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CO-CREATING
SUSTAINABLE
FUTURES



ACADEMY OF FINLAND

Towards sustainable global health and social policy: What if societies were built for those who can hold?



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**SUSTAINABLE
SOCIETIES = SOCIETIES
DESIGNED FOR THOSE
WHO CANNOT HOLD!**

**(AND THIS IS A GLOBAL SOCIAL POLICY
QUESTION)**



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“If (urinary) incontinence were a country, it’d be third largest in the world.”

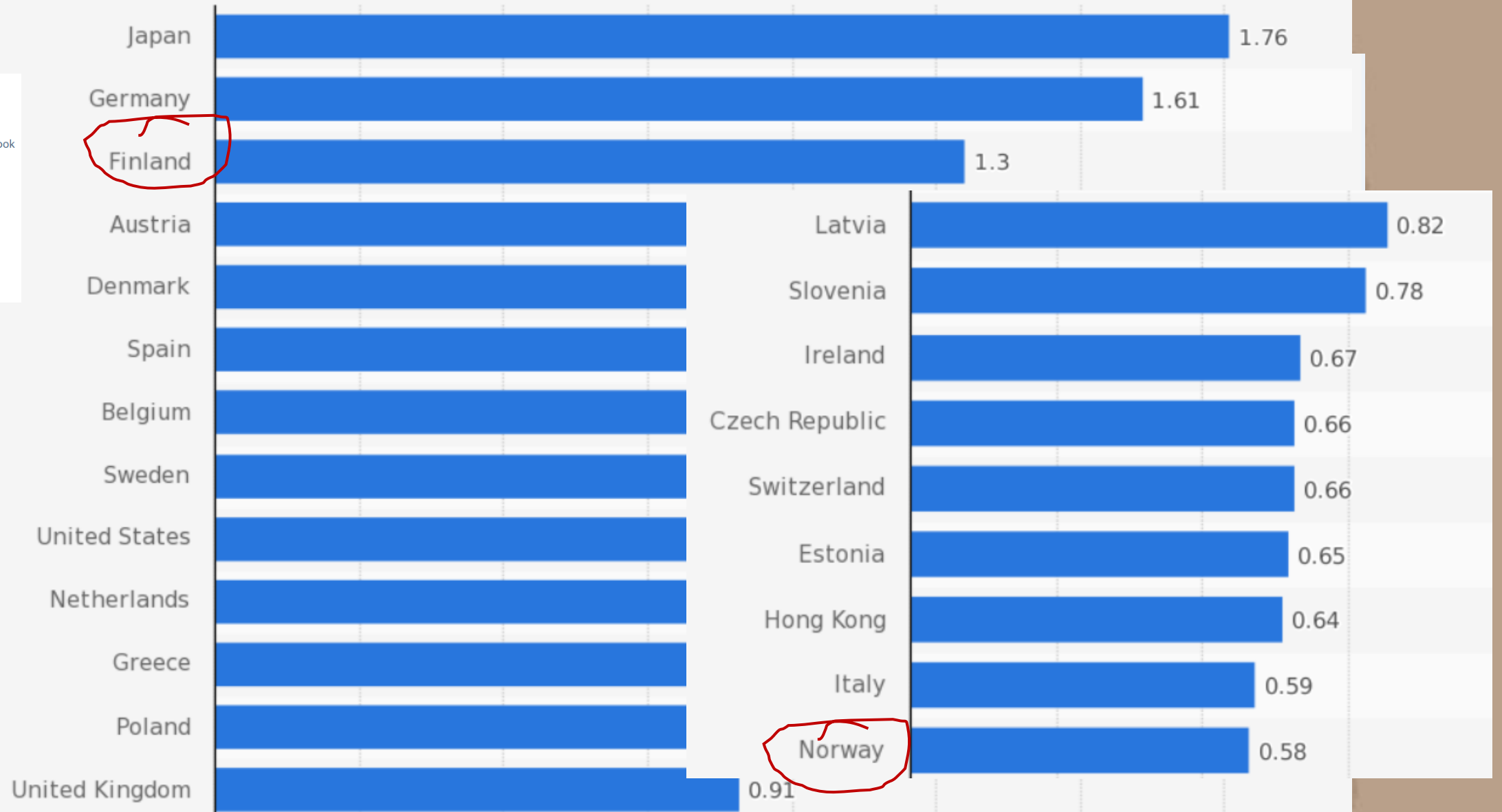
400 MILLION people in the world live with urinary incontinence.

