



Menstrual hygiene matters

A resource for improving menstrual hygiene around the world

Sarah House, Thérèse Mahon
and Sue Cavill

Introductory pages



This material has been funded by UK aid from the Department for International Development (DFID). However, the views expressed do not necessarily reflect the Department's official policies.

Copyright

© WaterAid. All rights reserved. This material is under copyright but may be reproduced by any method for educational purposes by anyone working to improve the lives of women and girls through strengthening menstrual hygiene knowledge and practices, as long as the source is clearly referenced. It should not be reproduced for sale or commercial purposes without prior written permission from the copyright holders.

The authors would appreciate receiving information on when, where and for what purpose the materials have been used. Please send details to mhm@wateraid.org

Disclaimer

This resource is a synthesis of good practice. While every effort has been made to obtain permission for the inclusion of materials, and also to verify that information is from a reputable source, checks have not been possible for all entries. Therefore, users are encouraged to follow up with the original references when considering using sections of this resource.

This resource is for information only and should not be used for the diagnosis or treatment of medical conditions. WaterAid has used all reasonable care in compiling the information but makes no warranty as to its accuracy. A doctor or other healthcare professional should be consulted for diagnosis and treatment of medical conditions.

All examples of commercial products included within this resource are for learning purposes only and do not suggest endorsement by WaterAid and co-publishing organisations.

First edition, 2012

Cover: A young woman producing low cost, hygienic sanitary pads in Mirpur, Dhaka. After sewing, the pads are sterilised using an autoclave and then packed for sale.
(Photo: Tridhara Photography/Anisur Rahman)

About this resource

In November 2010, WaterAid, with support from the research consortium SHARE (Sanitation and Hygiene Applied Research for Equity), brought together 16 practitioners and researchers with expertise in water, sanitation and hygiene (WASH), health, education and gender to share knowledge and experiences and develop a research programme on menstrual hygiene.

The group noted that while there is a need for further research to fill critical gaps in our knowledge about menstrual hygiene and its impacts, there is a wealth of practical experience that has not yet been documented and synthesised so that it can be more widely shared and applied. This resource has been produced to address this gap. It presents comprehensive and practical guidance on what is already being implemented in different contexts to encourage replication.

The resource has been produced at WaterAid by Sarah House, Thérèse Mahon and Sue Cavill, with inputs from a wide range of individuals and organisations who have shared their experiences and resources through documentation, interviews and focus group discussions. The resource was jointly funded by SHARE and WaterAid.

A peer review process involving 21 individuals (see acknowledgements) with expertise from across relevant sectors was undertaken. Specific expert advice was taken to develop and review the sections of this resource relating to health and menstrual hygiene, in particular Module 1, Section 1.6, and Toolkit 1, Section T1.3.4. These sections were written by Suzanne Ferron, an independent consultant, registered nurse and registered health visitor. They were reviewed by Brad Kerner, Adolescent Reproductive Health Adviser, Save the Children; Dr Belen Torondel, Research Fellow, London School of Hygiene and Tropical Medicine; Dr Penelope Phillips-Howard, Senior Researcher, Centre for Public Health, Liverpool John Moores University; and Dr Vendela McNamara, Associate Specialist in Sexual Health, University Hospitals Leicester. Professor Alison Fiander, Chair Obstetrics and Gynaecology, Wales College of Medicine, and Fistula Surgeon at Disability Hospital, Dar es Salaam, reviewed Toolkit 7, Section T7.3.2, on incontinence and fistula and sanitary protection.

The authors have incorporated the reviewers' comments as far as possible and with particular care to correct any factual errors. However, the opinions noted in this resource do not necessarily represent those of the reviewers or co-publishing organisations, but are solely those of the authors.

Introductory pages



Well designed and appropriate water, sanitation and hygiene facilities that address menstrual hygiene can make a significant difference to the schooling experience of adolescent girls
(Photo: WaterAid/ASM Shafiqur Rahman)

Co-published by:



Contents

- 7 **Women and girls' experiences of menstruation**
- 8 **Foreword**
- 9 **Acknowledgements**
- 11 **Contributors to the resource**
- 15 **The purpose of this resource and how to use it**
 - 15 The purpose of this resource
 - 15 Who this resource is for
 - 16 Approach and format of the resource
 - 16 Structure of the resource
 - 17 Menstrual hygiene – an overview
 - 18 Acronyms
- Modules**
- 21 **Module 1 Menstrual hygiene – the basics**
 - 22 1.1 Why considering menstrual hygiene is important for all
 - 24 1.2 What is menstruation?
 - 25 1.3 Cultural and religious beliefs, social norms and myths on menstrual hygiene
 - 30 1.4 Girls' first experiences of menstruation
 - 31 1.5 Girls' experiences of menstrual hygiene in school and their impact
 - 32 1.6 Health problems related to menstrual hygiene
 - 38 1.7 How women and girls can keep themselves healthy during their menstrual period
- 45 **Module 2 Menstrual hygiene – getting started**
 - 46 2.1 What we should be doing at household, community, sub-national, national and international levels
 - 48 2.2 Institutional and sector responsibilities
 - 51 2.3 Building confidence and competence
 - 56 2.4 Men and boys' involvement in menstrual hygiene
 - 60 2.5 Resourcing for menstrual hygiene
- 63 **Module 3 Menstrual hygiene – sanitary protection materials and disposal**
 - 64 3.1 Comparing sanitary protection materials
 - 75 3.2 Production, distribution and costs
 - 90 3.3 Washing, drying, storage and disposal
- 101 **Module 4 Working with communities on menstrual hygiene**
 - 102 4.1 Getting started
 - 103 4.2 Practical menstrual hygiene interventions at community level
- 113 **Module 5 Working with schools on menstrual hygiene**
 - 114 5.1 Getting started
 - 122 5.2 Practical menstrual hygiene interventions in schools
- 129 **Module 6 Menstrual hygiene in emergencies**
 - 130 6.1 Getting started
 - 136 6.2 Standards and guidelines on menstrual hygiene in emergencies
 - 142 6.3 Practical menstrual hygiene interventions in emergencies
- 151 **Module 7 Supporting women and girls in vulnerable, marginalised or special circumstances**
 - 152 7.1 Making a difference for women and girls in vulnerable, marginalised or special circumstances
 - 156 7.2 Menstrual hygiene challenges of women and girls in vulnerable, marginalised or special circumstances and actions to support them
 - 164 7.3 Integrating menstrual hygiene into services and programmes

Introductory pages

171 **Module 8 Menstrual hygiene in the workplace**

- 172 8.1 Menstrual hygiene challenges for women in the workplace
- 176 8.2 Good practice for menstrual hygiene in the workplace

179 **Module 9 Research, monitoring and advocacy**

- 180 9.1 Research, obtaining feedback and monitoring
- 187 9.2 International treaties, the Millennium Development Goals, legislation and policies
- 190 9.3 Advocacy on menstrual hygiene

Toolkits

201 **Toolkit 1 Menstrual hygiene – the basics**

- 202 T1.1 Checklists and other tools
- 204 T1.2 Technical designs and specifications
- 211 T1.3 Case studies, examples and further information
- 237 T1.4 Bibliography

241 **Toolkit 2 Menstrual hygiene – getting started**

- 242 T2.1 Checklists and other tools
- 242 T2.2 Technical designs and specifications
- 243 T2.3 Case studies, examples and further information
- 248 T2.4 Bibliography

249 **Toolkit 3 Menstrual hygiene – sanitary protection materials and disposal**

- 250 T3.1 Checklists and other tools
- 251 T3.2 Technical designs and specifications
- 270 T3.3 Case studies, examples and further information
- 278 T3.4 Bibliography

281 **Toolkit 4 Working with communities on menstrual hygiene**

- 282 T4.1 Checklists and other tools
- 282 T4.2 Technical designs and specifications
- 283 T4.3 Case studies, examples and further information
- 284 T4.4 Bibliography

287 **Toolkit 5 Working with schools on menstrual hygiene**

- 288 T5.1 Checklists and other tools
- 289 T5.2 Technical designs and specifications
- 299 T5.3 Case studies, examples and further information
- 302 T5.4 Bibliography

303 **Toolkit 6 Menstrual hygiene in emergencies**

- 304 T6.1 Checklists and other tools
- 305 T6.2 Technical designs and specifications
- 318 T6.3 Case studies, examples and further information
- 321 T6.4 Bibliography

323 **Toolkit 7 Supporting women and girls in vulnerable, marginalised or special circumstances**

- 324 T7.1 Checklists and other tools
- 325 T7.2 Technical designs and specifications
- 328 T7.3 Case studies, examples and further information
- 333 T7.4 Bibliography

335 **Toolkit 8 Menstrual hygiene in the workplace**

- 336 T8.1 Checklists and other tools
- 337 T8.2 Technical designs and specifications
- 337 T8.3 Case studies, examples and further information
- 337 T8.4 Bibliography

339 **Toolkit 9 Research, monitoring and advocacy**

- 340 T9.1 Checklists and other tools
- 349 T9.2 Technical designs and specifications
- 349 T9.3 Case studies, examples and further information
- 351 T9.4 Bibliography

“I didn’t know what was happening [at menarche] or what to do to manage menstruation. I used cotton wool, pages from an exercise book, leaves from trees. I suffered much embarrassment at school because I leaked and stained my uniform.”

Woman with a physical impairment from Tanzania¹

“During winter it is very difficult, we have to sleep alone [during menstruation], and there is not enough warm clothes at night. Many times I have to ask father for [a] quilt.”

Girl from Nepal²

“I am always changing my soiled napkin at interval of eight to ten hours as there are hardly any facilities available to change my pads and it is embarrassing to ask anyone to use their bathroom for said purpose.”

Female NGO field worker from India³

“We believe that it is important to tell our daughters about menstruation but we don’t know much. Frankly speaking, we will like to learn more about it and pass it on to our daughters. Some of us also believe that schools should provide information about the biological aspect.”

Woman from Nigeria⁴

Women and girls’ experiences of menstruation

“We are eager to build up our education and have a good reputation in the society, so we don’t like to be absent from school each month because of unavailability of the school [water, sanitation and hygiene] facility.”

Schoolgirl from Afghanistan⁵

“How can I wash blood in the toilet? The drain that leads out is not covered. My father and brothers are in the courtyard.”

Female teenager, India⁶

“When you start getting periods... our mothers take us to a separate room and start advising you that you have to keep it a secret and no one should know that you are in menstrual periods. So when a drop [of blood] passes through you, they say, ‘Ah, she is a namagwatala,’ meaning a very dirty person... So it is shameful.”

Woman from Uganda⁷

“You can find that a girl has only one underwear and two pieces of cloth for using during menses. This makes it difficult for them to come to school during menses.”

Teacher from Tanzania after teaching girls about menstrual hygiene⁸

Introductory pages

Foreword

by Catarina De Albuquerque, UN Special Rapporteur on the human right to safe drinking water and sanitation

I am honoured and delighted to have been given the opportunity of introducing this essential and innovative resource book, *Menstrual hygiene matters*. This educational and empowering resource tackles without shame or recourse to euphemism an issue that I have come to realise through my work is a major stumbling block for the realisation not only of the rights to water and sanitation of girls and women, but for ensuring gender equality.

Why do I believe that this is such an important and ground-breaking publication?

Globally, approximately 52% of the female population (26% of the total population) is of reproductive age. Most of these women and girls will menstruate each month for between two and seven days. Menstruation is an integral and normal part of human life, indeed of human existence, and menstrual hygiene is fundamental to the dignity and wellbeing of women and girls and an important part of the basic hygiene, sanitation and reproductive health services to which every woman and girl has a right.

However, menstruation is too often taboo, and has many negative cultural attitudes associated with it, including the idea that menstruating women and girls are ‘contaminated’, ‘dirty’ and ‘impure’. Menstruating women and girls are forced into seclusion, suffer reduced mobility and dietary restrictions, and can be prevented, through cultural norms, from participating in daily activities. Despite, or perhaps because of this, menstrual hygiene has been routinely ignored by professionals in the water sector, and in the health and education sectors too.

In my recent report⁹ on stigma to the Human Rights Council, I drew attention to the impact that a lack of adequate consideration of the menstrual needs of women can bring. Without a safe, private space, with adequate facilities for washing the body, menstrual materials and clothing, women and girls face difficulties going about their daily lives. The lack of privacy and the necessary infrastructure for cleaning and washing, the fear of staining and smelling, and the lack of hygiene in school toilets are major reasons for being absent from school during menstruation, and have a negative impact on girls’ right to education.

Unfortunately, the silence and stigma surrounding menstruation makes finding solutions for menstrual hygiene management a low priority. This is often reinforced by the fact that women and girls are not seen as priorities for politicians. The first step is to break this silence. Menstrual hygiene needs to be tackled comprehensively and contextually, to give women and girls the confidence and space to voice their need for improved menstrual hygiene. Menstrual hygiene management needs to be integrated into programmes and policies across key sectors including WASH (water, sanitation and hygiene), reproductive health, emergency, education and rights, from community to global levels.

Due to the courage and innovation of individuals and organisations that have done pioneering work on menstrual hygiene, its profile is increasing and there is growing interest and knowledge. This resource brings together, for the first time, accurate, straightforward, non-judgemental knowledge and practice on menstrual hygiene programming from around the world to encourage the development of comprehensive and context specific approaches to menstrual hygiene.

Acknowledgements

WaterAid would like to acknowledge the participants of the meeting in 2010 who together contributed to initiating this resource:

Dr Belen Torondel (London School of Hygiene and Tropical Medicine), Dr Marni Sommer (Columbia University), Archana Patkar (Water Supply and Sanitation Collaborative Council), Dr Richard Rheingans (SHARE), Therese Dooley (UNICEF), Dr Linda Mason (Liverpool John Moores University), Tracey Crofts (Water, Engineering and Development Centre), Thérèse Mahon, Dr Sue Cavill, Yael Velleman, Tom Slaymaker, Louisa Gosling, Aftab Opel, Om Prasad Gautam, Chandra Ganapathy and Jo Connah (WaterAid).

The authors would like to acknowledge the following individuals and organisations that have all been pioneers in breaking the silence on menstrual hygiene. They have inspired us to develop this resource and provided a wealth of experiences and resources.

Maria Fernandes, India; Rokeya Ahmed, Bangladesh; IRSP, Pakistan; CARMDAKSH, India; WaterAid in Bangladesh, India and Nepal; UNICEF in Afghanistan, Bangladesh, India, New York, Sierra Leone and Tanzania; Archana Patkar; the Women and Child Departments of the Government of Tamil Nadu and the Government of Odisha, India; Save the Children USA; Dr Peter Morgan and Annie Kayemba, Aquamor, Zimbabwe; Water and Engineering and Development Centre, Loughborough University, UK; Sophie Thornander and team, Jani Pad, Sweden; Sophia Klumpp and Paul Grinvalds, AFRIpads Uganda; BRAC, Bangladesh; Dr Moses Kizza Muzaasi and Julie Nakibuule, MakaPads, Uganda; Dr Marni Sommer; Lakshmi Murthy, Vikalpdesign, India; ZanaAfrica, Kenya; Mr Muruganantham, India.

WaterAid would like to thank the following people for their valuable contribution in reviewing and providing detailed comments on the content and structure of this resource:

- Professor Alison Fiander – Chair Obstetrics and Gynaecology, Wales College of Medicine, Cardiff University, UK, and Fistula Surgeon at CCBRT's (Comprehensive Community Based Rehabilitation in Tanzania) Disability Hospital, Dar es Salaam.

- Brad Kerner – Adolescent Reproductive Health Adviser, Save the Children, USA.
- Dr Helen Pankhurst – Senior Adviser, Water Team, CARE.
- Hemalatha Patil – Programme Officer, WaterAid in India.
- Hina Israr – Gender Specialist, Integrated Regional Support Programme, Pakistan.
- Jean Francois Fesselet – WatSan Unit Co-ordinator and Rink de Lange – Médecins Sans Frontières.
- Julia Rosenbaum – Senior Behaviour Change Specialist, USAID/WASHplus Project (FHI360).
- Juliet Ojeo Mwebesa – WASH Specialist, United Nations Refugee Agency (UNHCR), Uganda.
- Lisa Rudge – Water, Sanitation and Hygiene Adviser, Action Contre La Faim.
- Louisa Gosling – Programme Support Adviser, WaterAid.
- Dr Margaret Montgomery – Technical Officer, World Health Organisation, Geneva.
- Dr Marni Sommer – Assistant Professor of Socio-medical Sciences, Columbia University, Mailman School of Public Health, USA.
- Murat Sahin – Adviser, WASH in Schools (and other members of the WASH team), WASH Section, UNICEF.
- Dr Penelope Phillips-Howard – Senior Researcher, Centre for Public Health, Liverpool John Moores University, UK.
- Rokeya Ahmed – Water and Sanitation Specialist, WSP – South Asia.
- Samantha French – Strategic Planning Manager, WaterAid.
- Seunghee F Lee – School Health and Nutrition Senior Director, Department of Education and Child Development, Save the Children, USA.
- Shamim Ahmed – Assistant Programme Coordinator Equity and Inclusion, WaterAid in Bangladesh.
- Sweta Patnaik – Programme Officer Policy Research, WaterAid in India.
- Dr Vendela McNamara – Associate Specialist in Sexual Health, University Hospitals Leicester, National Health Service (NHS) Trust, UK.
- Yves Chartier – Public Health Engineer, Water, Sanitation, Hygiene and Health Unit, World Health Organisation, Geneva.

Special thanks to Suzanne Ferron, independent consultant, for her contribution in writing Section 1.6 'Health problems related to menstrual hygiene' in Module 1, and Section T1.3.4 'Health and menstruation' in Toolkit 1, in addition to reviewing the whole resource.

The editorial contribution of Richard Steele is highly appreciated.

Introductory pages

Dedication

This resource is dedicated to all the people around the world who are making efforts to overcome the taboos of speaking out to support better menstrual hygiene.

In particular, we wish to dedicate this work to Yves Chartier (1958-2012) who was a reviewer of this resource. Yves worked for the most part of three decades committing his working life to improving water, sanitation, hygiene and environmental health in humanitarian and development contexts around the world; first with Médecins Sans Frontières and then with the World Health Organisation. Yves was a dedicated WASH sector professional who pushed the boundaries of knowledge and practice and was held in very high regard by everyone who knew and worked with him. His enthusiastic support for this resource provided a great deal of motivation to the team, which will always be remembered.

Contributors to the resource

The following people and organisations have provided information, photographs or otherwise contributed to the resource.

Name	Organisation
Adnes Mgaya	Shivawata, Tanzania
Aftab Opel	WaterAid
Albetina Mbaji	Chawata-mkda, Tanzania
Alison Fiander	Wales College of Medicine, University of Wales / Comprehensive Community Based Rehabilitation in Tanzania
Anita Pradhan	WaterAid
Anne Hochwalt	The Procter & Gamble Company
Annie Kanyemba	Aquamor, Zimbabwe
Archana Patkar	Water Supply and Sanitation Collaborative Council (WSSCC), Switzerland
Arunachalam Muruganantham	Jayaashree Industries, India
Ashufta Alam	Department for International Development (DFID), UK
Asia Kassim Hussein	UNICEF, Tanzania
Belen Torondel	London School of Hygiene and Tropical Medicine, UK
Belinda Abraham	UNICEF, Cambodia
Brad Kerner	Save the Children, USA
Cansu Akarsu	PadBack, Turkey
Carol Nabalema	Plan, Uganda
CeCe Camacho	Sustainable Health Enterprises (SHE)
Chandra Ganapathy	WaterAid
Christiane Randrianarisoa Rasolofo	WaterAid
Christopher B Ogar	Hope Worldwide Nigeria (HWWN)
Dan Abbott	Save the Children, USA
Daniele Lantagne	Harvard University, USA
David Woolnough	DFID, UK
Department of Health	UK Government
Ditshego Magoro	Water Information Network-South Africa
Dominique Porteaud	The Office of the United Nations High Commissioner for Refugees (UNHCR)
Elisabeth von Muench	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
Eric Fewster	Bushproof
Faith Gugu	WaterAid
Guy Collender	Sanitation and Hygiene Applied Research for Equity (SHARE)
Hamidah Nakiyemba	AFRIpads, Uganda

Introductory pages

Name	Organisation
Hazel Jones	Water, Engineering and Development Centre, Loughborough University, UK
Helen Pankhurst	CARE International
Hemalatha Patil	WaterAid
Hina Israr	IRSP, Pakistan
Ingeborg Krukkert	IRC International Water and Sanitation Centre, The Netherlands
Jean Francois Fesselet	Médecins sans Frontières
JN Bhagwan	Water Research Commission, South Africa
Jo Connah	WaterAid
Julia Rosenbaum	WASHPlus, FHI360, USA
Julie Nakibuule	MakaPads, Uganda
Julie Ojeo Mwebesa	UNHCR, Uganda
Professor Karagiannidis	
Karin Ruiz	Peepoople
Kate Fogelberg	Water for People
Kayibanda Ingabire Julian	SHE, Rwanda
Kusum Mistry	Independent
Lakshmi Murthy	Vikalpdesign, India
Lars Marcus Vedeler	Jani Pad, Sweden
Linda Mason	Liverpool John Moores University
Linda Scott	Said Business School, Oxford University
Lisa Rudge	Action Against Hunger (ACF) - France
Louisa Gosling	WaterAid
Margaret Montgomery	World Health Organisation, Switzerland
Mahadeo Jogdand	Government of Maharashtra, India
Maria Chale	Independent, Tanzania
Maria Fernandez	Independent, India
Marion O'Reilly	Oxfam GB
Marni Sommer	Columbia University, USA
Mascha Singeling	Plan, Netherlands
Masoomu Hamkut	ACF - Afghanistan
Maura Adriano	Deaf-Blind Organisation, Tanzania
Md Monirul Alam	UNICEF Bangladesh
Megan White Mukuria	ZanaAfrica, Kenya
Merri Weinger	USAID
Mike Addison	The Procter & Gamble Company
Miranda Farage	The Procter & Gamble Company
Modesta Mwangata	Independent, Tanzania
Moses Kizza Musaazi	Maka Pads, Uganda

Name	Organisation
Moto Michikata	REDR-UK
Murat Sahin	UNICEF, USA
Nadarajah Moorthy	UNICEF, Indonesia
National Health Service Direct Online Team	National Health Service, UK
Nicholas Kachrillo	ACF - Afghanistan
Nicholas Villeminot	ACF - France
Om Prasad Gautam	London School of Hygiene and Tropical Medicine
Paul Grinvalds	AFRIpads Ltd, Uganda
Paulina Kosyando	KINNAPA Development Programme, Tanzania
Peter Maes	Médecins sans Frontières
Peter Morgan	Aquamor, Zimbabwe
Petra Bongartz	Institute of Development Studies, University of Surrey, UK
Rebecca Budimu	UNICEF, Tanzania
Rebecca Eliazar	Chawata-mkda, Tanzania
Richard Carter	WaterAid
Richard Rheingans	SHARE
Rink de Lange	Médecins sans Frontières
Robert Bos	World Health Organisation, Switzerland
Robert Reed	WEDC, Loughborough University, UK
Rod Shaw	WEDC, Loughborough University, UK
Rokeya Ahmed	Water and Sanitation Programme (WSP), Bangladesh
Rose Nyawira	Urban community-led total sanitation project in Mathare, Nairobi
Rosemary Ropp	WSP
Saira Raza	Independent, UK
Sally Piper Pillitteri	Independent, UK
Sarah Averbach	Harvard Medical School, Beth Deaconess Hospital, USA
Sarah Bramley	Save the Children USA
Sarah Fry	WASHPlus, FHI360, USA
Sarah Sutton	University Hospitals Leicester, UK
Seunghye Lee	Save the Children, USA
Shafiqur Rahman	WaterAid
Shamim Ahmed	WaterAid
Sharon Roose	Plan, Netherlands
Sophia Klumpp	AFRIpads Ltd, Uganda
Sophie Thornander	Jani Pads, Sweden
Sue Coates	WEDC, Loughborough University, UK
Suzan Boon	Comprehensive Community Based Rehabilitation in Tanzania (CCBRT)
Suzanne Ferron	Independent Consultant, UK
Sweta Patnaik	WaterAid

Introductory pages

Name	Organisation
Therese Dooley	UNICEF, USA
Tom Moench	ReProtect
Tom Slaymaker	WaterAid
Tracey Crofts	Independent, UK
Vendela McNamara	University Hospitals Leicester, NHS Trust, UK
Vestina Mtagulwa	Independent, Tanzania
Wilhelmina Malima	UNICEF, Tanzania
Yael Velleman	WaterAid
Yusif Kabir	UNICEF Maharashtra, India
Yves Chartier	World Health Organisation, Switzerland
Zahida Stanekzai	UNICEF, Afghanistan John Wiley & Sons Ltd

The purpose of this resource and how to use it

The purpose of this resource

The main purpose of this resource is to provide a comprehensive resource on menstrual hygiene that supports the development of context-specific information for improving practices for women and girls in lower- and middle-income countries.

This will be achieved through:

- Bringing together examples of good menstrual hygiene practice from around the world, related to policies, strategies, programmes and interventions, so that knowledge can be shared and adapted to different contexts.
- Providing guidance on building the competence and confidence of WASH and other sector staff to start engaging in menstrual hygiene and break the silence surrounding the issue.
- Encouraging increased engagement in advocacy on menstrual hygiene and encouraging relevant sectors to collaborate for effective advocacy and implementation.

Who this resource is for

This resource is for use by all professionals who are concerned with improving the lives of girls and women. It will be of particular use to WASH sector professionals, as well as those from other sectors, including health, sexual and reproductive health and rights, education, community development, protection and gender.

Approach and format of this resource

- **A synthesis of good practice / no single solution** – The resource presents a synthesis of good practice, considering a range of contexts and situations for women and girls around the world. It does not promote any one solution, but encourages the user to consider the options most relevant to their context.
- **A comprehensive approach** – The resource looks at menstrual hygiene comprehensively, as a package of interventions. It has been structured in line with the different elements of menstrual hygiene programming, and can therefore be used effectively whatever the context.
- **Individual but interlinked modules** – The resource is divided into modules, each with its own toolkit, focusing on various aspects of menstrual hygiene. Readers can choose the sections most relevant to them and follow the recommendations and cross references for more information.
- **Inspiring locally-appropriate materials** – The resource is not a field resource but has been developed for organisations to use as a basis for developing materials relevant to their context.

Case studies

Efforts have been made to include a range of case studies in this resource from around the world. The main focus has been on Asia and Africa, although examples from low- and middle-income countries elsewhere have also been included. Some countries, in particular India, Bangladesh and Nepal, have undertaken more work on menstrual hygiene than others, so more case studies have been readily available. This does not mean that the menstrual hygiene challenges are worse in these countries than others, but that there is more documented information to learn from.

Introductory pages

Structure of this resource

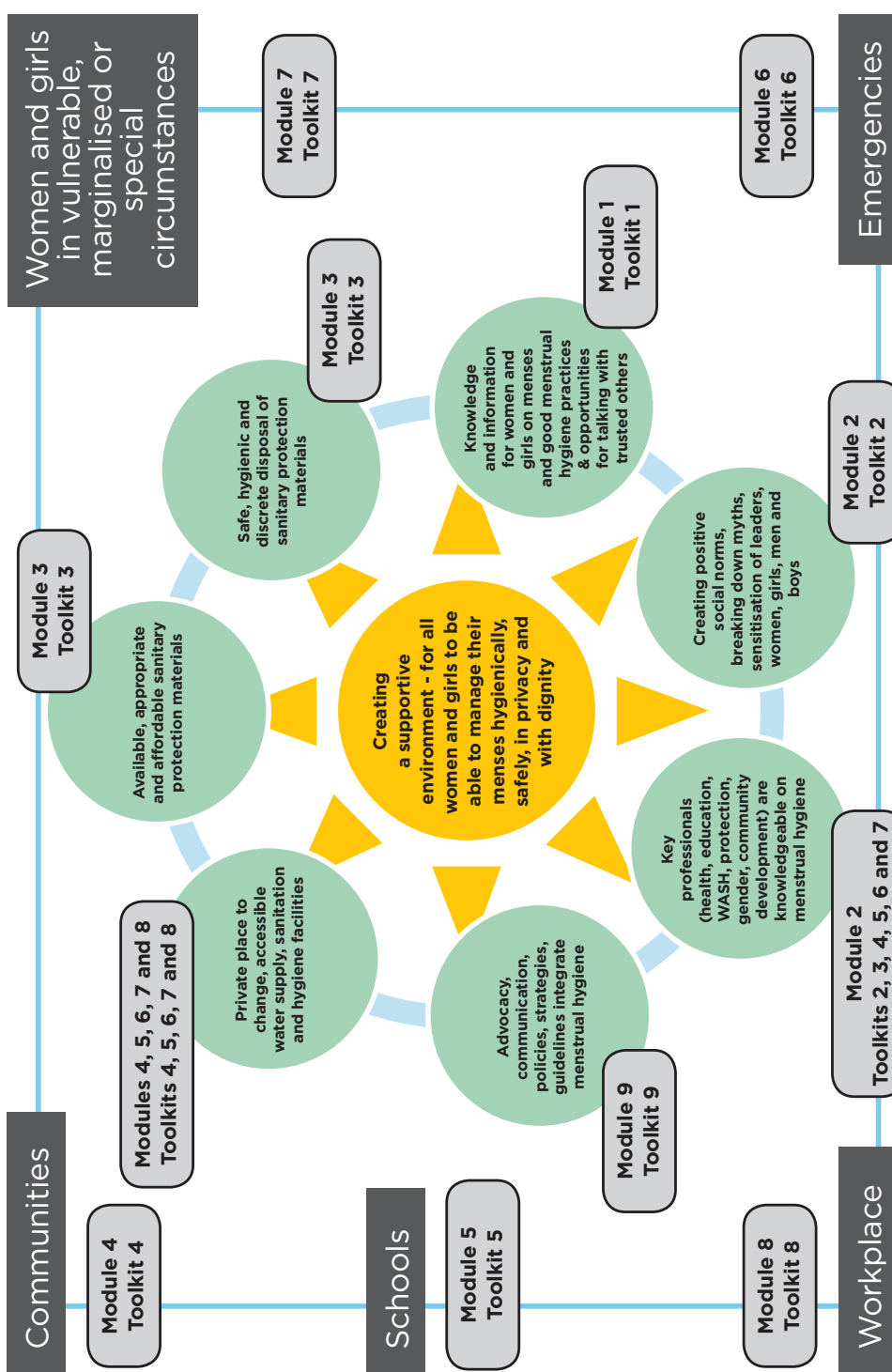
Modules and associated toolkits
1 Menstrual hygiene - the basics
2 Menstrual hygiene - getting started
3 Menstrual hygiene - sanitary protection materials and disposal
4 Working with communities on menstrual hygiene
5 Working with schools on menstrual hygiene
6 Working in emergencies on menstrual hygiene
7 Supporting girls and women in vulnerable, marginalised or special circumstances
8 Menstrual hygiene in the workplace
9 Research, monitoring and advocacy

Each **toolkit** is organised as follows:

1. Checklists and other tools
2. Technical designs and specifications
3. Case studies, examples and further information
4. Bibliography

Menstrual hygiene – an overview

The diagram below illustrates the key elements of menstrual hygiene programming and how these relate to different sections of the resource.



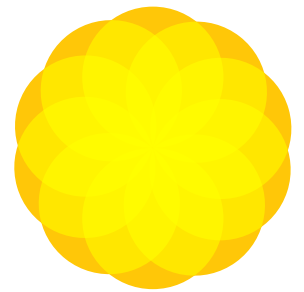
Introductory pages

Acronyms

Acronym	
ASHA	Accredited social health activist (community health workers) (India)
CHW	Community health worker (Rwanda)
DD	Developmental disorder
FCHV	Female community health volunteer (Nepal)
FGD	Focus group discussion
FGM/C	Female genital mutilation/cutting
HBV/HCV	Hepatitis B/C Virus
HIV	Human Immune Deficiency Virus
IASC	Inter-Agency Standing Committee
IEC	Information, education, communication
INEE	Inter-Agency Network for Education in Emergencies
IRSP	Integrated Regional Support Programme (Pakistan)
LSHTM	London School of Hygiene and Tropical Medicine
MH	Menstrual hygiene
MHH	Menstrual health and hygiene
MHM	Menstrual hygiene management
MP	Menstrual period
NFI	Non-food item
PFA	Panty fastening adhesive
PID	Pelvic Inflammatory Disease
PLWHA	People living with HIV/AIDS
PMS	Pre-menstrual Syndrome
PMT	Pre-menstrual Tension
PTA	Parents and teachers association
RTI	Reproductive tract infection
SHARE	Sanitation and Hygiene Applied Research for Equity
SHE	Sustainable Health Enterprises (Rwanda)
SHEWAB	Sanitation, Hygiene Education and Water Supply in Bangladesh
SPHERE	The Sphere Project, Humanitarian Charter and Minimum Standards in Humanitarian Response
SSHE	School sanitation and hygiene education (India)
STI	Sexually transmitted infection
T4T	Technology for Tomorrow (Uganda)
TWESA	Tanzania Water and Environmental Sanitation Agency
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UTI	Urinary tract infection
WASH	Water, sanitation and hygiene
WEDC	Water, Engineering and Development Centre
WHO	World Health Organisation
WSSCC	Water Supply and Sanitation Collaborative Council

Endnotes

- ¹ Cavill S and Gugu F (2011) Focus group discussion: Menstrual hygiene management for women and girls with disabilities, Tanzania.
- ² WaterAid in Nepal (2009) *Is menstrual hygiene and management an issue for adolescent school girls? A comparative study of four schools in different settings of Nepal.*
- ³ Fernandes M (2010) *Freedom of mobility: Experiences from villages in the states of Madhya Pradesh and Chhattisgarh, India.*
- ⁴ Onyegebu N (no date) *Menstruation and menstrual hygiene among women and young females in rural eastern Nigeria.*
- ⁵ Ministry of Education and Ministry of Public Health, Islamic Republic of Afghanistan (2010) *Assessment of knowledge, attitude and practice of menstrual health and hygiene in girls' schools in Afghanistan.*
- ⁶ Water for People (2008) *Menstrual hygiene and management: A pilot study in West Bengal, India.*
- ⁷ Massey K (2011) *Sanitation, safety and shame: A qualitative study examining the impact of inadequate sanitation on women in the urban slums of Kampala, Uganda. MSc dissertation, unpublished.*
- ⁸ Sommer M (2011) *Improving the support to girls in primary schools with their menstrual hygiene management.* Final report for UNICEF Tanzania on collaborative work being conducted with TWESA.
- ⁹ UN Human Rights Council (2012) *Report of the Special Rapporteur on the human right to safe drinking water and sanitation, Catarina de Albuquerque, Stigma and the realisation of the human rights to water and sanitation, A/HRC/21/42.* Available at: www.ohchr.org/EN/Issues/WaterAndSanitation/SRWater/Pages/Stigmatization.aspx (accessed 11 Oct 2011).



Module one

Menstrual hygiene – the basics

Part of *Menstrual hygiene matters; A resource for improving menstrual hygiene around the world*, written by Sarah House, Thérèse Mahon and Sue Cavill (2012). The full version can be downloaded from www.wateraid.org/mhm.

This module will cover...

- 1.1 Why considering menstrual hygiene is important for all
- 1.2 What is menstruation?
- 1.3 Cultural and religious beliefs, social norms and myths on menstrual hygiene
- 1.4 Girls' first experiences of menstruation
- 1.5 Girls' experiences of menstrual hygiene in school and their impact
- 1.6 Health problems related to menstrual hygiene
- 1.7 How women and girls can keep themselves healthy during their menstrual period



An adolescent schoolgirl reading a booklet on menstruation, India (Photo: Lakshmi Murthy)

Module one

Menstrual hygiene – the basics

1.1 Why considering menstrual hygiene is important for all

Globally, approximately 52% of the female population (26% of the total population) is of reproductive age¹. Most of these women and girls will menstruate each month for between two and seven days. Menstruation is a natural part of the reproductive cycle, in which blood is lost through the vagina. However, in most parts of the world, it remains taboo and is rarely talked about. As a result, the practical challenges of menstrual hygiene are made even more difficult by various socio-cultural factors.

To manage menstruation hygienically, it is essential that women and girls have access to water and sanitation. They need somewhere private to change sanitary cloths or pads; clean water for washing their hands and used cloths; and facilities for safely disposing of used materials or a place

to dry them if reusable. There is also a need for both men and women to have a greater awareness of menstrual hygiene. Currently, cultural practices and taboos around menstruation impact negatively on the lives of women and girls, and reinforce gender inequities and exclusion.

Refer to [Toolkit T1.1.2](#) to see how menstrual hygiene relates to the existing Hygiene Improvement Framework (HIF).

Menstrual hygiene has been largely neglected by the water, sanitation and hygiene (WASH) sector and others focusing on sexual and reproductive health, and education. As a result, millions of women and girls continue to be denied their rights to WASH, health, education, dignity and gender equity. If the situation does not change, it may not be possible for development programmes to achieve their goals.

A cycle of neglect

Lack of involvement in decision-making

Women and girls are often excluded from decision-making and management in development and emergency relief programmes. At the household level, they generally have little control over whether they have access to a private latrine or money to spend on sanitary materials. Even when gender inequalities are addressed, deeply embedded power relations and cultural taboos persist; most people, and men in particular, find menstrual hygiene a difficult subject to talk about. As a result of these issues, WASH interventions often fail to address the needs of women and girls.

Lack of information and awareness

Young girls often grow up with limited knowledge of menstruation because their mothers and other women shy away from discussing the issues with them. Adult women may themselves not be aware of the biological facts or good hygienic practices, instead passing on cultural taboos and restrictions to be observed. Men and boys typically know even less, but it is important for them to understand menstrual hygiene so they can support their wives, daughters, mothers, students, employees and peers. In the development sector, there is a lack of systematic studies analysing the impact of menstrual hygiene and resources for sharing best practice. This resource aims to address the latter.

Lack of access to products and facilities

Women and girls often find menstrual hygiene difficult due to a lack of access to appropriate sanitary protection products or facilities (eg a private space with a safe disposal method for used cloths or pads and a water supply for washing hands and sanitary materials).

Lack of social support

Taboos surrounding menstruation exclude women and girls from many aspects of social and cultural life as well as menstrual hygiene services. Such taboos include not being able to touch animals, water points, or food that others will eat, and exclusion from religious rituals, the family home and sanitation facilities. As a result, women and girls are often denied access to water and sanitation when they need it most.

Impact on education

Many schools do not support adolescent girls or female teachers in managing menstrual hygiene with dignity. Inadequate water and sanitation facilities make managing menstruation very difficult, and poor sanitary protection materials can result in bloodstained clothes causing stress and embarrassment. Teachers (and male members of staff in particular) can be unaware of girls' needs, in some cases refusing to let them visit the latrine. As a result, girls have been reported to miss school during their menstrual periods or even drop out completely. With studies² linking child survival

What menstrual hygiene challenges do women and girls face in your experience?

What impact does this have on their education, work, family life and general wellbeing?

more closely to their mother's education level than their poverty level, factors that reduce educational opportunities for girls potentially have wide ranging implications.

Impact on health

Menstruation is a natural process; however, if not properly managed it can result in health problems. Reports have suggested links between poor menstrual hygiene and urinary or reproductive tract infections and other illnesses. Further research and robust scientific evidence are needed in this area. The impact of poor menstrual hygiene on the psycho-social wellbeing of women and girls (eg stress levels, fear and embarrassment, and social exclusion during menstruation) should also be considered.

Impact on sustainability

Neglecting menstrual hygiene in WASH programmes could also have a negative effect on sustainability. Failing to provide disposal facilities for used sanitary pads or cloths can result in a significant solid waste issue, with latrines becoming blocked and pits filling quickly. Failure to provide appropriate menstrual hygiene facilities at home or school could prevent WASH services being used as intended.

Additional challenges in emergencies

Women and girls face particular challenges in emergency situations, where they may be forced to

live in close proximity to male relatives or strangers. Their usual coping mechanisms for obtaining sanitary protection materials, bathing with privacy, and washing or disposing of menstrual materials are disturbed. In some cases, conflict restricts their movement and makes it difficult to collect water or find somewhere to manage menstruation safely and with dignity. With little or no money to buy soap and non-food items such as buckets and bowls, it is impossible to maintain personal hygiene or wash and dry sanitary materials properly.

Additional challenges for girls and women in vulnerable, marginalised or special circumstances

Marginalised women and girls, such as those who are homeless or living with illnesses like HIV, face multiple layers of exclusion that affect their daily lives. Homeless women and girls are often unable to obtain hygienic sanitary materials or access water and somewhere to bathe. As a result, they cannot manage menstruation with privacy, sometimes resorting to washing and using sanitary cloths taken from refuse tips³. Those with disabilities face additional accessibility barriers to accessing WASH facilities due to limited consideration of their needs in the design process. Carers of people with disabilities or HIV/AIDS do not always have the appropriate knowledge to provide menstrual hygiene support.

Module one

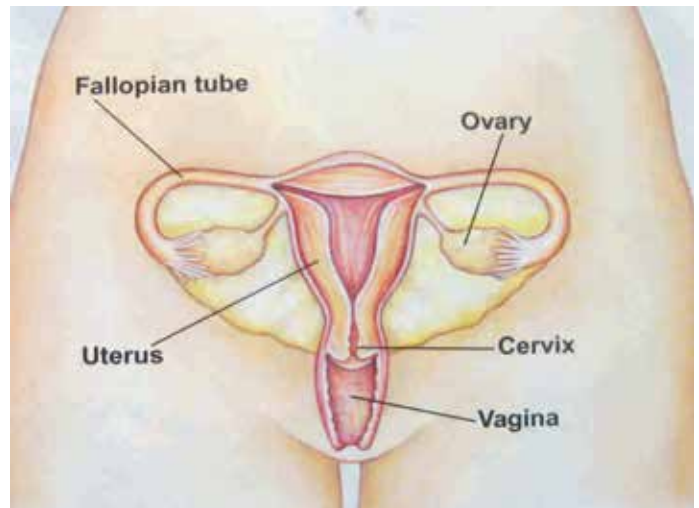
Menstrual hygiene – the basics

1.2 What is menstruation?

Girls typically start to menstruate ('the time of menarche') during puberty or adolescence, typically between the ages of ten and 19⁴. At this time, they experience physical changes (eg growing breasts, wider hips and body hair) and emotional changes due to hormones. Menstruation continues until they reach menopause, when menstruation ends, usually between their late forties and mid fifties⁵. Menstruation is also sometimes known as 'menses' or described as a 'menstrual period'.

The female reproductive system

The menstrual cycle is usually around 28 days but can vary from 21 to 35 days. Each cycle involves the release of an egg (ovulation) which moves into the uterus through the fallopian tubes. Tissue and blood start to line the walls of the uterus for fertilisation. If the egg is not fertilised, the lining of the uterus is shed through the vagina along with blood. The bleeding generally lasts between two and seven days, with some lighter flow and some heavier flow days. The cycle is often irregular for the first year or two after menstruation begins.



The female reproductive system⁶

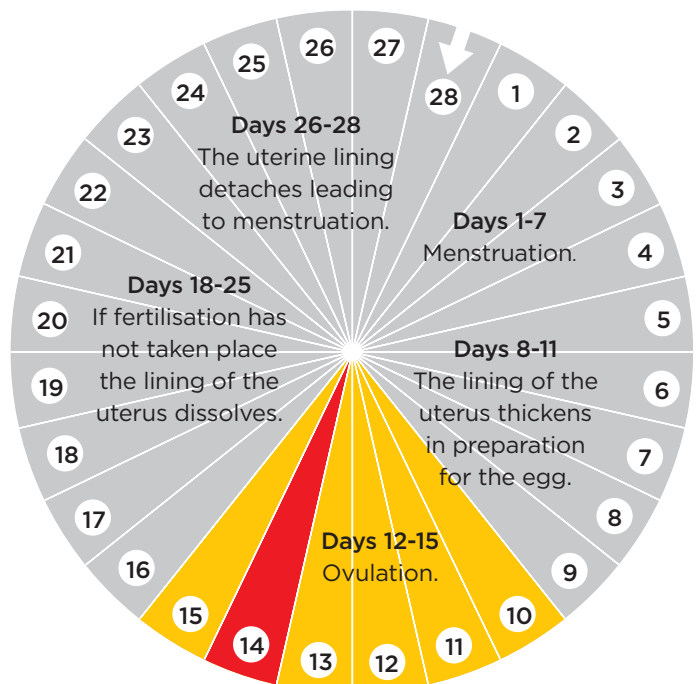
The menstrual cycle

Most women and girls suffer from period pains such as abdominal cramps, nausea, fatigue, feeling faint, headaches, back ache and general discomfort. They can also experience emotional and psychological changes (eg heightened feelings of sadness, irritability or anger) due to changing hormones. This varies from person to person and can change significantly over time.

Toolkit T1.3.1 provides a table of basic questions and answers on menstrual hygiene.

A natural process

Menstruation is a natural process linked to the reproductive cycle of women and girls. It is not a sickness, but if not properly managed it can result in health problems which can be compounded by social, cultural and religious practices.



The menstrual cycle⁷

1.3 Cultural and religious beliefs, social norms and myths on menstrual hygiene

1.3.1 Cultural beliefs, social norms and myths

Many cultures have beliefs or myths relating to menstruation. Almost always, there are social norms or unwritten rules and practices about managing menstruation and interacting with menstruating women. Most cultures have secret codes and practices around managing periods. Some of these are helpful but others have potentially harmful implications.

Many myths and social norms restrict women and girls' levels of participation in society. This can make their daily lives difficult and limit their freedom. For example, in some cultures, women and girls are told that during their menstrual cycle they should not bathe (or they will become infertile), touch a cow (or it will become infertile), look in a mirror (or it will lose its brightness), or touch a plant (or it will die).

What menstrual hygiene beliefs, norms and myths exist in your context?

Are they helpful or potentially harmful to health and dignity?

Toolkit T1.2.1 provides examples of menstrual hygiene booklets that include information on cultural and religious myths. Refer to **Toolkit T1.3.2** for more on menstruation-related myths.

1.3.2 Religious guidance on menstrual hygiene

Table 1.1 highlights some examples of religious practices related to menstruation. These differ from culture to culture and practitioners should find out what applies in their particular context.

