

# Editorial: No shame in bodily functions

RICHARD CARTER

There are some things that individuals, families, societies, nations, and even the world as a whole will not acknowledge, talk about, or countenance. These are the forbidden topics or taboos. According to the dictionary, taboos are matters which are '... banned or restricted by social custom'.

Why do taboos exist? Because they are too difficult or perhaps too disgusting to discuss – we fear them, we don't have easy answers for them, and we wish they would go away. We may or may not be able to prevent them happening, but at least we can avoid discussing them. They are real and significant, and we may think we can do nothing about them, so we bury our heads in our hands or in the proverbial sand, and refuse to acknowledge them.

There are lots of examples of taboo subjects and practices. They range from matters of bodily function – including the solids, liquids, and gases which human bodies produce – through matters of human sexuality and relationships, to issues of life and death, including the treatment of the unborn and the preparation of the dead for burial.

There are good reasons for the existence of taboos. Avoiding harmful practices, or encouraging those which reinforce the cohesiveness of families and society, are positive functions for some taboos.

Other taboos may be more value-neutral, but culturally conditioned. How one deals with phlegm in the throat, saliva in the mouth, and gas in the body is very much a matter of the culture one lives in.

The social compact of avoiding discussion of some topics may be seen as good manners or decorum but a negative aspect of some such taboos can be the blind spots which they create. If we cannot talk about human excreta, how can we properly deal with the chronic sanitation crisis which a large part of the world faces? If we do not acknowledge the monthly menstrual cycle experienced by more than a quarter of the world's population, how can we address its management with practicality and dignity? If we cannot acknowledge disability, age, and ill-health in its many aspects, how can we start to treat all people as equal in value?

It is questions such as these which once again form a focus for an issue of *Waterlines*. Ten years ago, even five years ago, the subject of menstrual management was hardly on the agenda. It is good that this has now changed, at least in the academic and practitioner literature in international development. This issue of *Waterlines* includes six papers on the theme of menstrual management, and a 'Taking stock' piece on incontinence. Talking about and constructively addressing previously taboo subjects like these may mean that eventually they are seen as so normal and manageable that they no longer need to be considered taboo.

It is one thing to discuss menstruation and incontinence in a journal such as *Waterlines*. But it is necessary that such matters emerge from the territory of taboo

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<http://dx.doi.org/10.3362/1756-3488.2016.017>, ISSN: 0262-8104 (print) 1756-3488 (online)

and blind spot more widely. Only a minority of growing girls know to expect a change to their lives at menarche. Educational systems continue to fail their female students by their lack of provision of adequate facilities in schools. Humanitarian relief and recovery efforts focus on obvious and visible needs, while often ignoring the specific and less visible needs of women. Society as a whole marginalizes those with disabilities and special needs. Markets miss opportunities to provide effective and affordable products for management of menstruation, incontinence, and general hygiene.

For such situations to change, formerly taboo topics must be talked about in families, in governments, among development and relief agencies, in the private sector, and in the public arena. These matters are too important for natural human sensitivities, embarrassment, and other obstacles to get in the way. They involve too many people to be brushed under the carpet as insignificant matters. They affect educational outcomes and quality of lives. They are a matter of simple humanity.

Whether we use polite or more crude words, we must talk collectively about the solids and liquids which human bodies produce, our individual abilities and difficulties in controlling them, and what we can do together to manage these unpleasant but natural products. This involves parents and teachers, young people and politicians, civil servants and aid agencies, NGOs and private companies, the media and campaigning groups, in other words the whole of society. Until these matters emerge from taboo and are acknowledged and addressed without embarrassment, little progress will be made in their widespread management.

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