6 % of those under 40 live with faecal incontinence.

Postpartum incontinence affects every third person who has given birth.

Many forms of incontinence can be treated, even cured, but often --- the solution to manage it with an incontinence pad.

Per-capita volume sales in the incontinence market worldwide, by country in 2017 (in kilograms)



Source
Statista

Survey by
Statista Consumer Market Outlook

Published by
Statista

Source link
[Consumer Market Outlook](#)

Release date
April 2018

Waste management and environmental impact of absorbent hygiene products: A review

Table 1. Percentage (in weight) of selected absorbent hygienic products on municipal waste (Kaza et al., 2018; Organization for Economic Cooperation and Development, 2018; The World Bank Group, 2019).

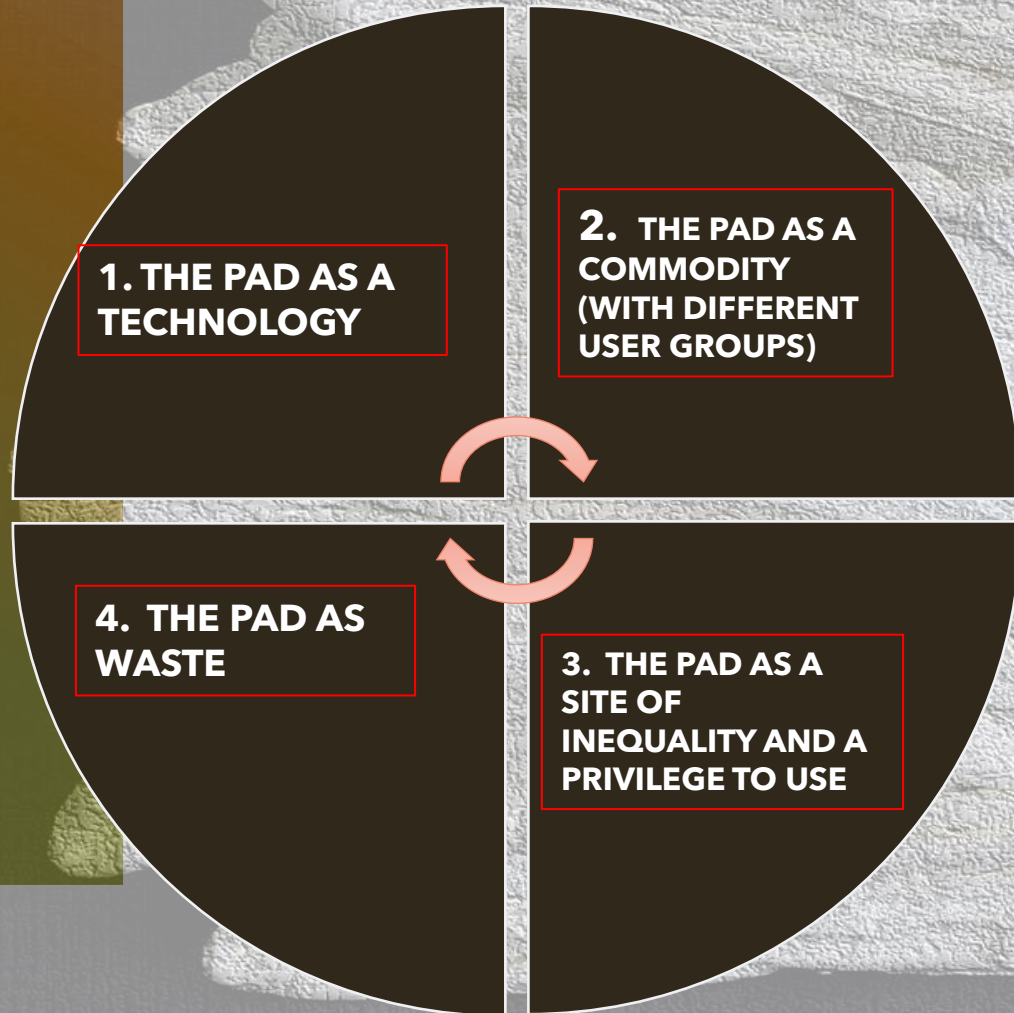
Country	Reference year	% Baby nappies	% Adult nappies	% Feminine pads	Country	Reference year	% Baby nappies	% Adult nappies	% Feminine pads
<i>Member countries of the Organization for Economic Cooperation and Development</i>									
Australia	2015	2.7	3.3	0.4	Latvia	2017	2.6	6.2	0.5
Austria	2017	1.9	4.3	0.4	Lithuania	2017	2.7	5.8	0.5
Belgium	2017	3.2	5.8	0.5	Luxembourg	2017	2.1	2.9	0.4
Canada	2012	1.8	2.6	0.3	Mexico	2016	4.9	2.9	0.6
Chile	2016	3.6	3.3	0.6	Netherlands	2017	2.3	4.6	0.4
Czech Republic	2017	3.3	7.2	0.7	New Zealand	2017	2.0	2.6	0.3
					Norway	2017	4.2	6.6	0.7
					Poland	2017	3.4	7.0	0.8
					Portugal	2017	1.9	5.7	0.5
					Slovak	2017	3.1	5.2	0.6
					Republic of Korea	2016	2.6	4.5	0.7
					Republic of Slovenia	2017	2.5	5.3	0.5
					Spain	2017	2.2	5.4	0.5
					Sweden	2017	3.0	5.5	0.5
					Switzerland	2017	1.7	3.3	0.3
					Turkey	2017	4.5	2.5	0.6
					United Kingdom	2017	3.0	5.0	0.5
					United States	2015	1.9	2.5	0.4
					Haiti	2016	12.4	2.8	1.2
					Honduras	2016	10.1	2.4	1.1
					Jamaica	2016	4.5	3.3	0.7
					Nicaragua	2016	7.6	2.3	0.9
					Panama	2016	5.9	2.6	0.7
					Paraguay	2016	8.3	2.8	0.9
					Peru	2016	8.0	3.2	0.9
					Puerto Rico	2016	1.0	1.6	0.2
					Suriname	2016	13.8	5.9	1.7
					Uruguay	2016	4.3	5.2	0.6
					Venezuela	2016	6.7	2.6	0.8