Table 1.1 Examples of religious practices and beliefs related to menstruation

Religion	Practice(s)
Buddhism⁸	In Buddhism, menstruation is seen as a natural bodily process and therefore no restrictions apply. However, some Buddhist temples restrict menstruating women from entering, possibly because of the influence of Hinduism.
Christianity⁹	<p>The Old Testament of the Bible indicates that a menstruating woman is impure, and that most things she touches become unclean. If a man touches her bed during this period he also becomes unclean and has to take a ritual bath. It is also stated that if a woman and man have sexual intercourse during menstruation they will be disowned by the community. However, today, most Christian denominations do not follow any specific rituals or regulations related to menstruation.</p> <p>Some restrictions still exist for particular denominations, such as Russian Orthodox Christians who continue to believe in menstrual taboos. Menstruating women must be secluded during menstruation and are not allowed to attend church services or have contact with men. Coptic Christians in Ethiopia also place restrictions on women during menstruation. Menstruating women are not permitted to enter a church or kiss religious icons.</p>

Module one

Menstrual hygiene – the basics

<p>Hinduism¹⁰</p>	<p>‘Notions of purity and pollution determine the basis of the caste system, and are central to Hindu culture, including gender relations. Bodily excretions are considered to be polluting, as are human bodies in the process of producing them. All women, regardless of their social caste, incur pollution through the bodily processes of menstruation and childbirth. There are two main ways to achieve purity: by avoiding contact with pollutants, or purifying oneself to remove or absorb the pollution. Water is the most common medium of purification. The protection of water sources from such pollution, particularly running water, which is the physical manifestation of Hindu deities, is therefore a key concern.’¹¹</p> <p>The way restrictions are practised tends to vary by caste, ethnic grouping or geographical area. For example, one caste may restrict the washing of hair for the first three days of menstruation, and another for seven days. It is common for women not to be allowed to visit a newborn child when menstruating, until after the first 40 days of the child’s life. For at least one caste, a woman is not allowed to wash her hair for the full nine months of pregnancy.</p> <p>Women and girls are not allowed to partake in religious ceremonies or celebrations during menstruation.</p>
<p>Islam¹²</p>	<p>For the entire duration of menstruation, a woman is considered ritually impure. She is supposed to stop certain forms of worship, eg the five daily prayers, fasting during the month of Ramadan (she fasts for an equivalent number of days later) or sitting in a mosque. She is also not allowed to touch the Qur’an (recitation is allowed as long as she does not physically touch the Qur’an and recites it from memory or, a recent adaption, reads it from a computer). She is not allowed to engage in sexual intercourse.</p> <p>After a woman completes her period she is supposed to have a ritual bath before she can resume her religious obligations. This process can include the wearing of a musk/perfume.</p> <p>During menstruation, a woman is allowed to live in the home as usual and to eat and drink with the family. Following menstruation, she can continue to wear clothes that she wore during menstruation as long as there is no blood on them. It is suggested practice for a woman to keep a separate set of clothes for menstruation so her husband will know she is menstruating without them having to talk about it.</p>
<p>Judaism</p>	<p>Jewish law forbids any sexual contact between women and men during the days of menstruation and for the following week, after which a woman has to have a ritual bath or ‘Mikvah’. Today, this tends to only be practised by the most religious.</p> <p>There are restrictions on women and men passing objects between each other and sharing a bed or the same plate. Men are also forbidden from gazing upon a menstruating woman’s clothing or hearing her sing.</p>

1.3.3 Evil spirits, shame and embarrassment

Cultural norms and religious taboos on menstruation are often compounded by traditional associations with evil spirits and shame and embarrassment surrounding sexual reproduction.

Evil spirits, curses and the power of menstrual blood

- In Tanzania, some believe that if a menstrual cloth is seen by others, the owner of the cloth may be cursed¹³.
- In Bangladesh, women bury their cloths to prevent them being used by evil spirits¹⁴.
- In Sierra Leone, it is believed that used sanitary napkins can be used to make someone sterile¹⁵.
- In Nigeria, people who follow the religion of the Celestial Church believe a woman or girl should not touch any juju (charm) during menstruation or it will become ineffective¹⁶.
- In Surinam, menstrual blood is believed to be dangerous, and a malevolent person can do harm to a menstruating woman or girl by using black magic ('wisi'). It is also believed that a woman can use her menstrual blood to impose her will on a man¹⁷.
- Aboriginal female healers treat wounds and bruises with cloths soaked in menstrual blood. They believe this will help the wounds heal quicker and prevent scars being left behind¹⁸.

Shame and embarrassment around menstruation

Sexual reproduction is often a sensitive topic, leading to further shame and embarrassment about menstruation, with negative implications for women and girls. For example, male shop owners may decide not to stock sanitary hygiene products or hide them from view, and girls might not be confident asking for them; mothers may be too embarrassed to talk to their daughters because of the connection with sex and reproduction; and teachers may not be allowed to teach the biological facts.

Module one

Menstrual hygiene – the basics

1.3.4 Restrictions on women and girls during their menstrual period

Cultural, religious and traditional beliefs lead to a range of restrictions being placed on women and girls during their menstrual period. The following figure details examples of these restrictions in several Asian countries. Similar restrictions are practised in other countries around the world.

Restrictions on girls during their menstrual period in Afghanistan, India, Iran and Nepal¹⁹



Excluded from water sources and toilets during menstruation²⁰

In some communities, women and girls are not allowed to use water sources during menstruation. In communities in Gujarat, India, 91% of girls reported staying away from flowing water. In another study, also in South Asia, 20% of the women interviewed, who had access to toilets, refrained from using them during their periods, partly due to fear of staining the toilet.

Table 1.2 shows the results of a study in India asking women where they manage their menstruation in the absence of a household toilet.

Table 1.2 Location of menstruation management in the absence of a household toilet, India²¹

Location	Number of respondents	Percentage of respondents
Bathing area	109	11%
Open field/outside	638	66%
Cowshed	7	1%
Community toilet	55	6%
Dark room	153	16%

Module one

Menstrual hygiene – the basics

1.4 Girls' first experiences of menstruation

A girl's first experience of menstruation can be a frightening time. If she does not know about menstruation she can be shocked to see blood coming out of her vagina. She may think she is sick or dying, or believe she has done something wrong and will be punished.

Adult women often feel shy talking about menstruation, so girls are not properly informed about what is happening to their bodies or how to stay healthy and maintain self-esteem. Making factual information available is vital to counter negative menstruation myths and support those with positive impacts. This can be done through the use of booklets for girls and women, and making them also available for boys and men to learn from.

Anonymous case studies from girls in your region, on their first experiences of menstruation and the advice they have for other girls, can be an effective way of sharing information on menstrual hygiene.

Refer to **Toolkit T1.2** for ideas on possible content and styles for menstrual hygiene booklets.

Included in this module are two examples of menstrual hygiene booklets, one from Tanzania (below) and another from Zimbabwe (see **Module 1.7.3**). These booklets have used anonymous case studies from girls on their first experiences of getting their menstrual period and advice they have for other girls.

Story 3

The first day I got my period I was in Standard 6. Because I was at school, I had to tell my very close friend. I wasn't able to tell the teacher because I was very afraid. I cried but my friend encouraged me and told me not to cry. I asked for permission to go home. When I got home, I washed my body. I told myself not to be afraid and I told my mother. She congratulated me but I was amazed because I thought it was something extraordinary. She gave me a lot of advice and I realised it was a normal thing.

For myself, I would like to advise my fellow girls who have not reached this stage that they should not be afraid when this happens because it is a normal thing. If they are afraid, I advise them to get rid of their fear because it is not a sickness. It is not a problem of any kind. It is a natural thing which God wanted us girls and women to have. Even if you have never heard anything about this, or if you have never been taught in school or by your parents or relatives, I want you to learn from me and see that it is a normal thing. If you would like to know more, I advise you to read books and attend seminars or ask your older relatives or even your mother.



Hadithi ya 3

Siku nilipovunja ungu nilikuwa shule. Ilibidi nimweze rafiki yangu ambaye yeye ni rafiki wa karibu sana. Sikuweza kumwambia mwalimu wangu kwa sababu nilikuwa naogopa sana. Si hofu tu, hata kulia nililia sana lakini rafiki yangu alinipa moyo na kunishauri nisilie. Basi niliomba rufusa nikarudi nyumbani. Nilipofika nyumbani, nilifanya usafi wa kimwili na kujiweka safi. Nikajikaza kuondoa hofu nikamwambia mama yangu. Alinipongeza lakini ilinibidi nishangae kwa sababu niliona ni kitu cha ajabu sana.

Alinishauri mambo mengi nami pia nikaona ni kitu cha kawaida. Kwa upande wangu napenda kuwashauri wasichana wenzangu ambao hawajafikia hatua hii kuwa wasiwe na hofu jambo hili likiwatokea kwa sababu ni jambo la kawaida. Kama wanakuwa na hofu kuhusu jambo hili nawashauri wasiwe na hofu kabisa kwani si ugonjwa wala si matatizo; ni kitu cha kawaida ambacho Mungu alipenda sisi wasichana na wanawake tuwe hivi. Hata wewe ambaye hujawahi kusikia mahali popote wala hujawahi kufundishwa shuleni au wazazi wako au kwenye ukoo wenu, ninapenda ujifunze kutoka kwangu na uone kwamba ni kitu cha kawaida. Na endapo utapenda kujua zaidi nakushauri usome vitabu na kuhudhuria semina au ukipenda zaidi uwaulize ndugu zako wakubwa au mzazi wako.

1.5 Girls' experiences of menstrual hygiene in school and their impact

The boxes below provides an overview of a selection of research findings from Africa and Asia that document schoolgirls' voiced experiences of menstrual hygiene.

Please note, many of these studies are small scale and have applied different methodologies, so the findings cannot be compared directly, although some common issues can be seen.

For more detail and references for the data refer to [Toolkit T1.3.3.](#)

Girls' voiced experiences of menstrual hygiene in the school setting

Days missed from school or reduced performance	Pain, embarrassment, shame, fear
<ul style="list-style-type: none"> 95% of girls in Ghana sometimes miss school due to menses. 86% and 53% of girls in Garissa and Nairobi (respectively) in Kenya miss a day or more of school every two months. In Malawi 7% of girls miss school on heavy days. Over a term, each girl misses 0.8 days. In Ethiopia 51% of girls miss between one and four days of school per month because of menses. 39% reported reduced performance. One study from Nepal indicated only 0.4 days were missed over the 180 days of the school year. Another study found only 3.4% of girls did not go to school when menstruating, but over half had been absent at least once due to menstruation. 	<ul style="list-style-type: none"> 71% of girls in Iran and 54% of girls in Ethiopia experienced pain in their stomach or back during menses. 48-59% of girls in peri-urban areas and 90% in rural areas of Ghana felt ashamed during their period. 43-60% of girls in peri-urban areas and 95% of girls in rural areas in Ghana experienced embarrassment during their last period. 30% of girls in Malawi had been scared at menarche. Of those who experienced pain during their menses in Iran, 52% were also nervous during their period.
Menstrual hygiene practices	Knowledge of menstrual hygiene and preference for who provides information
<ul style="list-style-type: none"> 51% of girls in Iran do not take a bath for eight days after the onset of their period. 84% of girls in Afghanistan never wash their genital areas. 80% of girls in Afghanistan and 39% of girls in India use water but no soap for washing their menstrual protection. 30% of girls in Malawi do not use the latrine when menstruating. This was also noted by 20% of women in communities in India. 11% of girls in Ethiopia and 60% of girls in India only change their menstrual cloths once a day. 	<ul style="list-style-type: none"> 48% of girls in Iran, 10% in India and 7% in Afghanistan believe menstruation is a disease. 51% of girls in Afghanistan and 82% in Malawi were unaware of menses before menarche. In Afghanistan, Iran, Kenya and Malawi girls learned about menstruation from their mothers, grandmothers, friends and classmates. In Ethiopia girls are most comfortable receiving information on menstrual hygiene from a female teacher, their mother, health personnel, friends or sister(s). In Kenya only 12% would be comfortable to receive the information from their mother.

Module one

Menstrual hygiene – the basics

1.6 Health problems related to menstrual hygiene

This section²³ considers the health issues associated with menstruation as well as the potential risks to health of poor menstrual hygiene management. It should be stressed that there is a lack of evidence on the actual risks to health associated with menstrual hygiene and there is a need for further research, particularly in low income contexts.

The menstrual cycle

There is normal variation in the length of the menstrual cycle, the amount of blood loss and the degree of pain and discomfort experienced by women and girls at different ages during their menstrual cycle.

However, menstruation can also give rise to certain medical conditions, listed in Table 1.3²⁵.

The absence of periods (amenorrhea) is normal:

- During pregnancy.
- During frequent breastfeeding (lactational amenorrhea).
- At the time of menarche (when menstruation first begins).
- When food intake is severely limited.
- Following the menopause when menstruation ceases.

Pain during periods (dysmenorrhea) often has no underlying medical explanation and studies report varying prevalence. A study in New Zealand claimed that menstrual pain was reported by 53% of women aged 16-54 with 12% reporting pain that necessitated missing school or work²⁶.

Challenges to seeking medical help in Bangladesh²⁴

Women and girls in poor families tend not to seek medical help because:

- Over half of all women follow their husband's say on whether to seek treatment.
- A third of women cannot travel alone to a hospital or health centre.
- There is a reluctance to discuss reproductive health issues.

This makes the prevention of infections by hygiene promotion particularly important, especially among those in poorer and less educated families where taboos and inhibitions are at their strongest.

Table 1.3 Medical terms associated with menstruation

Medical term	Definition or main symptom
Menstruation	The shedding of the uterine lining occurring on a regular basis in reproductive-aged females in monthly menstrual cycles.
Pre-menstrual syndrome (PMS)	Consistent and severe pattern of emotional and physical symptoms, such as pain, bloating and mood changes that occur in the latter part of the menstrual cycle.
Irregular cycles	Unpredictable long and short cycles with varying degrees of blood loss. Also known as menstrual irregularities. Can include some of the symptoms listed above.
Menorrhagia	Excessive, very heavy and prolonged bleeding (this can lead to anaemia and be fatal if untreated).
Polymenorrhea	Frequent periods or short cycles (less than 21 days).
Amenorrhea	No bleeding for three or more months.
Oligomenorrhea	Light or infrequent periods (menstrual cycles of 35-90 days).
Dysmenorrhea	Pain, backaches, abdominal pain or cramps during menstruation.
Spotting/inter-menstrual bleeding	Blood loss (even slight) between periods.

Potential risks of poor menstrual hygiene management

It is assumed that the risk of infection (including sexually transmitted infection) is higher than normal during menstruation because the plug of mucus normally found at the opening of the cervix is dislodged and the cervix opens to allow blood to pass out of the body. In theory this creates a pathway for bacteria to travel back into the uterus and pelvic cavity.

In addition, the pH of the vagina is less acidic at this time and this makes yeast infections such as Thrush (Candidiasis) more likely²⁷.

Certain practices are more likely to increase the risk of infection. Using unclean rags, especially if they are inserted into the vagina, can introduce or support the growth of unwanted bacteria that could lead to infection. Some girls and women may roll up sanitary pads and

insert these into the vagina. Prolonged use of the same pad will also increase the risk of infection. Douching (forcing liquid into the vagina) upsets the normal balance of yeast in the vagina and makes infection more likely. Wiping from back to front following defecation or urination causes contamination with harmful anal bacteria, such as *Escherichia coli* (*E.coli*), which can also be transmitted from the rectum to the urinary tract and/or vagina during sex.

The risk of passing on, or in some cases contracting²⁸, blood-borne diseases (eg HIV or Hepatitis B) through unprotected sex is also increased during menstruation. This is because the highest concentrations of HIV and Hepatitis B are found in blood, with lower concentrations found in other body fluids such as semen and vaginal secretions²⁹.

These additional risks mean that ensuring good hygiene during menstruation is very important. However, research on the actual risks to health of different menstrual hygiene practices, particularly in low-income countries, is patchy or absent.

Module one

Menstrual hygiene – the basics

Table 1.4 Potential risks to health of poor menstrual hygiene

Practice	Health risk
Unclean sanitary pads/materials	Bacteria may cause local infections or travel up the vagina and enter the uterine cavity.
Changing pads infrequently	Wet pads can cause skin irritation which can then become infected if the skin becomes broken.
Insertion of unclean material into vagina	Bacteria potentially have easier access to the cervix and the uterine cavity.
Using highly absorbent tampons during a time of light blood loss	Toxic Shock Syndrome (see right).
Use of tampons when not menstruating (eg to absorb vaginal secretions)	Can lead to vaginal irritation and delay the seeking of medical advice for the cause of unusual vaginal discharge ³⁰ .
Wiping from back to front following urination or defecation	Makes the introduction of bacteria from the bowel into the vagina (or urethra) more likely.
Unprotected sex	Possible increased risk of sexually transmitted infections (see below) or the transmission of HIV or Hepatitis B during menstruation.
Unsafe disposal of used sanitary materials or blood	Risk of infecting others, especially with Hepatitis B (HIV and other Hepatitis viruses do not survive for long outside the body and pose a minimal risk except where there is direct contact with blood just leaving the body).
Frequent douching (forcing liquid into the vagina)	Can facilitate the introduction of bacteria into the uterine cavity ³¹ .
Lack of hand-washing after changing a sanitary towel	Can facilitate the spread of infections such as Hepatitis B or Thrush ³² .

Refer also to [Module 3.3.1](#) for potential health risks through the handling of used sanitary products while caring for a bedbound woman or girl.

Toxic Shock Syndrome

Toxic Shock Syndrome (TSS) can occur in a number of settings, including post partum, from infected skin, surgical interventions or as a result of menstrual hygiene practices – especially the use of tampons. Menstrual-related TSS results from insertion of a fomite (an object or substance that is capable of carrying infectious organisms).

TSS is a rare but serious and sometimes fatal disease. It is caused by a toxin produced by strains of a bacterium known as *Staphylococcus aureus*, which normally lives harmlessly on the skin and in the nose, armpit, groin or vagina of one in three people. In rare cases, these bacteria cause a toxin resulting in TSS in a person who does not have antibodies to the toxin. The risk of TSS is greater in younger than in older people, the acquisition of protective antibodies being a function of age³³.

Infections have been especially linked to the use of high absorbency tampons³⁴.

The signs and symptoms of TSS mimic flu symptoms, normally beginning with a sudden/acute high fever (38°C/100.4°F) and then developing rapidly into other symptoms, often in the course of a few hours. These may include:

- Rash – diffuse macular erythroderma (reddish eruption of bumps and flat discoloured skin).
- Skin desquamation – rash like sunburn with discoloration and skin peeling, especially on palms and soles, one to two weeks after illness onset.
- Hypotension – dizziness, fainting.
- Myalgia (muscle aches).
- Disorientation/alteration in consciousness, confusion.
- Gastro-intestinal symptoms (vomiting, diarrhoea).

Vaginal discharge

Vaginal discharge may be thin and clear, thick and mucous-like, or long and stringy. A discharge that appears cloudy white, and/or yellowish when dry on clothing is normal. The discharge will usually change at different times in the menstrual cycle and for various other reasons, including emotional or sexual arousal, pregnancy and use of oral contraceptive pills.

The following can be a sign of abnormal discharge and could indicate a health problem:

- Discharge accompanied by itching, rash or soreness.
- Persistent increased discharge.
- White, lumpy discharge (like curds).
- Grey/white or yellow/green discharge with a bad smell.

Module one

Menstrual hygiene – the basics

Infections related to the reproductive tract

Girls and women may be more at risk of infections during menstruation. Some of the common infections associated with the reproductive tract are noted below:

- Bacterial Vaginosis
- Vulvovaginal Candidiasis (Thrush)
- Chlamydia
- Trichomonas Vaginalis
- Gonorrhoea
- Syphilis
- Hepatitis B
- HIV
- Urinary tract infections
- Pelvic Inflammatory Disease
- Vaginitis

While menstruation may make a girl or woman more susceptible to infection, sexually transmitted infections (STIs) only occur through having unprotected sex³⁵. The term reproductive tract infection (RTI) includes sexually and non-sexually transmitted infections.

Some RTIs may also increase the risk of other reproductive health problems. It is considered that the bacteria that cause Bacterial Vaginosis have a possible, but not proven, link with increased vulnerability to HIV. BV is also thought to increase the chance of premature delivery, postpartum infections, and postsurgical complications after abortion or caesarian section³⁶.

Poor menstrual hygiene may, in theory, contribute to infections such as Bacterial Vaginosis, but it is not known if poor menstrual hygiene practice increases the risk of all reproductive tract infections or the risk of reproductive tract infections in different population groups. A study in the Gambia for example, found that Bacterial Vaginosis was 'not associated with any of the factors relating to sexual hygiene practices (vaginal douching, menstrual hygiene and female genital cutting)'³⁷.

While there is no evidence for increased risk of acquisition of chlamydia or gonorrhoea in the lower genital tract during menstruation, if unprotected sex occurs at this time, there may be an increased risk through the increased penetrability of the cervical mucus and movement of menstrual blood back into the uterus. This in turn could lead to a complication of Pelvic Inflammatory Disease and infection of the upper genital tract. Sexual intercourse

during menstruation can also be one possible risk factor for progression of lower genital tract infection to Pelvic Inflammatory Disease³⁸.

Urinary tract infections (UTIs) are bacterial infections that can affect any part of the urinary tract. They can be a symptom of reproductive tract infections. However, there is limited research on the risk of UTI from poor menstrual hygiene practices³⁹.

For further details on RTIs, refer to the tables in [Toolkit T1.3.4](#).

Other conditions sometimes associated with menstruation

In the available literature there are a number of other diseases and conditions that are sometimes associated (not always correctly) with menstruation and menstrual hygiene. These include:

- Endometriosis
- Fibroids
- Ovarian Cancer⁴⁰
- Toxic Shock Syndrome
- Complications due to female genital mutilation/female genital cutting
- Pubic lice and Scabies⁴¹

For further details on diseases and conditions associated with menstruation refer to [Toolkit T1.3.4](#).

For further information on female genital mutilation/female genital cutting refer to [Toolkit T7.3.3](#).

Health risks from sanitary products and materials used for menstruation

Sanitary materials manufactured by large multinationals are usually rigorously tested to ensure they do not cause hypersensitivity reactions. However, girls or women with particularly sensitive skin may experience reactions to menstrual hygiene products, particularly as a result of friction or prolonged contact of moisture with the skin. Some women have allergic reactions to additives added to commercial products to mask odour and/or increase absorbency. Large-scale manufacturers are continually developing their products to increase absorbency and acceptability but the costs of such products may be out of

reach of many women and girls. Locally produced products can often be cheaper and just as acceptable for the majority of women. However, it is in the interest of every manufacturer to ensure that their products are acceptable, and are packaged and sold in hygienic conditions.

Toxic Shock Syndrome has been associated with the use of tampons (particularly high absorbency tampons available in the 1980s)⁴². Not changing a tampon regularly is not believed to be a risk factor for TSS (although it is sometimes noted to be so) but changing a tampon regularly is still recommended as good practice^{43, 44}. TSS risk can be reduced by using a tampon with the lowest absorbency needed to manage the menstrual flow and to interrupt tampon usage by using a sanitary towel from time to time during the period⁴⁵.

Reported incidences of menstruation-related health problems

As with other areas of menstruation, there appears to be a lack of studies that provide evidence on the incidence of menstruation-related health problems.

Three studies that explored the subjective experiences of girls and women noted a variety of perceived health problems associated with menstruation (see Table 1.5 below). More research is needed in this area to determine the actual cause of some of these perceived symptoms and their link to menstruation (if any).

For more details on Toxic Shock Syndrome refer to [Toolkit T1.3.4](#).

Refer to [Module 3.2.2](#) for more details on standards and regulations relating to sanitary pads.

Table 1.5 Subjective symptoms relating to menstruation as reported by girls and women from three countries

Country	Reported problems
Nepal ⁴⁶	<ul style="list-style-type: none"> Abdominal pain/discomfort – 83% Breast pain/discomfort – 5% Excessive bleeding – 8% Others – 4%
India ⁴⁷	Around 14% of women reported suffering from menstrual infections, including white discharge (leucorrhoea), itching/burning, ovaries swelling, and frequent urination.
Ethiopia ⁴⁸	<p>74.3% reported having health problems during menstruation:</p> <ul style="list-style-type: none"> Backpain – 54.5% Mood change/irritability/depression – 35.3% Irregularity – 20.7% Headache – 15.1% Excess flow – 14.9% Sleep disorder – 6%

Further research and information is still needed on:

- The health, social, educational and economic impacts of menstrual hygiene.
- The actual risk to health associated with specific menstrual hygiene practices.
- The frequency of health problems associated with menstruation.
- The link between medical conditions and symptoms experienced by women.

Module one

Menstrual hygiene – the basics

1.7 How women and girls can keep themselves healthy during their menstrual period

1.7.1 Booklets for girls on adolescence and menstruation

Booklets for girls on menstrual hygiene are available in a number of countries (eg Afghanistan, India, Pakistan, Sierra Leone, Tanzania and Zimbabwe) and new ones are being developed in Cambodia, Ghana, Ethiopia and Uganda. See [Module 9.1](#) for methodologies for researching booklets and obtaining feedback.

Refer to [Toolkit T1.2.1](#) for examples of menstrual hygiene booklets for girls and proposed content.

If available, use the menstrual hygiene booklets already developed for the particular culture, language and ethnic background of the girls. If these books are not available, work with other sectors and organisations to develop a coherent booklet or set of information for girls to be used across programmes.

1.7.2 Booklets for boys on adolescence

While it is not known how much work has been done on educating boys on issues surrounding menstrual hygiene, it is identified as an area that needs greater attention. Information on menstrual hygiene could be integrated into information for boys on adolescence as well as in relation to issues such as sexual and gender-based violence and respecting girls and women.

Dr Marni Sommer of Columbia University, USA, is currently (2011) working to develop a booklet on puberty and adolescence for Tanzanian boys, to complement the booklet developed on menstrual hygiene for girls. Save the Children and partners are also currently involved in developing a booklet for boys in Nepal (2011).

1.7.3 How women and girls can keep themselves healthy during their menstrual period

Table 1.6 provides a simple overview of how women and girls can keep themselves healthy during their menstrual period.

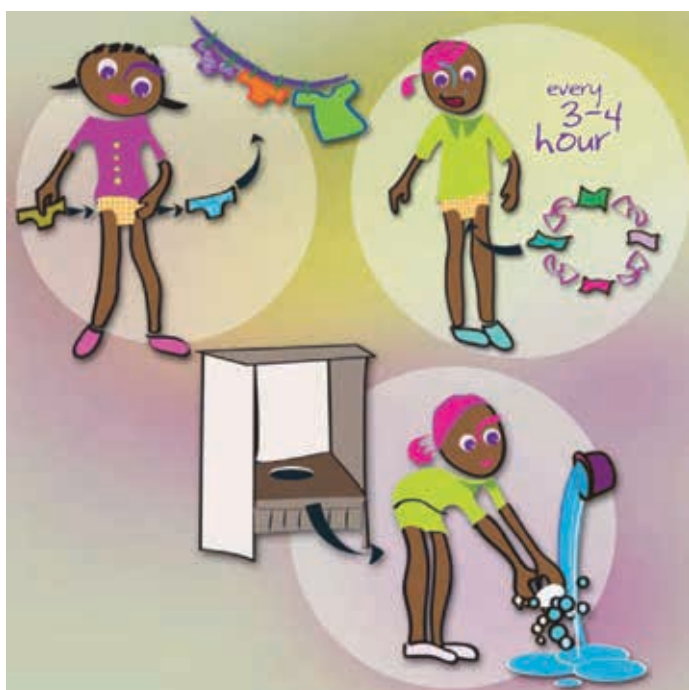
Table 1.6 How women and girls can keep themselves healthy during their menstrual period⁴⁹

'How to' questions	Good practice guidance for girls and women on managing their menstrual period
How to manage your first period?	<ul style="list-style-type: none"> • Talk to other girls and women, such as your mother, sister, aunt, grandmother, female friend or an older woman in your community. • Don't be afraid. It can be scary to see the blood on your underwear, but it is normal and natural. • If you are at school, tell the matron, a female teacher or a fellow student. • Feel proud! Your body is developing into that of a young woman.
How to capture the blood?	<ul style="list-style-type: none"> • Place a cloth, pad, cotton or tissue on your underwear. • Never insert the material inside your vagina. • Change the cloth, pad, cotton or tissue every two to six hours or more frequently if you think that the blood flow is getting heavy.
How to dispose of the cloth, pad, cotton or tissue?	<ul style="list-style-type: none"> • If you are re-using a cloth, put it into a plastic bag until you can wash it with hot water and soap and then dry it in the sunshine or iron it. • If you are using a pad, tissue or cotton, or want to dispose of your cloth, wrap it in paper to make a clean package and put it in the bin so it can be burned later. • If there is no other option, drop it straight in the latrine pit as long as it is not a water seal pour flush pan as this could easily become blocked.
How to keep yourself clean during your period?	<ul style="list-style-type: none"> • Every day (morning and evening if possible) wash your genitals with soap and water. • Keep unused cloths and pads clean (wrapped in tissue or plastic bag) for further use. • Pat the area dry with a cloth, and put a fresh cloth (such as a kanga, sari or other local cloth), pad, cotton or tissue on your underwear. • Always wipe from front to back after defecation. • Never douche (washing out the vagina with water).
How to manage the stomach pain from your period?	<ul style="list-style-type: none"> • You can put a bottle with hot water on your stomach area when you are resting. • Try to do some exercises and keep your body active. • You can take painkiller medicines every four to six hours on the most painful days.

Module one

Menstrual hygiene – the basics

Other ideas for good practice can be found in other menstrual hygiene girls' books from India, East Africa, Sierra Leone and Zimbabwe. The examples below are of pictures being used to communicate good practice.



Pictorial representations of good menstrual hygiene, Sierra Leone⁵⁰



Pictorial representation of managing menstrual pain, Zimbabwe⁵¹

Endnotes

- ¹ Population Reference Bureau (2011) *The world's women and girls – 2011 data sheet*. Available at: www.prb.org/pdf11/world-women-girls-2011-data-sheet.pdf.
- ² Gakidou E, Cowling K, Lozano R and Murray CJL (2010) Increased educational attainment and its effect on child mortality in 175 countries between 1970 and 2009: A systematic analysis, *Lancet*, vol 376, pp 959-74.
- ³ Joshi D and Morgan J (2007) Pavement dwellers' sanitation activities – visible but ignored, *Waterlines*, vol 25, no 3, pp 19-22.
- ⁴ Zegeye DT, Megabiaw B and Mulu A (2009) Age at menarche and the menstrual pattern of secondary school adolescents in northwest Ethiopia, *BMC Women's Health*, vol 9, no 29. Available at: www.biomedcentral.com/1472-6874/9/29.
- ⁵ Thomas F, Renaud F, Benefice E, de Meeüs T and Guégan JF (2001) International variability of ages at menarche and menopause: Patterns and main determinants, *Human Biology*, vol 73, no 2, pp 271-290.
- ⁶ Picture taken from: Kanyemba A (2011) *Growing up at school, a guide to menstrual management for school girls*. Zimbabwe: Water Research Commission, South Africa.
- ⁷ Based on: UNICEF (no date) *Flow with it, babe! Let's talk about feminine hygiene*. East Africa.
- ⁸ <http://myperiodblog.wordpress.com/2010/11/19/menstruation-and-religion/> (accessed 31 Dec 2011).
- ⁹ Ten VTA (2007) *Menstrual hygiene; A neglected concern for the achievement of several Millennium Development Goals*. Europe External Policy Advisors; and Ben-Noun L (2003) What is the biblical attitude towards personal hygiene during vaginal bleeding? *European Journal of Obstetrics and Gynecology and Reproductive Biology*, vol 106, pp 99-101.
- ¹⁰ Various sources including personal communications.
- ¹¹ WaterAid (2010) *Menstrual hygiene in South Asia; A neglected issue for WASH (water, sanitation and hygiene) programmes*.
- ¹² Various personal communications; www.idealislam.com (accessed 22 Sep 2011).
- ¹³ Sommer M (2010) *Utilising participatory and quantitative methods for effective menstrual hygiene management related policy and planning*. Paper for the UNICEF-GPIA Conference, New York.
- ¹⁴ UNICEF Bangladesh (2008) *Bangladesh; Tackling menstrual hygiene taboos; Sanitation and hygiene case study no 10*.
- ¹⁵ Noted in: Ten VTA (2007) *Menstrual hygiene; A neglected concern for the achievement of several Millennium Development Goals*. Europe External Policy Advisors.
- ¹⁶ Onyegebu N (no date) *Menstruation and menstrual hygiene among women and young females in rural eastern Nigeria*.
- ¹⁷ Noted in: Ten VTA (2007) *Menstrual hygiene; A neglected concern for the achievement of several Millennium Development Goals*. Europe External Policy Advisors.
- ¹⁸ Ibid.
- ¹⁹ Examples from a range of publications documented in: WaterAid (2010) *Menstrual hygiene in South Asia; A neglected issue for WASH (water, sanitation and hygiene) programmes*; from research findings documented in: Ministry of Education and Ministry of Public Health, Islamic Republic of Afghanistan (2010) *Assessment of knowledge, attitude and practice of menstrual health and hygiene in girls schools in Afghanistan*; and from research in: Poureslami M and Osati-Ashtiani F (2005) Attitudes of female adolescents about dysmenorrhoea and menstrual hygiene in Tehran suburbs, *Archives of Iranian Medicine*, vol 5, no 4, pp 219-224.
- ²⁰ WaterAid (2010) *Menstrual hygiene in South Asia; A neglected issue for WASH (water, sanitation and hygiene) programmes*.
- ²¹ Fernandes M (2010) *Freedom of mobility: Experiences from villages in the states of Madhya Pradesh and Chhattisgarh, India*. South Asia Hygiene Practitioners' Workshop, Dhaka, Bangladesh.

Module one

Menstrual hygiene – the basics

²² Sommer M (2009) *Vipindi vya maisha; Growth and changes*. Macmillan Aidan.

²³ This publication is for information only and should not be used for the diagnosis or treatment of medical conditions. WaterAid has used all reasonable care in compiling the information but makes no warranty as to its accuracy. A doctor or other healthcare professional should be consulted for diagnosis and treatment of medical conditions. Specific expert advice was taken to develop and review the sections of this resource relating to health and menstrual hygiene, in particular Module 1 - Section 1.6 and Toolkit 1 - Section 1.3.4. These sections were written by Suzanne Ferron, an independent consultant, registered nurse and registered health visitor, and reviewed by Brad Kerner, Adolescent Reproductive Health Adviser at Save the Children, Dr Penelope Phillips-Howard, Senior Researcher at the Centre for Public Health, Liverpool John Moores University, and Dr Vendela McNamara, Associate Specialist in Sexual Health at University Hospitals Leicester. It was also reviewed by Dr Marni Sommer, Assistant Professor of Socio-Medical Sciences, Columbia University, Julia Rosenbaum, Senior Behaviour Change Specialist, USAID/WASHPlus Project (FHI360), Dr Helen Pankhurst, Senior Adviser, Water Team, CARE.

²⁴ UNICEF Bangladesh (2008) *Bangladesh; Tackling menstrual hygiene taboos; Sanitation and hygiene case study no 10*.

²⁵ In severe cases, help should be sought for these problems from a qualified medical practitioner, as some can be a symptom of a serious illness that needs further investigation. Treatment is available for most conditions.

²⁶ Pullon S, Reinken J and Sparrow M (1988) Prevalence of dysmenorrhoea in Wellington women, *New Zealand Medical Journal*, vol 101, pp 52-54.

²⁷ www.mckinley.illinois.edu/handouts/vaginal_discharge.html.

²⁸ There is no clear evidence that HIV acquisition for women is greater during menstruation, but the risk of HIV positive women passing on the virus during menstruation is greater due to the presence of blood. Some studies have also shown an increase in the shedding of the HIV virus in the reproductive tract just prior to and during menstruation, increasing the likelihood. Reichelderfer PS, Coombes RW, Wright DJ, Cohn J, Burns DN, Cu-Uvin S, Baron PA, Landay AL, Beckner SK, Lewis SR, Kovacs AA (2000) *AIDS*, vol 14,

no 14, pp 2,101-7; and Benki S, Mostad SB, Richardson BA, Mandaliya K, Kreiss JK, Overbaugh J (2004) Cyclic shedding of HIV-1 RNA in cervical secretions during the menstrual cycle, *Journal of Infectious Diseases*, vol 189, no 12, pp 2,192-201.

²⁹ CDC (2010) *STD treatment guidelines; Evidenced based recommendations for the treatment and prevention of STDs*. Available at: www.cdc.gov/std/treatment/2010/default.htm (accessed 20 Oct 2011).

³⁰ Hochwalt A (2012) Personal communication.

³¹ McKee D, Baquero M, Anderson M and Karasz A (2009) Vaginal hygiene and douching: Perspectives of Hispanic men, *Culture, Health and Sexuality*, vol 11, no 2, pp 159-171.

³² Candida overgrowth causes Thrush. Candida is normally present in gut flora and also in the mouth and vagina. Hence a lack of hand-washing after going to the toilet or changing a sanitary towel or tampon could spread infection either to the vagina, urethra or to the mouth of another susceptible person (such as a baby).

³³ Toxic Shock Information Service (no date) *Toxic Shock Syndrome; Know the facts*; and Toxic Shock Information Service (no date) *Toxic Shock Syndrome: A health professional's guide*. Both are available from: www.tssis.com (accessed 22 Feb 2012).

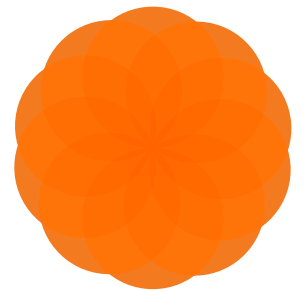
³⁴ Osterholm MT, Davis JP, Gibson RW, Mandel JS, Wintermeyer LA, Helms CM, Forfang JC, Rondeau J and Vergeront JM (1982) Tri-state Toxic-Shock Syndrome study. I. Epidemiologic findings, *Journal of Infectious Diseases*, vol 145, no 4, pp 431-440.

³⁵ Some STIs such as HIV and Hepatitis B can also be transmitted in other ways, such as through sharing intravenous needles. These infections are not normally considered as RTIs.

³⁶ Demba E, Morison L, Van der Loeff MS, Awasana AA, Gooding E, Bailey R, Mayaud P and West B (2005) Bacterial vaginosis, vaginal flora patterns and vaginal hygiene practices in patients presenting with vaginal discharge syndrome in the Gambia, West Africa, *BMC Infectious Diseases*, vol 5, no 12. Available from: www.biomedcentral.com/1471-2334/5/12 (accessed 18 December 2011).

³⁷ Ibid.

- ³⁸ Ness R et al (2006) *Sexually transmitted disease*; Jossens et al (1996) *Sexually transmitted disease*.
- ³⁹ Research conducted in the USA found no link between type of menstrual protection (commercially manufactured napkin or tampon) and incidence of UTI. Foxman B and Jen-Wei C (1990) Health behaviour and urinary tract infection in college-aged women, *Journal of Clinical Epidemiology*, vol 43, no 4, pp 329-337.
- ⁴⁰ It has been suggested that the constant injury and repair caused by ovulation and resulting menstruation may play a part in causing cancer of the ovaries in some women. Casagrande JT, Pike MC, Ross RK, Louie EW, Roy S and Henderson BE (1979) "Incessant ovulation" and ovarian cancer, *Lancet*, vol 28, no 2, pp 170-3.
- ⁴¹ Transmission is not linked to poor menstrual hygiene but sometimes it is perceived to be connected.
- ⁴² Parsonnet J, Hansmann MA, Seymour JL, Delaney ML, Dubois AM, Modern PA, Jones MB, Wild JE and Onderdonk AB (2010) Persistence survey of Toxic Shock Syndrome toxin-1 producing *Staphylococcus aureus* and serum antibodies to this superantigen in five groups of menstruating women, *BMC Infectious Diseases*, vol 10, no 249.
- ⁴³ Toxic Shock Information Service (no date) *Toxic Shock Syndrome; Know the facts*. Available from: www.tssis.com (accessed 22 Feb 2012).
- ⁴⁴ Osterholm MT, Davis JP, Gibson RW, Mandel JS, Wintermeyer LA, Helms CM, Forfang JC, Rondeau J and Vergeront JM (1982) Tri-state Toxic-Shock Syndrome study. I. Epidemiologic findings, *Journal of Infectious Diseases*, vol 145, no 4, pp 431-440.
- ⁴⁵ Toxic Shock Information Service (no date) *Toxic Shock Syndrome; Know the facts*. Available from: www.tssis.com (accessed 22 Feb 2012).
- ⁴⁶ WaterAid in Nepal (2009) *Is menstrual hygiene and management an issue for adolescent school girls?; A comparative study of four schools in different settings in Nepal*.
- ⁴⁷ WaterAid (2010) *Menstrual hygiene in South Asia; A neglected issue for WASH (water, sanitation and hygiene) programmes*.
- ⁴⁸ Abera Y (2004) *Menarche, menstruation related problems and practices among adolescent high school girls in Addis Ababa*. MSc thesis.
- ⁴⁹ Adapted from: Sommer M (2009) *Vipindi vya maisha; Growth and changes*. Macmillan Aidan.
- ⁵⁰ UNICEF (no date) *Menstrual hygiene; A brief guide for girls*. Sierra Leone.
- ⁵¹ Kanyemba A (2011) *Growing up at school, A guide to menstrual management for school girls*. Zimbabwe: Water Research Commission, South Africa.



Module two

Menstrual hygiene – getting started

Part of *Menstrual hygiene matters; A resource for improving menstrual hygiene around the world*, written by Sarah House, Thérèse Mahon and Sue Cavill (2012). The full version can be downloaded from www.wateraid.org/mhm.

This module will cover...

- 2.1 What we should be doing at household, community, sub-national, national and international levels
- 2.2 Institutional and sector responsibilities
- 2.3 Building confidence and competence
- 2.4 Men and boys' involvement in menstrual hygiene
- 2.5 Resourcing for menstrual hygiene



Learning about menstrual hygiene during training on WASH in Emergencies for UNHCR and partners, Uganda (Photo: Moto Michikata)

Module two

Menstrual hygiene – getting started

2.1 What we should be doing at household, community, sub-national, national and international levels

Everyone has a responsibility for ensuring that girls and women can manage their menstruation hygienically and with dignity. Table 2.1 gives an overview of the responsibilities from household to international levels.

Examples of ways that menstrual hygiene guidance and information has been integrated into different sectors' guidance and tools can be found in [Toolkit 2.3.2](#).

Table 2.1 Overview of responsibilities on menstrual hygiene

Level	Responsibilities
Household – men and boys	<p>Men and boys have roles to play in supporting their wives, female relatives, friends and colleagues in their menstrual hygiene:</p> <ul style="list-style-type: none"> • Challenging negative attitudes and perceptions. • Sharing information on good menstrual hygiene practices. • Participating in local production of menstrual products. • Ensuring women and girls can afford sanitary materials. • Addressing barriers to water and sanitation for the hygienic management of menstruation with privacy and dignity.
Household – women and girls	<ul style="list-style-type: none"> • Managing their own menstruation hygienically, to maintain their health and that of others – includes making, washing, drying and disposing of sanitary materials safely. • Supporting other women and girls with information on good menstrual hygiene practices – especially important for preparing younger pre-adolescent girls for menstruation. • Addressing barriers to water and sanitation for the hygienic management of menstruation with privacy and dignity. • Challenging negative attitudes and perceptions.
Community	<ul style="list-style-type: none"> • Breaking the silence; confronting dangerous myths, taboos, and practices; and challenging negative perceptions. • Sharing information on good menstrual hygiene practices. • Ensuring equitable and sustainable access to community water and sanitation facilities. • Involving women and girls in decision-making about water and sanitation facilities. • Encouraging all households to have a private and secure latrine and methods or facilities for the safe disposal of sanitary products. • Ensuring schools support girls and female teachers to manage menstruation hygienically, with private and secure latrines and methods or facilities for the safe disposal of sanitary products. • Ensuring girls and women in vulnerable situations are able to manage menstruation hygienically and with privacy and dignity. • Ensuring public places provide private and secure facilities for managing menstruation. • Encouraging the establishment of local small businesses that make sanitary products, or ensuring shop keepers sell affordable and accessible alternatives.

Level	Responsibilities
District to regional	<ul style="list-style-type: none"> • Developing local legislation, policies and strategies supporting good menstrual hygiene practices in the workplace, public places, schools, the home and the community. • Supporting education and awareness-raising. Training teachers, other professionals and community leaders in good menstrual hygiene practices. • Allocating resources for programmes related to improving menstrual hygiene practices and facilities. • Ensuring social protection activities exist to support those living in the most vulnerable or marginalised situations. • Including monitoring and performance indicators on menstrual hygiene. • Breaking the silence; confronting dangerous myths, taboos, and practices; and challenging negative perceptions.
National	<ul style="list-style-type: none"> • Developing local legislation, policies and strategies supporting good menstrual hygiene practices in the workplace, public places, schools, the home and the community. • Ensure a national bureau of standards monitors the quality of sanitary protection products. • Supporting education and awareness-raising. Training teachers, other professionals and community leaders in good menstrual hygiene practices. • Allocating resources for programmes related to improving menstrual hygiene practices and facilities. • Ensuring social protection activities exist to support those living in the most vulnerable or marginalised situations. • Supporting increased availability of affordable sanitary products. • Breaking the silence; confronting dangerous myths, taboos, and practices; and challenging negative perceptions.
International	<ul style="list-style-type: none"> • Undertaking advocacy on menstrual hygiene and dissemination of good practice. • Funding programmes to increase knowledge of good menstrual hygiene management practices (water, sanitation and hygiene programmes, health and hygiene promotion, small businesses manufacturing low-cost sanitary products etc). • Developing policies that mainstream good menstrual hygiene practices. • Breaking the silence; confronting dangerous myths, taboos, and practices; and challenging negative perceptions.

