. 2023 July 11 [Cited 2023 Aug 27]. Available from: <https://indianexpress.com/article/opinion/columns/criticism-of-sample-surveys-is-misplaced-their-data-differ-from-census-count-because-definitions-are-different-8822347/>
3. Zadey S, Nimkar P, Sharma P. Evidence, not narratives, should guide discussions about statistics. *The Hindu*. 2023 Aug 3 [Cited 2023 Aug 27]. Available from: <https://www.thehindu.com/opinion/evidence-not-narratives-should-guide-discussions-about-statistics/article67153810.ece>

Men and menstruation in India: time for frank discussions

Published online first on July 27, 2023. DOI: 10.20529/IJME.2023.047

Keywords: Menstruation, men, society, women's health, India.

In the twenty-first century, there is still a taboo on frank discussion of menstruation in Indian society, particularly with men. This inadvertently widens the gender/equity gap in families and in society. Even men in the healthcare sector are uncomfortable talking about this because the societal norms often overpower professional knowledge. Indian society needs to move forward and normalise menstruation in the perceptions of boys and men in all settings. We highlight below some salient points on the orientation of men regarding menstruation.

Menstruation is either mentioned in hushed whispers or through euphemisms among the upper and middle class, whilst it remains a taboo topic among the lower sections of Indian society. Mothers, irrespective of education level, tend to be very conservative while talking about menstruation with their boys [1]. They ensure that even their daughters do not discuss this with male family members. The stigma starts here and continues lifelong, unless a medical emergency arises.

A natural physiological phenomenon which a female has to undergo every month from the tender age of 10 or 11 years with accompanying cramps, discomfort and, often, irregular cycles, has been stigmatised. The consequent lack of awareness or training on menstrual hygiene gives rise to several health issues, misconceptions on timings of natural

contraception and mental harassment of women by debarring them from social activities, entering religious places, etc [2].

Indian men, including educated professionals are not only uncomfortable talking about menstruation, but also find it unmanly to do so [3]. This is compounded by the fact that they do not have to experience menstruation themselves. Few researchers have examined male perspectives on menstruation, whereas a clear understanding of the subject in society at large may save future generations from the general indifference of men and the unnecessary shame experienced by women [4]. Physiological premenstrual and perimenopausal syndromes cause a lot of distress. The few women who received support from male family members experienced better emotional and physical wellbeing [5,6]. However, most women are expected to continue with household chores or report to work without any compromise.

Only when menstruation becomes pathological do family members take notice, but the regular cycles of dysmenorrhea and the 24x7 discomfort at a stretch create no ripples. Even female doctors have to deal with related health problems alone, just because they have the means and the understanding, despite their additional roles of wife and mother. Unfortunately, most medical professionals also view menstruation solely from a medical angle and not as a normal biological process, complicated by socio-cultural practices that need to be addressed [7]. As women age, perimenopausal symptoms appear, often catching them off guard. There is even less awareness about perimenopause and menopause among both women and men, complicating the issue further.

Families and educational institutions are crucial settings for sensitising and familiarising boys with menstruation early on. If a 10- or 12-year-old girl can endure menstrual pain, surely a boy of the same age could understand the issue and be of some help. Boys are not taught about menstruation till they hear about it from friends or male relatives and social media, often in a distorted manner, or read about it from textbooks, with unanswered questions lingering in their minds [8]. Educational institutions, starting from schools, need to provide sufficient and open information on the subject. School absenteeism, dropping-out and teenage pregnancy are all related to lack of awareness and support regarding this biological process. Textbook knowledge about menstruation needs to translate into empathetic attitudes. Life skills classes and workshops that include menstruation-related awareness building need to be conducted.

At the workplace, despite projections of gender inclusivity, menstruation remains a taboo topic. For example, rarely can a woman employee cite menstruation-related problems as the reason for seeking leave to their male colleagues or superiors. Instead, they inadvertently learn to be docile — a

gendered behaviour, which the society needs to start addressing.

Therefore, it is time for academia, researchers and advocacy platforms to focus on the sensitisation of boys and men, engage stakeholders in creating public awareness, and normalise this natural biological phenomenon. Health communication needs to penetrate into all social circles. As a way forward, ice breaking sessions should be held in varied settings with the objectives of sharing myths and facts, addressing queries, imparting menstruation communication skills and forming support circles. It also calls for males in the healthcare sector to set an example by speaking up when menstruation-related issues are mentioned outside their professional environments.

Conflicts of interest and sources of funding: None to declare.

Nilanjana Ghosh (nilanjanaghosh@aimguwahati.ac.in), Assistant Professor, Department of Community and Family Medicine, All India Institute of Medical Sciences, Guwahati, Assam, INDIA; **Limalemla Jamir** (corresponding author — limajamir@aimguwahati.ac.in), Assistant Professor, Department of Community and Family Medicine, All India Institute of Medical Sciences, Guwahati, Assam, INDIA.