Table 2. Classification of absorbent hygienic products and management in different cities or countries.

City/country	Classification of absorbent hygiene products	Treatment	References
Hamburg, Germany	Non-recyclable	Waste to energy	Ministry of Labour Social Family Affairs and Integration (n.d.)
Helsinki, Finland	Mixed waste	Waste to energy	Hanken (n.d.)
Nakano, Japan	Combustible	Waste to energy	Nakano City Waste Management Office (2020)
Toronto, Canada	Organic	Anaerobic digestion	City of Toronto (n.d.)
Mexico City, México	Inorganic of limited valorization	Landfill	Gazette of the Federal District, Mexico City (2015)
Spain	Residual fraction	Mechanical-biological treatment, incineration or landfill	Ministerio para la Transición Ecológica (n.d.)
Costa Rica	Ordinary waste	Landfill	Ministerio de Salud (2016)
India	Dry waste	Landfill, incineration	Central Pollution Control Board (2018)
Zimbabwe	Mixed household waste	Illegal dumpsites	Jesca and Junior (2015)
Thailand	Mixed household waste	Landfill or illegal dumpsites	Kashyap et al. (2016)
Pakistan	Mixed household waste	Landfill or illegal dumpsites	Gul et al. (2017)

(We research) four pad realities–

FOUR SITES OF SUSTAINABILITY TRANSITION



VAIPAHANKE.FI



THE SIMPLE CLAIM: In a sustainable society in/contenance has to be accounted for **everywhere in society.**

- Contenance as an axe of intersectionality
- **Cf. term "gender sensitive" ⇔ CONTINENCE SENSITIVE SOCIETY = more sustainable society**



WHERE ARE WE NOW? Examples

- Lack of preventative care, inadequate rehabilitation
- Lack of knowledge of in/continence in primary care
- The choice of products not tailored for individual needs (wrong size or absorbency, wrong products) => wasteful use of resources
- Hospitals, care homes, public spaces designed without attention to incontinence
- Inadequate staffing in care => inadequate help with toileting needs
- Problems in public procurement of continence technologies
- Standardizations may de-incentivize sustainable innovations
- Very little attention paid to incontinence care in low resource settings in global health politics and discussions on SDGs
- Etc. etc...