Module two

Menstrual hygiene – getting started

2.2 Institutional and sector responsibilities

Menstrual hygiene issues cut across a number of different sectors and sub-sectors. Table 2.2 sets out the relevance of menstrual hygiene to different sectors and highlights potential key areas of responsibility. The table also identifies some of the factors that need to be considered for effective co-ordination and collaboration between (and within) these sectors.

The challenge for all actors working in development, emergency and transitional contexts, is that the division of responsibility for who takes action on menstrual hygiene is unclear. This leads to the risk that:

- Each sector will consider the responsibility to lie somewhere else, and hence the issue is overlooked.
- There is multiplication of effort or incoherent responses that cause confusion for the women and girls being supported.

It is therefore recommended that:

- There needs to be co-ordination and communication between sectors on the issue of menstrual hygiene, and agreement on the division of responsibility in a particular context.
- All sectors should be incorporating menstrual hygiene considerations into their guidance and professional training, with a requirement to co-ordinate and communicate across sectors.
- In emergencies, initial communication with the other clusters¹ on menstrual hygiene can be facilitated through the Inter-Agency Standing Committee (IASC) inter-cluster co-ordination mechanisms in country at each level, where they are working effectively, or other locally established sectoral co-ordination mechanisms.

Table 2.2 Responsibilities across sectors for menstrual hygiene

Sector	Link with menstrual hygiene	Key responsibilities	Challenges for cross-sector collaboration
WASH (Water, sanitation and hygiene)	Menstrual hygiene requires access to: <ul style="list-style-type: none"> • Water for washing hands, body and reusable menstrual cloths. • Private and hygienic sanitation facilities for changing and disposing of sanitary protection materials, and for bathing. • Hygiene information. • Solid waste management for disposal of cloths and pads. 	Incorporate menstrual hygiene: <ul style="list-style-type: none"> • At different levels, including service delivery, capacity development and policy. • Within approaches to WASH – eg communityled total sanitation, social marketing, WASH in schools, participatory hygiene and sanitation transformation. 	The ministries and departments responsible for water, sanitation and hygiene are often separate, and can vary by context. Different departments are responsible for construction and maintenance.
Health	Menstruation is a biological process of the female reproductive system. There may be health risks associated with poor menstrual hygiene.	Provide accurate and user-friendly information on the biological facts about menstruation, menstrual health and hygiene.	There are a number of relevant sub-sectors including reproductive and adolescent health mother and child health, HIV/AIDS, general practice, and primary and community health.

Sector	Link with menstrual hygiene	Key responsibilities	Challenges for cross-sector collaboration
	<p>Women and girls who have menstrual disorders and other medical conditions may have additional needs for menstrual hygiene.</p>	<p>Provide affordable and easy to access healthcare for menstrual health issues, including those caused by poor menstrual hygiene and those linked with other diseases such as HIV/AIDS.</p>	
Education	<p>If girls and female teachers are unable to manage their menstruation at school:</p> <ul style="list-style-type: none"> • Girls miss classes when they have their periods and may drop out completely. • Their performance can suffer due to stress and discomfort. • It may be difficult to recruit and retain female teachers. 	<ul style="list-style-type: none"> • Ensure adequate water, sanitation and menstrual hygiene facilities in schools. • Sensitise teachers and students (including boys) about menstruation and menstrual hygiene, and promote a supportive environment. • Incorporate reproductive health and menstrual hygiene into the school curriculum and professional training for teachers. 	<p>The education sector is segmented into different levels, such as primary, secondary and higher education. Water, sanitation and hygiene, and reproductive health issues may fall under the remit of different subject areas, such as biology, home economics or personal development.</p>
Training	<p>If menstrual hygiene knowledge is to be mainstreamed, it needs to become a standard part of the education and training of professionals in all relevant sectors.</p>	<p>Incorporate reproductive health and menstrual hygiene into the curriculum in professional training institutions for all relevant sectors (eg WASH, protection, health, community development).</p>	<p>Training is required for professionals across a range of sectors, which means engaging with a wide range of training authorities and institutions.</p>
Community development	<ul style="list-style-type: none"> • Community development actors have linkages at the local level across sectors that can support menstrual hygiene. • Community development programmes may provide support to small enterprises for producing and distributing low-cost sanitary protection materials. 	<ul style="list-style-type: none"> • Facilitate linkages with different development actors at the local level to address menstrual hygiene holistically. • Support community enterprises to provide lowcost sanitary protection materials. Provide menstrual hygiene information to community organisations. 	<p>Community development workers may not have institutional linkages with key sectors.</p>

Module two

Menstrual hygiene – getting started

Sector	Link with menstrual hygiene	Key responsibilities	Challenges for cross-sector collaboration
Social protection	<ul style="list-style-type: none"> Women and girls in particularly vulnerable contexts, such as those living on the street and in emergency situations, are likely to face further challenges in managing menstrual hygiene. The social protection sector, or in emergency contexts, 'the Protection Cluster', is responsible for supporting women and girls in such situations. It is also closely linked with reproductive and adolescent health and also the HIV/AIDS sector. 	<ul style="list-style-type: none"> Ensure that women and girls in the most vulnerable situations are supported to manage their menstrual hygiene. Support those providing menstrual hygiene interventions from other sectors to identify and reach women and girls in vulnerable situations. 	The ministry responsible for social protection can vary. It sometimes falls under health, community development or women's affairs. It often involves bringing together professionals in the police, judiciary, reproductive health, care services, disability services and others.
Gender	Gender power inequalities in decision-making, roles, and access to and control over resources can result in women and girls' menstrual hygiene needs being hidden or neglected.	<p>Gender advisers can:</p> <ul style="list-style-type: none"> Provide support to empower women and girls, so that their voices are heard and their menstrual hygiene needs are taken into account. Engage with a range of programmes and monitor the inclusion of menstrual hygiene across sectors, promoting it where necessary. 	If no specific department, agency or position exists, it can be difficult to locate gender advisers and work with them.
Private sector entrepreneurs and businesses	Menstrual hygiene requires appropriate, affordable and accessible sanitary protection materials and facilities for their disposal. These can be provided by the private sector.	<ul style="list-style-type: none"> Produce and distribute affordable and appropriate sanitary protection materials and disposal facilities. Ensure quality and safety standards for sanitary protection materials and disposal facilities. 	
Employers and labour departments	Women require access to menstrual hygiene facilities at work or their dignity and livelihood opportunities may be reduced.	Ensure quality and safety standards for sanitary protection materials and disposal facilities.	There are many employers and employer-related bodies.

2.3 Building confidence and competence

2.3.1 Learning and talking about menstrual hygiene

Menstrual hygiene is not commonly spoken about, either between women or between women and men. The subject is taboo in many cultures and shrouded in myths and traditions. As a result, integrating menstrual hygiene into development programmes requires a step-by-step approach.

Get started:

Find out about the knowledge, attitudes and practices related to menstrual hygiene in your context or programme area (considering variations if your organisation covers large geographical areas). This may initially involve investigation and discussion and lead onto more detailed formative research (refer to [Module 9.1](#)).

Build your own confidence in introducing the issue within your organisation/team and in speaking about menstrual hygiene:

Identify interested staff and build alliances within your own team (start by getting the confidence of a small number of people) before introducing the subject step-by-step with a wider audience. Research the channels and forums through which it can be discussed and find people who can support the topic during the discussions, anticipating some of the types of questions that could come up and considering your answers.

Build the confidence and competencies of staff:

You will need to build the confidence and competencies of staff before they can discuss the subject as part of a wider programme. Staff will need to:

- Know the basics about menstruation, what the menstrual hygiene gaps are and why it is important to integrate the subject into programmes.
- Understand the socio-cultural or religious norms and taboos that exist, and how to discuss the issue with dignity and appropriate levels of privacy for different groups in each context.
- Understand what can be done to mainstream considerations of menstrual hygiene into training or programmes, or to develop standalone menstrual hygiene interventions.

- Have chances to openly discuss issues relating to menstrual health and hygiene, including sensitive issues, and know how to respond if they are asked difficult questions.
- Know where to go for further information.

These initial efforts to build the confidence and competence of staff in talking about menstrual hygiene will be reinforced further through organisational commitment and practice.

Feedback on menstrual hygiene training

“I thought I would be the only man at the session. But when I arrived, I saw there were a number of male participants and they were even talking about menstrual hygiene! I have a mother, a sister and have had... girlfriends, but I didn’t know about this subject.” A male participant from Malawi, giving feedback on two sessions at an international WASH conference related to menstrual hygiene.

“I work on this issue in my job, but this session has made me realise that I am not fully fulfilling my role as a mother with my daughters.” A female staff member from Uganda commenting on the discussion on sanitary materials and related issues at emergency WASH training.

“The guidance material was useful to me because it was a challenge to get this kind of lesson.” A teacher from Tanzania providing feedback during a pilot of a guidance document for teachers to be distributed with the girls’ menstrual hygiene book, *Growth and changes*².

Module two

Menstrual hygiene – getting started



Participants on an emergency WASH training course in Uganda, which included menstrual hygiene (Photo: M Michikata/REDR)

Opportunities to encourage learning and talking about menstrual hygiene

A variety of opportunities exist to build staff confidence and encourage learning and discussion about menstrual hygiene:

- Mainstream menstrual hygiene into your organisation's policies, strategies, guidelines and procedures.
- Develop specific training, discussions or awareness-raising sessions.
- Encourage staff to look at and compare a range of menstrual hygiene materials.
- Ask staff to document their experiences of menstrual hygiene to facilitate sharing of best practices and learning.
- Look out for case studies and examples of good practice from other organisations and countries, and share them with staff to celebrate successes and champions!
- Incorporate menstrual hygiene into meetings, reviews or training.
- Include progress on menstrual hygiene as a standard indicator for programme evaluations.

Table 2.3 highlights the steps that WaterAid in India went through to start working on menstrual hygiene and integrating it into its programmes. These included building the confidence of staff, partners and communities in talking about menstrual hygiene; capacity building; and creating learning opportunities by establishing networks.

Table 2.3 Step-by-step integration of menstrual hygiene into WaterAid's programmes in India³

Steps	What happened?
Realisation of the problems women and girls face in relation to menstrual hygiene	In January 2007, an adolescent girl and a woman in Madhya Pradesh state told WaterAid staff about problems they faced during menstruation. WaterAid realised this was an area of hygiene that had to be addressed.
Workshop organised for female field workers	Discussion on menstrual hygiene is culturally prohibited in many communities so it was difficult for frontline workers. A workshop was organised for female field workers, to brief them on menstrual hygiene. The participants identified a need for a detailed study of menstruation practices.
Research undertaken on menstrual hygiene involving 2,576 women and girls in 53 slums and 159 villages in three states	WaterAid's team in Bhopal and its partners undertook an assessment on menstrual hygiene beliefs and behaviours, related diseases prevalent in the region, the level of knowledge of women and girls, and the facilities available to them. The study provided a wide range of lessons, including the fact that menstrual hygiene was a neglected subject in schools, and that information was required by girls and their mothers.
Discussions triggered within WaterAid and with partners	The culture of silence around menstruation meant that even local NGOs who had worked with communities for years felt that initiating discussions on menstrual hygiene would invade women's privacy. They also expressed a fear that they would be rejected by the communities because menstruation is more deeply associated with religious and cultural taboos than hygiene. Also, the majority of NGOs were headed by men, which made it difficult to convey the importance of the issue. An orientation workshop on menstrual hygiene practices was run for female field workers.
Staff speaking about their own challenges with menstrual hygiene at a staff meeting	Female staff shared their own experiences of menstrual hygiene during an NGO partners' meeting. This triggered the first step towards breaking the silence and taking the initiative on the issue.

Module two

Menstrual hygiene – getting started

Steps	What happened?
Training of master trainers	A strategy was prepared that first developed an understanding of female NGO workers' experiences, and then drew on these to develop them as master trainers.
Use of women's groups as a platform for discussing menstrual hygiene	Once a few female leaders came forward to share their personal experiences, others became motivated to address the issue. As a result of these first few steps, a major breakthrough was made, persuading participating NGOs to take up the issue as 'menstrual hygiene' rather than 'female hygiene' (as it had formally been referred to) and to include it in community activities without inhibition or hesitation.
Hygiene promoters educating women's self-help groups	Hygiene promoters took the initiative to educate members of women's self-help groups on 'know about self'. These discussions exposed the myths and misconceptions around menstruation and gave confidence to even the most silent women. Presenting women with simple facts on menstruation and providing easy solutions, such as how to make low-cost sanitary pads, created further demand from communities to expand menstrual hygiene promotion.
Integrating menstrual hygiene into WASH	<p>WaterAid integrated menstrual hygiene into its India country programme at various levels. It included the following target groups: girls and women as users of services; boys and men for awareness-raising; NGOs and other WASH service agencies; and health and education service providers (including government departments to replicate approaches).</p> <p>The major components were:</p> <ul style="list-style-type: none"> • Developing information, education and communication (IEC) and training materials, and providing training on delivering menstrual hygiene programmes. • Including menstrual hygiene as an integral part of education and awareness-generating activities, and establishing different types of groups and hygiene clubs, including those for adolescent girls. • Promoting access to affordable sanitary napkins. • Demonstrating appropriate design of sanitation facilities for effective menstrual hygiene. • Advocacy for wider awareness and replication of menstrual hygiene approaches.

2.3.2 Training for governments, NGOs and the private sector

Training and learning about menstrual hygiene are critical to building the confidence of staff and partners in discussing menstrual hygiene and integrating it into their projects and programmes. They can also be useful for community leaders, community-based health workers and teachers.

Training can take the form of:

- Formal standalone courses.
- Sessions integrated into other training courses.
- Short awareness-raising sessions, as part of regular meetings or learning events.
- Web-based seminars (webinars).
- Self-study modules.
- On-the-job training.
- Mentoring.

Refer also to [Module 9.1](#) on monitoring, learning and sharing good practice and [Module 9.3](#) on advocacy for further guidance and examples.



Role playing as a counsellor and information seeker, India
(Photo: Jharkhand Mahila Samakhya and SSHE, India)

What methods can you use to boost the knowledge and confidence of your staff, partners and community leaders, so they can talk about menstrual hygiene?

Talking about menstruation gets easier the more you do it!

As a professional in the WASH or an associated sector, you have an important role to play in making sure individuals and communities have the information and facilities they need to manage menstruation hygienically.

You may feel uncomfortable or embarrassed talking about menstruation. This is a common reaction for both men and women. Don't let it put you off. Menstruation is a normal and natural part of life.

You'll find it less awkward talking about menstruation the more you do it! You can have a positive effect on how girls and young women feel and behave around menstruation for the rest of their lives, so be courageous. Giving women and girls support, information and facilities for menstrual hygiene management can empower them and enable them to contribute more in society.

Examples of good practice are available for training and awareness-raising sessions on menstrual hygiene. A selection can be seen in [Toolkits 2.3](#), [3.3](#), [4.3](#), [5.3](#), [6.3](#), [7.3](#).

Module two

Menstrual hygiene – getting started

2.4 Men and boys' involvement in menstrual hygiene

Reasons to get men and boys involved in menstrual hygiene

Men and boys have an important role to play in supporting women and girls in their menstrual hygiene management, as fathers, brothers, uncles, peers or colleagues.

This may be:

- To provide support at home or school when a girl faces her first period or a woman has an embarrassing or difficult experience.
- As the head of the household who controls the finances, to ensure female family members can afford appropriate sanitary protection materials.
- As a community member who can challenge taboos, social norms and stigma, and influence the attitudes of others (both male and female).
- As teachers or employers, ensuring that the school or work environment makes it easy for girls and women to manage menstruation with dignity.
- As professional engineers, social development specialists, managers or medical professionals, supporting programmes for improving the menstrual hygiene context for girls and women.

It is important for boys and men to respect girls and women. Educating boys (particularly from adolescence) on the challenges and struggles girls face could help reduce teasing and help them become more understanding and supportive husbands and fathers. Refer to [Module 1.7.2](#) on the efforts that are currently in place to develop books for boys on adolescence.

Girls and women have been known to have been so desperate for sanitary products that they have traded sex or favours with men to be able to obtain them (refer to [Module 3.2.3](#) for a case study). By helping boys and men to better support their friends, sisters, wives and daughters in regards to menstrual hygiene, this risk can be minimised.

Men's lack of involvement in menstrual hygiene in Nigeria⁴

Almost all adults and young men and women stated that discussing menstruation and its surrounding issues is very sensitive and uncomfortable. One adult man said, "It is a taboo to talk about it and worse when women and girls are around."

From focus group discussions, views expressed by the women showed that most men don't discuss menstrual issues with their wives and daughters. A mother said, "My husband expects me to look after my daughters. This will tell you the extent of support I receive from him. He does not provide the money for menstrual materials and other things. My story is not different from most women here."

There was a chorus of "yes" from the women to support her. Another shouted from behind, "Our husbands don't look at us. No special attention is paid to their wives in terms of money, food materials and workload. They only give us five days free from sex."

Findings from the men showed that culture restricts them from discussing menstrual issues.

From Onyegegbu N (no date)

STORY
4

I had my first period at school, I was so afraid and unhappy. I asked for a pass to go home. I come to school on a bicycle but I had to walk home pushing my bicycle because I was afraid I would hurt the bleeding area. When I got home my aunt was not there, only my uncle, so I had no choice but to tell him that I was bleeding.



He said nothing and went to his bedroom and came out with a lot of cloth and told me that I should put them in my pants and wait for my aunt to come back. It was my worst nightmare.—I was so embarrassed. My aunt came back and told me that I had grown from a child to an adult and that I should now act responsible and be careful with boys and she taught me how to use the cloths and that I was going to bleed every month until I become too old.

10

A girl's case study from Zimbabwe showing the importance of educating men and boys on menstrual hygiene⁵

Men as menstrual hygiene advocates and champions

Alongside the pioneering work that has been carried out by women, male champions deserve a special mention. They have overcome additional barriers to discuss and promote solutions to the challenges facing women and girls relating to menstrual hygiene. This section introduces a few of the increasing numbers of male champions around the world working on this issue.

Nixon Otieno Odoyo, Shiela McKechnie Foundation's International Young Campaigner Award, 2009⁶

Nixon Otiena Odoyo, 16, noticed that in his mixed secondary school in Nyanza Province of Kenya, girls were dropping out of school at a much higher rate than boys. As a member of the Teens Watch Club, he heard how girls in the group could not afford to buy sanitary towels and were therefore embarrassed to stay in school. Nixon responded with a campaign called 'Keeping girls in school'. He proposed a fundraising football tournament, attracting people from different villages. The event was a great success and raised 50,000 Kenyan Shillings (US\$650). With the money, the group bought 1,000 sets of sanitary towels and over a month gave them to 500 girls in more than ten schools in slums across Nairobi. The schools were very happy and said girls' attendance improved greatly as a result.



Nixon receiving his campaigning award from Terry Waite (Photo: Harmit Kambo/Sheila McKechnie Foundation)

Module two

Menstrual hygiene – getting started

Involving men in women's business⁷

Many Bangladeshis believe that if a man walks past menstrual rags or sees menstrual blood, misfortune will befall him. Consequently, community hygiene promoter Nurul Islam was uncomfortable discussing menstruation hygiene, although it was a part of his role to educate the women and girls in his village about the dangers of using dirty rags.

Nurul shared his problem with fellow promoters during their weekly meeting. With their advice, he came up with a plan, "After our meeting, I invited Amina Khatum from Char Bramgacha to come to my village to speak about menstrual hygiene. I introduced her to everyone and we worked on the issue together. Because Amina is from a village that is very close to ours, some of the women knew her. This made it easier for her to work with them."

After Amina's first session with the women in Nurul's group, they were less shy. Having Nurul participate in the discussion was also helpful as it showed the women that they didn't need to be embarrassed about the issue in front of men.

Amina tries to involve men and boys in her menstrual hygiene sessions whenever possible. At school sessions in her own village, she includes the boys in some of the menstrual hygiene discussions. "I don't just include the girls because it is important for everyone to know about the proper practices," says Amina. "Boys and men can encourage their mothers, sisters and wives."

From UNICEF Bangladesh (2008)



Nurul Islam working with his female colleagues to promote discussions in communities (Photo: UNICEF, Bangladesh)

Celebrating male menstrual hygiene champions!



Om Prasad
WaterAid in Nepal
 Om Prasad supports menstrual hygiene advocacy efforts in Nepal, engages in international debates, and trains community leaders.
 (Photo: WEDC)



Paul Grinvalds
AFRIpads, Uganda Ltd
 Paul Grinvalds supported the establishment of the AFRIpads sanitary pad workshop which provides employment for women and makes re-usable sanitary pads available in Uganda (Photo: S House)

Murat Sahin
UNICEF, New York

Murat Sahin promotes efforts to improve menstrual hygiene in schools across the world through the WASH in Schools Initiative, and supports international learning on menstrual hygiene for UNICEF staff and partners.



Dr Peter Morgan
Aquamor, Zimbabwe
 Dr Peter Morgan is a very well known sector leader, supporting a female colleague to develop a girls' menstrual hygiene book and take forward menstrual hygiene in Zimbabwe.
 (Photo: Dr Peter Morgan)



(Photo: S House)

Dr Moses Kizza Musaaazi
Makerere University, Uganda
 Dr Moses Kizza Musaaazi invented MakaPads, made from papyrus and paper waste, which are about one third of the price of imported sanitary pads and 95% biodegradable. The pads are being produced as a social enterprise by women and girls abducted by the Lord's Resistance Army and other vulnerable groups.

Syed Shah Nasir
Executive Director, Integrated Regional Support Programme, Pakistan

Syed Shah Nasir introduced the issue of menstrual hygiene in Pakistan after attending a workshop in Bangladesh. He supported his team to assess issues for schoolgirls, undertake training and introduce low-cost menstrual materials into schools. He also supported an assessment of menstrual hygiene needs during the 2010 flood emergency, and is planning to advocate menstrual hygiene in national and international forums in the future.

Do you know any male menstrual hygiene champions?

Could you become a male menstrual hygiene champion?

Module two

Menstrual hygiene – getting started

2.5 Resourcing for menstrual hygiene

Budgeting for menstrual hygiene

It is important to consider menstrual hygiene at each stage of the project cycle, including the budgeting process.

What is budgeted for will depend on the focus of the programme, but be careful not to overlook elements that will be essential to ensure the quality of the programmes and engage the women and girls in the programme's design and feedback.

Gender budgeting means showing awareness that some problems are more relevant or particular to boys/men and some to girls/women. This includes budgeting relating to improving the menstrual hygiene situation for women and girls.

Resourcing for sanitary products in the household, at school and in emergency contexts

There have been a number of programmes where schoolgirls have been provided with sanitary pads free of charge to help them continue attending school during menstruation. In some cases, this has been carried out by NGOs or governments that plan to continue provision for the longer term (such as ZanaAfrica in Kenya, or the Government of Kenya which has budgeted for free sanitary pads for schoolgirls). NGOs have also partnered with commercial companies, in which case the provision is likely to be time-limited. Refer to [Module 3.2.3](#) and [Toolkit 3.3.2](#) for case studies.

In a fast-onset emergency situation the provision of menstrual materials needs to be undertaken free of charge (refer to [Module 6.3.2](#) for further details) and attention given to safe disposal. Even in emergency situations the provision of free disposable sanitary materials is likely to pose challenges if the emergency or refugee situation is ongoing. In development contexts, the issue of sustainability of access to the products should be a key consideration.

Refer to [Module 3.2.4](#) and [Toolkit 3.3.4](#) for a comparison of costs of sanitary materials and production units.

Budgeting for menstrual hygiene

In any menstrual hygiene programme, both one-off and ongoing running costs need to be considered.

Possible budget items include:

Preparing staff and partners

- Staffing for the menstrual hygiene elements of the programme.
- Training for staff and partners.
- Assessments of the organisation's offices to ensure they are women- and menstrual hygiene-friendly.

Programmes

- Awareness-raising sessions for women, girls and/or community or religious leaders.
- Purchasing for the printing and distribution of menstrual hygiene books for girls.
- Funds for improving the water, sanitation and hygiene situation in schools, public places and/or workplaces.
- Establishing sanitary pad production workshops.
- Set-up and training costs for women or girls' groups making local sanitary products or soap.
- Supply of sanitary materials for women and girls in emergencies.
- Advocacy activities for awareness-raising.
- Supporting government with policy development on improving menstrual hygiene.

Assessments, monitoring and evaluation

- Logistics and staff allowances for assessments and monitoring and evaluation of menstrual hygiene programmes.
- Fees for female researchers, translators, facilitators and/or data collectors to gather information and obtain feedback on menstrual hygiene. Where gender disparities are stark this will be even more crucial if women and girls are to be able to engage with the programme design, implementation, review and feedback. If there is a need for female staff or respondents to travel, in some cases, additional budget may be needed to cover the cost of an accompanying male family member.

Resourcing for menstrual hygiene training

Training costs will vary depending on country, location, duration and the number of participants. The costs can be limited if menstrual hygiene is integrated into existing training programmes or regular meetings.

Resourcing for widespread distribution of girls' menstrual hygiene books and teachers' guideline materials

The following example from Tanzania highlights the costs of undertaking a large-scale pilot for the distribution of menstrual hygiene books for schoolgirls (55,000 books), which includes detailed research and testing of teachers' guidance notes and research into incinerators. It also covers the estimated cost for a national scale-up of the distribution (1.5 million books), including all elements of the process (eg logistics, supervision, monitoring and programme costs). The cost of the books themselves, around US\$0.5 per copy on print runs above 20,000, would be expected to be nearer US\$0.33 per copy for very large print runs, such as 1.5 million books.

Funding proposal for national distribution of girls' menstrual hygiene booklet and guidance for teachers, Tanzania⁸

Costing 1: Pilot testing for national scale-up

Including:

- Distribution of approximately 55,000 books to every girl in standards V, VI and VII in approximately 520 schools in three districts.
- Distribution of teachers' guide.
- Research into incinerators and disposal mechanisms.
- Pre- and post-testing of the distribution of teachers' materials.
- Supervision of the process by the Ministry of Education.

Approximate cost:

US\$150,000

Costing 2: National distribution

Including:

- Distribution of 1.5-2 million copies for all girls in Tanzania in standards V, VI and VII with teachers' guides.
- Purchase of books.
- Logistics.
- Supervision and monitoring and programme support.

Estimated cost:

US\$1.5 million

Menstruation and Hygiene: Critical issues for Girl's Education in Tanzania



"One in 10 school-age girls either miss school during menstruation or drop out entirely because lack of sanitation and hygiene information"



© Marni Sommer

Why menstruation poses a challenge to young girls in school?

Adolescence and puberty is often challenging for girls in developing countries. The silence, stigma and taboos surrounding menstruation, keeps young girls ignorant about how to handle menstruation. Girls may be scared when having their first menstrual period if they do not know what it is and can be constantly frightened that they will leak on their school clothes and be embarrassed and teased by other school children, particularly boys.

Education around puberty and menstruation in schools is inadequate or non-existent, with many teachers themselves having limited understanding about sanitary health. All of this can lead to absence from school and can contribute to girls' school drop out.

Lack of sanitation, hand-washing facilities and hygiene education in schools makes it even more difficult for girls to handle menstruation. In a study of every school in 16 districts in Tanzania undertaken in 2009, it was identified that 52 per cent of all schools had no doors on their latrines, 92 per cent had no functional hand-washing facilities and 99 per cent had no soap, all of which would make it very difficult for a young girl to easily manage her menstrual period (SNV/WaterAid/UNICEF).

⁸ East Africa focused research, Tear Fund 2008

Key facts on school age girls in Tanzania

> 1.6 m	Number of girls in standards V, VI and VII in primary school education (RHSI, 2010)
52%	Schools with no doors on girls latrines
92%	Schools without functional hand washing facilities
99%	Schools with no soap available for hand-washing

School WASH data from: School WASH Mapping in 16 districts, by SNV, WaterAid, UNICEF (2009)

What is being done to improve the situation?

In 2009, a booklet called 'Growth and Changes' was developed following participatory research by Dr. Marni Sommer with Tanzanian girls on the subject of menstruation. The piloting of the distribution of the book has already been undertaken in the Kilimanjaro region with very positive feedback. Initial distributions have been undertaken through non-governmental organisations with the prints being supported by the NIKE Foundation and UNFPA, and others planned with support from UNICEF.

In parallel a process is on-going to develop a national set of school water, sanitation and hygiene guidelines by four Ministries (related to health and social welfare, education, water and local government), supported by SNV (Netherlands Development Cooperation), WaterAid, UNICEF and a range of other partners. Considerations relating to menstrual management will be incorporated into the good practice guidelines and designs of sanitary facilities as well as into the training of teachers on good hygiene education.



Fundraising leaflet for large-scale menstrual hygiene intervention proposal

Module two

Menstrual hygiene – getting started

Endnotes

¹ A cluster is a group of agencies that gather to work together towards common objectives within a particular sector of emergency response. The cluster approach, instituted in 2006 as part of the UN Humanitarian Reform process, is an important step on the road to more effective humanitarian coordination. At the global level, clusters have been established in 11 key areas to support the cluster approach.

www.who.int/hac/techguidance/tools/manuals/who_field_handbook/annex_7/en/index.html (accessed 7 Mar 2012).

The 11 clusters are: Protection, Camp Coordination and Management, Water Sanitation and Hygiene, Health, Emergency Shelter, Nutrition, Emergency Telecommunications, Logistics, Early Recovery, Education, and Agriculture.

<http://unmit.unmissions.org/Default.aspx?tabid=760> (accessed 7 Mar 2012).

² Sommer M (2011) *Vipindi vya maisha; Growth and changes*. MacMillan Aidan.

³ As documented in: WaterAid (2010) *Menstrual hygiene in South Asia; A neglected issue for WASH (water, sanitation and hygiene) programmes*.

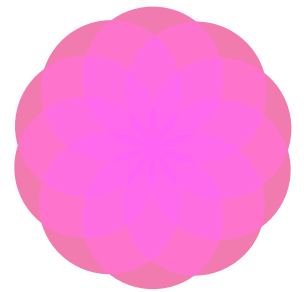
⁴ Onyegebu N (no date) *Menstruation and menstrual hygiene among women and young females in rural Eastern Nigeria*.

⁵ Kanyemba A (2011) *Growing up at school. A guide to menstrual management for schoolgirls*. Zimbabwe: Water Research Commission, South Africa.

⁶ Based on an interview by Rachel Faulkner, *Guardian Weekly Newspaper*, Friday 25 Sep 2009.

⁷ UNICEF Bangladesh (2008) *Bangladesh; Tackling menstrual hygiene taboos; Sanitation and hygiene case study no 10*.

⁸ Funding for the national scale-up and distribution has not yet been obtained (2011) although donors have expressed an interest in the proposal.



Module three

Menstrual hygiene – sanitary protection materials and disposal

Part of *Menstrual hygiene matters; A resource for improving menstrual hygiene around the world*, written by Sarah House, Thérèse Mahon and Sue Cavill (2012). The full version can be downloaded from www.wateraid.org/mhm.

This module will cover...

- 3.1 Comparing sanitary protection materials
- 3.2 Production, distribution and costs
- 3.3 Washing, drying, storage and disposal



Adolescent girls' group selling sanitary pads they have made, Bangladesh (Photo: Tridhara Photography/Anisur Rahman)

Module three

Menstrual hygiene – sanitary protection materials and disposal

3.1 Comparing sanitary protection materials

3.1.1 The advantages and disadvantages of different sanitary protection materials

The choice of sanitary protection is very much a personal decision based on cultural acceptability and user preferences. It is also often influenced by a woman or girl's environment and access to funds, a water supply and affordable options. It is critical that any programme aiming to support women or girls with sanitary protection materials involves them in the planning discussions and decisions about the materials and/or products to be supported.

Programme considerations when choosing which sanitary materials to support¹

- Cultural acceptability of the product/traditional practices – also consider the opportunities for changing acceptability or practices.
- Affordability versus the resources available to the woman or girl.
- Readily available materials/products.
- How comfortable/soft the materials are.
- How easily/quickly they dry.
- Absorbency of the materials for light or heavy flow days.
- Frequency that the materials would need to be changed.
- Colour, to minimise staining, but also to let the woman know if she has cleaned the material well enough.
- Likelihood of total protection from leakage.
- Do women and girls wear underwear? If so, how easy it is to secure the material in place?
- Washing, drying, storage and disposal options, including access to water supply.
- How many are needed for each menstrual period.

Preference for cloth for sanitary protection and challenges due to a lack of access to water for Nigerian women and girls²

While it is often assumed that women and girls prefer disposable pads if they are available and affordable, this is not always the case. Findings from focus group discussions showed that almost all the adult women, young females and girls used cloth material (rags) for menstruation. The major reason was that cloths have always been used for this purpose in their communities, and so women are used to them. If they don't have enough water to wash the cloth material during menstruation, they use toilet tissue; however, very few girls would admit to using it.

One of the women told the group that she had never used a pad until she visited her daughter in the city and had no other form of sanitary protection with her. She found it uncomfortable to walk with a pad, "Never will I use that thing again. I prefer my simple cloth."

Another woman noted that even though it may be modern, she still preferred cotton cloth to sanitary pads. She noted that most women use cloth and change it two to three times daily when it is wet, and that they wash, dry and reuse the cloth for up to a year. She noted that when using cloth they don't have to worry about staining their wrappers, and they consider them to be inexpensive, affordable, simple and comfortable.

Sanitary protection materials currently available – advantages and disadvantages

Table 3.1 compares the advantages and disadvantages of different sanitary materials and product types (more information on product types is provided in Table 3.2).

Table 3.1 Advantages and disadvantages of sanitary protection materials

Sanitary protection option	Advantages	Disadvantages
Natural materials (eg mud, cow dung or leaves)³	<ul style="list-style-type: none"> • Free. • Locally available. 	<ul style="list-style-type: none"> • High risk of contamination. • Difficult and uncomfortable to use.
Strips of sari, kanga or other cloth	<ul style="list-style-type: none"> • Easily available in the local market. • Re-usable. 	<ul style="list-style-type: none"> • If old cloths are not cleaned well they can become unhygienic. • Users need somewhere private, with a water supply and soap, to wash and dry the cloths.
Toilet paper or tissues	<ul style="list-style-type: none"> • Easily available in the local market. 	<ul style="list-style-type: none"> • Loses strength when wet and can fall apart. • Difficult to hold in place. • May be too expensive for the poorest users.
Cotton wool	<ul style="list-style-type: none"> • Good absorption properties. • Easily available in the local market. 	<ul style="list-style-type: none"> • Difficult to hold in place. • May be too expensive for the poorest users.
Locally made re-usable pads	<ul style="list-style-type: none"> • Available locally. • Income generation opportunity. • Cost effective as are re-usable. • More environmentally-friendly than disposable pads. 	<ul style="list-style-type: none"> • Supply chain limitations may make it difficult to reach potential users. • Users need somewhere private, with a water supply and soap, to wash and dry the pads.
Locally made biodegradable, disposable pads	<ul style="list-style-type: none"> • Available locally. • Income generating opportunity. • Environmentally-friendly as degrade on disposal. • Natural products. 	<ul style="list-style-type: none"> • Not always absorbent enough or the correct shape for higher-flow days.
Commercially available re-usable pads	<ul style="list-style-type: none"> • Cost effective as are re-usable. • More environmentally-friendly than disposable pads. • Available on the internet. 	<ul style="list-style-type: none"> • Cost may be prohibitive to potential users. • Users need somewhere private, with a water supply and soap, to wash and dry the pads. • Most poor women and girls lack internet access.
Commercially available disposable pads	<ul style="list-style-type: none"> • Often available, except in remote locations. • Range of sizes and types available in some locations. • Well designed through research and development. 	<ul style="list-style-type: none"> • Cost is prohibitive to many potential users. • Generate a lot of waste to dispose of, so not environmentally-friendly.

Module three

Menstrual hygiene – sanitary protection materials and disposal

Sanitary protection option	Advantages	Disadvantages
Tampons (with or without applicators)	<ul style="list-style-type: none"> Convenient and comfortable to use. 	<ul style="list-style-type: none"> Not available in many contexts. Cost is prohibitive to many potential users. Generates a lot of waste to dispose of, so not environmentally-friendly. May not be culturally appropriate, particularly for adolescent girls, as need to be inserted into the vagina. Hygiene and availability of water and soap for hand-washing are particularly important, as need to be inserted into the vagina.
Panties (also known as 'pants', 'knickers' or 'underwear')	<ul style="list-style-type: none"> Useful for keeping a sanitary product in place. Good for keeping the vaginal area hygienic. 	<ul style="list-style-type: none"> Cost may be prohibitive to potential users. Cheap elastic can wear out relatively quickly.
Period panties (panties with a rubber lining)	<ul style="list-style-type: none"> Provide an additional level of protection against leakage during menstruation. 	<ul style="list-style-type: none"> May be sweaty to wear in hot climates. Not readily available to purchase in many regions. Expensive capital outlay.
Menstrual cups	<ul style="list-style-type: none"> Re-usable. Only need emptying, washing and drying. 	<ul style="list-style-type: none"> May not be culturally appropriate for use, particularly for adolescent girls, as need to be inserted into the vagina. Hygiene and availability of water and soap are particularly important, for washing hands and menstrual cup, as need to be inserted into the vagina. Expensive capital outlay.
Menstrual sponges	<ul style="list-style-type: none"> Re-usable. Only need removing, washing and drying. Natural product. Comfortable because they are flexible and soft and mould themselves to the shape of the vagina. 	<ul style="list-style-type: none"> May not be culturally appropriate for use, particularly for adolescent girls, as need to be inserted into the vagina. Hygiene and availability of water and soap are particularly important, for washing hands and sea sponges, as need to be inserted into the vagina. Expensive capital outlay. Last for a maximum of six months. Delicate and easily ripped. Not permitted for sale in the USA due to safety concerns.

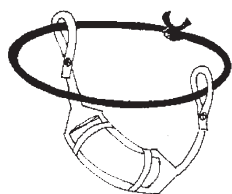
Table 3.2 Examples of sanitary protection materials⁴

Cloths, saris, tissues, cotton wool	
	<p>Cloths, saris, tissues and other materials secured using string or other methods</p> <p>Strips of cloth, saris, kangas and other locally available cloth clothing are often used as sanitary protection. They can also be useful for wrapping around the waist to cover up a stain due to leakage.</p> <p>Toilet tissue is also sometimes used, but when wet it easily falls to pieces and hence is not an ideal product for this purpose.</p> <p>When considering cloth as a sanitary material, it is important to evaluate its softness, absorbency, colour and drying speed. For example, it is difficult to get rid of stains on white fabric, so darker fabrics are usually preferable, although they make it difficult to see how clean the cloth is. Towelling is too rough to be used as the main fabric, but provides good absorbency if covered by a softer fabric.</p>
<p>(Photo: S House) Cotton wool is also used as an absorbent product for sanitary protection</p>	
Locally made re-usable pads	
 <p>(Photos: S House)</p>	<p>Locally made re-usable sanitary pads, Kenya Produced by: Women in Dadaab refugee camp, Kenya</p> <p>The sanitary pads have an outer cover, a plastic inner lining, an inserted towelling pad, and a tie at either end for securing the pad.</p>
 <p>(Photos: Sally Piper Pillitteri)</p>	<p>Homemade, re-usable sanitary protection holder and pads, Malawi Produced by: A mothers' group in Liwonde, being tested in a school of excellence by FAWEMA (Forum for African Woman Educationalists Malawi)</p> <p>Handmade, locally produced sanitary pad holder.</p>

Module three

Menstrual hygiene – sanitary protection materials and disposal

Locally made re-usable pads



(Photo: Lakshmi Murthy)

Handmade sanitary pad holder and pad, India

Produced by: Adolescent girls, Udaipur, India

The simple design is suitable for girls to make at home. It includes a pad holder that is held in place using two straps with buttons. Absorbent pads are inserted into the holder.



(Photo: S House)

Re-usable AFRIpads menstrual hygiene kit

Produced by: AFRIpads Ltd, Uganda

This set of pads and associated items are made by women in a workshop in Uganda. The kit consists of two sanitary pad holders with 'wings' that can be secured to underwear; a range of soft pads of different shapes that can be inserted into the pad holders to accommodate a heavy or light flow; and two plastic pouches for keeping clean and soiled pads in until they can be washed.

Locally made disposable pads



(Photo: WaterAid/Thérèse Mahon)

Locally made disposable sanitary pads, Bangladesh

Produced by: Adolescent girls' self-help group, Bangladesh

The pads are made from a soft cotton cloth with a cotton wool filling, and have loops fitted on the ends to tie to a string or elastic worn around the waist.



(Photo: WaterAid/Thérèse Mahon)

Homemade, disposable sanitary pads, India
Produced by: A women's self-help group, India

Homemade pads produced by women in a small, hygienic workshop set up in a home in Chattisgarh. Made using wood pulp and white cloth, they are sterilised using ultraviolet light.

Locally made biodegradable pads



(Photo: S House)

Biodegradable MakaPads, made from papyrus, Uganda
Designed by: Technology for Tomorrow Ltd (T4T), Uganda
Produced by: Small-scale enterprises by refugees, abductees of the Lord's Resistance Army, people with HIV/AIDS and economically disadvantaged women in Kampala

These pads are over 95% biodegradable. They come in two different sizes (for light and heavier flows, or for girls and women), some with 'wings' and some without. The cheapest version comes without the sticky adhesive, and can be inserted into underwear with elastic sewn across to secure the pads.



(Photo: SHE LaunchPad)

LaunchPad

Developed by: SHE and its partners, Massachusetts Institute of Technology, North Carolina State University, Kigali Institute of Technology, and Innovation Edge
Produced by: Small-scale enterprises led by women, SHE Rwanda

SHE is providing women with a sustainable and scalable business of manufacturing and distributing locally produced, affordable, eco-friendly menstrual pads. The SHE LaunchPad, consists of a more cost-effective, widely available raw material, banana fibre and contains no chemicals or super absorbent polymers⁵.

Module three

Menstrual hygiene – sanitary protection materials and disposal

Locally made biodegradable pads



(Photo: Lars Marcus Vedeler)

Jani Pad, made from water hyacinth, Kenya
Designed by: Five students from Chalmers University of Technology, Sweden, and Oslo School of Architecture and Design, Norway

Made from biodegradable plastic and locally-available water hyacinth, a plant considered a nuisance weed in Kenya. It is not yet in commercial production but efforts are being made to make this happen.

Commercially made, re-usable pads



(Photo: S House)

Commercially made, re-usable pads, available on the internet⁶
Produced by: ImeseVimse

A wide range of re-usable sanitary products are available on the internet. The set pictured has two pad holders, two carrying bags – one waterproof for soiled pads, and one larger bag for carrying the set. It also includes a range of soft materials that can be inserted into the pad holders, the number depending on how heavy the flow is.

Commercially made disposable pads



(Photo: WaterAid/Thérèse Mahon)

Disposable sanitary pads

There is a wide range of commercially made pads available, with options for higher or lower flow days. Most commercial pads have 'wings' and a sticky backing that sticks to underwear and stops them bunching up or moving out of place.



(Photo: S House)

Disposable sanitary pads with loops and a belt
Produced by: Dr White's, purchased in the UK

Some commercially made sanitary pads are also available with loops on the ends. It is possible to attach them to a belt worn around the waist, keeping the pad in place.



(Photo: S House)

Maternity sanitary pads for postnatal women

Maternity pads are larger, longer and thicker, to cope with the high loss of blood after child birth. Those pictured are a large commercially produced maternity pad and a standard, smaller and thinner version.

Tampons



(Photo: S House)

Tampons with applicator

A wide range of sizes and makes of tampons with applicators is available commercially. A tampon is a form of sanitary protection that is inserted into the vagina by the woman or girl and soaks up the blood before it comes out of the body. The thin tube of cotton expands with moisture, forming an effective plug to catch the blood. Tampons have a cotton thread attached to them, which remains outside of the body and is used for removal. The applicator is a double tube that is used to push the tampon into place and is thrown away after insertion.

Module three

Menstrual hygiene – sanitary protection materials and disposal



(Photo: S House)

Tampons without applicator

There is also a wide range of tampons without applicator, of different sizes, available commercially. These tampons are inserted directly by the women or girl using their finger.

Menstrual cups



(Photo: S House)

Menstrual cups

Produced by: Mooncup, UK

A menstrual cup made of a medical grade silicone (pictured left). It comes in different sizes and is inserted into the vagina to catch the menstrual blood. The mooncup is removed, emptied and washed before being re-used.

Produced by: Duet, ReProtect Inc

The Duet menstrual cup (pictured left) is currently undergoing regulatory approval (2011). As part of the process, it has been investigated in Zimbabwe as a cervical barrier contraceptive and for STI/HIV prevention, as well as being used as a menstrual cup⁷. The cup can be used monthly for several years and can be cleaned with a little water. It can be worn during sexual intercourse, unlike the less flexible versions.



(Photo: ReProtect Inc, Baltimore, MD)

Other designs of menstrual cups, both disposable and re-usable versions, are also available.

Menstrual sponges



(Photo: S House)

Menstrual sea sponges

These are natural sea sponges that can be inserted into the vagina to soak up menstrual blood. They need thorough cleaning/sterilisation before and in between use. It is recommended that they are only used for short periods of time before removal and cleaning. Some users are highly supportive of the sea sponge, but others note that they can work their way out of the body and if a woman coughs they can leak when soaked. The use of sea sponges for menstrual protection is controversial; some promote them because they are a natural product and others are not so supportive because of the potential for environmental damage from their harvesting and because they tend to have small pieces of detritus from the sea in them. Some are harvested from commercial farms⁸.

Panties, pants, knickers, underwear



(Photo: M Michikata/S House)

Period pants

Produced in: China, purchased in Japan

Underwear with a thin rubber lining fixed internally where leakage can occur. They are used in conjunction with other products, such as pads or tampons, and provide an additional level of protection.



(Photo: S House)

Panties, pants, knickers

To use sanitary pads effectively it is often necessary to wear pants. Various designs are available for differing sizes and preferences. The elastic can wear out more quickly in cheaper versions.

Module three

Menstrual hygiene – sanitary protection materials and disposal

Plastic pants

PLASTIC PANTS

Counselling Card

- Used to protect bedding and clothing from urine and feces.
- Made from medium weight plastic (like plastic sheets for delivery).
- ALWAYS put cotton cloth between patient's skin and plastic pants.