References

- Gundi M, Subramanyam MA. Curious eyes and awkward smiles: Menstruation and adolescent boys in India. *J Adolesc*. 2020;85:80-95. <https://doi.org/10.1016/j.adolescence.2020.09.013>
- Maharaj T, Winkler IT. 'You don't just do it because someone else said so': Menstrual practices and women's agency in the Hindu diaspora of Trinidad. *Cult Health Sex*. 2021;5:1-15. <https://doi.org/10.1080/13691058.2021.1887938>
- Peranovic T, Bentley B. Men and menstruation: A qualitative exploration of beliefs, attitudes and experiences. *Sex Roles*. 2017;77(1): 113-24. <https://doi.org/10.1007/s11199-016-0701-3>
- Ricker EA, Goforth CW, Barrett AS, Deuster PA, de la Motte SJ. Female military officers report a desire for menstrual suppression during military training. *Mil Med*. 2021;186(Suppl 1):775-783. <https://doi.org/10.1093/milmed/usaa339>
- Alomair N, Alageel S, Davies N, Bailey JV. Sexual and reproductive health knowledge, perceptions and experiences of women in Saudi Arabia: a qualitative study. *Ethn Health*. 2022;27(6):1310-1328. <https://doi.org/10.1080/13557858.2021.1873251>
- Hennegan J, Shannon AK, Rubli J, Schwab KJ, Melendez-Torres GJ. Women's and girls' experiences of menstruation in low- and middle-income countries: A systematic review and qualitative metasynthesis. *PLoS Med*. 2019;16(5):e1002803. <https://doi.org/10.1371/journal.pmed.1002803>
- Manorama S, Desai R. Menstrual Justice: A Missing Element in India's Health Policies. 2020. In: Bobel C, Winkler IT, Fahs B, Hasson KA, Kissling EA, Roberts TA, editors. *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan; 2020. Chapter 39. https://doi.org/10.1007/978-981-15-0614-7_39
- Mason L, Sivakami M, Thakur H, Kakade N, Beauman A, Alexander KT, et al. 'We do not know': a qualitative study exploring boys perceptions of menstruation in India. *Reprod Health*. 2017;14(1):174. <https://doi.org/10.1186/s12978-017-0435-x>

Need for rapid scaling-up of medical education in Afghanistan: Challenges and recommendations

Published online first on May 11, 2023. DOI: 10.20529/IJME.2023.032

Numerous challenges have crippled the Afghan healthcare

system. The nearly half-a-century-long war — that continues to this day — has had profound effects on all aspects of Afghans' lives, medical education being no exception. However, Afghans have partially revived their healthcare and medical education systems recently, and updated medical curricula and teaching methods, with international support [1]. The quality of medical education has, however, been a growing concern in the country [2]. We outline the Ministry of Higher Education (MoHE) perspective on Afghan medical education policy, envisioning the rapid scaling-up of medical education facilities, describe the evolving challenges faced in the current economic and political collapse, and put forward some recommendations.

The vision for expansion of medical studies has been reinforced by the recently released MoHE Policy 2016-2020 [1,3]. Following up on the MoHE Policy 13 which aimed to enhance medical training capacities nationally, to enable us to address health-related problems on the individual, organisational, and community levels. The Policy strives to revive the older medical schools and establish new public and private institutions in Afghanistan, comprehensively addressing the need to increase the number of medical graduates, update teaching methods, build academic capacity of faculty, develop post-graduate training programmes, and institute mandatory exams at exit points for all levels of graduates.

The ongoing internal conflict has led to inadequate infrastructure, financial constraints and non-payment of staff, and the flight of senior and knowledgeable faculty members [2,3]. This has inevitably impacted the quality of medical education and health services gravely. Moreover, numerous Afghans are suffering from a variety of psychosocial problems such as depression, anxiety, and stress-related disorders over decades of conflict [4]. Such disorders can be intense and may have a long-lasting effect on the quality of medical education in Afghanistan.

At present, Afghanistan is witnessing an increase in the number of medical students, with the widespread availability of private medical schools across the country. Even though a few private medical schools are focused on improving medical education, Afghan private medical education facilities are prone to be based solely on profit generation [5]. A lack of proper infrastructure, corruption in university entrance exams, undesirable competition among medical schools for financial gain, nonattendance of students, lack of qualified teachers, and weak regulatory mechanisms make the work of these private medical schools challenging [5].

While Afghanistan still has some of the worst health indicators, the number of doctors and other working health staff available to urgently address these health problems is limited. Hence, we propose the following recommendations aiming to expand the number of medical professionals and strengthen medical education in Afghanistan.