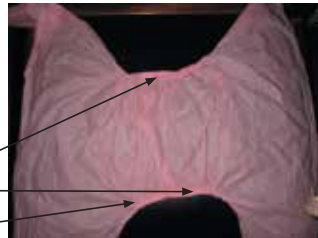
Making Plastic Pants

1 Cut plastic sheet into shape of a pant (that is opened up to lay flat). Cut a size appropriate for client.



2 Have local tailor sew gathers with an elastic band on inside of edges that go between the legs (to prevent gaps that can leak).

gathers
made by
tailor



3 Place a cotton cloth over plastic pant and put them on client making sure that only cotton cloth comes in contact with client's skin. Tie sides of pant to hold in place.



Locally made plastic pants, Uganda⁹

Plastic pants, which are worn over the top of underwear or cloth, can be made from a plastic bag.

The example of how to make these pants, shown left, was developed for the training of carers of people with HIV/AIDS in Uganda, as a protection for people with incontinence. They can also be used by bedridden women and girls who are menstruating.

3.2 Production, distribution and costs

3.2.1 Production of sanitary pads

There is an increasing amount of documentation for women's groups and schools looking to start producing and marketing sanitary pads. Successful operations have been set up in countries including, but not limited to, India, Bangladesh, Ethiopia and Rwanda.

This section provides examples of the guidance available:

- For budgeting information refer to [Module 3.2.4](#) and [Toolkit 3.3.4](#).
- For a case study of a sanitary pad production training course run for a women's group, refer to [Toolkit 3.3.1](#).
- For technical details of the production process, refer to [Toolkit 3.2](#).

Those looking to establish a sanitary pad production group or workshop should use these examples as a starting point. For further advice, it is recommended to read the full references from which the case studies have been taken and get in touch with the organisations that have practical experience of running a group.

Depending on the materials and products chosen, production can involve:

- Fully manual processes (eg sewing together fabric and absorbent materials).
- Automated manufacturing processes using industrial machines.
- The processing of natural materials, such as banana fibre, water hyacinth, wood pulp or papyrus.



Women's self-help group producing sanitary pads, Jharkand, India (Photo: UNICEF, India)

Refer to [Toolkit 3.3.2](#) for more photographs of women's groups and school children producing sanitary pads locally. The following case study describes a male entrepreneur from India who designed a machine to be used by women's groups and small enterprises for the production of sanitary pads.

Module three

Menstrual hygiene – sanitary protection materials and disposal

Indian inventor designs sanitary pad machine¹⁰

After being shocked that his wife was using rags because they were cheaper than buying sanitary napkins, Arunachalam Muruganatham invented a sanitary pad machine. The machine, priced at Rs 85,000 (approximately US\$1,600)¹¹, is capable of producing 1,000 pads in eight hours at a cost of Rs 1 (approximately US\$0.02) per unit.

The machine is used by rural cooperatives, so the income stays in the community. So far, more than 500 low-cost machines have been installed across 23 states in India and are running successfully, many being run by women's self-help groups. Now, Mr Muruganatham is going international. He has already sold his system in Bangladesh and Afghanistan and has had enquiries from across South Asia and Africa. Following interest from a group in Kenya, he told them there was no need to import the equipment from India when they could build it themselves in Africa. He handed over the blueprints so the group could produce its own machine. "There's no need for big industry", Mr Muruganatham said, "This is social enterprise by women, for women."



Mr Muruganatham demonstrating how to use his low-cost machine (Photo: Jayaashree Industries)

For further information and a video of the machine designed by Mr Muruganatham in action see:

<http://newinventions.in/video.aspx>

For more information on sanitary pad production processes see [Toolkit 3.3.2](#).

Initiating discussions on menstrual products and sanitary pads can be difficult as menstruation is a sensitive issue. The example below explains how Lakshmi Murthy found an innovative way to overcome some of the embarrassment of adolescent girls to be able to understand how the sanitary pad was worn.

Overcoming embarrassment through the use of appropriate visual aids¹²

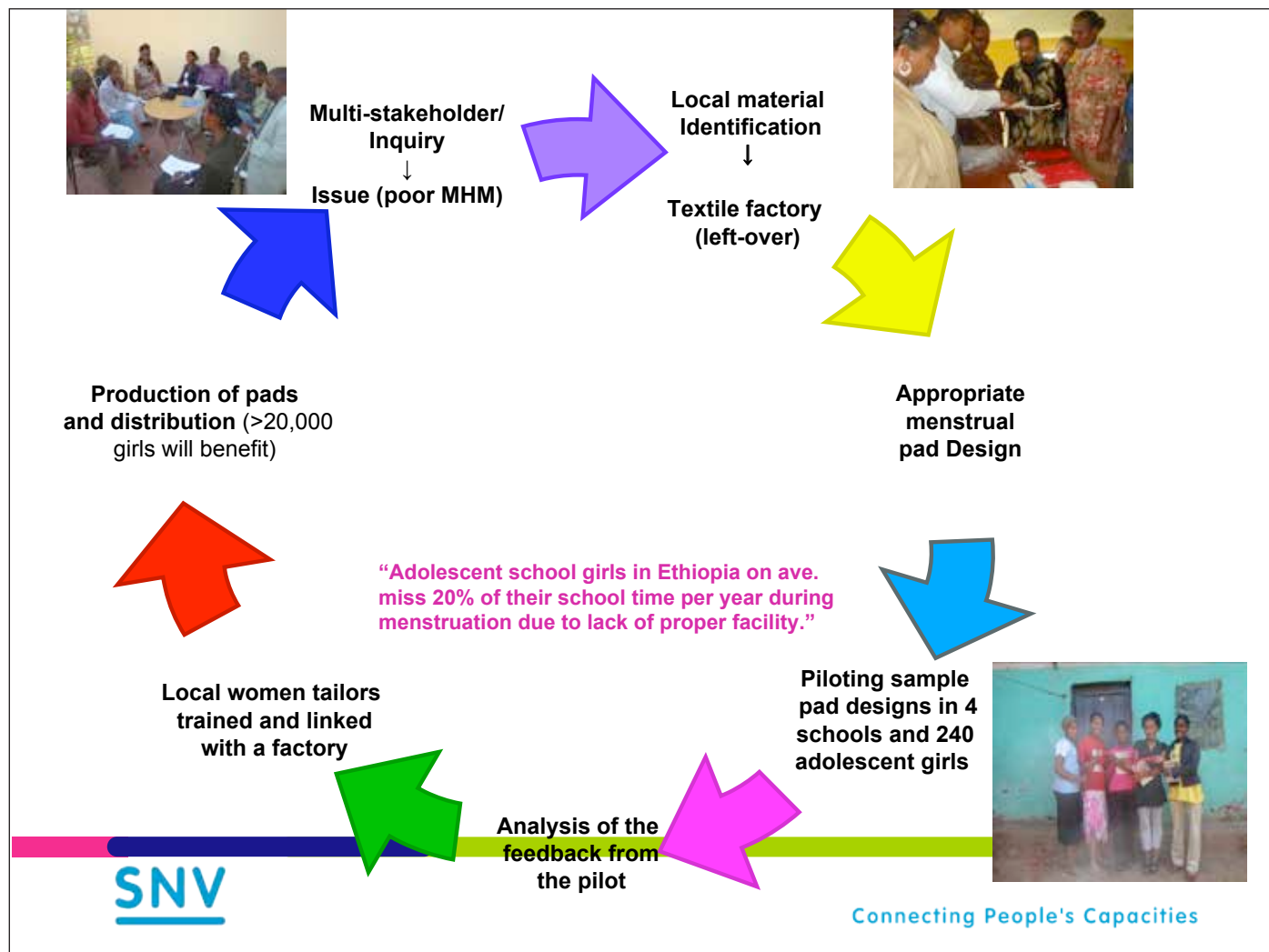


"After conducting the sanitary napkin stitching session with several groups, I soon discovered young girls who had not yet got their period were unclear about how to wear their sanitary napkins. To resolve this, a cardboard doll wearing the napkin was developed as a demonstration model. The doll was designed sensitively to address general discomfort that young girls and women have with the naked doll. So, the doll wears the napkin under her ghahra [skirt], permitting the girls and women to lift and drop the skirt at will."

(Lakshmi Murthy)

The diagram below outlines the process of providing sanitary pads for schoolgirls in the Oromia region of Southern Ethiopia – from the initial inquiry to the implementation of production processes at a local technical vocational college. The organisations involved were: BIGA (Bright Image Generation Association) (local capacity building organisation), Netherlands Development Organisation, SNV, Catholic Training Centre, Hawassa Textile Factory, Wolaita TVEC, woreda education and agricultural offices, and female teachers.

Stages of investigation, analysis and support to improve menstrual hygiene among schoolgirls in Southern Ethiopia¹³



For further information on supporting menstrual hygiene in schools refer to [Module 5](#).

Module three

Menstrual hygiene – sanitary protection materials and disposal

3.2.2 Standards and regulations

The production of sanitary pads can be grouped into three main categories:

- Handmade re-usable sanitary pads, produced in the home or by adolescent girls' or women's groups for themselves and the community.
- Small-scale women's enterprises making sanitary pads for commercial sale.
- Large-scale commercially produced sanitary pads.

The standards and regulations associated with the production of sanitary pads will depend on the scale of production and whether the pads are to be sold and exported internationally (see Table 3.3). National laws and regulations in the country of production should be investigated when establishing a new venture.

Table 3.3 Standards and regulations for sanitary pad production

Level of production	Standards and regulations
<p>Handmade re-usable sanitary pads, produced in the home or by adolescent girls' or women's groups for themselves and the community</p>	<p>Basic actions to maintain hygiene and quality, such as:</p> <ul style="list-style-type: none"> • Room or space kept exclusively for production (if possible). • Water, sanitation and hygiene facilities accessible to workers. • Washing hands and feet when entering work area. • No children allowed access. • Products sterilised through use of ultraviolet light or autoclave, and packaged or wrapped immediately afterwards.
<p>Small-scale women's enterprises making sanitary pads for commercial sale</p> <p>(Note that in Uganda, there is no standard for re-usable sanitary pads, and hence they are tested against the requirements for disposable pads)</p>	<p>Formal registration of the small business as per national requirements:</p> <ul style="list-style-type: none"> • Undertake testing by the National Bureau of Standards against the national standards for the production of sanitary pads – for example 'The East African standard, Sanitary towels – Specification (EAS 96:2008)'. Requirements include that the product must be packed under hygienic conditions and the following tests are undertaken: <ul style="list-style-type: none"> • Determination of water soluble colouring matter. • Determination of water resistance of protective barrier (cone test method). • Testing of absorbency capacity. • Determination of moisture content. • Determination of water soluble extract. • Microbiological examination. • Arrange for six monthly inspections of the premises by the national standards board (or as per the national regulations). • Register with the appropriate authorities for a small business – medical/health, social security, tax etc. • Arrange for regular audits of books.
<p>Large-scale commercially produced sanitary pads</p>	<p>Formal registration of the commercial company in the country in which it is based, and also all countries to which the product is to be exported. Refer to Toolkit 3.2.1 for more details.</p> <p>More rigorous tests on the products including:</p> <ul style="list-style-type: none"> • Raw product safety assessment. • Clinical evaluation of product safety in-use. • Pre-market independent review. • Post-market surveillance.

Supporting women, girls and small businesses in establishing sanitary production units

Supporting women's groups or schoolgirls in setting up sanitary pad production units may involve the following:

- Establishment of product, market and price.
- Investigation of the context and market for the products.
- Investigation into appropriate materials locally available and alternative designs.
- Making and testing of sample products.
- Testing by the national bureau of standards.
- Income and expenditure predictions.
- Establishment of cost of sales and profit.
- Investigation into locally-made incinerators or methods of disposal, so that information can be provided with the pads.
- Identification of production groups or units, training and establishment of production centres.
- Identification of women's or girls' self-help groups, residential schools or other groups to support the processes.
- Menstrual hygiene awareness training.
- Training on the production process, including health and safety and sterile conditions.
- Ensuring the working environment is menstrual hygiene-friendly and has appropriate water, sanitation, hygiene and disposal facilities.
- Purchasing and setting up of equipment, and procurement of raw materials.
- Registration of the group as a small business (or as relevant) with the relative authorities (social security authorities, tax authorities, health authorities etc) as required under the national laws.
- Business, marketing and book-keeping training.
- Establishment of the distribution processes.
- Training of distributors.

Monitoring and follow-up support:

- Regular follow-up support to the group for the initial few years after establishment.

3.2.3 Sanitary pad distribution supply chain

Supply chain – from materials and production to distribution and sale

Key questions for the establishment of an effective supply chain

Supply

- Where will the materials or products be made or come from?
- How will the supply be sustained at a reliable cost?
- How will the product be distributed? What are the logistics of the supply chain?
- How will the distribution process be sustained?
- What profit will each person in the supply chain make?

Demand

- Will people want the product? What will motivate them to buy it?
- What can people afford? Will they buy the product?
- Where will people be able to purchase the items easily?
- What sized packets will people be able to afford?
- How will they know about the product?

Monitoring

- How will the market and the supply chain be monitored?

Module three

Menstrual hygiene – sanitary protection materials and disposal

Supply of sanitary products

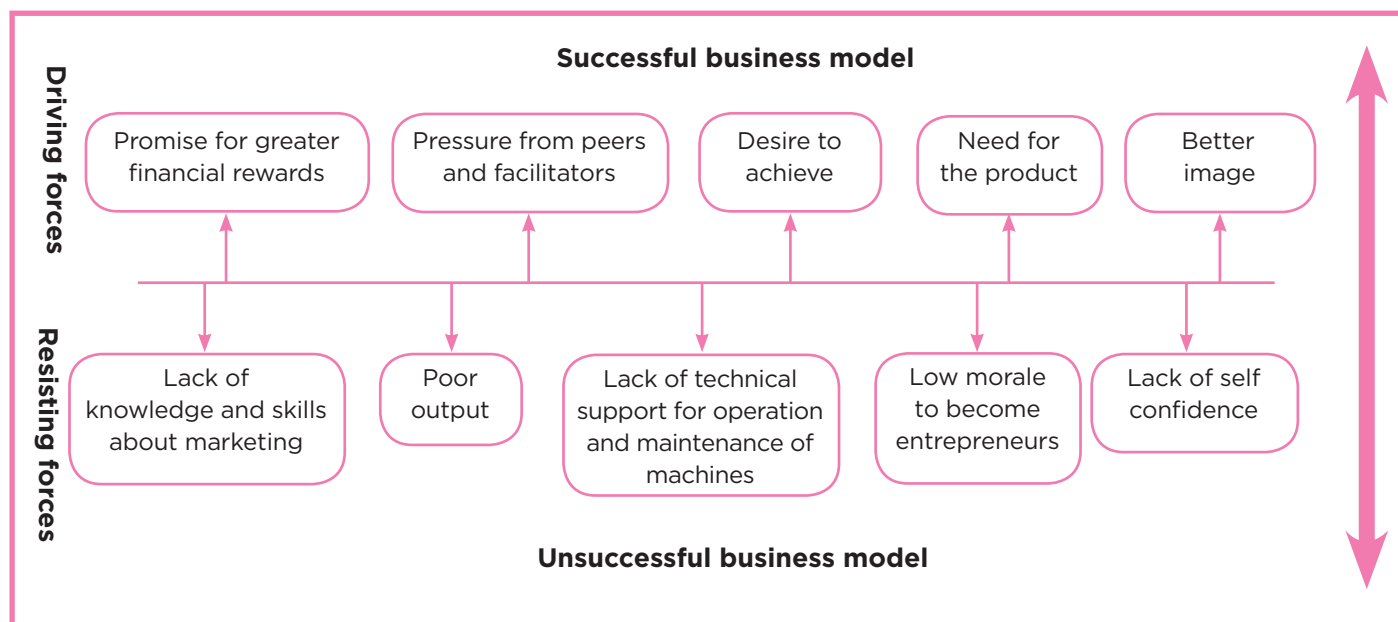
Sanitary products can be produced at home, by a women's group or small business, or by a larger-scale commercial enterprise.



Sale of low cost sanitary pads made by an adolescent girls' group, Bangladesh (Photo: Tridhara Photography/Anisur Rahman)

There is a general consensus that women's groups or production units need to use a business model to ensure that they can be sustainable over the longer term. WaterAid in India with its partner CARMDAKSH (Centre for Action Research and Management in Developing Attitudes, Knowledge and Skills in Human Resources) has identified the elements that make a business model successful or unsuccessful. They have learned this through the challenges they faced assisting women's self-help groups to become self-sustaining.

Successful versus unsuccessful business models in relation to women’s self-help sanitary production units¹⁴



The example below shows how the India National Rural Health Mission organises its supply chain.

Supply & Storage Chain

Commercial Manufactures

Storage

Storage

Storage

State

↓

District

↓

Block

↓

SHC

↓

Village

SHGs

Supply to the block can be made directly from state or it can be through district

ANM collects from BPHC/CHC

ASHA collects from SHC

Example of an operational structure and supply chain for distribution of sanitary napkins¹⁵

The steps of putting the programme into operation at district, block, sub-centre and village levels are detailed below. A state steering committee will be set up to take decisions regarding state specific modifications (such as the sanitary napkin packs being sold at the same or a differential price by the accredited social health activist (ASHA)).

Step 1: Sanitary napkins are supplied to the block warehouse. Storage will need to be organised by states at the block level. Such storage needs to be clean, dry, rodent-free and secure.

Module three

Menstrual hygiene – sanitary protection materials and disposal

Step 2:	The auxiliary nurse midwife (ANM) will collect the sanitary napkins from the block during her monthly meeting visit and transport it to the sub-centre. Even when packaged for delivery at the level of the primary health centre, the commodity is lightweight but bulky, needing adequate space which is free of moisture and pests/rodents. It will be stored at the sub-centre or at a place rented for this particular purpose, if the space in the Sub-Centre is insufficient. Such storage will need to be organised by states.
Step 3:	The ANM will provide the ASHA with a one-time imprest (cash advance) fund of Rs 300 (or more if decided by the State Steering Committee) which she will take from the untied funds pool of the sub-centre.
Step 4:	The ASHA will use the imprest funds to purchase sanitary napkins from the ANM. ASHA will also get a pack of sanitary napkins free every month for her own use to be able to become an effective change agent.
Step 5:	The ASHA will sell sanitary napkins to the adolescent girls at a price decided by the Government.
Step 6:	In case ASHA is selling the sanitary napkin packs, she will retain an incentive for every pack sold, the incentive amount being decided by the State Steering Committee.
Step 7:	The ASHA will retain the amount recovered from the sale to replenish the imprest amount which the ASHA will use for subsequent purchase.
Step 8:	The ANM will deposit the funds obtained from the sale of napkins to the ASHA in the untied funds of the sub-centre.
Step 9:	These funds will be used for meeting the costs of transportation from block to sub-centre and then to the village and rental to store the sanitary napkins at the sub-centre level if required.
Step 10:	The balance fund, if any after meeting the above costs, will be returned to the District Health Society through the block. The District Health Society should use these funds for programmes for adolescents.

Refer also to [Module 3.2.4](#) and [Toolkit 3.3.4](#) for information on resourcing for menstrual hygiene. These sections include a case study on the business model by Sustainable Health Enterprises (SHE) from Rwanda, and an overview of the establishment of a for-profit supply chain process and the costs involved.

Demand for sanitary products

It is also critical to ensure that the product is affordable to the target group. How much does the product cost in relation to an individual's or family's monthly income?

There is increasing anecdotal evidence of women and girls being so desperate for sanitary protection that they have traded sexual favours for the money to purchase them (transactional sex). Increased support for more affordable products and local homemade options has the potential to prevent this tragic situation.

Girls using transactional sex to be able to purchase sanitary pads

Girls who lack sanitary pads often use crude and unhygienic methods, including using dry cow dung, or inserting cotton wool into their uterus to try and block the flow. In urban slums girls are widely known to collect used pads from garbage dumps, and wash them for their own use. These measures often result in serious health complications. It is common to tear blue jeans and use that fabric as a sanitary pad, but the resulting chaffing often causes extremely painful and embarrassing boils to develop. To combat these problems, they resort to another 'solution' that bears serious consequences: prostitution.

From Klumpp S (2010)¹⁶

A situation where girls across the country often have no money to buy sanitary pads, or have to use money that would have gone for food or other necessities, girls are frequently compelled to miss school when they are menstruating... Some girls, in an effort to scrape together enough money for sanitary pads and to stay in school, will go so far as to exchange sex for money, clearly high risk behaviour with huge implications for their safety and health.

From Fleischman J (2011)¹⁷

Also, much sex is what scientists call 'transactional'. Young women from all but the wealthiest families are under constant pressure to trade sex for high school tuition, for grades, for food for their siblings, even for a bus fare. Ms Atwongyeire described a poor girl who 'found a sugar daddy' because she needed sanitary pads so her classmates would not tease her.

From McNeil D (2010)¹⁸

Module three

Menstrual hygiene – sanitary protection materials and disposal

A study in Maharashtra, India, made suggestions on making sanitary napkin purchase easier and distribution more effective (see example below).

Suggestions on sanitary napkin purchase and distribution, Maharashtra, India¹⁹




SHG: Self-help group

AWW: Anganwadi worker

PHC: Primary health centre

Widespread sale of sanitary products requires effective marketing and advertising (see example below).



BUY **AFRIPads**
Cloth Sanitary Pads

Wash
Dry &
Re-use

A **Monthly** Challenge
A **Smart** Solution!

The **MOST** Affordable!
 Lasts up to **ONE YEAR**

Contact: **Cheap Comfortable Pads**
www.afripads.com

Price

f t

AFRIPads, Uganda²⁰

This poster has been designed as part of a series to market the locally produced re-usable AFRIPads in Uganda. AFRIPads are made by women in a workshop at a school compound in a village in Masaki. They come in three colours and are regularly being improved, based on the latest learning.

There are currently two variations of the AFRIPads menstrual kit – the smaller ‘deluxe’ kit and the larger ‘comprehensive’ kit, where the difference is simply the number of units/kit, not the thickness of the liners. The majority of sales are currently to NGOs and charities typically buying products to donate them via student sponsorships, WASH programmes or educational outreach. They also make direct sales to end users, which they achieve by partnering with community health volunteers or promoters and village health teams, but this is a smaller-scale initiative.

Commercial suppliers are also experimenting with selling low-cost products and in daily quantities to try and make products more affordable.

Commercial companies marketing small packages of hygiene products – diapers, sanitary pads and toilet paper²¹

In 2010, SCA started a pilot project selling Nosotras sanitary napkins to women in low-income groups: single-packs in Peru and three-packs in Nicaragua.

An important aspect of this line of products is the price. With small packages, the price can be kept low.

From Bergqvist S (2011)

Module three

Menstrual hygiene – sanitary protection materials and disposal

Some commercial companies are also working in partnership with NGOs to support menstrual hygiene programmes. The case study below provides an example.

Public-private partnership for menstrual hygiene, in Mukuru, a slum area of Nairobi²²

Huru started in 2008 in Mukuru, a slum area of Nairobi, as a project to produce and distribute re-usable sanitary pads through schools, working with local partner organisations. Funded by a public-private partnership involving Johnson and Johnson, PEPFAR [The US President's Emergency Plan for AIDS Relief], the Elton John Foundation, and AmericaShare/Micato Safaris, Huru employs young people from the community in Mukuru to make the pads and assemble the kits, which include a set of sanitary pads for day (five) and night (three), three pairs of underwear, a re-sealable waterproof bag to store the used pads, and soap for cleaning the pads. The kits are put in a backpack stamped with the Huru logo of a butterfly, and also include education materials in English and Swahili on HIV/AIDS prevention, contact information for local services such as voluntary counselling and testing (VCT), and instructions on the use and maintenance of the pads. The kits are distributed at schools as part of an 'edutainment' programme that provides information about the pads and HIV/AIDS prevention. By early 2011, Huru expects to have distributed kits to some 15,000 schoolgirls throughout Kenya.

When I visited the Huru production site in Makuru, the Huru staff shared with me the results from their recent survey, which found that 57% of the girls surveyed said they had been missing school without the sanitary pads, and that only 2.6% miss school now that they have kits.

From Fleischman J (2011)

Monitoring the market and supply chain

Monitoring the market and supply chain is critical to ensuring its effectiveness and relevance. The following is an example monitoring framework for a programme distributing sanitary napkins.

National Rural Health Mission-supported community-based sanitary napkin distribution monitoring framework²³

State

- Estimate district requirement of sanitary napkins and consolidate for state.
- Set up quality assurance system.
- Identify source of procurement.
- Finalise contracts for procurement.
- Set up distribution system for districts.
- Review and feedback to districts on monthly monitoring reports.
- Conduct quarterly meetings to review programme implementation and progress.
- Annual audit of accounts for implementing districts and state.

District

- Estimate block requirement of sanitary napkins and consolidate for district.
- Set up distribution system for blocks.
- Monthly meetings to review programme implementation and feedback on report.
- Monthly financial review of funds flow and funds recouped into the District Health Society (DHS).
- Annual audit of accounts from blocks.

Block

- Estimate sub-centre requirement of sanitary napkins and consolidate for block.
- Set up distribution system for sub-centre.
- Monthly meetings to review programme implementation and progress.
- Monthly financial review of funds flow, expenditures incurred on storage and transport and quantification of funds to be recouped into the DHS.

Sub-centre

- Estimate sanitary napkin requirements – break-up below poverty line/above poverty line (BPL/APL).
- Ensure transport to accredited social health activist (ASHA) village.
- Monthly payment of ASHA incentive.
- Recoupment of imprest funds into the sub-centre united funds.

Village: auxillary nurse midwife (ANM)/village health and sanitation committee (VHSC) female members

- Random verification of beneficiaries.
- Regular monthly meetings.
- Verify sales of sanitary napkins and incentive.

An innovative mapping scheme is also being undertaken in Kenya to attempt to track the distribution of sanitary pads to schoolgirls.

Sanitary pad mapping, ZanaAfrica²⁴

Organisation	ZanaAfrica
Activities and purpose	<p>Mapping distribution of sanitary pads in Kenya: This is part of the monitoring mechanism for the Kenya National Sanitary Towels Campaign (2006) to help ensure accountability, transparency and equity in distribution. The map, linked to an Android-based mobile phone app for distributors downloadable from ZanaAfrica's website, will be interactive so that you can search by school or by region. It will also be integrated with performance data collection, which will hopefully give the organisation the ability to examine the long-term effects of sanitary pad provision on attendance, performance and matriculation.</p> <p>Mapping manufacturing of sanitary pads around the world: To see what is happening, the level of output being achieved, and what materials are being used.</p>

For further examples related to the supply chain refer to [Toolkit 3.3](#).

3.2.4 Costs of sanitary pads and production units

Table 3.4 (overleaf) provides an overview of the comparative costs of a number of commercially available and locally-made products, as identified from literature and the internet. Refer to [Module 3.1](#) for more information on the sanitary products mentioned.

Module three

Menstrual hygiene – sanitary protection materials and disposal

Table 3.4 Comparative costs of sanitary products²⁵

Product	Approximate cost (date)	Country
MakaPads (95% biodegradable pad made from papyrus and paper waste by social enterprises)	<ul style="list-style-type: none"> Standard size (no wings) = 1,100 UShs (US\$0.5) per pack of ten. Larger size (no wings) = 1,400 UShs (US\$0.64) per pack of ten (thicker and wider). Basic version (smaller, no sticky adhesive) = 900 UShs (US\$0.41) per pack of ten. Version with wings = 1,800 UShs (US\$0.82) per pack of ten. 	Uganda
AFRIpads (locally produced re-usable kit of pads)	US\$4-5 per pack (comes in two sizes – the Deluxe or the Comprehensive kit, with holders, liners and plastic pockets for holding the soiled pads).	Uganda
Imported commercially available pads in Uganda	2,200 UShs (US\$1) per pack of ten.	Uganda
Commercially available pads	100 KES (US\$1.5) per pack of eight ²⁶ .	Kenya
Bwiza pads (imported materials but put together in Rwanda and sold by entrepreneurs)	Noted as 15% less than commercial.	Rwanda
Commercially available pads	US\$2-3 per box of ten.	Rwanda
Pads made by Mahalaxmi Women's Self-help Group, established by CARMDAKSH	Rs 2.5 (US\$0.05) per pad ²⁷ .	India
Goonj's pre-washed pad	Rs 2 or 3 per pack of six (2010) (US\$0.03-0.06 per pack of six).	India
Pads made by Mother Theresa's women's development sangam, Kancheepuram district	Rs 21 per pack (US\$0.4) (the number per pack is not mentioned).	India
Commercially available pads in rural India	Popular brands – minimum of Rs 3-4 per pad (US\$0.06-0.08 per pad).	India
Commercially available pads	US\$0.22-4.5 per pack of 16.	internet
Commercially available tampons	US\$2.30-4.00 per pack of 16.	internet
Set of commercially made re-usable pads on the internet²⁸	Pack sizes and numbers and types of items in each pack vary. Range for packs on one website: US\$6-36.	internet
Menstrual cup	US\$8-45 per cup.	internet

The following example provides a detailed breakdown of investments for the establishment of the Mahalaxmi Self-help Group sanitary pad production unit, with the guidance and support of CARMDAKSH and WaterAid.

Table 3.5 Cost of sanitary pad production unit, Chhattisgarh State, India²⁹

Items	Amount (Indian rupees)
Grinder and autoclave	50,000
Wood pulp (350kg)	14,000
Non-woven fabric (50kg)	10,000
Packaging	15,000
Electrical fittings	3,000
Sealing machine	1,350
Scissors, boxes and tray to handle material	2,000
Dress code for self-help group members	2,000
Workshop maintenance	12,000
Dust free/air proofing	5,000
Miscellaneous	5,000
Total	119,350 (equivalent to about US\$2,700)

Module three

Menstrual hygiene – sanitary protection materials and disposal

Sustainable Health Enterprises (SHE) in Rwanda uses a market-based approach to the production and distribution of sanitary pads, some elements of which are documented in the example below. The SHE approach is based on the understanding that donations of pads do not work long-term but market-based approaches are more likely to be sustainable.

Table 3.6 Business model for sanitary pad production and distribution, Sustainable Health Enterprises (SHE), Rwanda³⁰

Aspect	How is it done?
Mechanism for distribution	SHE has trained 50 community health workers who are leading small distribution businesses. They have been trained in hygiene education and simple business skills. This has also led to 5,000 individuals being newly trained in health and hygiene education and business skills. They sell 15% below previous market prices. The community health workers get paid 10% of all the sales they make. SHE only recoups the costs of buying the pads wholesale.
Who is involved?	For every woman-led business that SHE invests in, approximately 100 jobs are created and approximately 100,000 girls and women have access to affordable pads. Jobs include – fibre suppliers, fibre processors, manufacturers and sales representatives.
Investment costs	SHE puts up 80% of the initial investment cost and the pad business puts up 20% with an outside third party loan. Pad sales eventually pay back all the loans and the local women eventually own the businesses (after five years). The initial start up cost is approximately US\$25,000 for the purchase of raw materials, assembly machinery and payment of a base salary. The businesses are for profit.

For further examples related to the costs of establishing workshops and the supply chain refer to [Toolkit 3.3](#).

3.3 Washing, drying, storage and disposal

3.3.1 Washing, drying and storing cloths

Washing, drying and storage facilities affect choice of sanitary protection

As mentioned in earlier sections, an individual's choice of menstrual protection will partly depend on their ability to wash, dry or dispose of their sanitary materials discretely. The ability to wash and dry cloths quickly with nobody else knowing and having cloths that do not show stains as much over the longer-term are usually the most critical priorities for women and girls. If facilities are unavailable, women and girls may be uncomfortable drying re-useable cloths outside in the sun. They may also choose a darker coloured cloth that does not show the stains. Cloths that are not washed or dried properly can lead to infections or irritations.

Washing and water supply availability

Accessing a safe water supply can be a challenge, especially one where cloths can be washed discretely so that no one will see wastewater with blood in it. As a result, some women may prefer to use natural materials that can be disposed of rather than re-useable cloths that need washing. Getting stains out of cloths is a difficult process so soaking in cold water may be required before washing thoroughly – again requiring somewhere private. This is a particular issue with light coloured cloths, although it is easier to judge the cleanliness of these cloths than darker ones.

Risks of disease transmission from menstrual blood

There is a risk of HIV/AIDS and Hepatitis B transmission if a carer touches infected menstrual blood and has uncovered cuts or sores on their hands. The HIV virus does not survive for long outside the body and the risk of transmission will be small if the blood has dried. However, the Hepatitis B virus can survive for at least seven days outside the body and care should be taken disposing of even dried blood³¹.

Handling blood from menstrual cups, where there is a larger volume of fresh blood, may theoretically pose increased risks of transmission of Hepatitis B or HIV to carers. It would be advisable to avoid the use of menstrual cups when a carer is supporting a woman or girl with their menstrual hygiene needs. However, in reality, the intimate nature of the insertion process makes it unlikely that a woman or girl requiring a carer to support them with their menstrual hygiene needs would select this option.

Menstrual blood and used sanitary products should be treated as potentially infectious and disposed of as such, with hand hygiene critical.

Good practice in prevention of transmission of diseases when handling faeces or menstrual blood

Training materials developed for carers of people with HIV in Uganda, provide a range of practical advice on how to meet the menstrual hygiene needs of women and girls living with HIV/AIDS. Refer to [Module 7.3](#) for visual aids from these training materials and [Toolkit 7.3.1](#) for an overview of the training sessions.

The guidance available on infection control when handling faeces or menstrual blood (see overleaf) can be used to prevent the spread of diseases.

Module three

Menstrual hygiene – sanitary protection materials and disposal

Good practice in the handling of menstrual blood to prevent transmission of diseases³²

How to prevent spreading germs when handling bodily fluids (faeces, menstrual blood):

- 1 **Wash hands** – with water and soap (or ash) at critical times, especially after contact with bodily fluids.
- 2 **Protect hands** – always wear gloves or plastic sheet material on hands to handle soiled items. This prevents direct contact with blood or body fluids. Alternatively, use thick leaves or a clothes peg to pick up soiled items.
- 3 **Protect wounds** – cover hands with gloves or plastic sheet material when cleaning someone else's wounds or assisting a woman with menstrual hygiene. If it is not possible to protect your hands be sure to cover any exposed wounds on your hands or your client with a waterproof bandage or covering.
- 4 **Clean up harmful spills** – with a mixture of household bleach and nine parts water, wearing gloves or plastic sheet material to protect hands.
- 5 **Properly dispose of soiled items** – in urban areas: burn items or double bag them and tie them up before putting them into the waste disposal system; in rural areas: put items into a pit latrine (not into a pour flush latrine as this would block, refer to [Module 3.3.2](#)), burn them or double bag them and put them into the normal refuse system.
- 6 **Separate soiled laundry** – keep clothing or bed sheets that have been soiled with blood, faeces or other bodily fluids separate from other laundry before washing and drying separately.
- 7 **Do not share anything sharp** – that can pierce the skin and come into contact with bodily fluids, such as syringes, razors, toothbrushes or chewing sticks.

Cleaning menstrual bloodstained rags, clothes, linen and cloth which are to be re-used:

Step 1 – Put gloves or plastic sheeting on your hands before touching the stained material.

Step 2 – Soak the soiled material in a solution of one part household chlorine to nine parts water for at least 20 minutes. If chlorine is not available, then a less preferable method is to soak the material in soapy water for 20 minutes. To ensure there is enough soap in the water, make sure there are a lot of bubbles when you stir and shake the water with your hand.

Step 3 – While wearing gloves or plastic sheeting, wash the soiled material as you would normally, with soap and water, and rinse well.

Step 4 – Allow the cleaned materials to air dry in the sun. To throw out the soaking water, dig a hole and pour the water in.

Step 5 – Remove your gloves or plastic sheeting from your hands.

Step 6 – Wash your hands thoroughly with water and soap (or ash).

Drying and storing cloths

Implications of taboos related to menstrual cloths, India³³

Women change twice a day, once in the morning and once at night; the cloth is washed out with soap and water and hung out to dry in a dark corner away from the sight of men. Women advise one another: "Hide the cloth. If men see it, they will lose their sight." Once the period is complete, the cloth is put away, often between kelus (roof tiles), to be taken out the following month. Improper care of the cloth and poor menstrual hygiene leads to fungal infections in young girls and women. Repeated infections lead to more serious reproductive tract infections, making them more vulnerable to other health issues.

From Murthy L (2006)

Implications of dirty and wet rags, Bangladesh³⁴

Monira used to rinse her rags in water from the well without using soap, and hide them behind beams in the house or in the roof thatch where they grew mould, "I put the rags in any crack where no-one would see them. They were always wet." Using rags that were wet and not very clean caused Monira severe itching and infections. UNICEF, a key supporter of the Sanitation, Hygiene Education and Water Supply in Bangladesh (SHEWAB), recently conducted a survey about how Bangladeshi women manage menstruation, and found that at least one third hide their rags in dirty places. One in three girls fail to change their cloths frequently or wash them with soap after use. Only just over half of the women dried their rags outside and in full sun — the conditions required to kill bacteria...

From UNICEF Bangladesh (2008)

Module three

Menstrual hygiene – sanitary protection materials and disposal

Examples of methods used for drying and storing sanitary cloths

While current advice is that cloths should be dried in direct sunlight, this is not always possible. A number of alternative methods used by women and girls have been documented. These practical measures do not all meet basic hygienic standards, as bacteria may not be fully killed off during the process. Further learning is needed in this area.

The best methods currently known for drying a cloth:

- Hang in the open under the sun.
- Iron with a hot charcoal iron or other iron (this is not possible for sanitary pads with plastic inside them, and care would be needed with the heat if cloths or pads are made of synthetic material).

Other methods known to be used, where the effectiveness is unclear:

- Tie the wet cloth under clothes while wearing them, so it can dry under the woman's clothes (India).
- Hang or place the cloth on the ground outside, under other clothes (Pakistan).
- Attach the cloth to an upturned basket to dry over the embers of a fire (Bangladesh).
- Pin the cloth with a safety pin inside a piece of clothing and hang the clothing on the line, which allows air to flow up to the pad (Uganda).
- Peg the sanitary cloth onto a hanging ring with other clothes, cover with a t-shirt or other item of clothing and hang everything on a line (Uganda).
- Hang at the back of the bed-head.

Methods which are assumed to be ineffective or problematic:

- Put in a plastic bag under the bed (Bangladesh).
- Hang in the shade (various countries) or put in a cupboard (Afghanistan).
- Hang in a dark corner (India).

Drying menstrual rags in the rainy season³⁵

Shilpi, a promoter in Narsingdi village had great success in convincing all the members of her adolescent girls' hygiene group to dry their menstrual cloths in the sun. However, once the rainy session arrived, the girls returned to using damp cloths. There was just not enough sunlight each day to fully dry the rags.

Shilpi devised a solution. She encouraged all the girls to borrow their mother's kacha — large cane baskets used to carry vegetables from the field and to the market — and place them upside down over cooling cooking fires. "After cooking, there is a still a lot of heat in the embers and clay of the ovens," says Shilpi. The girls now use clean and dry cloths all the time, and find that itching no longer troubles them.

From UNICEF Bangladesh (2008)



(Photo: UNICEF Bangladesh)



Woman in a village in Chhattisgarh, India, keeping her cloth pad in the rafters (Photo: Anju, CARMDAKSH)

Washing, drying and storing cloths in emergency contexts

Washing, drying and storing cloths in emergency contexts poses additional challenges. Women and girls are often faced with having to live in close quarters with male relatives and strangers, with less privacy than they would normally have in their home environments. In longer-term dispersed emergency situations and transitional contexts, where external actors are not providing support for water, sanitation and hygiene, the sustainability of water sources can also be more of a challenge. All of these issues pose challenges for washing, drying and storing sanitary materials. For more discussion on the issues in emergency contexts refer to [Module 6](#).

3.3.2 Disposal of sanitary products

Sanitary pad numbers

Estimations of the number of sanitary pads or tampons used by a woman

- Most women will use between 7,000 to 10,000 towels or tampons in their life^{36,37}.
- On average, a woman throws away 125 to 150kg of tampons, pads and applicators in her lifetime³⁸.

The huge number of sanitary pads typically used by women in their lifetime has significant implications for their disposal. This is particularly an issue where solid waste collection and disposal systems do not operate effectively, such as in poor urban slum areas. It also has an impact on the sustainability of supply, such as in emergency situations.

The waste disposal chain

When thinking of disposal it is often only the end point that is considered. Disposal can actually involve a number of steps in the waste disposal chain, particularly when a woman or girl is in a school or other public place where sanitary materials are collected for disposal.

In schools and other public places, the waste chain is likely to include:

- A discrete, washable container with lid, which sanitary materials can be temporarily stored in.

- Collection, transfer and emptying of the containers.
- Final destruction of the sanitary materials through burying, incineration or other method.

For the waste chain to work:

- A sustainable management system is required, with people responsible for operating each stage.
- Each stage must be discrete and not cause embarrassment to the users.
- The waste chain should be hygienic and not cause risks to those responsible for operating it.
- Those who operate the waste chain (both adults and children) should be provided with protective equipment, such as gloves.

The issue of the system being discrete is particularly important³⁹:

- The initial point of collection should offer privacy.
- The end disposal point should not be near to male latrines or involve walking past groups of men or boys.
- In schools, girls may be embarrassed to see their female teachers disposing of their sanitary pads, so separate disposal facilities or times for pupils and teachers may be necessary.

Methods for end disposal

Methods sometimes used for the end disposal of sanitary pads, cloths and other menstrual items include:

- Burying.
- Incineration or burning.
- Disposal into a regular waste management collection and disposal system.
- Disposal into a pit latrine.
- Composting (for biodegradable sanitary materials).

Disposal of sanitary products into latrines

When there is no convenient established method for the disposal of sanitary products, girls and women often dispose of their pads or cloths into latrines.

Potential problems with this method of disposal can be:

- If the latrine is a pour flush, the pads can easily block the flushing system.
- Pit latrines can fill up more quickly.
- If the pad is not biodegradable this can also pose challenges for the degradation process in composting latrines.
- It can also cause problems with suction tanker pipes when emptying pits.

Module three

Menstrual hygiene – sanitary protection materials and disposal



Solid waste that has been disposed of in a pit latrine
(Photo: Belen Torondel/LSHTM)

Menstruation hygiene products and pit latrines⁴⁰

Pit latrine contents are composed of human faecal material, some adjacent soil or lining latrine material, water (from water cleansing, rain or bathing), material for anal cleansing and any other material disposed of by users.

In principle, the rate at which pit contents break down through biological activity should be similar to the rate of filling, thus providing a long service for the pit. However, in practice, many pit latrines fill up quicker, especially when a big part of the material added to the latrine is non-biodegradable. This is the case of much household waste disposed of into the latrine, such as plastics, glass, cans and fabrics. Once a latrine is full, it can no longer fulfil its function to provide safe, hygienic and dignified sanitation for its owners. The costs of dealing with full pit latrines are high, comparable in many instances to the costs of installing new pit latrines.

There are not many studies available about degradation processes happening inside latrines, and even less, if any, regarding decomposition of menstrual hygiene materials inside latrines. It is very probable that pads and cloths are not easily biodegradable, and can contribute to increasing the filling rates of pit latrines⁴¹.

Disposal of blood from menstrual cups

Care should be taken for the safe disposal of blood from menstrual cups. It can be poured safely into a pour flush or pit latrine, or disposed of in a pit and covered with a layer of soil. Refer to [Module 3.3.1](#) for details of safe handling of menstrual blood.

Urine diversion latrines

Composting latrines with urine diversion should not have a channel or pipe leading into the open where people will see blood when a woman or girl urinates.



Raised urine diversion pit latrine with urine pipe exit exposed to the atmosphere, Afghanistan
(Photo: ACF, Afghanistan)

Modifying latrines to be menstrual hygiene-friendly

Latrines in Afghanistan traditionally have a urine diversion channel, which goes through a hole to the outside of the latrine, then drips down the outside wall or through a pipe that pours into the open. These designs may cause women and girls who are menstruating to not want to use the latrine.

A small adaptation can be made by adding an external pipe to direct the urine into the ground rather than exposing it and blood to the environment.

Module three

Menstrual hygiene – sanitary protection materials and disposal

Incinerators

A range of incinerators is available for disposing of sanitary pads and cloths. Some stand alone away from the latrine and other smaller incinerators are attached to the latrine block – this solves discreet collection and transfer issues and prevents embarrassment. An example is shown below from Tamil Nadu, India.

Girls' latrines with an integral incinerator, Tamil Nadu, India



Disposal shoot inside the latrine



Fire grill inside incinerator



External view of the latrine and incinerator

(All photos: Ministry of Rural Development, Government of India)

Refer to [Toolkit 3.2.5](#), [Toolkit 3.2.6](#) and [Toolkit 6.2.2](#) for a range of technical options for waste collection containers and incinerators.

Refer also to [Toolkit 3.3.5](#) for an example of composting sanitary pads being attempted in the Philippines.

Further research and information is still needed on:

- The length of time used sanitary materials can be stored safely for (to limit smell, attraction of vermin and danger to human health).
- Appropriate storage methods of used sanitary cloths.
- The effectiveness of incinerators.
- The risks to health and the environment of incinerating used sanitary materials.

Endnotes

- ¹ This list relates to programme choices on which products to support, not individuals' choices on which products to use.
- ² Onyegebu N (no date) *Menstruation and menstrual hygiene among women and young females in rural eastern Nigeria*.
- ³ Some natural materials are simply secured below the woman's vagina to absorb blood. There are also locally adapted methods of using low-cost products made from materials such as banana leaves. See example from Uganda: USAID/Hygiene Improvement Project, UWASANET, Plan International, Ministry of Health, Republic of Uganda (2008) *Uganda and HIV and WASH integration kit*. Available at: www.hip.watsan.net/page/4230/offset/10.
- ⁴ Not all products will be available in a given area.
- ⁵ Through partnerships, SHE instigates advocacy and menstrual health and hygiene education to drive sustainable social and economic change in these communities. The LaunchPad is expected to be in production in 2012 in Rwanda.
- ⁶ An example of a website where a selection of pads can be purchased: www.eathwisegirls.co.uk/reusable-sanitary-towels-c-1.html?page=1&sort=3a.
- ⁷ Moench T (2012) Personal communication; and Averbach S, Sahin-Hodoglugil N, Musara P, Chipato T, van der Straten A (2009) Duet (R) for menstrual protection: A feasibility study in Zimbabwe, *Contraception*, vol 79, no 6, pp 463-468.
- ⁸ Sea sponges are not legally allowed to be sold in the USA without undertaking clinical investigation and gaining the required approval from the Food and Drugs Agency, but are available for purchase on the internet and no other restriction was found on their sale in other countries. Some artificial sponges made from polyurethane are produced for use as contraceptive devices together with spermicidal gels. Manufacturers recommend taking care not to use them for longer than the recommended time, particularly during menstruation and preferably not using them during menstruation due to risks of Toxic Shock Syndrome.
- ⁹ USAID/Hygiene Improvement Project, Plan International, UWASANET, Ministry of Health, Republic of Uganda (2008) *Uganda HIV and WASH integration kit*.
- ¹⁰ Adapted from: Love Matters (2011) *Rags to riches: India's self-help sanitary pads*. Available at: www.lovematters.info/rags-riches-indias-self-help-sanitary-pads (accessed 17 Oct 2011); and from Arunachalam Muruganatham (2012) Personal communication.
- ¹¹ 2011 conversion rates used.
- ¹² Murthy L (2006) *Teaching girls about puberty, menstruation and how to make washable menstrual pads, in rural India*. Udaipur.
- ¹³ SNV Ethiopia (2011) *Towards a local solution for menstrual hygiene among school girls in southern Ethiopia*. Presentation, Hosana.
- ¹⁴ CARMDAKSH and WaterAid in India (2011) *Shakhi sanitary napkin production unit, situational analysis*.
- ¹⁵ National Rural Health Mission (no date) *Operational guidelines; Promotion of menstrual hygiene among adolescent girls (10-19 years) in rural areas*.
- ¹⁶ ZanaAfrica (2011) *Managing menstruation*. Available at: www.zanaa.org/managing-menstruation (accessed 7 Sep 2011).
- ¹⁷ Fleischman J (2011) *Re-usable sanitary pads helping keep girls in school*. Available at: <http://smartglobalhealth.org/blog/entry/sanitary-pads> (accessed 17 Sep 2011).
- ¹⁸ McNeil D (2010) Cultural attitudes and rumours are lasting obstacles to safe sex, *The New York Times* (online) 9 May 2010. Available at: www.nytimes.com/2010/05/10/world/africa/10aidscondom.html (accessed 17 Sep 2011).
- ¹⁹ UNICEF, Mumbai and Water Supply and Sanitation Department, Government of Maharashtra (2011) *Menstrual hygiene in Maharashtra - Inclusive design for the life cycle*. WSSCC Global forum on sanitation and hygiene.
- ²⁰ Klumpp S (2010) Personal communication.

Module three

Menstrual hygiene – sanitary protection materials and disposal

²¹ Bergqvist S (2011) SCA marketing small packages of hygiene products – diapers, sanitary napkins and toilet paper, *Sanitation updates* (posted 3 Aug 2011).

²² Fleischman J (2011) *Re-usable sanitary pads helping keep girls in school*. Available at: <http://smartglobalhealth.org/blog/entry/sanitary-pads> (Accessed 17 Sep 2011).

²³ National Rural Health Mission (no date) *Operational guidelines; Promotion of menstrual hygiene among adolescent girls (10-19 years) in rural areas*.

²⁴ ZanaAfrica (2011) *Tracking change*. Available at: www.zanaa.org/managing-menstruation/tracking-change/ (Accessed 17 Sep 2011).

²⁵ The prices noted in the table are approximate with conversion rates taken from 2011 unless conversion noted in the source.

²⁶ Lidman K, Thornander S, Hoogendijk M, Vedeler LM and Tobiassen K (2009) *New sense of nuisance*. Reality Studio.

²⁷ Fernandes M (2010) *Freedom of mobility: Experiences from villages in the states of Madhya Pradesh and Chhattisgarh, India*. South Asia hygiene practitioners' workshop, Dhaka, Bangladesh.

²⁸ www.earthwisegirls.co.uk/reusable-sanitary-towels-c-1.html.

²⁹ Fernandes M (2010) *Freedom of mobility: Experiences from villages in the states of Madhya Pradesh and Chhattisgarh, India*. South Asia hygiene practitioners' workshop, Dhaka, Bangladesh.

³⁰ SHE (2011) *Frequently asked questions about sustainable health enterprises (SHE)*. Available at: <http://she28.sheinnovates.com/> (accessed Sep 2011).

³¹ www.cdc.gov/hepatitis/b/bfaq.htm.

³² Slightly adapted from: USAID/Hygiene Improvement Project, Plan International, UWASANET, Ministry of Health, Republic of Uganda (2008) *Uganda HIV and WASH integration kit*.

³³ Murthy L (2006) *Teaching girls about puberty, menstruation and how to make washable menstrual pads, in rural India*. Udaipur.

³⁴ UNICEF Bangladesh (2008) *Bangladesh; Tackling menstrual hygiene taboos; Sanitation and hygiene case study no 10*.

³⁵ Ibid.

³⁶ www.familyfrench.co.uk/nappies/clothformum.htm.

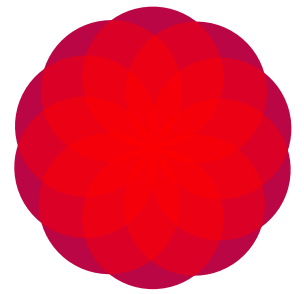
³⁷ Fernandes M (2010) *Freedom of mobility: Experiences from villages in the states of Madhya Pradesh and Chhattisgarh, India*. South Asia Hygiene Practitioners' Workshop, Dhaka, Bangladesh.

³⁸ Ten VTA (2007) *Menstrual hygiene; A neglected concern for the achievement of several Millennium Development Goals*. Europe External Policy Advisers.

³⁹ Various sources including: Sommer M (2011) *Improving the support to girls in primary schools with their menstrual hygiene management*. Final report for UNICEF Tanzania on collaborative work being conducted with TWESA.

⁴⁰ Torondel B, London School of Hygiene and Tropical Medicine (2011) Personal communication.

⁴¹ Ibid.



Module four

Working with communities on menstrual hygiene

Part of *Menstrual hygiene matters; A resource for improving menstrual hygiene around the world*, written by Sarah House, Thérèse Mahon and Sue Cavill (2012). The full version can be downloaded from www.wateraid.org/mhm.

This module will cover...

- 4.1 Getting started
- 4.2 Practical menstrual hygiene interventions at community level



A menstrual hygiene-friendly community managed toilet in a slum in Bangladesh (Photo: WaterAid/ASM Shafiqur Rahman)

Module four

Working with communities on menstrual hygiene

4.1 Getting started

For an introduction into working with communities on menstrual hygiene, this module should be read alongside other modules and toolkits in this resource. Table 4.1 highlights the relevant sections.

Table 4.1 Key introductory information to be read in association with Module 4

Introductory information	Refer to:
Basics of menstruation, and menstruation-related challenges women and girls face in their daily lives	Module 1
Institutional responsibilities for menstrual hygiene	Module 2.1 Module 2.2
Building staff competence and confidence to talk about menstrual hygiene	Module 2.3
The role of boys and men in menstrual hygiene	Module 2.4
Training of community health workers, teachers, community representatives and carers in menstrual hygiene	Toolkit 4.3.1 Toolkit 5.3.1 Toolkit 7.3.1
Obtaining feedback on menstrual hygiene interventions, and assessment and monitoring	Module 9.1

4.2 Practical menstrual hygiene interventions at community level

Possible menstrual hygiene interventions at community level are included in the following table.

Table 4.2 Possible menstrual hygiene interventions at community level

Intervention	Description	For more information refer to:
Engaging women, girls, men and boys in menstrual hygiene: <ul style="list-style-type: none"> • Promoting good practices • Challenging myths and negative practices 	Sharing information on good menstrual hygiene practices with women and girls through various channels (eg women's groups, community health workers' house to house visits, mother and child health days, youth groups). Sharing information with men and boys so they can support female family members, friends and colleagues.	healthy during menstruation - Module 1.7 Correcting menstrual myths - Toolkit 1.3.2 Girls' menstrual hygiene booklets - Toolkit 1.2.1 Communication framework - Toolkit 9.1.3 Developing information briefs - Toolkit 9.1.4
Supporting sanitary pad production	Supporting training on the production of sanitary pads by households, women's groups or small social enterprises.	Sanitary protection materials and disposal - Module 3 Toolkit 3
Distributing low-cost sanitary products	Distributing low-cost sanitary products for sale as an income earner for female community health workers.	
Improving community water, sanitation and hygiene	Improving community water supplies, household sanitation, and hygiene facilities and practices to make managing menstruation easier for women and girls.	Waste collection containers and incinerators - Toolkit 3.2.5 Toolkit 3.2.6 Latrine, bathing and changing unit designs - Toolkit 5.2
Improving public water, sanitation and hygiene	Improving public water, sanitation and hygiene facilities in community centres, market places, religious institutions, schools and health centres so they are more menstrual hygiene-friendly.	Latrine, bathing and changing unit designs - Toolkit 5.2

Module four

Working with communities on menstrual hygiene

The components supported for particular communities will depend on the context and expressed needs and priorities. Sometimes community programmes can be linked into schools' menstrual hygiene activities.

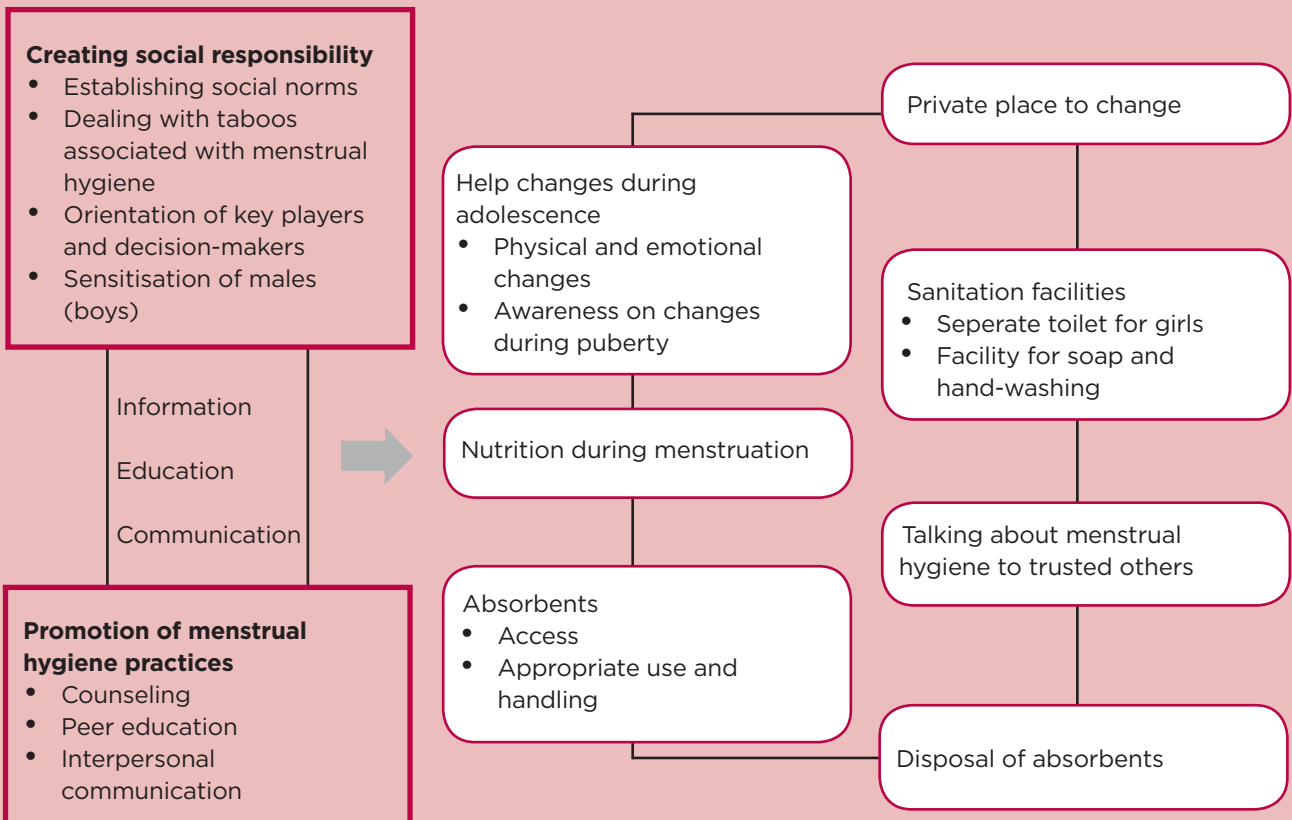
The diagram below provides an overview of adolescent hygiene management, from Maharashtra, India.

Benefits of good menstrual hygiene for women and girls

Good menstrual hygiene enables women and girls to:

- Continue with their daily lives with minimum disruption during menstruation.
- Stay healthy during menstruation.
- Avoid embarrassing or stressful situations where menstrual blood leaks onto clothing.
- Stay in school or continue to work during menstruation.

Adolescent hygiene management (AHM)¹



4.2.1 Engaging women, girls, men and boys in menstrual hygiene

Different channels and methodologies should be investigated with community members for engaging women, girls, men and boys in menstrual hygiene.

Good practice in providing menstrual hygiene guidance to girls

- Train mothers, teachers (preferably female) and other trusted adults who can provide menstrual hygiene guidance to girls.
- Incorporate girls-only menstrual hygiene learning and discussion sessions in schools.
- Incorporate menstrual hygiene into the school curriculum.
- Establish youth clubs with girls' menstrual hygiene discussion groups.
- Use trained female instructors to run girls-only sessions at religious institutions, such as mosques, churches, temples or synagogues, on providing menstrual hygiene information.
- Identify supportive female adults who can be available to answer girls' questions (particularly important for girl-headed households, or girls in families with male-headed households with no older female adult, who may not have access to a female adult in their homes).

Community channels can be particularly important to reach girls who don't attend school. The module on schools and menstrual hygiene ([Module 5](#)) provides some ideas that could also be adapted for use in community settings to reach girls not in school.

The case study, right, from the Sanitation, Hygiene Education and Water Supply in Bangladesh (SHEWAB) programme, highlights ways to target different community groups and choose the best channels to reach them.

Integrating menstrual hygiene into the community-based SHEWAB programme in Bangladesh²

Amina Khatum began working with the girls at the Char Bramagacha school a few months ago. Hoping to set up hygiene education groups, she approached women in the community about conducting courtyard sessions; she talked to men about setting up planning discussions at their tea stalls; and she approached Ms Farida Parvin, the teacher of an NGO-funded non-formal school about starting hygiene education classes with her students. They had all dropped out of formal education or were never enrolled in the first place. All were in their early to late teens and most girls had started their periods.

Education on menstrual hygiene is only one of Amina's activities under the SHEWAB programme. The promotion of sanitation and hygiene practices in schools generally, and her neighbourhood meetings, also affect standards of women's health. More than 10,000 community hygiene promoters like Amina are working in villages under SHEWAB to promote better hygiene practices and the importance of safe sanitation and water, as well as tackle taboo issues such as menstrual hygiene. Funded by the Department for International Development (DFID) and supported by UNICEF, SHEWAB aims to reach 30 million people over the next four years. The programme is working in 68 upazilas (districts) in low-lying areas and the Chittagong Hill Tracts to assist the installation of drinking water and sanitation facilities, and ensure that knowledge of good hygiene enables people to safeguard their families' health.



A cloth washing with soap demonstration is part of the training module (Photo: UNICEF Bangladesh)

From UNICEF Bangladesh (2008)

Module four

Working with communities on menstrual hygiene



Adolescent girls in a menstrual hygiene session
(Photo: Tridhara Photography/Anisur Rahman)

An important step in making sure information available to girls will be sustained over the generations is to train mothers, aunts and other women. They can then pass on the information to their daughters, nieces and younger peers.

Educating mothers in menstrual hygiene in Iran³

A vast majority of students (98.5%) indicated that young girls should receive more information about menstrual period[s] and related hygienic practice, and 61% identified their mothers as the best information source in this regard. Educating mother[s] who could be the main source of information to pass out to their young girls should be taken seriously.

This approach is intended not only to educate mothers to improve their own health, but also to help them overcome shyness and pass on accurate information to their daughters. Currently female relatives sometimes pass on unhealthy practices, because they are not properly educated or confident talking about menstrual hygiene themselves.

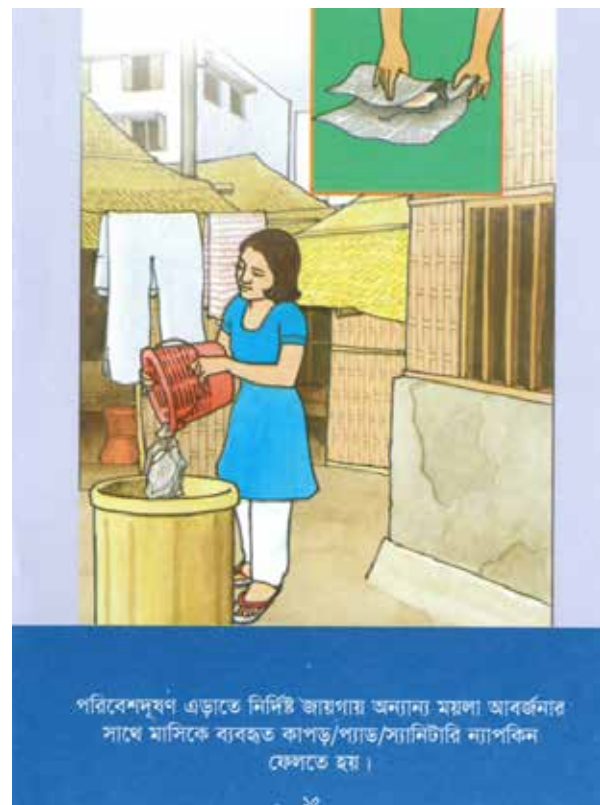
From Poureslami M and Osati-Ashtiani F (2005)

Participatory methodologies can be used to engage women and girls in the design of appropriate information, education and communication (IEC) materials, visual aids, community drama, or film to raise issues around menstrual hygiene. The following are IEC materials for menstrual hygiene in the urban context produced by WaterAid in Bangladesh.



Top right: Not disposing of used sanitary materials hygienically can dirty the environment. Also, if materials are disposed in the latrine it can become blocked.

Opposite: Safe disposal of used sanitary napkins in an appropriate place can prevent environmental waste problems.



Module four

Working with communities on menstrual hygiene



Problem – washing menstrual cloths in dirty water



Solution – hot water used for bathing and washing cloths



Solution – private location for washing cloths

(Pictures: IEC for menstrual hygiene by UNICEF for the SHEWAB programme, Bangladesh)

4.2.2 Making affordable sanitary materials available at community level

Sanitary protection materials

While there is a range of sanitary protection options available (see [Module 3](#)), the materials most likely to be accessible, culturally appropriate and sustainable for poor communities are re-usable cloths, locally made re-usable sanitary pads or other low-cost sanitary pads. The most important step in establishing access to affordable and appropriate sanitary materials is the involvement of women and girls in the selection process, and in the design and planning of interventions.

Distribution of sanitary products

A range of examples is provided in [Module 3](#) on the supply and demand of sanitary products.





The National Rural Health Mission in India has documented its community-based menstrual hygiene programme, of which a key component is a sustainable distribution system, including income generation opportunities for distributors. The following example indicates the various responsibilities of different actors in the programme. [Module 3.2.3](#) highlights issues around the operation, and monitoring and evaluation of the supply chain for the same programme.

National Rural Health Mission programme promoting improved menstrual hygiene among adolescent girls, India⁴

The programme will be focused in rural areas with the following objectives:

- To increase awareness among adolescent girls on menstrual hygiene, build self-esteem and empower girls for greater socialisation.
- To increase access to and use of high quality sanitary napkins by adolescent girls in rural areas.
- To ensure safe disposal of sanitary napkins in an environmentally-friendly manner.

Responsibilities of actors

Level of Care	Service Provider	Service Package
Village	ASHA/SHGs/CBOs 	<ul style="list-style-type: none"> • Mobilise adolescent girls. • Conduct monthly meetings. • Provide health education to adolescent girls. • Conduct women's group meetings. • Distribute sanitary napkins to adolescent girls. • Ensure regular refill and supply of sanitary napkins to the village from the Sub-Centre. • Sell sanitary napkins and maintain accounts. • Track supplies and estimate requirement for the following month. • Submit progress report on key indicators.
Sub-Centre	ANMs 	<ul style="list-style-type: none"> • Training of the ASHA on menstrual hygiene booklet, and conduct periodic refreshers. • Monitor the monthly meetings periodically. • Transport the sanitary napkin stock from block PHC to Sub-Centre. • Ensure safe storage of the sanitary napkin stock. • Supply requisite number of sanitary napkin packs to ASHA in her Sub-Centre area. • Provide imprest funds and transportation costs to ASHA. • Conduct spot checks during regular field visits and Village Health and Nutrition Day (VHND). • Review and validate ASHA tracking system and accounts register. • Maintain inventory, tracking and accounts register.
PHC	MO/Block Accounts Officer 	<ul style="list-style-type: none"> • Ensures that ASHA training on menstrual hygiene takes place. • Ensure safe storage of sanitary napkins. • Conduct spot checks during regular field visits. • Maintain inventory, tracking and accounts-register.
District	CMHO/CS/DPM  Collector/Additional Collector	<ul style="list-style-type: none"> • Serve as the nodal point for the programme. • Engage the services of a bookkeeper on a contractual basis to train MO/Block Accounts Officer and ANM in all blocks on maintaining inventory and accounts for the scheme. • Ensure remittance of funds obtained to District Health Society through the block. • Ensure safe storage of sanitary napkins. • Monitor the programme on a regular basis. • Monthly programme and financial review of the scheme along with other health programmes. • Manage convergence of various depts.
State	Mission Director, NRHM	<ul style="list-style-type: none"> • Organise sourcing of sanitary napkins from SHGs/bidding process. • Set up quality cell to ensure conformity with prescribed standards. • Ensure sound logistics systems for smooth supply to district and below.

Module four

Working with communities on menstrual hygiene

4.2.3 Water, sanitation and hygiene in the household and in public places

Water, sanitation and hygiene facilities should enable women and girls to be able to manage menstruation hygienically, with privacy and dignity, and in safety.

Water, sanitation and hygiene facilities in the household

As the women and girls in a household may not control the family finances, men and boys may need to be engaged to help improve the water, sanitation and hygiene situation at household level.

Features of menstrual hygiene-friendly water, sanitation and hygiene facilities in the household

- There is somewhere secure and private for excreta disposal, changing cloths/pads and bathing.
- Facilities (eg latrine, water supply and bathing units) are near to the house and accessible for all members of the household, including those with mobility limitations.
- Latrines and bathing units have covered walls and a door with an internal lock.
- Water is available inside the latrine (from a tap or container).
- The latrine and bathing units are cleanable.
- A washable container with lid for collecting sanitary materials is located inside the latrine and/or bathing units.
- There is somewhere private for washing sanitary cloths and drying them in the sunlight or using a charcoal or other iron.
- There is a mechanism for final disposal of sanitary materials, such as a pit or incinerator.



Clean and hygienic private latrine with water available inside
(Photo: WaterAid/Thérèse Mahon)

Water, sanitation and hygiene facilities in public places

Features of menstrual hygiene-friendly water, sanitation and hygiene facilities in public buildings, market places and other public areas

- Separate male and female latrines providing a secure and private location for excreta disposal.
- Facilities (eg latrine, water supply and hand-washing area) in a safe location.
- Latrines have covered walls and a door with an internal lock.
- Water is available inside the latrine (from a tap or container).
- Latrines are easily cleanable and an efficient mechanism is in place for sustaining cleanliness and operation and maintenance.
- Facilities are accessible for all members of the community, including those with mobility limitations (refer to [Module 7.3](#) and [Toolkit 7.2.1](#)).
- Each unit has a washable container with lid for collecting sanitary materials.
- A mechanism is in place for the collection and disposal of sanitary materials, such as a pit or incinerator.
- A financing mechanism is in place to sustain the operation and maintenance of the water supply, latrine and hand-washing facilities.



Lima, 12, outside the gender-segregated latrine block in Kalshi Takar Baa slum, Dhaka, Bangladesh (photo: WaterAid/GMB Akash/Panos)

[Toolkit 3.2](#) and [Toolkit 5.2](#) provide examples of washable containers with lids, incinerators for public buildings, and designs of inclusive, girl-friendly latrine blocks, some with integral incinerator units that can be adapted for public use.

Module four

Working with communities on menstrual hygiene

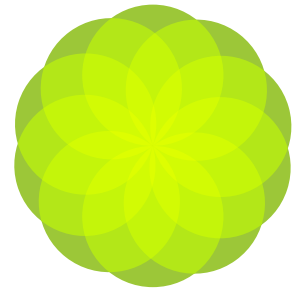
Endnotes

¹ UNICEF, Mumbai and Water Supply and Sanitation Department, Government of Maharashtra (2011) *Menstrual hygiene in Maharashtra; Inclusive design for the life cycle*. WSSCC Global Forum on Sanitation and Hygiene.

² UNICEF Bangladesh (2008) *Bangladesh; Tackling menstrual hygiene taboos; Sanitation and hygiene case study no 10*.

³ Poureslami M and Osati-Ashtiani F (2005) Attitudes of female adolescents about dysmenorrhoea and menstrual hygiene in Tehran suburbs, *Archives of Iranian Medicine*, vol 5, no 4, pp 219-224.

⁴ National Rural Health Mission (no date) *Operational guidelines; Promotion of menstrual hygiene among adolescent girls (10-19 years) in rural areas*.



Module five

Working with schools on menstrual hygiene

Part of *Menstrual hygiene matters; A resource for improving menstrual hygiene around the world*, written by Sarah House, Thérèse Mahon and Sue Cavill (2012). The full version can be downloaded from www.wateraid.org/mhm.

This module will cover...

- 5.1 Getting started
- 5.2 Practical menstrual hygiene interventions in schools



Schoolgirls in Ghana learn from other girls' experiences of menstruation shared in the book *Growth and changes* developed by Marni Sommer and Nana Ackatia-Armah with input from the Ministry of Education (Photo: Nana Ackatia-Armah)

Module five

Working with schools on menstrual hygiene

5.1 Getting started

For an introduction into working with schools on menstrual hygiene, this module should be read alongside other modules and toolkits in this resource. Table 5.1 highlights the relevant sections.

Table 5.1 Key introductory information to be read in association with Module 5

Introductory information	Refer to:
Basics of menstruation, and menstruation-related challenges women and girls face in their daily lives	Module 1
Institutional responsibilities for menstrual hygiene	Module 2.1 Module 2.2
Building staff competence and confidence to talk about menstrual hygiene	Module 2.3
The role of boys and men in menstrual hygiene	Module 2.4
Developing school leadership, counsellors' and teachers' confidence and capacity to talk about menstrual hygiene	Toolkit 4.3.1 Toolkit 5.3.1 Toolkit 7.3.1
Obtaining feedback on menstrual hygiene interventions, and assessment and monitoring	Module 9.1

Menstrual hygiene challenges faced by schoolgirls and female teachers

- **Lack of sanitary protection materials** – leading to embarrassment and stress due to leakage, smell and teasing.
- **Less concentration and participation, including not standing up to answer questions** – due to embarrassment, stress, concern over leakage or smell and discomfort.
- **Lack of private facilities and water supply** – for washing and drying soiled clothing, cloths or hands.
- **Absence** – due to a lack of facilities and services at school to manage menstruation.
- **Fear of using the latrine** – in case others discover menstrual blood.
- **Inability to keep clean** – in some cultures girls and women are not allowed to bathe or wash themselves during menstruation.
- **Bodily smell or the smell of used sanitary materials that have to be taken home for disposal** – causing discomfort or stress.
- **Lack of knowledge** – girls approaching menstruation are especially lacking in information about the process, leaving them scared and embarrassed.
- **Exclusion from sports** – due to discomfort, concern over leakage or because of cultural restrictions.

The following example highlights the expressed wishes of Afghan schoolgirls in relation to menstruation. These wishes are likely to be common across other countries.

Afghan schoolgirls' expressed wishes in relation to menstruation¹

- We want to be aware about menstruation and the physiological changes.
- We don't want to keep away from society due to unawareness of menstruation.
- We want to have knowledgeable parents, especially our mothers to be aware of menstrual health and hygiene to help us prior to the start of the period.
- We are eager to build up our education and have good reputation in the society, so we don't like to be absent from school each month because of unavailability of the school facility.
- We want to have a special subject about menstruation health and hygiene at school even before starting our period.
- Teachers are our second parents. We expect them to teach us in this regard.
- We need the facilities to safely dispose and manage the napkin at school.
- [We want] access to proper hand-washing facilities and soap at schools.
- We wish to have access to shops with low price, good quality pads with female seller at school.
- We want to have a health centre at school (a room for rehabilitation) to help us sometimes for pain of menstruation.

From Ministry of Education and Ministry of Public Health, Islamic Republic of Afghanistan and UNICEF (2010)

Module five

Working with schools on menstrual hygiene

Benefits of good menstrual hygiene in school for girls and female staff

The benefits of good menstrual hygiene in school (available sanitary protection materials; clean and safe toilets, bathing or changing facilities with locks on the inside of doors; discrete disposal facilities; understanding and supportive staff; information on menstrual hygiene) are considered to include, although not yet well documented:

- More time spent in school (female teachers and schoolgirls).
- Increased concentration.
- Higher self-confidence.
- Increased comfort, good hygiene, less irritation from sanitary materials and less risk of related infections.
- Greater participation.
- More confidence to stand up to answer questions and ask to leave the classroom to use the latrine.

Step-by-step approach to supporting menstrual hygiene in schools

The following example highlights the steps that the State Government of Tamil Nadu, India, and UNICEF went through to integrate menstrual hygiene into programmes in Tamil Nadu (particularly school water, sanitation and hygiene programmes). Steps included training engineers, building the capacity of teachers and exchanging learning, all of which has increased the knowledge and confidence of staff.

Example 5.1 Step-by-step for menstrual hygiene - Government of India and UNICEF, Tamil Nadu³

Year	Activity
2004	Women's self-help groups trained in sanitary napkin production.
2004	Incinerators for safe disposal of napkins installed in schools and sanitary complexes.
2006	Capacity building of teachers and trainers in menstrual hygiene.
2006-8	Three international learning exchange visits on menstrual hygiene.
2007	Booklet for girls in Tamil, Telugu and English and curriculum package produced.
2007	Sanitary napkin vending machine installed in 128 schools and hostels.
2007-8	Education civil engineers trained on girl-friendly toilet designs.
2007-8	Education and rural development departments include sessions on menstrual hygiene, under Life Skills Education ⁴ .
2007-8	Student assemblies established to look after use and maintenance [of facilities].
2007-8	NGO network on menstrual hygiene established across the state.
2008	Compact electrical incinerators for disposal of sanitary pads developed.

Institutional responsibilities for working with schools on menstrual hygiene

While one ministry (usually the Ministry of Education) will generally lead on working with schools, for the areas of water, sanitation and hygiene and for menstrual hygiene more specifically, several sectors will be involved with different responsibilities. It is important to be clear on the responsibilities to be able to collaborate across sectors when developing materials, guidelines, standards or interventions. The following case study from Tanzania provides one example of how collaboration can be achieved.

Obtaining feedback and monitoring menstrual hygiene in schools

It is very important to involve girls in the development of menstrual hygiene interventions in schools, and in any project to support improved access to sanitary materials. Menstrual hygiene should be integrated into school monitoring systems through:

- In-school monitoring of water, sanitation and hygiene facilities (which can be undertaken by schoolchildren or teachers).
- External education inspectors' checklists.

On the following pages are two examples of monitoring checklists for schools.

Collaboration between the ministries responsible for education, health, water and local government to develop school water, sanitation and hygiene guidelines for Tanzania, incorporating menstrual hygiene

In 2009-10 the four ministries responsible for education, health, water and local government, with the support of Netherlands Development Agency, SNV, WaterAid and UNICEF as well as a range of other NGOs, developed a set of school water, sanitation and hygiene guidelines for Tanzania through a participatory process. Efforts were made to integrate issues relating to both accessibility and menstrual hygiene throughout, including into school management, infrastructure, the curriculum and monitoring routines.

A separate activity was also undertaken by a national NGO – the Tanzania Water and Sanitation Agency (TWESA), Dr Marni Sommer of Columbia University, the Ministry of Education and Vocational Training, and UNICEF. This was to develop teacher training guidance notes to assist them in supporting girls with their menstrual hygiene learning using a Tanzanian girls' menstrual hygiene booklet². Trials were also undertaken to distribute the girls' menstrual hygiene book at scale, to every girl in the last three years of primary school across four districts of Tanzania. This was a learning process for a possible national scale-up to all districts and to investigate the options for menstrual protection disposal methods, including incineration. The findings from this research will be incorporated into the final version of the national school water, sanitation and hygiene guidelines.



(Picture: Government of the United Republic of Tanzania/ Rashid Mbago, reproduced directly from the Tanzania girls' menstrual hygiene booklet by M Sommer)

Module five

Working with schools on menstrual hygiene

Example 5.2 UNICEF East Asia and Pacific Regional Office (EAPRO) water, sanitation and hygiene in schools monitoring package: The survey module⁵

SS3. In general, how clean are the toilet facilities?* (Visit as many of each type of toilet as possible, and then for each type of toilet **check the appropriate box** with your general impression. Where a particular type of toilet doesn't exist, leave the box blank).

(use the key below)

	Clean	Somewhat Clean	Not Clean
Students' toilets			
Teachers' toilets (if any)			
Toilets that are for the use of anyone in the school (students or teachers, male or female)			

Key for Above Table

Clean	The toilet facilities are not smelly, there is no visible faeces in or around the facility, there are no flies and there is no litter.
Somewhat Clean	There is some smell and/or some sign of fecal matter and/or some flies and/or some litter.
Not Clean	There is a strong smell and/or presence fecal matter and/or a significant fly problem and/or a large amount of litter.

SS4. Are girls' toilet facilities separate from boys' toilet facilities? (check one; separate means that the girls' and boys' toilets are in different blocks or designated areas separated from each other by distance and/or some physical barrier like a wall)

Yes No Partially

SS5. Are girls' individual toilet compartments lockable from the inside (check one; lockable means with a hasp, bolt or similar arrangement)

Yes No Some

SS6. What facilities and programmes are there in the school for promoting safe and private menstrual hygiene for older girls? (check all that apply)

Menstrual hygiene education sessions for girls	
Private washing facilities for cloth napkins (such as a tap and basin inside a lockable toilet stall)	
Private disposal/incineration facilities for disposable napkins	
Any kind of napkin distribution programme	
Other (specify)	
None	
Don't know	

SS7. Are toilets accessible to children with disabilities? (check one)

Yes No Some

Example 5.3 Checklist for girls' school menstrual health and hygiene monitoring, Afghanistan⁶

This is a tool useful for collection of data of each school by survey and establishes a baseline of all schools in Afghanistan.

Menstruation Health and Hygiene (MHH) programme- Schools Monitoring Checklist			
Province:			
District:			
Village:			
School name:			
Reporting period:			
School infrastructure: 1. Formal building			
Number of students registered in the school?		Female	Male
Number of teachers in the school.		Female	Male
MHH- Facilities			
Water Supply			
1	Type of water point: a. Piped water, b. Drilled well, c. Protected dug well with hand-pump, d. Protected spring, e. Unprotected well, f. Unprotected spring/pond, g. River/canal/stream, h. Other (specify)		
2	Is the water point working well/ functional?	Yes	No
3	Is there water available all the time at the designed latrine?	Yes	No
4	Is the sink water point working properly?	Yes	No
5	Is the sink drainage operating well?	Yes	No
6	Are the designed latrines clean and used by the girls?	Yes	No
7	Are the vent pipes in place?	Yes	No
8	Is there any operation and maintenance mechanism for the designed latrine?	Yes	No
Sanitation			
1	Type of latrine: a. Flash to sewerage, b. Flash to septic tank, c. Improved pit/vault latrine, d. Eco sanitation latrine, e. Traditional pit/vault latrine, f. Open defecation.		
2	Is there any operation and maintenance mechanism for the designed latrines?	Yes	No
3	Are the latrines clean and used by the students?	Yes	No
4	Is there smell inside the latrine?	Yes	No

Module five

Working with schools on menstrual hygiene

5	Are all the doors in place?	Yes	No
6	Are the vault cover slabs in place?	Yes	No
7	Are the surroundings of the latrine clean?	Yes	No
8	Do girls oriented about the usage of designed latrine?	Yes	No
Soap			
1	Is there soap available all the time?	Yes	No
2	Is pot with its cover available for putting soap?	Yes	No
3	Are the students using soap for hand washing properly?	Yes	No
4	Who provides the soap?		
5	Do girls aware of washing hand with soap before and after changing napkins?	Yes	No
Hygiene (menstrual)			
1	Have any staff members been trained on menstrual health and hygiene education/promotion?	Yes	No
2	How many times a week teachers conduct menstrual health and hygiene sessions?		
3	Are menstrual health and hygiene education materials available in the school? (for girls schools)	Yes	No
4	Are MHH education materials available in the latrines of school? (if girls and boys at the same school the posters should be inside of designed latrine that it is for girls)	Yes	No
5	Are the material posted in visible area?	Yes	No
6	Are all the teachers oriented on MHH education by fellow teachers who got trained?	Yes	No
7	Is there any MHH material available in school?	Yes	No
8	Is the sink available inside the toilet?	Yes	No
Napkin			
1	Are napkins available in the school office for emergency need of the girls?	Yes	No
2	Do the girls aware of presence of napkins in school office for their emergency need?	Yes	No
3	Do the girls oriented about the usage of napkins?	Yes	No
4	Do the girls aware about proper disposal of napkins?	Yes	No

Dustbin			
1	Is there dustbin available for disposal of napkins in the toilet?	Yes	No
2	Do the girls aware of method of disposal of napkins in the dustbin of designed latrine?	Yes	No
3	Does the dustbin empty regularly in the incinerator for burning?	Yes	No
4	Is there any trained care taker for cleaning or emptying of dustbin to the incinerator?	Yes	No
Operation and Maintenance			
1	Is there any care taker for MHH facilities?	Yes	No
2	Who is responsible for cleaning and maintaining MHH facilities?		
3	Does community pay for the maintenance of MHH facilities?	Yes	No
4	Does community pay for the minor repair of MHH facilities?	Yes	No
School Committee			
1	Are there students' club in school? If yes, What are the main activities in the club engaged?	Yes	No
2	Does the school have a functional PTA and school shore? If yes, Please find out how many times the members met and note the activities supported by PTA and school shore?		
3	Is there school management committee (SMC) in place? If yes, what are the main activities the SMC is engaged?		
4	Is MHH promoted properly in girls schools?	Yes	No
5	Is napkin and solid waste disposal system in place and functioning?	Yes	No
Incinerator			
1	Is there any incinerator in school?	Yes	No
2	Is incinerator located in suitable area?	Yes	No
3	Does incinerator operate properly?	Yes	No
4	Does incinerator check by care taker?	Yes	No
5	Is care taker trained for operation of incinerator?	Yes	No

Module five

Working with schools on menstrual hygiene

5.2 Practical menstrual hygiene interventions in schools

Possible menstrual hygiene interventions in schools are included in Table 5.2. Note that menstrual hygiene interventions are needed in both primary and secondary schools, because girls can start their period at primary school age.

Table 5.2 Menstrual hygiene interventions in schools

Intervention	Description	Refer to:
Engaging girls and boys in menstrual hygiene: <ul style="list-style-type: none"> • Menstrual hygiene education sessions • Formation of girls clubs 	Sharing information on menstrual hygiene through dialogue with a female teacher or trusted female adult. Forming girls clubs where menstrual hygiene can be discussed. Teaching boys about menstrual hygiene through adolescence lessons for boys and girls.	Keeping healthy during menstruation - Module 1.7 Correcting menstrual myths - Toolkit 1.3.2 Girls' menstruation booklets - Toolkit 1.2.1 Communication framework - Toolkit 9.1.3 Developing information briefs - Toolkit 9.1.4
Ensuring availability of affordable sanitary protection materials	Providing sanitary protection materials or training on how to make your own.	Sanitary protection materials and disposal - Module 3 Toolkit 3
Improving or constructing girl-friendly latrines and changing facilities	Ensuring that latrine cubicles are in a safe location, clean, covered by a screen, and have water supply, soap and a covered disposal bin for used sanitary products.	Latrine, bathing and changing unit designs - Toolkit 5.2
Sanitary protection materials management	Establishing a safe collection and disposal management system for sanitary protection materials.	Waste collection containers and incinerators - Toolkit 3.2.5 Toolkit 3.2.6

5.2.1 Engaging school pupils in menstrual hygiene

Engaging girls in menstrual hygiene

Schools provide a useful opportunity to reach a large number of girls with information on menstrual hygiene. Female teachers or other trusted female adults can play an important role in ensuring girls have the information they need on adolescence and how to look after themselves during menstruation. An increasing number of booklets for girls on menstrual hygiene are being developed (see [Toolkit 1.2.1](#)).

Girls can be engaged in menstrual hygiene:

- Through the curriculum.
- Through additional sessions for girls outside the school curriculum.
- Through health and hygiene clubs and other groups.

Engaging boys in adolescence education

Less work has been done in this area, but the benefits of educating boys about adolescence for both themselves and female students are increasingly being recognised. Schools also provide the opportunity of reaching large numbers of boys with information on adolescence (see [Module 1.7.2](#)).

Involving parents in menstrual hygiene

Schools also offer opportunities to engage parents in menstrual hygiene, which can improve support for girls at home, including those who don't attend school. Parent and Teacher Associations can be involved in monitoring how menstrual hygiene-friendly the school environment is, and making improvements and providing additional resources where governments are unable or unwilling to do so.

5.2.2 Integrating menstrual hygiene into the curriculum

Menstrual hygiene is sometimes included in the school curriculum under the subjects of science, home economics or life skills. However, the subject is not always taught appropriately or fully. For example, girls may be taught the biology of the process without learning how they will feel or how they should look after themselves. Male teachers can feel uncomfortable teaching the subject and therefore may skip over the subject quickly. Where harmful cultural myths exist (eg girls and women not being allowed to bathe during their period) the teacher may also not have the correct information to counteract such beliefs.



Self-help groups and girls in residential girls' schools in Madhya Pradesh and Rajasthan were trained in producing sanitary pads (Photo: UNICEF)

In some contexts, education about menstrual hygiene may be taught without reference to the biology, where strict religious or traditional beliefs restrict the teachings due to concerns about teaching girls about sexual relations.

Materials are increasingly being developed to help girls learn about menstrual hygiene, and these can be used, along with additional guidance, by teachers as learning resources (refer to [Toolkit 5.3.2](#) for examples from Afghanistan and Tanzania). More work is needed to incorporate these resources into the curriculum and teacher training, and have them approved by the relevant ministry of education. This will require engaging curriculum development institutes in the issue of menstrual hygiene.

5.2.3 Availability of sanitary materials in schools

Making affordable sanitary materials and products available to schoolgirls around the world remains a significant challenge. A number of programmes are being undertaken in Africa and Asia to supply commercially produced disposable or re-usable pads to girls in school (see examples in [Module 3.2.3](#) and [Toolkit 3.3.2](#)). While this will certainly have a positive impact on girls' education and wellbeing, further attention is needed on the mechanisms for providing longer-term access to pads, whether disposable or re-usable (which will also need replacing after they are worn out from repeated washing).

Module five

Working with schools on menstrual hygiene

One example of an organisation considering the longer-term sustainability of supply is UNICEF's work with the Governments of Madhya Pradesh and Rajasthan in India. Together they have been supporting women's self-help groups and girls in residential schools to make their own re-usable sanitary pads, as well as establishing a supply chain for wider distribution.

Refer to [Module 3](#) and [Toolkit 3](#) for details on all aspects of sanitary product selection, production and the supply chain.

5.2.4 Menstrual hygiene-friendly water and sanitation facilities in schools

The condition of the water, sanitation and hygiene facilities in schools is frequently recognised as a major challenge for schoolgirls and staff in managing their menstrual hygiene. The two case studies opposite highlight some of the issues that can arise.

Features of menstrual hygiene-friendly schools

Menstrual hygiene-friendly infrastructure:

- Separate latrines are available for boys and girls, and male and female teachers.
- Latrines have doors with locks, and are secure and private with a privacy wall.
- Latrine, water supply and hand-washing facilities are in a safe location.
- Hand-washing facilities are inside the latrine unit, with soap and water available at all times.
- Water is available (from a tap or bucket) inside latrines, bathing units and changing rooms.
- Latrines are easily cleanable and there is an efficient mechanism for sustaining cleanliness and maintenance.
- The facilities are accessible for all girls, boys and staff, including those with mobility limitations.
- Each unit has a washable container with lid for collecting sanitary protection materials, and wrapping materials.
- A small mirror (even a broken piece of mirror) is present in the latrine to help girls check for spotting or leaking and ensure everything is in order before leaving.
- A mechanism is established for the collection and disposal of sanitary protection materials, such as in a pit or incinerator.
- In boarding schools, private bathing facilities are

available and there is somewhere to wash and dry sanitary cloths. Shelves or hooks are provided for hanging cloths and placing pads while changing.

- Changing facilities are provided in a larger latrine cubicle that can be used by all girls, so that sanitary protection materials can be changed discretely.
- In boarding schools, latrines and bathing units have lights and are near the dormitories.
- A financing mechanism is established to sustain the operation and maintenance of the water supply, latrine and hand-washing facilities.

Menstrual hygiene-friendly teaching and school environment:

- Teachers are knowledgeable about menstrual hygiene in school and the needs of girls and female staff.
- Menstrual hygiene is included in the curriculum.
- Appropriate sanitary materials are available for girls who need them.
- Where possible, girls can purchase appropriate, low-cost sanitary products through the school.
- The school governing bodies are aware of the menstrual hygiene needs of girls and staff, and work to ensure the school is menstrual hygiene-friendly.
- Menstrual hygiene is incorporated into the school's standard monitoring systems.

The state of the toilets, South Africa⁷

The toilets at the three schools were in different conditions of hygiene and their state was one of the main issues discussed by all girls. At one school, girls were proud of their toilet and had a supervisor responsible for their maintenance. These toilets were clean, with brightly coloured walls, creating a comfortable non-threatening ambiance. This same level of sanitation was not evident at the other two schools. Learners described them as 'filthy', 'dark', 'smelly' and 'blocked' as well as broken so that they had to 'stand in awkward positions'. Photos of these toilets were taken and one showed the ground littered with excrement, soiled sanitary pads and used toilet paper. At neither of the problematic schools was toilet paper available at time of the study. Instead, many girls described using all kinds of other types of paper including text books and school magazines. A few girls brought their toilet paper from home while others tried not to use the school toilet at all.

At one school, only one toilet was considered acceptable for use, mainly because it could flush, it had a door and the only sanitary towel bin in the school.

This toilet was in demand during break periods. In this secondary school, at least half of the students would be menstruating girls. Assuming that most girls menstruate for five days of the month, we calculated that at least 80-100 girls would be menstruating on any school day. This would have placed an intolerable demand on this toilet at break times. In the focus group discussions, some girls said that they knew girls who stayed at home during their first two days of menstruation because of access and hygiene. Learners also spoke of bloodstained cloths that could be found on the floor – these were used by girls who were not able to afford sanitary towels. None of the three schools had soap available for hand-washing in the toilets. At the school with the toilet supervisor, soap was only available on special occasions when the school had visitors. She apologised to the researcher for not having soap and said, "I did not know you were coming, nobody told me. I always make sure that the soap is out when visitors come to the school." She further explained she would remove the soap immediately after the visit.

From Abrahams N et al (2006)

Importance of appropriate latrines, bathing units and locations for washing and drying sanitary protection in boarding schools, Malawi⁸

An interviewee from the Water and Sanitation Network (WES) said girls were told to wash three times a day, and when they could not meet this standard they felt dirty. In the boarding schools the showers were open-plan and girls rose at 4am to shower and wash menstrual cloths before anybody could see. They observed that the showers 'ran with blood' as girls had no other option for washing either themselves or cloths. Cloths were rarely washed correctly due to lack of water and soap. "Soap grows wings," said the Ministry of Education, Science and Technology.

All girls hated the possibility of anybody seeing their menstrual blood in the toilet. 5% of girls used the bush

even when menstruating, with 25% admitting to using outside at other times, rather than unsuitable or dirty school toilets.

The majority changed their pads or cloths three to four times a day. Insufficient time at break or no washing facilities were major concerns voiced... Bins for used pads were lacking even in the boarding schools, where girls kept blood-soaked pads under their beds all night and disposed of them next morning. Alternatively, they put them down flush toilets which often blocked, or down pit latrines.

From Piper Pillitteri S (2011)

Module five

Working with schools on menstrual hygiene

Water supply

Water supply is essential for a school to be menstrual hygiene-friendly. Schoolgirls and staff need water to wash themselves, their hands, their cloths and their clothing, and also to clean blood off latrine slabs. Ideally, there should be a water supply inside latrine units, whether from a tap or a bucket that is routinely filled.

The results of a brainstorming exercise on menstrual hygiene priorities with schoolgirls in Malawi⁹ indicated that girls' first preference is for sanitary pads, second a water supply, third an incinerator, and fourth soap. It is worth noting that these preferences may vary in different schools and locations.

Latrines and hand-washing facilities

The girls in Malawi reported changing their sanitary protection materials one to four times a day, highlighting the importance of a safe and hygienic place to change materials in school. School latrines need to be in a safe location (chosen in collaboration with female students), private, and have water, soap and materials to wrap used sanitary protection materials available, ideally in each unit. A small mirror is beneficial to help girls check for spotting or leaking.

Toolkit 5.2.2 provides a number of examples of good designs for accessible and menstrual hygiene-friendly toilet blocks for girls.

Bathing or changing units

Private bathing or changing units are important, particularly in boarding schools. Facilities for girls to wash and dry sanitary cloths or re-usable pads, privately and hygienically, are also needed, so they don't have to dry their cloths or re-usable pads in front of others or worry about them going missing.

Management and disposal of sanitary materials

Schools should provide a discrete method of collecting and disposing of sanitary materials. Washable containers with a close-fitting lid should be located inside the latrines.

A trial of constructing incinerators in schools in Tanzania¹⁰ identified two requests from girls:

- To have separate disposal locations for girls and teachers.
- To not have to walk by the boys' facilities to reach the disposal point.

Toolkit 3.2.5 and **Toolkit 3.2.6** provide a range of designs for washable collection containers and incinerators, and **Toolkit 5.2.2** provides examples of inclusive, girl-friendly latrine blocks, some with integral incinerator units. This design feature meets the Tanzanian girls' concerns, as sanitary materials can be inserted directly into the incinerator from the latrine cubicle.

Whichever method or design is adopted, a management system needs to be established to sustain operation and maintenance over the longer-term.

Further research and information is still required on:

- Options for making appropriate and affordable sanitary protection available to girls in the longer-term, both in and out of school.

School latrines in Tanzania¹¹

A study by SNV, WaterAid and UNICEF in Tanzania, in 2009, mapped the water and sanitation facilities in 2,697 schools across 16 districts. The findings included:

- Over 50% of girls' latrines had no doors.
- Only 1% had soap, 8% had an adequate water supply, and 14% had a hand-washing facility.
- 4% of schools had latrines suitable for people with

disabilities.

- Some schools had as many as 400-600 pupils per drop-hole.

This situation potentially has serious implications for schoolgirls and female teachers in managing their menstruation.



Poor quality latrine with rusty corrugated sheet walling, posing a health and safety hazard



Example of a well-designed latrine with privacy wall



Over 50% of girls' latrines had no doors
(Photos: Geodata, Tanzania)



Poor maintenance and cleanliness can lead to girls not using latrines

Module five

Working with schools on menstrual hygiene

Endnotes

¹ Ministry of Education and Ministry of Public Health, Islamic Republic of Afghanistan and UNICEF (2010) *Assessment of knowledge, attitude and practice of menstrual health and hygiene in girls' schools in Afghanistan.*

² Sommer M (2011) *Improving the support to girls in primary schools with their menstrual hygiene management.*

³ Burgers L and Spruijt H (2009) *Menstrual hygiene: Manage it well!*. UNICEF webinar.

⁴ Government of Tamil Nadu (2007-8) *Education department policy note.*

⁵ UNICEF EAPRO (2010) *WASH in schools monitoring package: The survey module.*

⁶ Ministry of Education and Ministry of Public Health, Islamic Republic of Afghanistan, and UNICEF (2011, draft) *Guideline for the promotion of menstrual health and hygiene for trainers and supervisors.*

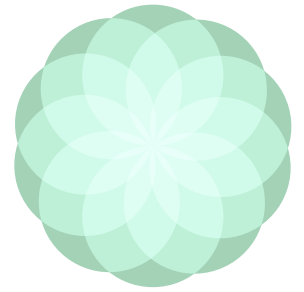
⁷ Abrahams N, Mathews S and Ramela P (2006) Intersections of sanitation, sexual coercion and girls' safety in schools, *Tropical medicine and international health*, vol 11, no 5, pp 751-756.

⁸ Piper Pillitteri S (2011) *Toilets are not enough: Addressing menstrual hygiene management in secondary schools in Malawi.* MSc thesis, academic year: 2010-2011, Cranfield University.

⁹ Ibid.

¹⁰ Sommer M (2011) *Improving the support to girls in primary schools with their menstrual hygiene management.*

¹¹ SNV, WaterAid and UNICEF (2011) *School water, sanitation and hygiene mapping in Tanzania; Consolidated national report.*



Module six

Menstrual hygiene in emergencies

Part of *Menstrual hygiene matters; A resource for improving menstrual hygiene around the world*, written by Sarah House, Thérèse Mahon and Sue Cavill (2012). The full version can be downloaded from www.wateraid.org/mhm.

This module will cover...

- 6.1 Getting started
- 6.2 Standards and guidelines on menstrual hygiene in emergencies
- 6.3 Practical menstrual hygiene interventions in emergencies

Gender-segregated, warm water bathing, washing and laundry unit – earthquake response, Pakistan (Photo: N Villeminot/ACF-France)



Module six

Menstrual hygiene in emergencies

6.1 Getting started

For an introduction into working on menstrual hygiene in emergencies, this module should be read alongside other modules and toolkits in this resource. Table 6.1 highlights the relevant sections.

Table 6.1 Key introductory information to be read in association with Module 6

Introductory information	Refer to:
Basics of menstruation, and menstruation-related challenges women and girls face in their daily lives	Module 1
Institutional responsibilities for menstrual hygiene	Module 2.1 Module 2.2
Building staff competence and confidence to talk about menstrual hygiene	Module 2.3
The role of boys and men in menstrual hygiene	Module 2.4
Training of community health workers, teachers, community representatives and carers in menstrual hygiene	Toolkit 4.3.1 Toolkit 5.3.1 Toolkit 7.3.1
Obtaining feedback on menstrual hygiene interventions, and assessment and monitoring	Module 9.1

The following boxes highlight the challenges girls and women face in managing menstruation in emergencies. They also cover the benefits of responding to menstrual hygiene needs, the differences in responses needed for emergency and development contexts, and monitoring and evaluation.

Challenges women and girls face in managing menstruation during emergencies

- They may lose their usual coping strategies for managing menstruation, such as access to their usual sanitary protection materials or products and a place to wash, dry or dispose of them.
- If displaced, they may have to leave behind their clothes or possessions, such as sanitary cloths, soap, non-food items and underwear.
- They may have to live in close proximity to men and boys, both their relatives and strangers.
- They may not control the family finances and hence have access to money for sanitary products, and because menstruation is a taboo subject it may not be easy to discuss it with a male head of the household.
- In conflict situations there can be additional challenges in accessing water supplies, sanitation and hygiene items. Water sources can be targeted for the planting of landmines, sniper or cross-fire and there can be a risk of being attacked when travelling even short distances. The usual water supplies may break down due to lack of spare parts, lack of fuel or the death or displacement of the technical personnel who run the systems.
- In a natural disaster, such as earthquake or flooding, a girl or woman may be injured or disabled and not be able to manage menstrual hygiene in her usual way. See [Module 7](#) for further information on supporting girls and women in vulnerable, marginalised and special circumstances.
- Particular challenges exist for women living in seclusion or in societies where it is difficult for women to interact with or speak to men, as emergency response teams are often mostly male.

Why is it important to respond to menstrual hygiene in emergencies¹

- 1. Health** – It serves the primary role of meeting adolescent girls' and women's health and hygiene needs and preventing infection.
- 2. Protection** – Dangers exist for adolescent girls and women not provided with adequate safe facilities due to risks of sexual and gender-based violence, or not provided with adequate sanitary materials due to risks for girls and women resorting to transactional sex (sex to raise money) to buy sanitary products.
- 3. Lifesaving measure** – Girls and women may have to queue for long periods for lifesaving food, water or other provisions for essential needs and may not be able to do this if they do not have appropriate sanitary protection materials.
- 4. Dignity** – It is crucial for girls and women to feel empowered to engage in survival and other daily activities and not hide away or have limitations in their movements due to menstruation.
- 5. Education** – Lack of menstrual hygiene services can lead to girls missing school.

Designing appropriately for women and girls from the start of emergencies

"Menstrual hygiene is still very low on the list of priorities. In emergencies it is water and latrines that make the list and sometimes even shower stalls. Gender issues are usually considered after the initial emergency needs for water and latrines have been met or after it turns out that latrines and showers are not used by women because they are not appropriate for women."

Emergency water and sanitation NGO staff member (2011)

Module six

Menstrual hygiene in emergencies

Institutional responsibilities for responding to menstrual hygiene in emergencies

If the 'cluster approach'² is being applied and is functioning well in a given context, this could be the ideal forum for initiating cross-sectoral discussions and planning for menstrual hygiene. The main clusters (or sectors, where the cluster approach is not being applied) with responsibilities for menstrual hygiene in emergency responses are likely to be:

- WASH (responsible for water, sanitation and hygiene).
- Health (responsible for reproductive, adolescent, maternal health).
- Education (responsibilities towards adolescent school girls).
- Protection (particularly responsible for vulnerable groups, sexual and gender-based violence).
- Shelter (responsible for large-scale NFI (non-food item) distributions).

The water, sanitation and hygiene section of the 'Sphere' minimum standards for disaster response³ already identifies a number of standards, indicators and guidance notes relating to menstrual hygiene. The water, sanitation and hygiene sector currently appears best placed to take responsibility for meeting the immediate menstrual hygiene needs of women and girls in an emergency, as their chapter of Sphere already includes the collection of hygiene-related information, and the provision of menstruation-related non-food items and gender-sensitive water, sanitation and hygiene facilities. General emergency responses coordinated by the shelter sector, which include the provision of non-food items such as tents, blankets, clothes and cooking pots, can also be an opportunity to respond to menstrual hygiene needs, through the provision of sanitary materials or underwear for girls and women. The Community Services Department of the United Nations High Commissioner for Refugees will also take a role in menstrual hygiene in refugee settings. Furthermore, the private sector can have a role in providing underwear or sanitary protection materials in an emergency context (see case study in [Module 6.3.2](#)).

However, as soon as possible it will be important that the sectors come together to discuss and refine their approaches to menstrual hygiene-related responses, including those with specific needs, such as girls or women with disabilities or menstrual disorders, those who have had the most severe forms of female genital mutilation or cutting, with additional challenges such as incontinence or fistula, and post-natal mothers.

The key differences in responding to menstrual hygiene in emergency contexts compared to longer-term contexts

- Emergency responses often have to be made very quickly and meet a variety of needs. They generally have to start before all the necessary information can be gathered, and often fail to take account of new information from ongoing assessments.
- Emergencies can occur in a wide range of contexts and involve a wide range of people of different cultures and backgrounds. Staff need to understand how to engage with the affected populations to ensure menstrual hygiene interventions are appropriate to their needs.
- In an emergency, an agency may have to take on a large number of new staff, who may be inexperienced in engaging the affected populations. Staff need to be trained and confident in dealing with emergency contexts.
- Dealing with sensitive issues in emergency contexts can sometimes be easier, as women and girls are outside their normal environment. This can provide opportunities.

Module 2 provides an overview of getting started and building the competence and confidence of staff to work on menstrual hygiene. However, specifically in emergencies:

- It is important to make sure staff are familiar with the menstrual hygiene-related aspects of Sphere, through discussions, meetings or training, and that menstrual hygiene is included in reviews and evaluations.
- It is helpful to facilitate mentoring of newer staff by experienced practitioners.
- It is useful to provide opportunities for critiquing interventions from a menstrual hygiene perspective, including women and girls in discussions. In most cases, female staff are best placed to talk to women and girls, although male staff can take an organisational role, helping to plan questions and review results and feedback.
- Organisations should share knowledge and experience of successes in menstrual hygiene in the emergency context with others to promote good practice. Cluster and cross-cluster meetings can provide a useful forum for this where they are functioning well.

Toolkit 6.3.1 provides examples of training on menstrual hygiene in the emergency context. One example looks at integrating menstrual hygiene into an emergency water and sanitation training course for the United Nations High Commissioner for Refugees (UNHCR) and partners, and the other is a standalone training and discussion session on menstrual hygiene in emergencies for Action Contre la Faim, an international NGO, at headquarters level.



Menstrual hygiene session as part of hygiene promotion for emergencies training in Croatia by the Austrian Red Cross for participants from Croatia, Slovenia, Serbia, Romania, Poland, Germany and Austria (Photo: J Graf/Austrian Red Cross)

Module six

Menstrual hygiene in emergencies

Phasing responses to the stages of the emergency

Because emergencies generally go through a number of key stages, it is useful to consider how the response can be phased versus the stages.

Table 6.2 Phasing responses to the stages of an emergency

Stage	Possible menstrual hygiene activities
Preparedness (international or local to a specific area)	<ul style="list-style-type: none"> • Research and develop understanding of menstrual hygiene norms, myths and practices. • Identify sanitary protection materials women and girls prefer. • Identify existing menstrual hygiene booklets and training materials for teachers, women and girls. • Identify and stock menstrual hygiene products available locally. • Train staff and partners in good practice in menstrual hygiene for emergencies.
Acute emergency (first few weeks)	<ul style="list-style-type: none"> • Ensure that the initial emergency water and sanitation facility designs and locations are appropriate for the safety and comfort of women and girls. • Ensure that non-food item kits for women and girls include basic menstrual hygiene materials and information. • Consult with women and girls to assess the appropriateness of the initial responses.
Stabilisation and longer-term care and maintenance stage (from three or more weeks to the longer-term)	<ul style="list-style-type: none"> • The hygiene team to undertake more detailed focus group discussions with women in relation to their menstrual hygiene needs. • Refine the identification and selection of sanitary protection materials for women and girls. • Spend more time looking at the design and location of latrines, bathing units, laundry slabs, private laundry areas etc with women and girls. • Consider the information needs of adolescent girls and the mechanisms available to support them (using booklets, through the school curriculum, out of school clubs etc). • Consider supporting refugees or others affected by the emergency to produce their own menstrual hygiene products.

Obtaining feedback and monitoring menstrual hygiene in emergencies

Mechanisms for obtaining feedback on water, sanitation and hygiene and other interventions should be established early on in the emergency response. This is particularly important for menstrual hygiene, because of the sensitive nature of the issue and the need to ensure that women and girls can manage their menstruation effectively in the emergency context.

A useful resource when establishing feedback mechanisms and improving accountability in emergency water, sanitation and hygiene programmes is *WASH accountability resources; Ask, listen, communicate* by the Global WASH Cluster⁴.

Are girls and women able to access water, sanitation and hygiene facilities and obtain culturally appropriate sanitary protection materials to manage their menstruation:

Hygienically?

With privacy?

In safety?

With dignity?

Being accountable and obtaining feedback in emergencies⁵

Forward accountability means you have to:

- Explain and take responsibility for what you do and do not do.
- Provide accessible and timely information on your actions and decisions to affected women, men and children.
- Ensure ongoing dialogue with those affected and invite and seek out feedback and/or complaints.
- Identify opportunities to enable those affected by disasters to make decisions about water, sanitation and hygiene interventions.
- Monitor user satisfaction and learn about your work.

Feedback can be obtained through household visits, focus group discussions or a written feedback or complaints system. Women and girls should be given information on how they can provide feedback.

Accountability dimensions

Accountability can be seen as having 5 dimensions:



Participation
Section 2



Transparency
Section 3



Feedback and
Complaints
Section 4



Monitoring and
Evaluation
Section 5



Staff Competencies
and Attitudes
Section 6

(Picture: Global WASH Cluster, 2009)

Module six

Menstrual hygiene in emergencies

6.2 Standards and guidelines on menstrual hygiene in emergencies

The 2011 Sphere handbook *The Sphere Project; Humanitarian charter and minimum standards in humanitarian response* includes a number of elements to increase the chances of women and girls being able to respond to their menstrual hygiene effectively in emergencies. Table 6.3 identifies some of the Sphere minimum standards and guidelines critical for menstrual hygiene.

Table 6.3 Sphere minimum standards relating to menstrual hygiene

	Standard, action, indicator or guidance note (selected as those most relevant for consideration with respect to menstruation)	Page
Chapter – Core standards		
Core standard 1	Core standard 1 People-centred humanitarian response: People’s capacity and strategies to survive with dignity are integral to the design and approach of humanitarian response.	55
Representative participation	Relevant guidance note (3) Representative participation: Understanding and addressing the barriers to participation faced by different people is critical to balanced participation. Measures should be taken to ensure participation of members of all groups of affected people – young and old, men and women. Special efforts should be made to include people who are not well represented, are marginalised (eg by ethnicity or religion) or otherwise ‘invisible’ (eg housebound or in an institution). The participation of youth and children should be promoted so far as it is in their best interest and measures taken to ensure that they are not exposed to abuse or harm.	57
Chapter – Water, sanitation and hygiene – Section 1. Intro and WASH standards		
Communal water and sanitation facilities — how they impact on women and girls’ vulnerability and how the risks can be minimised	The use of communal water and sanitation facilities, for example in refugee or displaced situations, can increase women and girls’ vulnerability to sexual and other forms of gender-based violence. In order to minimise these risks, and to provide a better quality of response, it is important to ensure women’s participation in water supply and sanitation programmes. An equitable participation of women and men in planning, decision-making and local management will help to ensure that the entire affected population has safe and easy access to water supply and sanitation services, and that services are appropriate.	84
WASH standard 1 – WASH programme design and implementation	Relevant key action WASH needs of the affected population are met and users are involved in the design, management and maintenance of the facilities where appropriate.	89

Chapter – Water, sanitation and hygiene – Section 2. Hygiene promotion

HP standard 1 – Hygiene promotion implementation	Relevant guidance note (2) Reaching all sections of the population: Different groups should be targeted with different information, education and communication materials through relevant communication channels, so that information reaches all members of the population. This is especially important for those who are non-literate, have communication difficulties and/or do not have access to radio or television. Popular media (drama, songs, street theatre, dance, etc) might also be effective in this instance.	93
HP standard 2 – Identification and use of hygiene items	Relevant key actions <ul style="list-style-type: none"> • Consult all men, women and children of all ages on the priority hygiene items they require. • Investigate and assess the use of alternatives to the distribution of hygiene items, eg provision of cash, vouchers and/or non-food items (NFIs). Relevant key indicators All women and girls of menstruating age are provided with appropriate materials for menstrual hygiene following consultation with the affected population. Relevant guidance note (9) Menstrual hygiene: Provision must be made for discreet laundering or disposal of menstrual hygiene materials.	94 and 96

Chapter – Water, sanitation and hygiene – Section 3. Water supply

Water standard 3 – Water facilities	Relevant guidance note (2) Communal washing and bathing facilities: People require spaces where they can bathe in privacy and with dignity. If this is not possible at the household level, separate central facilities for men and women will be needed... The number, location, design, safety, appropriateness and convenience of facilities should be decided in consultation with the users, particularly women, adolescent girls and persons with disabilities. The location or facilities in central, accessible and well-lit areas with good visibility of the surrounding area can contribute to ensuring the safety of users.	104
---	--	-----

Chapter – Water, sanitation and hygiene – Section 4. Excreta disposal

Excreta disposal standard 2 – Appropriate and adequate toilet facilities	Relevant key indicators Toilets are appropriately designed, built and located to meet the following requirements: <ul style="list-style-type: none"> • They can be used safely by all sections of the population, including children, older people, pregnant women and persons with disabilities. • They are sited in such a way as to minimise security threats to users, especially women and girls, throughout the day, and the night. • They allow for the disposal of women’s menstrual hygiene materials and provide women with the necessary privacy for washing and drying menstrual hygiene materials. 	108
---	--	-----

Module six

Menstrual hygiene in emergencies

<p>Excreta disposal standard 2 - Appropriate and adequate toilet facilities</p>	<p>Relevant guidance notes</p> <ul style="list-style-type: none"> • (5) Safe facilities: Inappropriate siting of toilets may make women and girls more vulnerable to attack, especially during the night. Ensure that women and girls feel and are safe when using the toilets provided. Where possible, communal toilets should be provided with lighting, or households provided with torches. The input of the community should be sought with regard to ways or enhancing safety of users. • (9) Menstruation: Women and girls of menstruating age, including schoolgirls, should have access to suitable materials for the absorption and disposal of menstrual blood. Women and girls should be consulted on what is culturally appropriate. Latrines should include provision for appropriate disposal of menstrual material or private washing facilities. 	110
<p>Chapter – Shelter, settlement and non-food Items – Section 2. Non-food items: clothing, bedding and household items</p>		
<p>Non-food items standard 2 - Clothing and bedding</p>	<p>Relevant key action</p> <p>Identify the separate clothing needs of women, girls, men and boys of all ages including infants and vulnerable or marginalised individuals and ensure access to required items in the correct sizes and appropriate to the culture, season and climate.</p> <p>Relevant guidance note (1)</p> <p>Changes of clothing: All affected people should have access to sufficient changes of clothing to ensure their thermal comfort, dignity, health and wellbeing. This will require at least two sets of essential items, particularly underclothes, to enable laundering.</p>	271

From *The Sphere Project; Humanitarian charter and minimum standards in humanitarian response* (2011)

(UNHCR) has its own standards and guidelines for refugees. The standard for the provision of menstrual protection materials is a non-negotiable standard. Refer to the box

below for an example of a monitoring indicator for the distribution of sanitary protection materials for UNHCR.

Monitoring sanitary protection for women and girls⁶

Indicator – Percentage of needs met for sanitary materials

Standard – 100%

Rationale – To meet the basic and protection needs of refugee women and girls to uphold their dignity and self-esteem: one of the UNHCR's Five Commitments to Refugee Women.

Notes – This group includes girls and women 13-49 years old. The sanitary material kit includes either disposable napkins (12 per person per month) or reusable, absorbent cotton material (two metres long per person per six months), six underpants per person per year, and a 250g bar of soap per person per month (in addition to soap provided to the whole population).

Method of measurement – Numerator / Denominator x 100 = %; Numerator: Cost of sanitary materials provided (US\$) during the reporting period; Denominator: Cost of providing adequate sanitary materials (US\$) during the reporting period.

Example – Of a total female population of 48,000 (48% of the total population of 100,000), calculate the total number of women of menstruating or reproductive age (13-49). In this sample case, population statistics show this population as 28,000. The first figure to find is the value of what was actually distributed to the women during the year. The second figure will be calculated on the basis of what each woman should have received. Using the example in the table below, the value of the sanitary kit actually distributed compared to the kit that should have been distributed to reach the standard is $98,200/189,000 = 0.5196 \times 100 = 52\%$.

Item	Std	Price per unit	Actual distribution	Value	Std distribution	Value
Absorbent cotton	2m ² per person per 6 months	US\$0.75 per m ²	98,000m ²	US\$73,000	112,000m ²	US\$84,000
Underpants	6 per person per year	US\$0.40 per pair	0 pairs	0	168,000 pairs	US\$67,200
Soap	250g per person per month	US\$0.45 per kg	56,000kg	US\$25,200	84,000kg	US\$37,800
Total				US\$98,200		US\$89,000

From UNHCR (2006)

Module six

Menstrual hygiene in emergencies

The Sphere minimum standards cover the following sector areas: water, sanitation and hygiene; health in action; food security and nutrition; and shelter, settlement and non-food items. Education is not included but specific sectoral guidance is available for education in emergencies. Refer to the following example:

Inter-Agency Network for Education in Emergencies – Gender responsive school sanitation, health and hygiene⁷

INEE Access and Learning Standard 3: Facilities

– Education facilities are conducive to the physical wellbeing of learners.

Indicators:

- The physical structure used for the learning site is appropriate for the situation and includes adequate space for classes and administration, recreation and sanitation facilities.
- Communities participate in the construction and maintenance of the learning environment.
- Class space and seating arrangements are in line with an agreed ratio of space per learner and teacher, as well as grade level, in order to promote participatory methodologies and learner-centred approaches.
- Adequate sanitation facilities are provided, taking account of age, gender and special education needs and considerations, including access for persons with disabilities.
- Basic health and hygiene are promoted in the learning environment.
- Adequate quantities of safe drinking water and water for personal hygiene are available at the learning site.

Guidance note 3

Sanitation facilities should include solid waste disposal (containers, waste pits), drainage (soak pits, drainage channels) and adequate water for personal hygiene and to clean latrines/toilets. Learning environments should have separate toilets for males and females and adequate privacy. Sanitary materials should be available for females.

Menstrual hygiene-related issues identified relating to schools in emergencies:

- Girls affected by emergencies may not have access to sanitary protection materials, may not be able to

afford commercially available protection and may not have adequate clothes including underwear (particularly a challenge for the poorest).

- Girls may miss school because they are unable to manage their menses and out of fear of having an ‘accident’.
- The same may also apply to female teachers who may fail to attend school during their menses or be restricted in what they can do.
- Where girls are expected to use latrines far from the school, they may be at risk of sexual and other forms of gender-based violence (SGBV).
- Girls may lack information about menstrual hygiene and what is happening to their bodies, and crisis affected parents may not have the time or energy to talk with their children about puberty and adolescence.
- School curricula may not include subjects such as puberty and menstruation and in emergency situations schools may be dominated by male teachers who may be undertrained with little understanding of the challenges faced by post-pubescent girls in regularly attending school.

Promising approaches:

- Efforts should be made to understand the local beliefs, including possible taboos, around menstruation and if these have negative impacts for girls and women.
- Provision of separate, private and safe latrines for girls.
- Ensure girls and boys are engaged in planning and implementing new sanitation projects.
- Provide information for girls and boys on puberty, in single sex classes by well trained teachers.
- Different actors should be engaged and work together to promote and implement gender responsive sanitation, health and hygiene solutions – school (parents, PTAs, school councils, teachers, students),

- NGOs, CBOs, women's groups, youth organisations, governments (ministries of education, health, water), health providers, researchers.
- Hand-washing facilities should always be provided and where possible more private bathing facilities.
 - A separate and well-located latrine should also be provided for women, teachers, parents and other visitors to the school.
 - School WASH projects should also be linked to the curriculum, for example, health education, life skills, biology etc.
 - Sanitation, personal health and hygiene must be included in teacher training curricula.
 - Where there are no female teachers, collaborations should be created with appropriate local women – eg nurses, health workers, midwives - who can come to the school to teach menstrual hygiene and also visit on a regular basis to answer girls' questions as they arise.
 - Sanitary materials should be made available for girls who would otherwise not attend school.
 - Teachers and school authorities, perhaps in partnership with women's groups, should advocate to parents that their daughters attend school during their menses, and are provided with adequate sanitary protection.
 - Efforts should be made to sustain supplies of sanitary materials, for example by supporting girls to make their own pads.
 - Women's groups could be encouraged to make low cost pads and if external funds are available for the emergency response they could be purchased for the girls for an income generating opportunity.
 - Undertake action research involving girls and boys about the short- and long-term impacts of school sanitation, health and hygiene in emergency, chronic crisis and early reconstruction contexts.

From Inter-Agency Network for Education in Emergencies (no date)

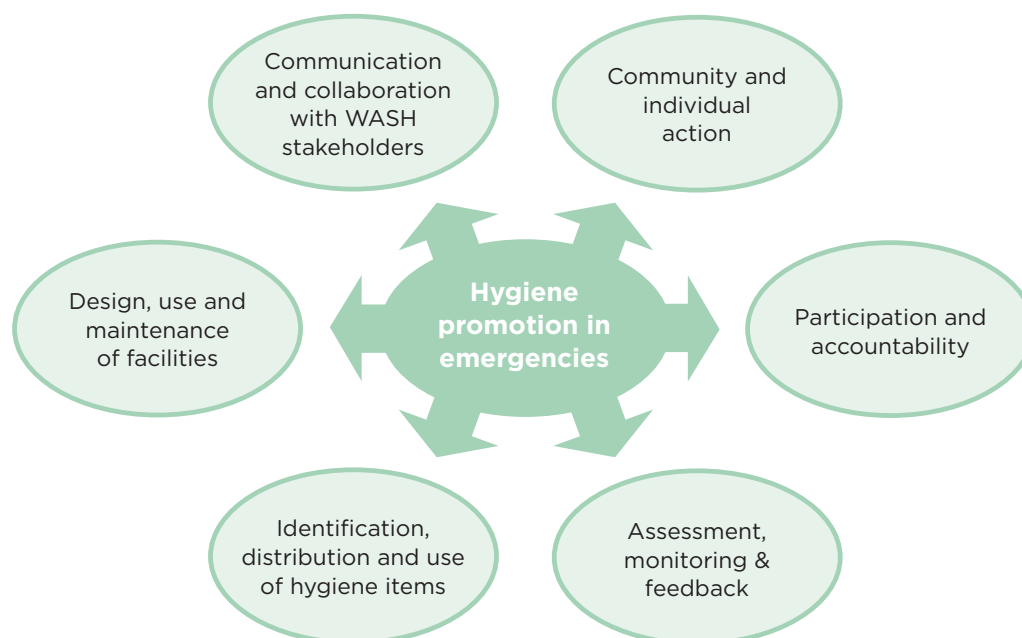
Module six

Menstrual hygiene in emergencies

6.3 Practical menstrual hygiene interventions in emergencies

6.3.1 Integrating menstrual hygiene into hygiene promotion in emergencies

Components of hygiene promotion in emergencies⁸



Menstrual hygiene can be integrated into each component of the hygiene promotion model:

- **Communication and collaboration with water, sanitation and hygiene sector stakeholders** – Ensure all sector actors know good practice for responding to menstrual hygiene in emergencies in a gender sensitive way, through training, simple guidance materials and information sharing. Coordinate with other sectors to ensure effective and timely distribution.
- **Community and individual action** – Mobilise girls, women, boys and men to improve menstrual hygiene for women and girls. Provide basic information on menstrual hygiene and practical ways for women and girls to stay healthy during menstruation.
- **Participation and accountability** – Discuss key priorities for menstrual hygiene with girls and women. Try and identify solutions to the challenges they face, and design systems for feedback.
- **Identification, distribution and use of hygiene items** – After consultations, procure and distribute appropriate sanitary protection materials, soap and hygiene items to assist in menstrual hygiene. Consider supporting the women and girls in the affected or local communities to make their own sanitary protection materials, or encourage the establishment of social enterprises.
- **Design, use and maintenance of facilities** – Involve women and girls in the design of latrines and facilities for bathing, hand-washing, washing clothes and washing, drying and disposing of sanitary materials.
- **Assessment, monitoring and feedback** – Engage women and girls in all assessment, monitoring and feedback activities on menstrual hygiene needs and interventions.

Refer to the following sections for further details.

6.3.2 Sanitary protection materials in emergencies

Module 3 provides an overview of different sanitary protection materials, their production, the supply chain, drying and disposal.

Toolkit 3 includes further details on sanitary pad production and disposal.

Key considerations for sanitary materials selection in emergencies are:

- Preferences of women and girls.
- Facilities available for washing and drying re-usable materials.
- Disposal systems (from collection to transfer and final disposal).
- Cost, availability and sustainability of supply.
- Softness, absorbency, speed of drying.



Distribution of sanitary cloths and soap for internally displaced women and girls, Bangladesh (Photo: WaterAid/Thérèse Mahon)

Complications for sanitary protection distribution for refugee girls in schools⁹

"A challenge that can be faced when providing sanitary materials for girls who are refugees, is that schools may be populated by both girls who are refugees and girls who are from the local community. Funds may be available only for the sanitary materials for the girls who are refugees but local girls also face the same challenges with menstruation."

(UNHCR, Uganda)

Staged approach to the provision of sanitary protection materials in emergencies

It is often necessary to use a multi-staged approach to the provision of sanitary materials in emergencies:

- **Stage 1 - Identify** a general sanitary protection material (such as a dark coloured soft cotton cloth that can be adapted as sanitary protection) that can be incorporated into the pre-stock kits located in strategic regional locations. These will then be ready for immediate deployment in the case of a fast onset emergency.
- **Stage 2** - At the onset of an emergency, **distribute** the pre-stock kits, including the sanitary protection material and usage information, to women and girls.
- **Stage 3** - As soon as possible, **talk** to the women and girls (of different ages, ethnic backgrounds and cultural groups) about their menstrual hygiene needs and their preferences for sanitary materials and underwear.
- **Stage 4 - Purchase** samples, consult with women and girls on their appropriateness and distribute them discretely. Ensure the water, sanitation and hygiene facilities for washing, drying and disposing of sanitary materials are established, functioning and well maintained, and that users know how to use them.
- **Stage 5 - Monitor** use and satisfaction of the sanitary materials and facilities among different groups, encourage feedback and adapt your approach as appropriate.

Module six

Menstrual hygiene in emergencies

Take care to consider:

Different preferences for sanitary materials by nationality

“In the refugee camps in western Uganda, there are refugees from a number of different countries (Sudan, Somalia, Rwanda, Burundi and others). Materials that were considered appropriate by one group were not always felt appropriate by others.”¹⁰

(UNHCR, Uganda)

Misunderstandings of the purpose of the sanitary materials provided

Women and girls may not be aware of why cloth has been included in the non-food items kits unless information is provided about its purpose. Men and

boys in the family may also use the materials for other purposes or discard them if they don't know what they are for.

(Various sources)

“Some girls were confused about the difference between re-usable and disposable pads. Where disposable pads were distributed, the girls were washing and re-using them unnecessarily as others were being provided. The confusion may have occurred because their mothers and older women wash their sanitary cloths, and hence the girls thought they needed to do the same.”¹¹

(UNHCR, Uganda)

An integrated approach to addressing sanitary protection needs; Inter-Agency Network for Education in Emergencies Ethiopia's intervention¹²

International Rescue Committee (IRC) implemented a multi-sector programme to increase girls' enrolment and participation in Walanihby Refugee Camp Primary School including the establishment of a girls' school council, recruitment of a refugee girls' education specialist, introduction of school feeding, and distribution of school uniforms. To complement this, IRC started production and distribution of sanitary napkins and soap to schoolgirls as an important strategy to increase girls' participation in the school as well as in other non-formal education activities. When IRC started its education programme for the Kunama refugees, girls' enrolment, and attendance rate in the primary school, was very low and the findings from focus group discussion with school-girls cited the lack of protection during their menstrual cycle as one of the main reasons for low enrolment and high drop out of girls in school.

IRC started dialogue with stakeholders and brought this issue to the attention of UNHCR including proposed strategies to address the concern of girls and women in the camp. UNHCR donated fabrics for the production of sanitary napkin kits, and IRC, using women graduates from the tailoring programme, designed and produced sample sanitary napkin kits in its vocational training

programme, distributing them to sample groups of girls and women in each zone. The sample group provided feedback on the use and quality of the sanitary napkin kits and the women continued to incorporate feedback from the refugee women and girls to improve the sanitary napkin design. The distribution is done by the IRC reproductive health and HIV/AIDS programme involving the women association members in each zone. Moreover, following vocational training on soap production, IRC added the distribution of soap as part of the sanitary napkin package in 2004-05. IRC purchases the underwear, pads and bars of soap from the women and distributes them to girls and women aged 13-49 every three months. Each girl and woman receives four pairs of underwear, 12 re-usable pads, and 12 bars of soap per year.

The production of school uniforms and sanitary napkins is not solely an opportunity for women to increase their household income as distribution of these items encouraged greater enrolment and retention of girls in school.

From Inter-Agency Network for Education in Emergencies (no date)

Being innovative about distribution mechanisms for underwear or sanitary protection wear in emergencies – the role of the private sector¹³

"The private sector can also have a role in the menstruation-related emergency water, sanitation and hygiene responses, such as was evidenced by the lingerie [underwear] fair supported by the private sector in Banda Ache following the tsunami. Women and girls affected by the tsunami were given vouchers to spend at the fair according to their own choice on appropriate underwear to replace that lost during the tsunami."

(Ferron S, independent consultant)

Good practice in providing menstrual hygiene guidance to girls in emergencies

- Water, sanitation and hygiene, health, education and protection staff work together to design an appropriate programme for sharing menstrual hygiene information with girls in and outside of school. Incorporation of menstrual hygiene learning and discussion sessions for girls in single-sex sessions in schools.
- Girl-friendly spaces are established in internally displaced persons or refugee camps, and girls' discussion groups are held.
- Supportive female adults are identified, who can be available to answer girls' questions. This is particularly important for girls separated from their families, or child-headed households with no adult women at home.

Also refer to the case study on the production of sanitary pads by women refugees, abductees by the Lord's Resistance Army, and women and men with HIV/AIDS in Uganda, which can be found in [Module 7.3](#) – Supporting girls and women in vulnerable, marginalised or special circumstances.

6.3.3 Engaging women, girls, men and boys in menstrual hygiene in emergencies

Menstrual hygiene information for adolescent girls in emergencies

If available, use existing menstrual hygiene booklets for girls that take account of the cultures, languages and ethnic backgrounds in the area. If these books are unavailable, work together with other organisations across sectors to develop a coherent booklet or set of information to be used across programmes.

Refer to [Toolkit 1.2.1](#) for examples of existing menstrual hygiene booklets for girls and proposed content for new materials.

Engaging women and girls in menstrual hygiene in emergencies

Use opportunities such as existing women's groups and women leaders to discuss the best way to engage with women and girls on menstrual hygiene in emergencies. Focus groups and discrete house to house visits can also be used to talk to women and girls about their needs and obtain feedback on interventions. Discussions could also be led by female leaders at religious establishments.

Engaging men and boys in menstrual hygiene

It is also appropriate to support information for boys on adolescence and on issues such as sexual and gender-based violence and the importance of respecting girls and women. This can be done through single-sex sessions at schools, discussions held at boys' clubs or sports events, such as cricket or football. Discussions for adult men could be organised by male community or religious leaders. Refer to [Module 2.4](#) for further discussion on men and boys' involvement in menstrual hygiene.

Module six

Menstrual hygiene in emergencies

6.3.4 Menstrual hygiene-friendly water, sanitation and hygiene facilities in emergencies

Below is an overview of good practice in design for menstrual hygiene-friendly water, sanitation and hygiene facilities in emergencies. Facilities should be designed and located in consultation with women and girls affected by the disaster or emergency.

Good practice design for menstrual hygiene-friendly water, sanitation and hygiene facilities in emergencies

Water supply:

- In a safe location, accessible to women and girls, including those with disabilities or limited mobility.
- Of adequate quantity on a daily basis. Ideally provided inside latrine and bathing cubicles, or if this is not possible, near to these facilities.
- With drainage, so water point is hygienic and so the users can collect the water with ease.

Latrines:

- In a safe location and private (with internal locks and screens in front of the doors or separately fenced off with a female caretaker).
- Lit where possible (if latrines cannot be lit at night, wind-up torches or batteries and torches should be provided in each family's non-food items kit).
- Adequate numbers (in line with Sphere minimum standards, UNHCR standards or the host government's standards) and segregated by sex.
- Accessible to women and girls, including those with limited mobility or disabilities. At least some larger units to allow for changing menstrual protection materials or supporting children (refer to [Module 7.3](#) and [Toolkit 7.2.1](#) for further details).

Bathing units:

- Bathing units should provide privacy, safety and dignity for women and girls bathing and managing their menses.
- In a safe location and always with locks on the inside of doors.
- Putting a fence around the unit with a single entrance provides an additional level of privacy and allows other facilities such as washing slabs and drying lines

to also be incorporated.

- Include a seat for girls and women with limited mobility or disabilities.
- Include hooks for hanging clothes and drying towels while bathing.
- Discrete drainage, so any water with menstrual blood in it is not seen outside the unit.

Disposal facilities for menstrual hygiene materials:

- Discrete and appropriate disposal facilities located inside the latrines¹⁴. Can be a container with a lid or, for more established facilities during later emergency stages, a chute direct from the latrine unit to an incinerator outside.
- If containers are provided, a regular and sustained process for collection and disposal of contents in an incinerator or pit must be established. This requires appropriate training and the provision of protective equipment (gloves) for those managing collection and disposal.
- In cases where incinerators are available in medical facilities, collaboration is an option. Alternatively, separate facilities may need to be constructed. Refer to [Toolkit 6.2.2](#) for information on emergency incinerators, [Toolkit 3.2.5](#) for waste collection containers and [Toolkit 3.2.6](#) for alternative incinerators.

Facilities for washing and drying sanitary cloths and underwear:

- In a private, sex-segregated location, for example the provision of a screened laundry area as part of integrated toilet and bathing facilities, ideally with a water supply also inside the unit.
- Discrete drainage, so waste water with menstrual

blood in it does not get seen outside of the washing unit.

- Drying facilities provided, such as sex-segregated private drying lines within a screened bathing and latrine unit, or a publicly available charcoal iron that can be used to dry cloths.
- Refer to [Module 3.3.1](#) for further discussion on the washing and drying of sanitary cloths.

Operation, cleaning and maintenance of all facilities:

- Appropriate operation, cleaning and maintenance routines should be established for all water, sanitation and hygiene facilities, which are appropriate to the context and expected length of the emergency.

Refer to [Toolkit 6.2.1](#) for two examples of integrated and screened toilet, bathing and laundry areas, designed and used in the internally displaced persons camps following the Pakistan earthquake.



Emergency incinerator

(Photos: S House/Oxfam GB)



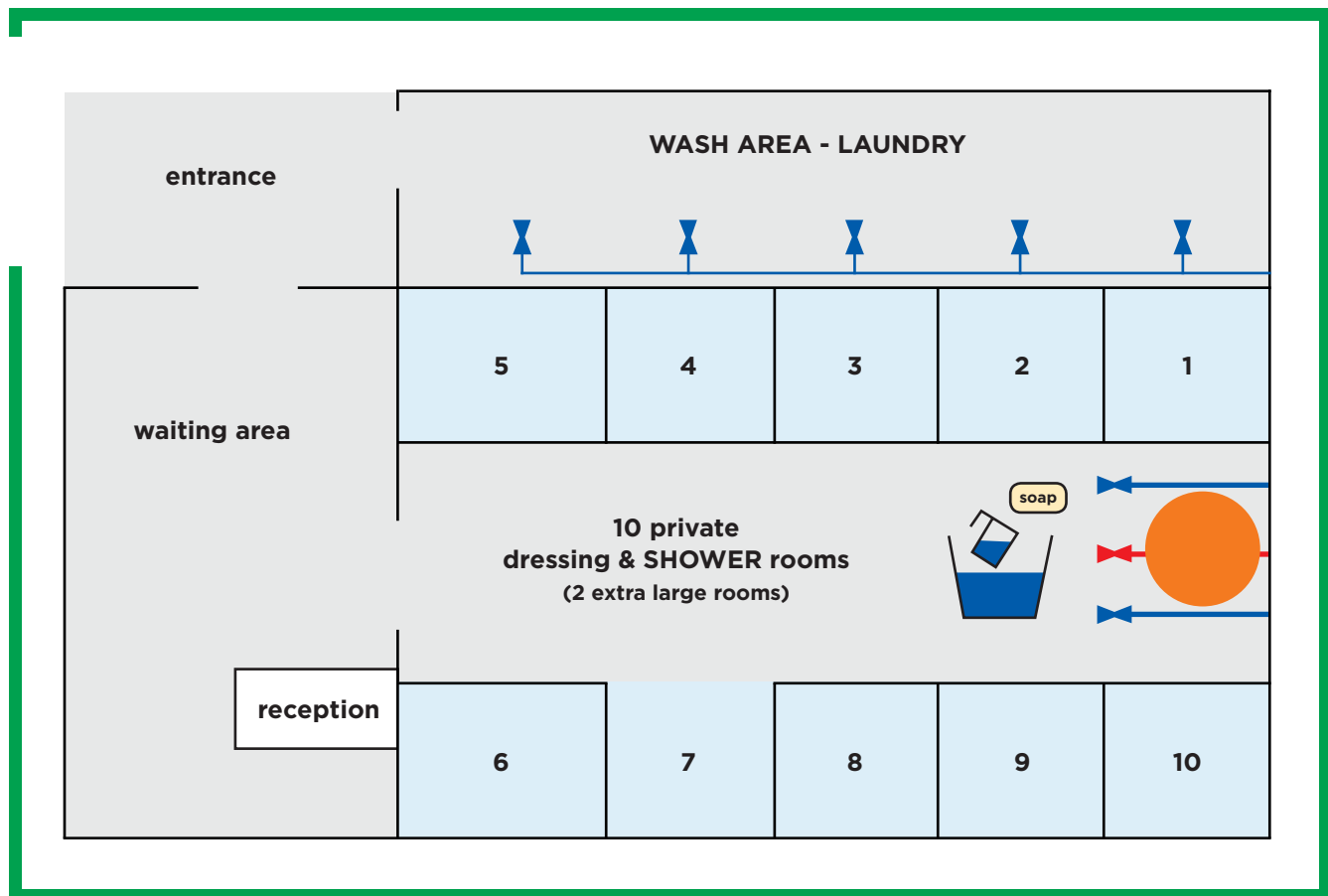
Private washing slab for washing sanitary cloths

Module six

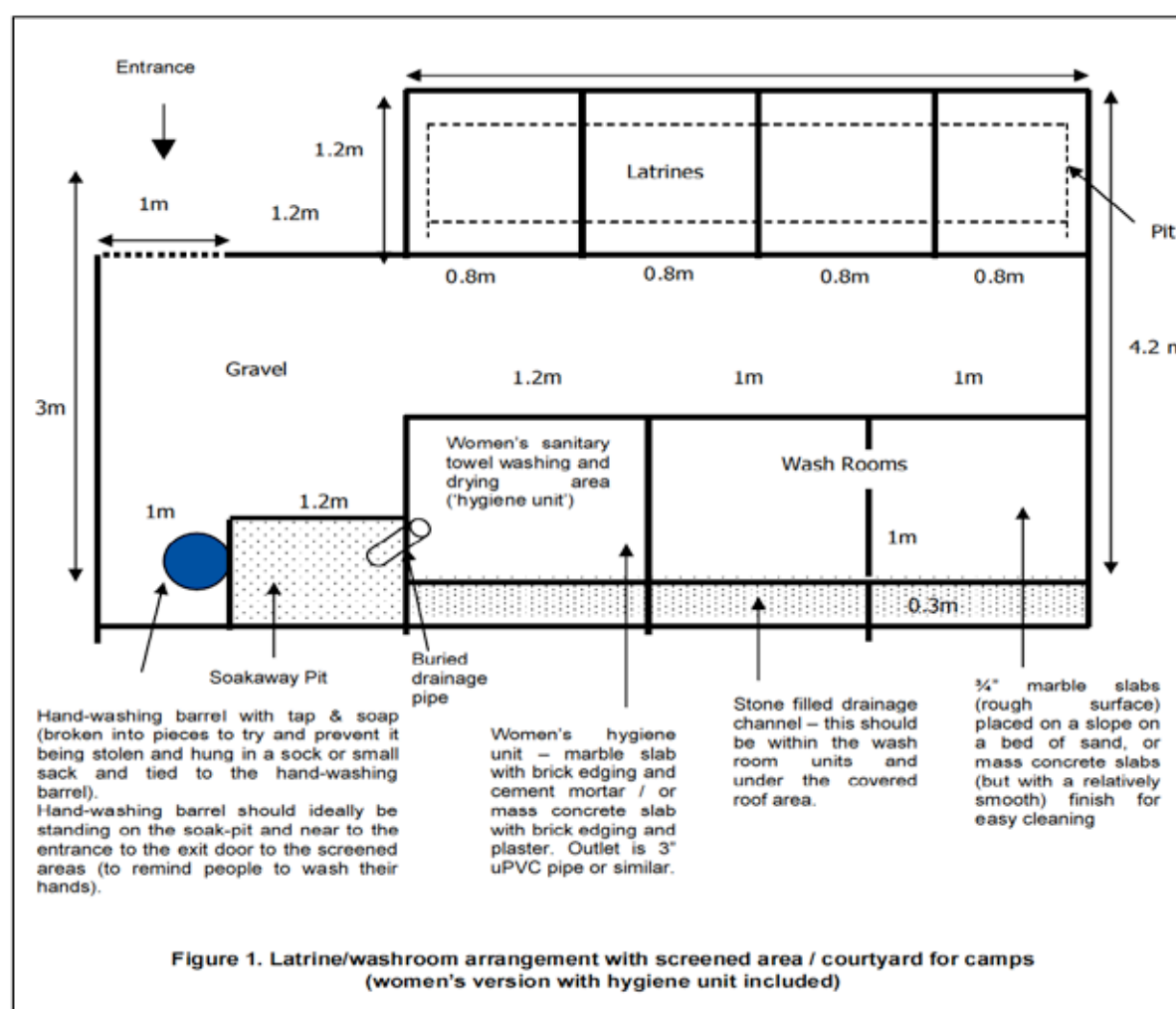
Menstrual hygiene in emergencies

Menstrual hygiene-friendly integrated water, sanitation and hygiene facilities for emergencies

BOUNDARY



Screened, sex-segregated, warm water bathing and laundry unit, supported by ACF-France, Pakistan earthquake response, 2005



Screened toilet and bathing block with integral women's sanitary cloth washing and drying area, supported by Oxfam GB in response to the Pakistan earthquake, 2005¹⁵

See [Module 6.2](#) for the key recommendations from Sphere and Inter-Agency Network for Education in Emergencies (INEE) for water and sanitation facilities in emergencies. [Toolkit 6.2](#) provides examples of menstrual hygiene-friendly designs and [Toolkit 3.2](#) and [Toolkit 5.2.2](#) provide alternative designs for incinerators and menstrual hygiene-friendly latrines, bathing units, changing rooms, water and hand-washing facilities.

Module six

Menstrual hygiene in emergencies

Endnotes

¹ Sommer M (in press) *Menstrual hygiene in humanitarian emergencies; Gaps and recommendations*. Waterlines.

² The 'cluster approach' was developed as part of a process of humanitarian reform to strengthen leadership in sectors that previously had limited or no leadership. UNICEF was identified as the international lead for the water, sanitation and hygiene sector under the approach, but other agencies can take the role in country or sub-country contexts where they have the required capacity. The cluster approach can provide an ideal forum for initiating cross-sectoral discussions and planning for menstrual hygiene.

³ The Sphere Project was initiated in 1997 by a group of non-governmental organisations and the Red Cross and Red Crescent Movement. Its aim was to develop a set of universal minimum standards in core areas of humanitarian response following the challenges faced by the responses to the Rwanda crisis in 1994. Several versions have been developed of *The Sphere Project; Humanitarian charter and minimum standards in humanitarian response* (more commonly known as 'Sphere'). The latest version was published in 2011.

⁴ Global WASH Cluster (2009) *WASH accountability resources; Ask, listen, communicate*.

⁵ Ibid.

⁶ UNHCR (2006) *Practical guide to the systematic use of standards and indicators in UNHCR operations*. 2nd edition.

⁷ Inter-Agency Network for Education in Emergencies (no date) *Gender responsive school sanitation, health and hygiene*.

⁸ UNHCR (2011) *UNHCR hygiene promotion briefing pack*.

⁹ UNHCR Uganda (2010) *Personal communication*.

¹⁰ Ibid.

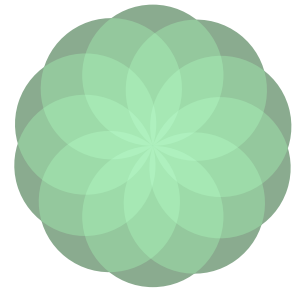
¹¹ Ibid.

¹² Inter-Agency Network for Education in Emergencies (no date) *Gender responsive school sanitation, health and hygiene*.

¹³ Ferron S (2010) *Personal communication*.

¹⁴ Where possible and appropriate for women and girls, disposable sanitary products should be avoided in the early stages of the emergency due to the challenges for waste disposal. However, washable materials also pose challenges for users, so neither is a perfect option.

¹⁵ Nawaz J, Lal S, Raza S and House S (2006) *Screened toilet, bathing and menstruation units for the earthquake response in NWFP, Pakistan*. 32nd WEDC International Conference, Colombo, Sri Lanka.



Module seven

Supporting women and girls
in vulnerable, marginalised or
special circumstances

Part of *Menstrual hygiene matters;*
A resource for improving menstrual
hygiene around the world, written by
Sarah House, Thérèse Mahon
and Sue Cavill (2012).
The full version can be downloaded
from www.wateraid.org/mhm.

This module will cover...

- 7.1 Making a difference for women and girls in vulnerable, marginalised or special circumstances
- 7.2 Menstrual hygiene challenges of women and girls in vulnerable, marginalised or special circumstances and actions to support them
- 7.3 Integrating menstrual hygiene into services and programmes



Mrs Rong, a wheelchair user, demonstrating her facilities for washing clothes and bathing, Cambodia
(Photo: S House/WEDC)

Module seven

Supporting women and girls in vulnerable, marginalised or special circumstances

7.1 Making a difference for women and girls in vulnerable, marginalised or special circumstances

7.1.1 Identifying women and girls in vulnerable, marginalised or special circumstances

The terms 'vulnerable' and 'marginalised' are often used interchangeably. However, while some marginalised people may also be vulnerable, and vice versa, this is not always the case.

Defining 'vulnerable', 'marginalised' and 'special circumstances'

Vulnerable – A person is more vulnerable in a given context when they are less able to cope with problems or hazards, and is therefore at greater risk.

Marginalised – A person who is marginalised is outside the main body of society or has limited decision-making power within it. They may have limited resources (financial or otherwise) and lack the same benefits as non-marginalised people. They often face historical or cultural discrimination and are under-represented in political decision-making. They may be marginalised as an individual (eg due to a disability) or as part of a group (eg due to social status as a Roma, dalit, etc).

Special circumstances – A person who is in special circumstances is considered for the purpose of this resource to have some form of special needs that may not be met with standard services or responses. People in special circumstances are not necessarily vulnerable or marginalised.

Whether people are vulnerable or marginalised can vary by context, although some of those commonly vulnerable or marginalised are listed in the box to the right. If a person is in several of the groups they are more likely to be more vulnerable or marginalised; for example, an adolescent girl who is an orphan, has a disability and looks after her siblings, is likely to be very vulnerable. Those in special circumstances, with specific needs to be addressed, but which may be overlooked by standard programming without specific attention, could include women or girls with disabilities, fistula or incontinence, or who have undergone female genital mutilation.



Women and girls in vulnerable situations may face additional challenges with their menstrual hygiene. For example, wheelchair users may have to crawl into a dirty latrine every time they want to use the toilet.

(Picture: Rod Shaw, WEDC, Loughborough University)

Women and girls who may be vulnerable or marginalised in a specific context

- The poorest people, older people, children.
- Orphaned children and children in social care.
- Those who are homeless or living on refuse tips or on the streets.
- Former or current child soldiers.
- Indigenous or minority groups (by culture, religion, ethnicity, caste etc).
- Refugees, internally displaced people or asylum seekers.
- People in households headed by one person/a woman/an older person/a child.
- People living with HIV/AIDS or other serious illnesses.
- People who are hospitalised.
- People under custody.
- People with disabilities.
- Sex workers.
- Those engaging in 'transactional sex' (sex in exchange for support or gifts).

It should be noted that even if someone is vulnerable or marginalised they will have capacities as well as vulnerabilities. Often people who are vulnerable or marginalised are very resourceful, enabling them to face considerable challenges on a daily basis. For example, people with disabilities often find innovative ways of accessing water and sanitation where services are lacking or not accessible.

7.1.2 The importance of specifically considering women and girls in vulnerable, marginalised or special circumstances

It is important to specifically consider the situation, needs and priorities of women and girls in vulnerable, marginalised or special circumstances, because they can face additional challenges in managing menstruation hygienically. They may also not so easily participate in community activities (see box below).

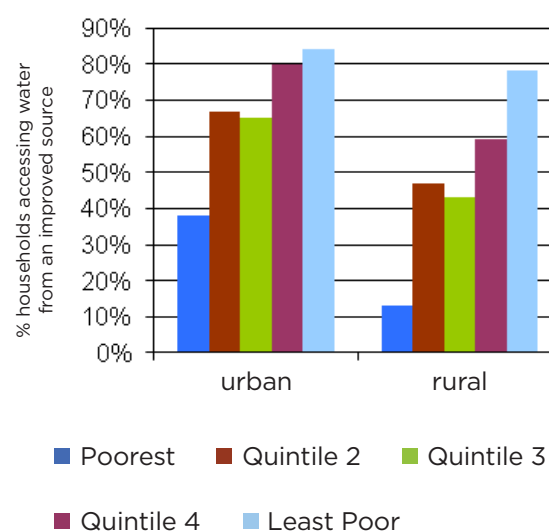
People who are in vulnerable and/or marginalised situations may:

- Be less visible.
- Have less time for community activities.
- Have less of a voice and less confidence speaking in public.
- Live on the edge of communities with less access to services.
- Be illiterate.
- Be less likely or able to demand their rights.
- Not be listened to.
- Face stigma or prejudice.
- Be unable to provide cash or labour contributions.
- Have different beliefs, cultures or practices to the majority.
- Have different needs, including those relating to water, sanitation and hygiene.
- Be under-represented in policy- and decision-making.

Some of the challenges women and girls in vulnerable situations can face in managing their menstrual hygiene include:

- Less access to money for purchasing sanitary protection materials or medicines.
- Less ability to demand their rights to water and sanitation (including in a work context).
- Less access to water, sanitation and hygiene facilities, due to location and accessibility or social restrictions.
- Less likelihood of having good living conditions with menstrual hygiene-friendly water, sanitation and hygiene facilities.
- Increased likelihood of being illiterate with less accessible information on menstrual hygiene.
- Potentially increased restrictions to menstrual hygiene due to traditional or cultural beliefs.

Access to water by residence and poverty status, Tanzania Demographic and Health Survey, 2004/5)²



Module seven

Supporting women and girls in vulnerable, marginalised or special circumstances

A focus group discussion was held in Tanzania with six women from the Tanzania Federation of Disabled People's Organisations. The representatives themselves had different disabilities (visual, hearing and physical impairments, albinism³). They shared experiences of people with disabilities in managing menstruation, and made recommendations for what could be done to improve the situation (see box below).

Menstrual hygiene experiences of women and girls⁴

Menstrual hygiene challenges faced by women and girls with disabilities

- Women and girls who cannot stand or see, often have to crawl or sit on dirty latrine seats to change their pads or cloths, which not only makes them dirty and soils their clothes but may also put them at greater risk of infection.
- Taking the bus is particularly problematic for women with a disability. There is a risk that in rushing to get on the bus a woman's menstrual cloth can fall out, causing humiliation.
- Women and girls with disabilities often lack adequate information on menstruation – the participants thought this is because people do not generally expect them (as disabled women and girls) to menstruate – so when it happens for the first time girls don't know what it is or how to deal with it.
- Some ethnic groups in Tanzania have taboos around menstruation. For example, menstruating women – even those who are disabled – have to sleep on the mud floor, which is resurfaced afterwards.
- Carers and additional support are often needed for women and girls with learning difficulties, to help them deal with menstruation and observe social norms (such as not removing their used sanitary pad and showing it in public).
- Most women and girls with disabilities are not able to afford mass produced pads. Locally made pads are cheaper but can be of lower quality.
- Unless schools have a water supply, girls are not

able to wash themselves, their sanitary cloths or latrines properly. They have to carry five litre drinking water bottles with them for this purpose, which is particularly difficult for those with disabilities.

- Women and girls in rural areas face more challenges maintaining menstrual hygiene because the water supply is often a long way from home – a particular problem for those with disabilities.
- Women and girls often have to use dirty cloths because they can't clean them without access to water and soap. Some women share cloths with neighbours in rural areas if they can't afford their own, potentially increasing the risk of infection

Recommendations

- Provide water to rural communities and schools, and ensure people with disabilities have a constant supply of water. The participants in the focus group stressed that clean water is vital to manage menstruation hygienically.
- Make sure everyone has accessible toilets with a water supply inside for managing menstruation.
- Ensure menstruation is taught on the school curriculum as has been done for HIV.
- Provide free ready-made pads and information on how to use them for girls and women with disabilities.
- Educate men and boys on menstrual hygiene, so it is not a shameful thing.



Water and sanitation committees should include women, men and people with different backgrounds and experiences (Picture: IASC WASH Cluster Visual Aids Library)

7.1.3 Institutional responsibilities

The institutional responsibilities for working with women and girls in vulnerable or marginalised situations on menstrual hygiene will vary depending on the group and the particular context. [Module 2.2](#) provides an overview of the different sectors that have a role in menstrual hygiene. A starting point to identify which institutions to work with would be to talk to:

- The ministries that have responsibility for social protection, children or women's affairs.
- Non-governmental organisations or community-based organisations with access to vulnerable or marginalised people (eg a sex workers' union, street kids' association, disabled people's organisations, community-based church or mosque with established 'inclusion' initiatives, organisations working with people living with HIV and AIDS).

They should be able to advise on other appropriate organisations with responsibilities for supporting menstrual hygiene for specific vulnerable groups. A discussion may be required about how menstrual hygiene crosses several sectors and impacts on women and girls in different ways.

7.1.4 Monitoring and obtaining feedback on menstrual hygiene from women and girls in vulnerable, marginalised or special circumstances

It is very important to work together with people who are in vulnerable, marginalised or special circumstances, or with their carers, at each stage of programme development. This is to ensure programmes or services will help women and girls to overcome their particular menstrual hygiene challenges. People in vulnerable, marginalised or special circumstances are also often very resourceful and are likely to have useful ideas on how their situation can be improved.

Specific efforts need to be made to identify people in vulnerable, marginalised or special circumstances as they are less likely to participate in community activities or demand their rights. Asking for assistance from community leaders, health staff at the local clinic, religious leaders or staff from local non-governmental or community-based organisations can be a useful first step to help identify who are in vulnerable, marginalised or special circumstances.

Module seven

Supporting women and girls in vulnerable, marginalised or special circumstances

7.2 Menstrual hygiene challenges of women and girls in vulnerable, marginalised or special circumstances and actions to support them

There are many reasons why girls and women can be in marginalised or vulnerable situations. Their particular circumstances will vary the types of challenges they face in managing their menstruation.

The following case study identifies the particular challenges that girls and women living on the streets face on a daily basis.

Girls and women living on the streets and menstrual hygiene⁵

Girls are rarely found living alone on the streets. They are usually paired with young or adult men, who offer masculine security in return for emotional or sexual favours as 'husbands'. However, whether living alone or with others, the pressures of living on the streets are much higher for these adolescent girls. If young, there is the burden of working, coupled with looking after other siblings and keeping 'home' on the pavements. For the adolescent, looking clean helps secure male attention and the universally assumed male 'support'.

In South India some adolescent girls who were earlier inhabitants of the pavements now live in a government supported social welfare centre. The situation at the hostel was similar to life on the streets. The premises were filthy and appeared not to have been cleaned for a long time. There was a single toilet and bathroom for the nearly 200 girls and that too without a regular supply of water. The very young girls reported having a bath only once in one or two weeks. They mentioned that there is no provision of hot water (bathing with hot water is the cultural norm in South India). The older girls mentioned the problems they were having with menstrual hygiene. 'We wash the menstrual cloths and all of us dry them on the terrace. But the cloths are in short supply and often they are interchanged or stolen.' The hostel was supervised by one female cook and a male watchman.

It was reported by several girls that the watchman abuses them sexually, but there is no one to report him to. 'At least, the hostel provides shelter and food.'

The adolescent girls living on the streets in Hyderabad said that they either use the railway tracks very early in the morning or the toilet complexes by paying Rs 2 to ease themselves. Having a bath costs Rs 5 to Rs 6 and washing clothes costs a further Rs 10. Most girls cannot afford these payments regularly and they usually restrict their bathing and cleaning to the time of their monthly menstrual cycle. Coping with menstrual hygiene is another challenging task. Most of the girls are aware of sanitary towels sold in the shops, but there is simply no money to buy these. It is almost impossible to wash and re-use cloths because of the lack of washing places and places to dry and store them (rather than the lack of water to wash them). Most reported using pieces of old cloth or garments they found on the streets instead, which they throw away after use.

From Joshi D and Morgan J (2007)

The following example highlights issues women with disabilities face in managing their menstrual hygiene.

Women with developmental disabilities and menstrual hygiene⁶

Developmental disabilities refer to chronic conditions that manifest during childhood, and which may alter or delay the normal development of one or more of the following skills: language, speech, learning, self-help, mobility or independent living. Examples of developmental disabilities include Down's syndrome, learning difficulties, spina bifida and cerebral palsy.

Menstrual cycles

Overall, there is no clear data to suggest that the onset of menstruation or the cycles of women with developmental disabilities differ substantially to women without disabilities, except in some special conditions. Thyroid disease is more prevalent in women with Down's syndrome and can lead to disturbance of the menstrual cycle.

A woman with a developmental disability will generally have the same menstrual hygiene needs as any other woman – that is, to manage her menstruation as independently as possible, meeting her needs for both good hygiene and appropriate privacy.

Menstrual hygiene and girls and women with developmental disorders

- 'Cyclical behavioural changes are a common issue for women with developmental disabilities (16%). The cyclical behaviour in women with developmental disorders may be very different from what is typically thought of as premenstrual syndrome in adult women; it may include temper tantrums, crying spells, autistic behaviour, self-abusive behaviour, or seizures.'
- 'Dysmenorrhea is very common in teenagers (10-45%) and teens who cannot communicate their discomfort or pain may manifest changes in behaviour.'
- 'The teen may remove the pads in inappropriate places on account of a heightened sensory awareness of discomfort from the pads.'

- 'Some teens cannot physically change their own pads, which may interfere with their ability to be independent; this may be seen in teens with cerebral palsy or spina bifida.'

Education for carers

'Problems may arise if caregivers at school or at home are unable or unwilling to help with hygiene, so that the teens may end up staying home from school. Some of these issues can be remedied with patient or caregiver education, focusing on the normalcy of periods in all women, explaining that this is not "painful or bad blood", and providing help to the family and school caregivers with the management of pads. This education will include the adolescent (most teens that are toilet-trained can be taught how to deal with pads) and her family or the school caregivers, making sure that all issues are addressed.'

Treatment of menstruation – menstrual suppression

Menstrual suppression (through the use of contraceptives) has been used in developed countries to: decrease flow, relieve pain or symptoms, provide contraception or obtain amenorrhea. The decision to suppress puberty or menstruation should not be undertaken as a routine action, but should be based on an individual assessment of the menstrual cycle, the tolerance of the patient of her periods and the products used, as well as the impact of the cycles on her daily activities.

Refer to [Module 7.3](#) for good practice in providing menstrual hygiene support for women and girls with learning disabilities.

Sections in parenthesis from Kaur H, Butler J and Trumble S (2003) and Qunit EH (2008)

Module seven

Supporting women and girls in vulnerable, marginalised or special circumstances

Table 7.1 Menstrual hygiene challenges of women and girls in vulnerable, marginalised or special circumstances and actions to support them

Situation	Particular considerations in relation to menstrual hygiene	Good practice
<p>Women and girls with disabilities (physical and learning disabilities)⁷</p>	<ul style="list-style-type: none"> • Water, sanitation and hygiene facilities may be inaccessible. • Women and girls may be bedridden and unable to access facilities, or may not be able to physically change their pads and need a carer's assistance. • A woman or girl who is blind may face particular menstrual hygiene challenges as she cannot see the extent of the blood. • Women and girls may need support from carers to undertake their hygiene practices, but their carers may not have knowledge on good menstrual hygiene practice. • They may be from the poorest section of the community and hence have less access to money for sanitary protection. • They may not automatically be included in women's groups, if the women's groups are self-selecting. • Teaching methodologies on menstrual hygiene good practices may not be appropriate for women and girls with learning disabilities. • They may have been excluded from educational opportunities and hence be illiterate and have less access to information on good menstrual hygiene practices. • Some girls and women with developmental disabilities may not be able to communicate their pain and discomfort relating to menstrual hygiene and this can result in behavioural changes. • Once menstruation occurs, girls with developmental disorders may have physical challenges that may make menstrual hygiene difficult, or they may be unable to deal with menstrual pads. The teen may remove the pads in inappropriate places on account of a heightened sensory awareness of discomfort from the pads. 	<ul style="list-style-type: none"> • Work in partnership with organisations that specialise in working with people with disabilities. • Ensure all staff are aware of good practice in making water, sanitation and hygiene facilities accessible. • Involve women and girls with disabilities in discussions on the challenges they face, possible solutions and how they would like to be supported. • Consider the particular abilities and developmental level of girls and women and adapt educational programmes to suit them. • Ensure water, sanitation and hygiene facilities are always accessible to people with disabilities – involve people with disabilities in their design. • Make positive efforts to ensure women and girls with disabilities are invited to participate in interventions and services. • Provide additional water, sanitation and hygiene facilities for women and girls who are bedbound, which are in reach of their bed, including a protective layer for bedding during menstruation. • Refer to Module 7.3 and Toolkit 7.2.1 for additional information.

Situation	Particular considerations in relation to menstrual hygiene	Good practice
<p>Women and girls in extreme poverty/the 'ultra poor' (living on the streets, on refuse dumps or railways, or who practice manual scavenging of excreta)⁸</p>	<ul style="list-style-type: none"> • Ultra poor people may have clothing that is too small, too tight, torn or worn, or not have underwear, all of which can affect a woman or girl's ability to manage their menstruation⁹. • They may not have any changes of clothes, and hence face serious challenges if their clothes become soiled. • They may not have access to water, sanitation and hygiene facilities. • They may not have money to pay for sanitary pads. • Girls and women living in urban slums or who obtain a livelihood on refuse dumps may wash and re-use sanitary pads they find on the dumps or use old clothes or rags¹⁰. 	<ul style="list-style-type: none"> • The priority is to get girls and women out of this situation into accommodation, education, protection. • Discuss with women and girls the main menstrual hygiene challenges they face and the solutions they propose. • As an interim solution, ensure there are community facilities where women and girls can bathe, use the toilet, get free cloths or pads, and have somewhere to wash and dry them. • Support women and girls to make sanitary pads and soap to sell for money, or establish other income generation activities.
<p>Women and girls in custody¹¹</p>	<ul style="list-style-type: none"> • Cells are often overcrowded. • Women and girls may have no privacy or hygienic facilities for excreta disposal, having to share a bucket in a cell. • They may have no access to sanitary pads or cloths. • They may have no access to natural materials such as leaves, banana fibre or other products that women who can't afford cloths or pads would usually use. • They may have only limited access to water or showering facilities, which may also be communal. • They may have to dispose of dirty sanitary pads in a bucket in a communal cell. • They may have nowhere private to wash and dry sanitary cloths. • They may have no access to pain relief for menstrual cramps. • Prison wardens, particularly men, may not have been trained in supporting women during their periods. • Cloths may be stolen while drying. 	<ul style="list-style-type: none"> • Train prison wardens to provide basic minimum support and facilities for girls and women in custody. • Ensure adequate water and sanitation facilities exist. • Ask women and girls what problems they face with their menstrual hygiene, and use this information to devise good practice solutions. • Allow women and girls to access private sanitary facilities during menstruation. • Provide additional water and additional time for bathing or showering during menstruation. • Provide disposable sanitary materials and a solid waste disposal system, or a place to wash and dry sanitary cloths. • Integrate good practice guidance on menstrual hygiene into international guidance on water, sanitation and hygiene in prisons¹².

Module seven

Supporting women and girls in vulnerable, marginalised or special circumstances

Situation	Particular considerations in relation to menstrual hygiene	Good practice
<p>Women and girls in conflicts (including affected populations, girl soldiers, abductees and ‘army wives’) or in post-conflict scenarios¹³</p>	<ul style="list-style-type: none"> • Water supplies may be disrupted, damaged or dangerous to access due to landmines, sniper or cross-fire; spare parts may be unavailable; fuel may be limited to run pumps. • Women and girls may have had to flee from their homes with very few possessions, and hence may lack clothing, including underwear, and their usual materials for sanitary protection. • They may not be able to buy their usual sanitary protection products because of a lack of money or because the supply chain is disrupted. • They may need to take on additional work because the head of the household is away fighting or has been killed, or as a protection measure. • They may have to live in cramped conditions with male family members and strangers, making it difficult to manage menstruation in privacy. • Girl soldiers, abductees and ‘army wives’ may have to move regularly with the other combatants, with very limited time and access to resources for washing and drying cloths. 	<ul style="list-style-type: none"> • Provide access to water and sanitation facilities that are accessible to women and girls. • Talk to women and girls about the main menstrual hygiene challenges they face and the solutions they propose. • Provide sanitary cloths or disposable products that are in line with the women and girls’ preferences. • Provide private washing and drying units (could involve washing lines and charcoal irons) and discrete disposal mechanisms for sanitary materials. • Provide women and girls with awareness sessions and menstrual hygiene information. • For female child soldiers, abductees and ‘army wives’, the main aim is to support them out of their combatant role or situation, making sure that young and adolescent girls under rehabilitation have access to information, water and sanitation facilities and sanitary protection materials. • Refer to Module 6 for further information on menstrual hygiene in emergencies.

Situation	Particular considerations in relation to menstrual hygiene	Good practice
Women and girls who suffer from incontinence or fistula¹⁴	<ul style="list-style-type: none"> • Fistula sufferers may suffer discrimination or exclusion because of the smell of urine or faeces. • Women and girls may have to use sanitary protection on a daily basis for incontinence (urine or faeces) as well as for menstruation. • They may struggle with the costs of sanitary protection and the need to clean them on a daily basis. • Those with severe incontinence and fistula may need more substantial protection than standard menstrual materials offer. • They may need to have greater access to a water supply and soap. 	<ul style="list-style-type: none"> • Talk to women and girls about their water, sanitation and menstrual hygiene needs. • Provide awareness sessions and menstrual hygiene information. • Offer a range of options for sanitary protection materials – for lesser and more severe incontinence. • Train women and girls to make their own sanitary materials that are also suitable for their incontinence. • Refer to Toolkit 7.3.2 for more details and Module 3.1.1 for sanitary protection materials that are sometimes used by women and girls with incontinence (noting that often larger and more absorbent materials will be needed). • Provide income-generating opportunities for women and girls.
Women and girls who have undergone infibulation (female genital mutilation)	<ul style="list-style-type: none"> • Women who have undergone severe genital mutilation may suffer from complications such as blood being unable to exit the body and hardening inside, increasing pain. 	<ul style="list-style-type: none"> • Refer to medical personnel for professional advice. • Ensure that staff and teachers are aware of the complications and that women and girls may be absent from school or the workplace. • Work with specialist organisations campaigning and working with women and girls on female genital mutilation.

Module seven

Supporting women and girls in vulnerable, marginalised or special circumstances

Situation	Particular considerations in relation to menstrual hygiene	Good practice
Women and girls who work in the sex industry¹⁵	<ul style="list-style-type: none"> • Women and girls face discrimination for the work they undertake to support their families. • They may face sexual and gender-based violence on a daily basis. • They may be very vulnerable, trying to raise an income to support their families and unlikely to have additional money for sanitary products. • They may not be able to work while menstruating, and may try to stop the bleeding by inserting a sponge into their vagina so they can work. The same sponge may be reused multiple times without effective cleaning. • They may be more vulnerable to contracting HIV/AIDS. • They may be excluded from women's groups if the women know what they do for a living. 	<ul style="list-style-type: none"> • Work with organisations working with women and girls in the sex industry to help build their capacity to offer support on menstrual hygiene. • Talk to women and girls about the main menstrual hygiene challenges they face and the solutions they propose. • Provide awareness sessions and information on menstrual hygiene, including the risks of inserting unhygienic sponges into their vagina and re-using single-use products. • If appropriate in the circumstances, menstrual suppression through contraception may be prescribed by a medical practitioner. • Support income generation activities, including the production of sanitary pads and soap.
Girls in care homes	<ul style="list-style-type: none"> • Girls may not have parents who can support them. • Carers may lack an understanding of menstrual hygiene needs, especially if they are male. • Girls may share a room with other girls and have to share toilets, showers and other facilities. • They may not have private facilities for washing and drying cloths. • It is likely they won't have money for purchasing sanitary protection materials. • If they dry their cloths they may be stolen by other girls who do not have any. 	<ul style="list-style-type: none"> • Work with staff of care organisations to learn how to best support girls in their menstrual hygiene. • Provide girls with awareness sessions and menstrual hygiene booklets. • Discuss with them any concerns they have and ask them what solutions they propose. • Support girl-friendly accessible water, sanitation and hygiene facilities in care environments.

Situation	Particular considerations in relation to menstrual hygiene	Good practice
Women and girls with HIV/AIDS¹⁶	<ul style="list-style-type: none"> • Women and girls may be sick, and unable to earn an income to provide for their family and buy sanitary protection materials. • They may need more water, sanitation and hygiene items (eg buckets, cloths, soap) to manage their general hygiene due to a higher vulnerability to infections. • They may be bedbound, making managing their menstrual hygiene difficult. • Carers may not know good practice for supporting women and girls in their menstrual hygiene. • There may be some level of risk of HIV transmission to carers handling fresh blood. Understanding of this can be complicated by myths and false perceptions of other means of transmission (eg non-sexual contact, sharing dishes or latrines). 	<ul style="list-style-type: none"> • Train carers how to support women and girls in their menstrual hygiene. • Provide information on menstrual hygiene to carers, women and girls. • Ensure adequate access to water, sanitation and hygiene facilities, including mechanisms for drying cloths. • Provide additional water, sanitation and hygiene facilities and hygiene items for women and girls who are bed bound. These should be in reach of their bed, and include a protective layer for bedding during menstruation. • Refer to Module 7.3 (visual aids examples), Toolkit 7.3.1 (training opportunities) and Module 3.3.1 (risk of disease transmission and handling of sanitary materials) for further information.
Women and girls living in seclusion (Purdah)¹⁷	<ul style="list-style-type: none"> • Women and girls may not be able to leave the home to collect water, work in the fields (although some are able to) or meet with other women and girls to share information. The level of seclusion can vary (eg some women are able to meet others in their own community, but not people outside their community). • Most women living in seclusion are not literate. • Only women field workers are likely to be able to speak with other women. 	<ul style="list-style-type: none"> • Ensure access to information on menstrual hygiene reaches women living in seclusion – if necessary through women facilitators going house to house. • Discuss with women and girls who live in seclusion the challenges they have in relation to managing their menstrual hygiene and the solutions they propose. • Provide opportunities for women and girls to learn how to make sanitary products at home. • Ensure young schoolgirls receive information on menstruation and use out-of-school play and other opportunities.

Module seven

Supporting women and girls in vulnerable, marginalised or special circumstances

7.3 Integrating menstrual hygiene into services and programmes

Below are examples of how to integrate menstrual hygiene considerations for vulnerable and marginalised groups into services and programmes.

Menstrual hygiene guidance in HIV programmes¹⁸

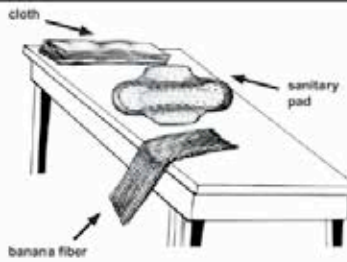
The USAID and World Health Organisation (WHO) guidance manual on HIV programming has drawn on earlier work by the USAID/Hygiene Improvement Project, Plan International, the Uganda Water and Sanitation NGO Network (UWASNET) and the Ministry of Health in Uganda.

The WHO guideline includes:

- Scope and purpose.
- Priority water, sanitation and hygiene practices to integrate into national HIV/AIDS programmes.
- Including water, sanitation and hygiene in national HIV/AIDS policies and related materials.
- Language to use when including water, sanitation and hygiene in national HIV/AIDS policies and related materials.
- Programme approaches for water, sanitation and hygiene integration into HIV/AIDS programmes (including monitoring and evaluation).

The programme in Uganda has developed a training session for carers on how to support women and girls with HIV/AIDS in their menstrual hygiene. Refer to [Toolkit 7.3.1](#) for a summary. The following two visual aids are part of the materials from Uganda.

MENSTRUAL PERIOD MANAGEMENT



Soak up blood with sanitary pads, cloth, or banana fibers.

Counselling Card



Keep clean cloth, washing water, soap (or ash), and a container for soiled cloth near bed-bound woman.



Do not store soiled cloth for a long time.



Use gloves

OR



Use plastic sheets

Always protect hands by wearing gloves or plastic material when touching someone else's blood.



Always wash hands with soap (or ash).



DISPOSAL OR CLEANING OF MENSTRUAL BLOOD SOAKED MATERIAL

Counselling Card

NOT RE-USED Soiled cloth that **will not be used again** and sanitary pads and banana fibers should be disposed of by:



Burning (preferred method for urban and rural areas)



Put in latrine (rural areas only)



Double bagged and put in trash (least preferred method for urban and rural areas)

RE-USED Soiled cloth that **will be re-used**:



Soak soiled cloth for at least 20 minutes in a mixture of nine parts water to one part Jik (if available)

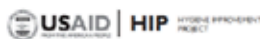


Wash with soap and water



Dry in the sun

NOTE: Always wear gloves or plastic material when handling blood and wash hands afterward.



Module seven

Supporting women and girls in vulnerable, marginalised or special circumstances

Good practice for making water, sanitation and hygiene facilities accessible has been documented in the comprehensive manual by Jones and Reed, of the Water and Engineering Development Centre, Loughborough University¹⁹. Key elements have been summarised below. Refer to [Toolkit 7.2](#) for further details.

Good practice for improving accessibility to WASH facilities²⁰



(Picture: Government of the United Republic of Tanzania/Rashid Mbago)

Design features that can improve accessibility:

- Increased space inside the latrine.
- Larger door width.
- Large, easy to use door handles.
- Slopes for access, with interim landing platforms outside the door (allowing enough space to open the door), and raised curbs or handrails.
- Handrails.
- Chair or stool with hole.
- Slip-resistant surfaces.
- Signs using large raised symbols for male and female.

The following example provides guidance on supporting women and girls with learning disabilities on menstrual hygiene. A film showing a girl with a learning disability

being advised on menstrual hygiene by her mother, father and sister is available at: <http://myperiodblog.wordpress.com/category/disabilities-menstruation/>

Good practice for supporting women and girls with learning disabilities in menstrual hygiene²¹

1 Simplicity

- Programmes should be as simple as possible and appropriate to the individual's needs.
- Do not reinvent the wheel. Use existing programmes and resources and adapt them for individual needs.
- Above all, use common sense.

2 Choice of carer

- The availability of a carer who is acceptable to the woman is important if she requires assistance with management of her menstruation.
- Whenever possible this carer should be:
 - Female.
 - Chosen by the woman.

3 Consistency

- Any programme decided upon should be followed consistently by everyone involved, ie the same educational aids should be used by all support persons.

4 Choice of carer

- Use the rule of thumb, 'What if it was me or my daughter?' and afford that same degree of respect, privacy and dignity to the woman concerned.

5 Environment and tools

- The aim should be for every woman to be given the opportunity to develop her personal hygiene skills to her full potential.
- Privacy, access to personal hygiene aids and convenient facilities for disposal of sanitary products are all important aspects of an appropriate environment.
- Infection control guidelines must be followed.
- Menstrual calendars in combination with symptom calendars can be used to make the diagnosis of menstrual-related mood and behavioural symptoms, as well as to assess treatment success. Parents and teachers can help by keeping daily records of the most bothersome symptoms for three months. In

that way, true menstrual cyclicity can be documented and other behaviour patterns can be investigated²².

6 Comfort/protection

- Specialised products and hygiene aids should be made available if necessary, so that a woman with an intellectual disability can be as independent as possible in the management of her menstruation.
- Most women will experiment with different pads and tampons to find the ones they prefer. It is important for a woman with disabilities to have the same opportunities to choose what they feel is most comfortable and appropriate.

7 Skill development

- Use existing skills and build on them. For example, if a woman can change her underpants herself, her carer could fit adhesive pads into the pants so the woman only needs to change her underpants when the pad becomes soiled.
- Later in the programme she may learn to fit pads into her underpants independently. If after an adequate trial a particular programme is found to have been unsuccessful, a new approach should be considered.

8 Personal beliefs and attitudes

- When assisting a woman with her menstruation, carers approach the task with their own values, myths and misunderstandings. It is important not to impose your own feelings about menstruation on the woman you are supporting.
- Menstruation should be viewed as a normal physiological function.
- You may need to recognise and acknowledge the ethnic and cultural context within which a woman views her menstrual cycle.

Module seven

Supporting women and girls in vulnerable, marginalised or special circumstances

Making sanitary products provides a positive opportunity for girls and women in vulnerable, marginalised or special circumstances, enabling them to earn an income. This is highlighted in the following example:

Production of biodegradable MakaPads as a social enterprise by women refugees, abductees by the Lord's Resistance Army and women and men with HIV/AIDS, Uganda²³

Technology for Tomorrow (T4T) in Uganda, teamed up with Watoto Childcare Ministries in Northern Uganda and Soroti Environment Concern in Soroti, Eastern Uganda, to improve the livelihood of former abductees of the Lord's Resistance Army-Kony rebels, most of whom had been infected with HIV/AIDS. This was done by employing the former abductees

to produce MakaPads (95% biodegradable sanitary pads made from papyrus and waste paper), which are bought from the former abductees and distributed to other organisations (such as United Nations High Commissioner for Refugees, UNHCR) who in turn distribute them to schoolgirls and refugees. The total number of employees in this venture in Soroti is 95.

Women and girls in prison face particular menstrual hygiene challenges related to their restricted movement and environment. Below is an example of training provided to prison officers to give women prisoners essential life skills.

Life skills and gender sensitive prison management training for female prison officers²⁴

The project involves a component emphasising activities to address the special needs of various vulnerable groups, including women. It identifies as a priority the need to train prison officials on how to address the special needs of women prisoners. One of the planned activities of the project was to ensure that the Southern Sudan Prisons Service develops a capacity to offer life skills and vocational training to female prisoners. The approach taken consists of offering a five day training workshop to a group of female prison officers from all over Southern Sudan: headquarters, Juba Central Prison and 10 state prisons.

The training focused on the special needs and the rights of female prisoners, the components of a gender sensitive prison management model, and life skills and vocational skills that female prisoners need to develop in preparation for their eventual release. The workshop made use of a very concrete method of teaching such life skills. Part of the officers' training involved their direct participation in teaching other officers and prisoners what they have learned during the workshop. Female prison staff, from

all over Southern Sudan - headquarters, Juba Central Prison and 10 state prisons - learned how to sew and use re-usable washable cloth sanitary pads as well as baby diapers as a means of integrating various aspects of practical training with knowledge of the importance of having vocational skills, a hygienic and healthy way of life, and how all this will help them when they are eventually released from prison.

Representatives from UNICEF and UNIFEM participated in the workshop offering additional information on child rights and the impact of the new Child Act of Southern Sudan; gender mainstreaming in the workplace; standards and norms on women's reproductive health; and gender-based violence and its impact and consequences. Additional resource persons assisted in demonstrating the life skills training method, including a Kenya Prisons Service officer, an UNMIS Correctional Adviser, UNMIS HIV Unit Officer, UNMIS Gender Adviser, and three instructors from ICCLR (one on international standards and human rights, one on prison management, and one vocational trainer).

Endnotes

- ¹ Adapted from definitions/descriptions in: COHRE, AAAS, SDC and UN-HABITAT (2007) *Manual on the right to water and sanitation*.
- ² Ministry of Health and Social Welfare and UNICEF Tanzania (2011) *Meeting the water, sanitation and hygiene rights of Tanzanian women and children*.
- ³ Albinism is a genetically inherited condition that leads to the person having very little melanin in their skin and in turn means that they are not protected against the sun. People with albinism face health challenges due to poor sight which can lead to blindness, as well as being at a much greater risk of skin cancer. In some countries they can also face severe violence due to misconceptions and beliefs. For further information: www.underthesamesun.com (accessed 14 March 2012).
- ⁴ Cavill S and Gugu F (2011) *Focus group discussion: Menstrual hygiene management for women and girls with disabilities, Tanzania*.
- ⁵ Joshi D and Morgan J (2007) Pavement dwellers' sanitation activities – visible but ignored, *Waterlines*, vol 25, no 3.
- ⁶ All of the quotes in this section have been taken from the following two publications: Kaur H, Butler J and Trumble S (2003) *Options for menstrual management; Resources and information for staff and carers of women with an intellectual disability*. Centre for Developmental Disability Health Victoria; and: Qunit EH (2008) Menstrual issues in adolescents with physical and developmental disabilities, *Annals of the New York Academy of Sciences*, vol 1,135, pp 230-6.
- ⁷ Ibid.
- ⁸ Joshi D and Morgan J (2007) Pavement dwellers' sanitation activities – visible but ignored, *Waterlines*, vol 25, no 3.
- ⁹ Inter-Agency Network for Education in Emergencies (no date) *Gender responsive school sanitation, health and hygiene*.
- ¹⁰ ZanaAfrica (2011) *Managing menstruation*. Available at: www.zanaa.org/managing-menstruation (accessed 7 Sep 2011).
- ¹¹ Smith C (2009) A period in custody: Menstruation and the imprisoned body, *Internet Journal of Criminology*. Available at: www.internetjournalofcriminology.com; and: Southern Sudan Prisons Service (2009) *Southern Sudan Prisons Service Bulletin*, issue 5.
- ¹² Currently the guide on water and sanitation in prisons does not mention menstrual hygiene. See: Nembrini PG (2005) *Water, sanitation, hygiene and habitat in prisons*. ICRC.
- ¹³ ICRC (1994) *Water and war symposium on water in armed conflicts*; Van der Gaag N (2008) *Because I am a girl; The state of the world's girls 2008; Special focus: In the shadow of war*.
- ¹⁴ www.incontinence.co.uk.
- ¹⁵ Dr McNamara V, Leicester University Hospitals Trust, UK (2012) Personal communication; Magenta (2004) *Information for sex workers only; Your period is due and you want to keep working... What can you do?* Family Planning Association of WA (Inc); and ZanaAfrica (2011) *Sex workers are mummies too*. Available at www.zanaa.org/2010/12/sex-workers-are-mommies-too/ (accessed 17 Sep 2011).
- ¹⁶ USAID and WHO (2010) *How to integrate water, sanitation and hygiene into HIV programmes*.
- ¹⁷ Suwaiba YJ (2003) Water and sanitation problems faced by women in seclusion, *Towards the Millennium Development Goals*. 29th WEDC International Conference, Abuja, Nigeria.
- ¹⁸ USAID and WHO (2010) *How to integrate water, sanitation and hygiene into HIV programmes*; and USAID/ Hygiene Improvement Project, Plan International, UWASNET and Ministry of Health, Republic of Uganda (2008) *Uganda HIV and WASH integration kit*.

Module seven

Supporting women and girls in vulnerable, marginalised or special circumstances

¹⁹ Jones H and Reed R (2005) *Water and sanitation for disabled people and other vulnerable groups; Designing services to improve accessibility*. WEDC.

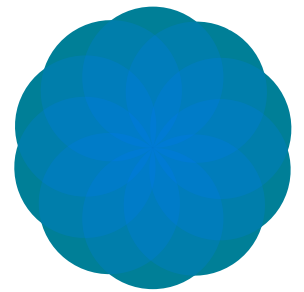
²⁰ CCBRT (2010) *Access for all – Accessibility features for latrines*. Handout for WASH emergency training, Tanzania; and: Jones H and Reed R (2005) *Water and sanitation for disabled people and other vulnerable groups; Designing services to improve accessibility*. WEDC.

²¹ Kaur H, Butler J and Trumble S (2003) *Options for menstrual management; Resources and information for staff and carers of women with an intellectual disability*. Centre for Developmental Disability Health, Victoria.

²² Qunit EH (2008) Menstrual issues in adolescents with physical and developmental disabilities, *Annals of the New York Academy of Sciences*, vol 1135, pp 230-6.

²³ Refer to [Module 3](#) and [Toolkit 3](#) for further details on the MakaPads.

²⁴ Southern Sudan Prisons Service (2009) *Southern Sudan prisons service bulletin*, issue 5.



Module eight

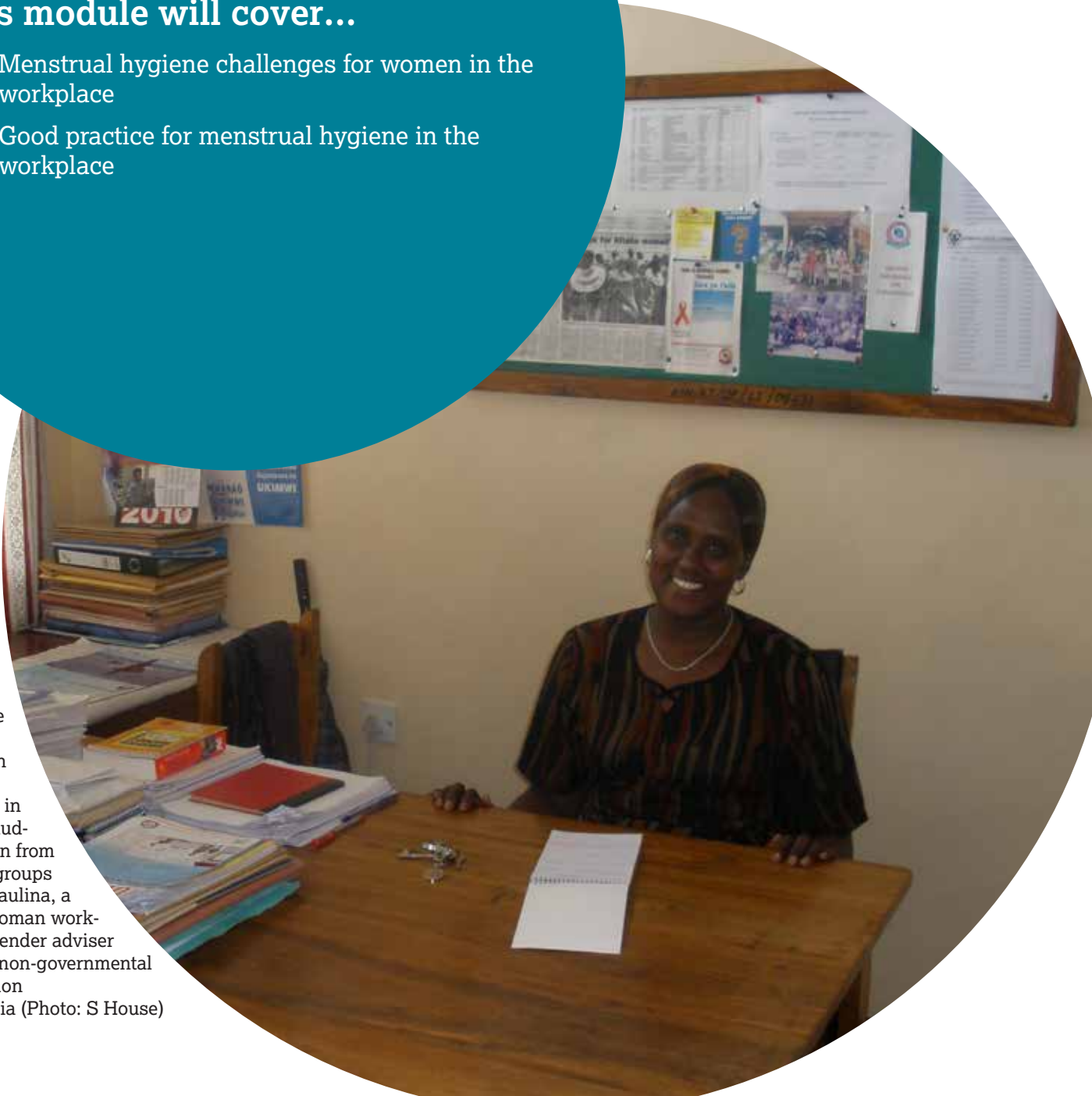
Menstrual hygiene in the workplace

Part of *Menstrual hygiene matters; A resource for improving menstrual hygiene around the world*, written by Sarah House, Thérèse Mahon and Sue Cavill (2012). The full version can be downloaded from www.wateraid.org/mhm.

This module will cover...

- 8.1 Menstrual hygiene challenges for women in the workplace
- 8.2 Good practice for menstrual hygiene in the workplace

Making the workplace suitable for women can help them stay in work, including women from minority groups such as Paulina, a Maasai woman working as a gender adviser at a local non-governmental organisation in Tanzania (Photo: S House)



Module eight

Menstrual hygiene in the workplace

8.1 Menstrual hygiene challenges for women in the workplace

Below are some of the challenges women and girls can face in managing their menstruation in the workplace.

The following example from Tehran reveals the fact that suffering from menstrual cramps can lead to women being absent from work.

Menstrual hygiene challenges in the workplace include:

- Inadequate toilet facilities.
- Lack of facilities for washing or drying menstrual cloths.
- Lack of facilities for disposing of sanitary pads or menstrual cloths.
- Difficulty raising menstrual hygiene issues with male managers.
- Managers often don't understand the need for women and girls to be able to take additional time in the toilet or washroom to manage menstruation.
- Difficulty concentrating on work due to menstrual cramps.
- Lack of medicines or sanitary materials.
- Cultural restrictions (such as menstruating women not being able to leave the house, wash their bodies, eat certain foods, cook or attend religious functions) have an impact on personal hygiene or the ability to engage in work-related activities.
- Lack of opportunities or facilities to change, wash or clean sanitary cloths if travelling with work.
- Male staff members sometimes have to leave work early to assist wives with cooking (where women are not permitted to cook when menstruating).

Menstrual cramping and work absence rates in Tehran, Iran¹

Most women experience some degree of pain when menstruating (dysmenorrhoea), which may be accompanied by other symptoms, such as nausea, vomiting, diarrhoea, headaches, weakness and/or fainting. This can impact on their daily activities, and affect their productivity at home or at their workplace.

Dysmenorrhoea is experienced by at least 50% of women during their reproductive years. Results of studies in Tehran showed that nearly 10% of females with dysmenorrhoea experienced an absence rate of one to three days per month from work or were unable to perform their regular/daily tasks due to severe pain. Dysmenorrhoea is reported to be the most common reason for women to visit a doctor in gynaecology centres and is considered the main cause of absence from school among young female students.

The office environment often lacks the facilities to enable women to manage their menstruation. Remedying this problem through menstrual hygiene-friendly design can however be relatively simple.

Women or girls who have to travel with their work can face additional challenges, particularly when their travel involves long journeys or in areas with limited water, sanitation and hygiene services.

The importance of designing offices and guest houses to be gender- and menstrual hygiene-friendly²

An international non-governmental organisation in a remote province of Afghanistan has one provincial and two district field offices. In the province only 3% of women are literate and there are many restrictions on women, including them being unable to travel unless they are given permission by the male members of their family and are accompanied by a male relative. It is therefore difficult to recruit female staff members for professional posts.

In 2011, all the staff working at the provincial office were men, although the organisation had three women hygiene promoters employed along with male relatives as 'hygiene promotion couples'. While the male staff of the provincial office (both an office and a guest house) made women visitors feel welcome, the design and layout of the office/guest house was not women-friendly. Firstly, the room given to the women guests to sleep in had no lock on the door, the window blinds did not fully close and there was only one toilet/shower room, which opened onto the main corridor. Groups of men regularly sat just outside the door. The staff

undertaking the cooking, cleaning and other support tasks were very helpful but were all men. There were no private areas for women to relax and remove their hijab, nowhere private to wash and dry underwear or other private items such as sanitary cloths, and nowhere to dispose of sanitary products. It was very difficult to see how a woman visiting the provincial office/guest house could manage their menstrual hygiene in such a situation.

Ways that the situation could be improved:

- The female staff could undertake an assessment of the offices from gender and menstrual hygiene perspectives.
- A small female-only room could be constructed outside the back of the office for women to rest and sleep. This should have thick curtains and a lock on the door.
- A toilet and shower room could be built at the back of the women's room with a small walled compound, with a burning unit (mini incinerator or facility to have a small fire) and private drying line.

Menstrual hygiene and travelling

Women and girls who have to travel as part of their work face various challenges in relation to their menstrual hygiene:

- Sitting for a long time in a vehicle or a plane can lead to discomfort (skin irritation or rashes) if using sanitary pads or tampons as well as anxiety about leaking.
- When travelling in rural areas it can be difficult to find latrines suitable for changing sanitary materials and cleaning oneself, particularly if there is limited or no water for hand-washing.
- When using latrines with no lights, it is difficult to manage menstruation in the dark.
- Disposing of used sanitary pads or tampons can also be difficult, particularly where there are no formal waste collection systems.

Module eight

Menstrual hygiene in the workplace

The case study below highlights a common problem faced by women – urinary incontinence – which is not related specifically to the biological function of menstruation, but often leads to the women concerned using sanitary protection materials.

The following example highlights the experiences of women in the military. While users of this resource are unlikely to be supporting women in the military, the case study highlights a range of issues related to heat and limited water, sanitation and hygiene facilities that can be useful for other contexts.

Managing incontinence in the work environment³

“I am one of the many women who have suffered from stress incontinence. This is where when you sneeze, laugh, or cough, you release urine involuntarily. I have suffered from this condition since I was young. To manage this condition, I have almost permanently worn sanitary protection. This includes the thinner panty liners when I do not have a cough or am not working in a cold climate or dusty environment, and much thicker pads when I am working in an environment that is likely to make me cough on a regular basis.

“As an aid worker, my work involves a significant amount of travelling. The stress incontinence has caused many problems during my travels for work, and in particular when I have worked in cold climates where I regularly get bad coughs. Trying to manage an almost constant flow of urine when having a bad cough, in environments with very poor plumbing, limited water supply and toilet paper which falls to pieces in your hands, is challenging and distracting. After two cold climate contracts where I found it difficult to manage this problem, I decided that I could no longer take on contracts in such climates.

“However, I found out that it was possible to have a relatively simple operation for this condition. I had the operation and it has made my working life so much easier. The money I spend on sanitary protection has also reduced. I think about women from Africa, Asia or elsewhere who suffer from this condition and the difficulties they must face at home and in the workplace; most of them very unlikely to ever have the opportunity to resolve this problem as I was lucky enough to be able to do. I wonder how they manage.”

WASH sector professional (2010)

Military women’s experiences of managing menstruation⁴

It’s hard to take care of yourself during your period: Heat, dirt, and port-a-potties

Characteristics of the deployed environment that were problematic for menstrual hygiene included sand, dirt, heat and sweat. Heat was a major problem causing general discomfort during menstruation and problems with the use of menstrual products. One soldier said, “...the pads, they don’t stick well in your underwear when it’s hot... you’re sweating so much.” The type of latrine facilities that women had access to affected hygiene practices. Most women had to use port-a-potties during the day, which presented challenges like those that this soldier identified, “Because the port-a-potties are just not sanitary, and it’s hard when you’re in a little space and you’re trying to... change your pad, or... clean yourself and so — it’s a real big inconvenience — not having a regular restroom to go to.” Women described the difficulties in maintaining both personal and menstrual hygiene in the deployed environment. This soldier explained her efforts, “You manage but you’re always dirty.”

From Trego L L (2007)

The following case study shows how women try to ‘make sure’ and minimise potential problems to limit the impacts of menstruation on their daily work.

Making sure: Integrating menstrual care practices into daily living⁵

In order to manage the menstrual flow and continue to participate in daily life, women have created a self-care process, which is termed ‘making sure’. Practices for ‘making sure’ will vary according to culture and context but essentially relate to ensuring that sanitary protection is effective so that menstruating women can continue their daily activities without having to worry about menstrual hygiene.

A lawyer expressed her concern about ‘making sure’: “Now court, this is a very limiting thing. And it causes consternation. You can be sure I wouldn’t wear a white skirt then, because that would be the last thing I would want to worry about. If I am in the courtroom, and I’m going in at nine, I may not start until ten-thirty, and I may be striking a jury until eleven, and I’ve been talking to people all that time, and I have not had time to think about me. And then I’m standing there in the middle of the courtroom, and all of a sudden I do. From that moment on, I’ve got half my mind on the case, ‘cause the other half is thinking, ‘Well, I’m gonna start flooding all over the courtroom.’”

From Patterson ET and Hale ES (1985)

The following two examples highlight the challenges that can arise when many of the managers in the workplace are men.

Male managers and the difficulty of raising menstrual hygiene issues⁶

The higher proportion of male staff that work on water and sanitation programmes may mean it is difficult for their female colleagues to share their difficult experiences of menstruation management in their own workplaces and while in the field for more than seven to eight hours.

From Fernandes M (2010)

Inappropriate behaviour from employers in relation to women’s need to use the toilet⁷

A factory boss who ordered women workers to wear a red sign around their necks when they wanted to use the toilet is facing legal action. The male manager in south-east Spain ‘made the 400 women wear the sign with the word toilet on it in a bid to humiliate them into taking less breaks’. The male employees were not told to wear the same sign.

A boss in Norway was fined last year for ordering staff to wear red bracelets during their periods – to explain why they were using the toilet more often.

From Taylor J (2011)

Module eight

Menstrual hygiene in the workplace

8.2 Good practice for menstrual hygiene in the workplace

Good practice for the employer:

- Provide separate water, sanitation and hygiene facilities for women and men.
- Ensure that the facilities are kept clean at all times.
- Provide facilities for the disposal of cloths and pads.
- Ensure locks are fitted inside the toilet doors, and there is a light and water inside the toilets.
- Have a discrete supply of sanitary pads and clean cloths available in an emergency for women or girls at work.
- In larger work environments, employ a trained health professional who can be approached for pain relief or sanitary products when needed.
- Include menstrual hygiene in staff employment policies, with an understanding that women and girls may need additional days of sickness to deal with menstrual hygiene complications.
- Provide awareness-raising sessions on menstrual hygiene for all female staff by a health professional.

Good practice for female employees:

- Prepare well for time at work, taking in emergency cloths or sanitary pads and pain relief, in case menstruation starts unexpectedly.
- Be supportive of other female colleagues who may need to spend more time visiting the bathroom, suffer from pre-menstrual syndrome, or have to take sickness days due to their menstrual cycles.
- If a woman or girl stains her clothes, let her know.
- Help your employer understand what would improve the working environment for women and girls in managing their menstruation.

Good practice for male employees:

- Be supportive of female colleagues who may need to spend more time visiting the bathroom, suffer from pre-menstrual syndrome, or have to take sickness days due to their menstrual cycles.
- If a woman or girl stains her clothes, politely and discretely let her know – or ask another woman to do so.

Further research and information is still needed on:

- Labour law; workers' rights in relation to menstruation and sanitation.
- Good practice related to menstrual hygiene in the workplace in low-income countries.

Endnotes

¹ Poureslami M and Osati-Ashtiani F (2005) Attitudes of female adolescents about dysmenorrhoea and menstrual hygiene in Tehran suburbs, *Archives of Iranian medicine*, vol 5, no 4, pp 219-224.

² Sarah House (Nov 2010) Personal communication.

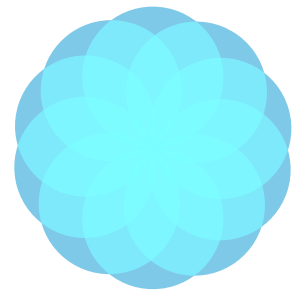
³ WASH sector professional (Nov 2010) Personal communication.

⁴ Trego L L (2007) *Military women's menstrual experiences and interest in menstrual suppression during deployment*. AWONN, the Association of Women's Health, Obstetric and Neonatal Nurses.

⁵ Patterson ET and Hale ES (1985) Making sure: Integrating menstrual care practices into activities of daily living, *Advances in Nursing Science*.

⁶ Fernandes M (2010) *Freedom of mobility: Experiences from villages in the states of Madhya Pradesh and Chhattisgarh, India*. South Asia Hygiene Practitioners' Workshop, Dhaka, Bangladesh.

⁷ Taylor J (2011) Women workers forced to wear 'I need to pee' sign, *Metro*, Friday 7 Oct 2011.



Module nine

Research, monitoring and advocacy

*Part of Menstrual hygiene matters;
A resource for improving menstrual
hygiene around the world, written by
Sarah House, Thérèse Mahon
and Sue Cavill (2012).
The full version can be downloaded
from www.wateraid.org/mhm.*

This module will cover...

- 9.1 Research, obtaining feedback and monitoring
- 9.2 International treaties, the Millennium Development Goals, legislation and policies
- 9.3 Advocacy on menstrual hygiene

A public campaign for breaking the silence on menstrual hygiene in Kathmandu, organised by WaterAid in Nepal (Photo: WaterAid/ Bijay Gajmer)



Module nine

Research, monitoring and advocacy

9.1 Research, obtaining feedback and monitoring¹

9.1.1 Research, obtaining feedback and monitoring

Until recently, menstrual hygiene has been an overlooked area in international development and emergency contexts, so additional research is needed to fully understand women's menstruation-related needs, appropriate responses and their impacts.

Over the past five years, a few academic studies related to menstrual hygiene have been carried out by Masters students and research institutions. Action-based research has also been undertaken by implementing agencies, and documented in papers for international conferences and elsewhere.

Obtaining regular feedback on menstrual hygiene interventions and ongoing monitoring of programmes will also make a critical contribution to learning in the coming years if information is appropriately documented and shared. The lessons learned could be an invaluable advocacy tool to raise awareness and bring about action.

For further information and case studies:

- [Toolkit 9.3.1](#) provides examples of recent academic research on menstrual hygiene.
- [Module 9.3](#) includes examples of action research used for advocacy.
- [Module 9.1.2](#) provides information on qualitative and quantitative methodologies that can be used for research, obtaining feedback and monitoring.
- [Module 9.1.3](#) discusses possible indicators for monitoring.
- [Module 9.1.4](#) discusses documentation and sharing of learning.

Further research and information is still needed on:

Aspects of menstrual hygiene that would contribute to greater understanding, and therefore need further research are:

- The development of clear menstrual hygiene intervention-related indicators for monitoring implementation and effectiveness.
- Better understanding and documentation of the impact of improved menstrual hygiene on educational retention and achievement.
- Better understanding of the actual health risks of poor menstrual hygiene and menstrual hygiene practices.
- Understanding of what should be the minimum, basic 'package of interventions' to be promoted and the institutional arrangements required (involving the water, sanitation and hygiene, education and reproductive health sectors).
- Practical action research on the various aspects of social marketing of pads, hygiene practices, material disposal, pit emptying, and the possible impacts on health of incineration of used sanitary materials.
- How to involve boys and men in menstrual hygiene.
- Working with women and girls in vulnerable situations.
- Menstrual hygiene in the workplace.
- Further development of the minimum standards and tools required to manage menstrual hygiene in emergencies, and documentation and sharing of practical experiences of responding to menstrual hygiene in emergencies from the field.

9.1.2 Methodologies for research, obtaining feedback and monitoring

The methodologies that can be used for research, obtaining feedback and monitoring include:

- **Qualitative methodologies** – such as focus group discussions, semi-structured interviews, structured observations, key informant interviews etc. These can be useful for finding out the voiced opinions of girls and women, and for investigating myths, cultural beliefs and practices. However, they are not always able to provide sufficient evidence of the success of an intervention.
- **Quantitative methodologies** – such as household surveys, questionnaires using closed questions etc. These are more useful for establishing empirical data but not so useful for investigating the rationale for practices or behaviours.

The methodologies used will vary depending on the objective of the information gathering, the scale of the information collection planned, and the stage at which the information is to be collected. In addition to assessment and monitoring before, during and immediately after a project, consideration should be given to longer-term monitoring and evaluation, related to sustainability and changes in behaviours or practices.

Ensuring opportunities for women and girls to feed back and voice opinions

As menstrual hygiene is often a taboo subject, it can be difficult to obtain opinions from women and girls on proposed interventions and get their feedback once a programme is underway. However, this is essential to ensure programmes are appropriate and effective.

The box below provides an overview of the points to consider when obtaining feedback from women and girls.

Points to consider when obtaining feedback or opinions from women and girls

- Understanding the sensitive nature of the topic and using appropriate methods that can be demonstrated to elicit valid information.
- The importance of gathering information discretely and in confidential settings.
- The need for girls (or parents) and other research participants to give their informed consent before participating.
- The age of the girls participating; older adolescents (16-19 years) are more likely to have enough experience of menstrual hygiene and the confidence to talk about it.
- The need to obtain the required research approval from the relevant government ministry, particularly if involving younger girls.
- Having appropriate facilitators or data collectors, usually female, for menstrual hygiene-related issues.
- If translation is needed, having female translators for the duration of the project.

Module nine

Research, monitoring and advocacy

Importance of female staff and translators for research, monitoring and evaluation

During an evaluation of a water, sanitation and hygiene programme in Afghanistan, cultural restrictions on women's movements and the security situation in the province meant that the female evaluator was unable to travel to the villages to meet the women, and the women in the villages were not allowed to travel to meet the evaluator. The only way the evaluator could speak to the women was to set up an interview online. However, only one woman was identified as able to translate (the literacy level for women in the province is 3%) and she was not available at the time of the evaluation. Therefore, a male translator had to be used, along with a male staff member to manage the computer equipment for the three women being interviewed. While this gave the women a voice in the evaluation to a degree, it was impossible to ask sensitive questions relating to menstrual hygiene. It would have been useful to ask questions about whether the programme adequately considered menstrual hygiene and get the women's proposals for future programmes in relation to this issue.

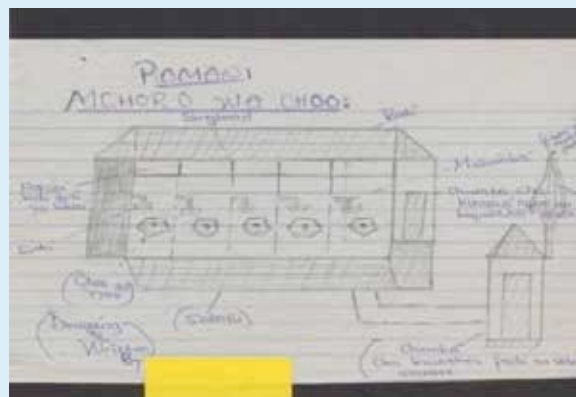
An example of how participatory methodologies have been used in the development of a menstruation book for girls in Tanzania has been documented by Dr Marni Sommer². Refer to [Toolkit 1.2.1](#).

What do girls want from water, sanitation and hygiene facilities in schools?

This picture was drawn by a schoolgirl from northern Tanzania, as part of a participatory exercise to investigate the impact of poor water, sanitation and hygiene on girls' schooling.

The girl has drawn and labelled the following features:

- Water and sinks in the latrine cubicles.
- A room for changing and washing clothes and sanitary pads.
- An incinerator to dispose of sanitary pads.



The perfect school latrine, as drawn by a girl in Tanzania³

Qualitative (or participatory) methodologies

These include:

- Social mapping, body mapping, storytelling, cartoons, drama/role play.
- Use of diaries.
- Anonymously provided questions on menstrual hygiene.
- Anonymous one page 'menstrual stories' explaining women and girls' own experience of menarche, how they learned to manage it and what advice they would give other girls.
- Asking for recommendations on how to improve menstrual hygiene in schools, and what the puberty curriculum for girls should include.
- Drawings of the perfect girls' toilet – helps to identify current gaps and the way forward.
- Observation.
- In-depth interviews.
- Focus group discussion.

The following example from ZanaAfrica, a non-governmental organisation in Kenya, shows how computers and the internet can be used as part of an innovative approach to discussing sensitive issues.

EmpowerNet clubs, Kenya⁴

Target group

Schoolgirls in Kibera, Kenya

Organisations

ZanaAfrica, The Girl Effect, Upande

Background

ZanaAfrica runs programmes that support girls' education in Kibera, Kenya. The organisation provides sanitary pads to girls to encourage them to attend school during menstruation. It has also established 'empowerment clubs' to provide schoolgirls with psycho-social support and role models. Over 1,000 students in groups of 15-20 (male and female, separated by gender wherever possible) meet with ZanaAfrica field officers. They discuss important issues such as peer pressure, drug use, self-confidence, self-esteem, relationships, love, health and diseases.

ZanaAfrica has added an IT component to these sessions, partnering with The Girl Effect to improve access to technology. 110 girls from five schools in

Kibera take part in 'EmpowerNet clubs'. In addition to discussing issues that have an impact on their lives, they blog and Tweet about the subjects, giving them experience of using information technology and enabling them to connect with other girls online.

Monitoring and evaluation activities

ZanaAfrica field staff have collected performance metrics from the students in the empowerment club programme between 2009 and 2010 to track their improvement. Work is ongoing with the support of Upande and The Girl Effect to develop an online monitoring and evaluation toolkit. This will allow girls' responses to be entered online or by mobile phone for public viewing and analysis.

The girls taking part in the EmpowerNet clubs have also recently started completing weekly surveys. This is providing ZanaAfrica staff with information on the students' reactions to the programme, the challenges they face at home and in school, and their level of understanding of the materials taught to them in the clubs each week.

Quantitative methodologies

Quantitative methodologies (and related considerations) include:

- Surveys, questionnaires and structured observations.
- Closed questions (to minimise leading the respondent in a particular direction).
- Pre- and post-assessment questionnaires can be used to evaluate the outcome (as in a trial distribution of teachers' guidance materials and the girls' menstrual hygiene book, *Growth and changes in Tanzania*).
- Intervention and control situations.
- It is appropriate to use several methods in order to triangulate data (eg In a study on the use of Mooncups in Nepal, researchers used attendance registers, girls' attendance diaries and random checks in schools).

It can be difficult to obtain empirical data on school attendance because girls may give other reasons for not attending school when menstruating; they may miss a class but be marked as present in the register, or their friends may cover for them and mark them as present when completing the register.

Module nine

Research, monitoring and advocacy

The following example documents a menstrual hygiene study undertaken in Afghanistan, which included schoolgirls, teachers and mothers.

Assessment of knowledge, attitude and practice of menstrual health and hygiene in girls' schools in Afghanistan, 2010⁷

Study population

160 teenage girls, 25 teachers, 50 mothers of pupils from secondary and high schools in Kabul and Parwan provinces selected by the Ministry of Education

Duration of study

One month (Aug 2010)

Organisations involved

Ministry of Education, Ministry of Public Health, Ministry of Relief and Rural Development, Islamic Republic of Afghanistan, UNICEF, consultant.

Criteria for school selection

Accessible (considering security) girls' schools selected from both rural and urban areas, and wealthy and poor communities. Nine schools covering grades seven to 12.

Approach

- The consultant and staff at the Ministry of Education were involved in the study and visited the selected schools.
- The schools were informed in advance, and the date and time for the interview was fixed.
- There were meetings with the school principals and authorities from the selected schools.
- The team was introduced and the objective was explained.
- Group and individual discussions with the girls. Teachers and mothers were met with individually and as a group.
- Visits were paid to the school surroundings, toilets and water systems.
- Pre-designed and approved questionnaires were carried out with individuals, complemented by qualitative discussions in groups.

9.1.3 Indicators for monitoring

Monitoring, evaluation, learning and sharing are important in menstrual hygiene programmes. They help ensure programmes are focused and enable both positive and negative experiences to be shared with others for improving practice on a wider scale.

The indicators used for monitoring and evaluation vary depending on the programme and the context (eg school, community, emergency). Examples of indicators used in different contexts are identified in the following modules:

- Community sanitary pad distribution programme – [Module 3.2.3](#).
- Menstrual hygiene in schools – [Module 5.1](#).

The good practice boxes in each section can be used to develop appropriate indicators relevant to the goals for improving the menstrual hygiene situation in each context and programme.

Wherever possible it is recommended that menstrual hygiene monitoring and indicators are integrated into existing health, education and water, sanitation and hygiene surveillance or monitoring systems including in national surveys.

Further research and information is still needed on:

- Identifying standard indicators for menstrual hygiene for different types of programmes.

9.1.4 Documenting and sharing experiences

Documenting experiences

Menstrual hygiene is a neglected area, so it is especially important to document experiences and lessons learned, including what does and does not work in a particular context. This information will be invaluable to other practitioners who are starting to consider menstrual hygiene or want to improve the programmes they are working on. There is currently a particular lack of information on the management of menstrual hygiene in emergencies, so implementers are encouraged to document their services and interventions in this area.

Overleaf is a briefing note prepared by UNICEF, Bangladesh, on tackling menstrual hygiene taboos. It is a very good example of documentation of a menstrual hygiene programme. It is clearly written and presented in an attractive manner. It highlights a number of complexities related to the context, and documents the solutions the programme team implemented. The link for downloading this briefing note can be found in the endnote.

Sharing experiences

Sharing experiences with others is a useful way of building confidence and capacity. Examples include:

- The establishment of a network of organisations to discuss menstrual hygiene in Tamil Nadu, India⁹.
- A roundtable discussion on menstrual hygiene, supported by WaterAid, the Sanitation and Hygiene Applied Research for Equity consortium, the Water Supply and Sanitation Collaborative Council, and the London School of Hygiene and Tropical Medicine, with a number of academics and other organisations represented, 2011.
- Awareness-raising sessions at international, national or local forums, such as the Water, Engineering and Development Centre International Water, Sanitation and Hygiene Conference, 2011.
- The establishment of dialogue events on menstrual hygiene, such as that held by the Water Research Commission in South Africa, 2011¹⁰.
- Community-to-community sharing of experiences and feeding back to communities on the impact on menstrual hygiene activities of learning from monitoring and evaluation.

Further ideas and case studies can be found in [Module 2.3](#) (getting started – learning and talking about menstrual hygiene), and [Module 9.2](#) and [Module 9.3](#) (policy and advocacy and menstrual hygiene).

Module nine

Research, monitoring and advocacy

Briefing note on tackling menstrual hygiene taboos⁸

10

Sanitation
and Hygiene

Case Study #10



unicef

unite for children

Bangladesh

Tackling menstrual hygiene taboos

By Kathryn Seymour

In Char Bramagacha village, northern Bangladesh, monthly periods are secret and shameful things. Old menstrual cloths are buried in the ground for fear that evil spirits will be attracted to the blood. During their periods, women and girls sneak off to the tubewell before dawn to wash themselves before anyone else is up. In between, they hide their cloths so that their fathers and brothers never chance to see them.



Amina discussion menstrual hygiene with a group of adolescent girls in Char Bramagacha

© UNICEF Bangladesh/2008

Other taboos and superstitions surround menstruation. 'We are taught that things will be spoiled if we touch them during our periods,' says 14-year-old Shopna from Char Bramagacha. 'We can't touch food, cooking

utensils or the kitchen gardens.' Monira, 17, adds: 'And we can't go to the temple or the mosque. 'Hindu girls can't touch cows or even the cow-shed because cows are holy.'

Such beliefs are common across Bangladesh. Some women do not leave their homes for seven days each month. Others observe dietary restrictions or refrain from reading the Koran. While many of these practices are not harmful, the widespread beliefs that menstrual blood is polluting and dangerous, and that the menstruating body is weak and shameful, lead to behaviours that expose women to health risks.

As part of a new hygiene promotion initiative under the SHEWAB (Sanitation, Hygiene Education and Water Supply in Bangladesh) programme, community workers have been trained to address these issues. Amina Khatun is the community hygiene promoter for Char Bramagacha. Amina meets regularly with Shopna, Monira and girls in local schools to speak to them about hygiene, especially menstrual hygiene.

Poor hygiene leads to increased health problems

Mothers almost never speak to their daughters about menstruation, so a girl's first period can be a frightening experience. Monira recalls: 'I was too scared to speak with my mother. I was lucky to have my sister-in-law to talk to when it happened.'

Most Bangladeshi families are too poor to buy sanitary pads, and instead use rags torn from old saris and other clothing. Like



9.2 International treaties, the Millennium Development Goals, legislation and policies

9.2.1 International treaties and the Millennium Development Goals

Menstrual hygiene management is enshrined in various international and regional treaties, through links with life, health, water and sanitation, and dignity. Some of these links are highlighted below:

Article 11 of the **International covenant on economic, social and cultural rights** affirming that it is derived from the right to an adequate standard of living and the right to the highest attainable standard of physical and mental health, as well as a right to life and human dignity.

Article 14(2)(h) of the **Convention on the elimination of all forms of discrimination against women**, which obliges states to eliminate discrimination against women in rural areas and ensure they have adequate living conditions, especially housing, sanitation, electricity and water supply, transport and communication.

The **Convention on the right of persons with disabilities** establishes that the right to social protection requires states parties to ensure access by persons with disabilities to clean water services.

The **Convention on the rights of the child** obliges states parties to take appropriate measures to combat disease and malnutrition through the provision of clean drinking water (Article 24(2)(c)) and to promote basic education and support the use of basic knowledge regarding hygiene and environmental sanitation (Article 24(2)(e)).

It is also clear that several of the Millennium Development Goals will not be met unless menstrual hygiene needs have been responded to (see Table 9.1 overleaf). This should be a key message when advocating menstrual hygiene to decision-makers.

Module nine

Research, monitoring and advocacy

Table 9.1 Millennium Development Goals/targets and menstrual hygiene

Goals/targets	Link to menstrual hygiene
Goal 2 – Achieve universal primary education	Girls miss hours or even days of lessons because they are unable to manage their menstruation at school, which has the potential to significantly affect their education. In some cases, female teachers are also absent due to a lack of menstruation facilities at school, affecting pupils' educational experiences.
Goal 3 – Promote gender equality and empower women	Women and girls have to manage their menstruation during school, at work and at home. Poor menstrual hygiene situations in any of these contexts can prevent them engaging fully.
Goal 4 – Reduce child mortality	The education level of a mother has been shown to be directly linked to child survival. If girls are missing school because of menstrual hygiene, this could potentially contribute to reduced child survival.
Goal 5 – Improve maternal health	Post-natal women need particular care in relation to the loss of blood following childbirth, especially in the first few days after the birth.
Goal 6 – Combat HIV/AIDS, malaria and other diseases	Women and girls with HIV/AIDS also have to manage their menstruation. Carers need to be trained on how to respond effectively to a woman or girl's menstrual needs.
Goal 7 – Ensure environmental sustainability Target 7c – Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. Target 7d – By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.	Accessible, affordable and sustainable water, sanitation and hygiene facilities are needed by menstruating women and girls. Without these basics, managing menstruation hygienically is very challenging and can lead to absence from school or work.

In 2012, discussions are underway to develop sustainable development goals and indicators from 2015 (the deadline for the MDGs) onwards. Hygiene more broadly was missing from the original MDGs. A hygiene working group is developing a proposal for how hygiene (including hand-washing, food hygiene and menstrual hygiene) could be included in the post-2015 sustainable development targets.

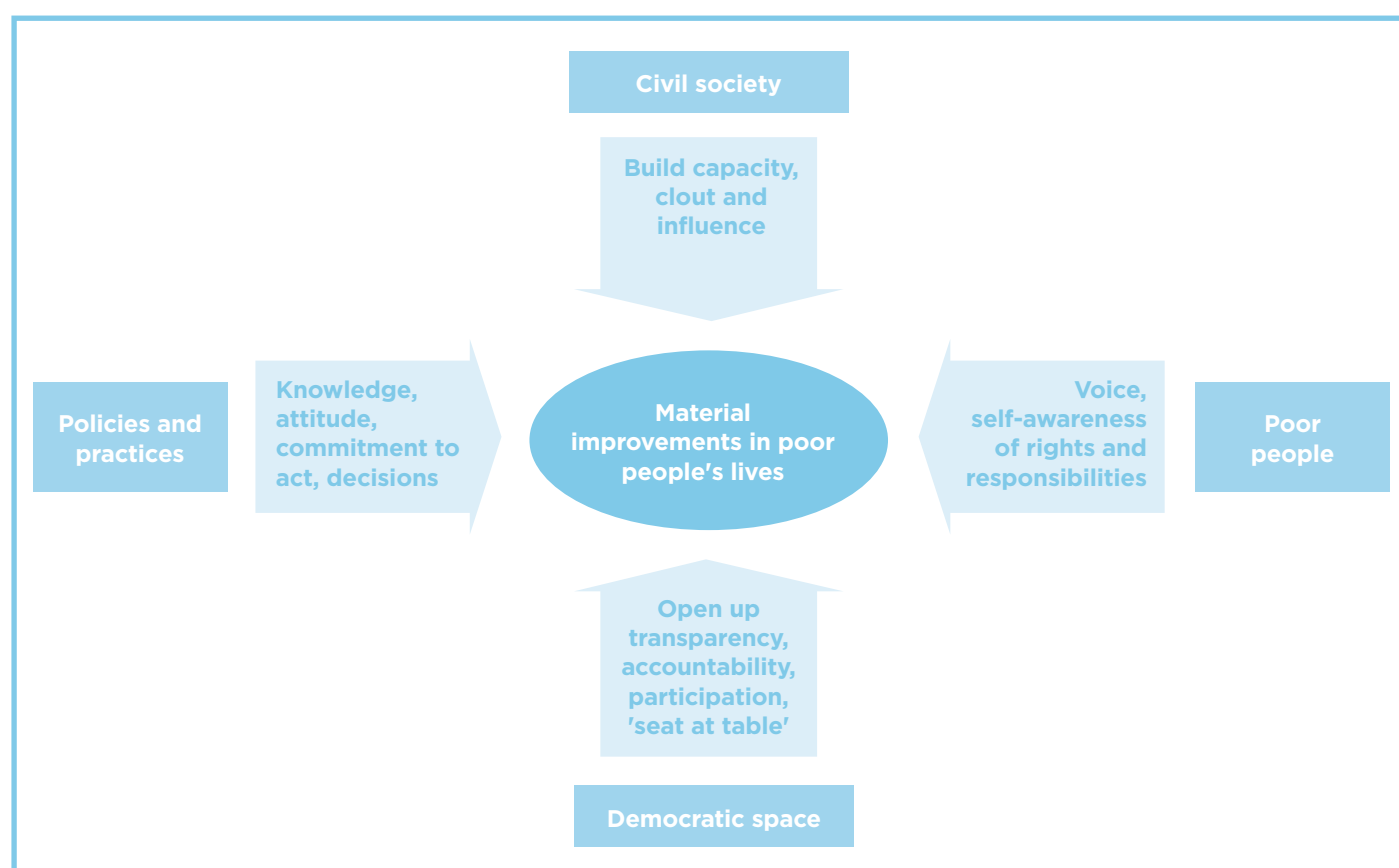
This provides an opportunity for raising the profile of menstrual hygiene and influencing development priorities for the coming years.

9.2.2 Legislation and policies

In order to improve the menstrual hygiene situation of women and girls in the longer term, menstruation hygiene management needs to be integrated into the legislation, policies, strategies and guidelines of relevant sectors.

The following diagram shows how policies and their associated instruments have a direct impact on knowledge, attitudes, commitment to act, and decisions.

The four dimensions of advocacy¹³



The legislation, policies, strategies and guidelines that need to incorporate menstrual hygiene include those relating to:

- Water, sanitation and hygiene.
- Adolescent and sexual and reproductive health and rights.
- Maternal health.
- Primary health care.
- Education – primary, secondary, tertiary (including curricula, water, sanitation and hygiene facilities in schools, availability of sanitary protection for girls, teacher training) (see [Module 5](#)).
- Protection of women and girls in vulnerable situations (including care environments, prisons, hospitals) (see [Module 7](#)).
- Rights for people with disabilities, accessibility of water, sanitation and hygiene facilities in public places (see [Module 7](#)).
- Workplace conditions (see [Module 8](#)).

Module nine

Research, monitoring and advocacy

9.3 Advocacy on menstrual hygiene¹⁴

Why advocacy on menstrual hygiene is needed

There is a need for multi-level advocacy on menstrual hygiene with a range of target groups. This is because menstrual hygiene has often been overlooked; it is associated with a wide range of taboos and expected behaviours; and many of the people in decision-making and leadership positions are male and have no experience of menstruation-related challenges. Advocacy is needed at national and international levels as well as at local level. It offers opportunities for rooted advocacy¹⁵ in empowering women and girls to improve their own menstrual hygiene situations, and for men and boys to support them in this task.

Communication framework

An outline of a possible communication framework for menstrual hygiene has been included in [Toolkit 9.1.3](#). It identifies target groups, key information and communication channels and methodologies.

Information briefs

[Toolkit 9.1.4](#) also details the type of information it may be useful to include in information briefs for key stakeholders (eg community leaders, community-based organisations, schools, health staff, the media).

Using the media

Why use the media for advocacy on menstrual hygiene?

The media is a useful channel for advocating menstrual hygiene because it can:

- Get menstrual hygiene onto the political public agenda.
- Make the issue visible and credible in policy debates.
- Inform the public about the issue and proposed solutions.
- Recruit allies among the public and decision-makers.
- Change public attitudes, taboos and behaviour to menstrual hygiene.
- Influence decision-makers and opinion leaders on the issue.
- Raise money for taking action to improve menstrual hygiene.



Using the media to spread the message on good menstrual hygiene

(Photo: Giacomo/UNICEF, Tanzania)

The media could be used as both an advocacy tool and target. Notes on good practice when working with the media have been included in [Toolkit 9.1.2](#). Further information on the general principals of advocacy can be found in WaterAid's *Advocacy sourcebook*¹⁶.

The following examples show how the media has been used in Nepal and Zimbabwe by engaging famous artists or celebrities.

Engaging a famous artist — bringing menstrual hygiene into the open (WaterAid in Nepal)

In Nepal, artist Ashmina Ranjitin designed and wore a dress made out of sanitary pads and tubes of red liquid to raise awareness of the practice of separating women and girls from the household during menstruation.



(Photo: WaterAid/Anita Pradhan)

National art exhibition on menstrual hygiene, 'Dropping in on development' (WaterAid in Nepal)

A national art exhibition on menstrual hygiene was held in Nepal in September 2011. Ten artists produced work to make the viewer consider menstrual hygiene, aiming to break the silence surrounding the issue. The work included: an installation by Om Khattri of a woman sitting in a cowshed with snakes nearby, depicting the situation in some parts of Nepal where women are not allowed in the house during menstruation; a sculpture by Asha Dangol of a mannequin with red ribbons coming from her uterus leading to lotus flowers, symbolising cleansing; and a work by Sushma Shakya presenting 28 buckets of water – some tinted red – representing a woman's natural cycle and the extra water needed for menstrual hygiene.



'Menstruation – the symbol of purity' by Asha Dangol (Photo: WaterAid)



Art installation by Sushma Shakya (Photo: WaterAid)

Module nine

Research, monitoring and advocacy

Engaging Ms Southern Africa, UK – promoting access to sanitary pads as part of the ‘Dignity! Period.’ campaign

Zimbabwean beauty queen Primrose Mutsigiri supported the ‘Dignity! Period.’ campaign to make sanitary pads more accessible for Zimbabwean women. She also persuaded Zimbabwean models and performing artists to take part. She said, “Imagine if there were no tampons or sanitary towels available. Imagine, in desperation, having to use newspapers or old clothes as protection. Imagine having to stay home from school or work for five days every month because you’ve got nothing else to use to help soak up the blood...imagine the vaginal infections you would get and then imagine that your partner beats you because he thinks you have slept with someone else and contracted a sexually transmitted infection... Unfortunately, for the women of Zimbabwe, this is not a situation they are left to imagine.”¹⁷

Dialogue events

Dialogue events on menstrual hygiene also open up opportunities for sharing good practice and identifying gaps and ways forward. The following example is an event facilitated by the Water Research Commission in South Africa.

Inter-agency dialogue on menstrual hygiene (Water Research Commission, South Africa)

Dialogue was established between 60 delegates representing national and provincial departments in South Africa, donor and development agencies, academic institutions, trade unions, civil society organisations and the private sector. Recommendations were made on research and development, monitoring and compliance, awareness-raising and partnerships.



18

Using the internet

The internet provides an excellent opportunity to share information and spread awareness of menstrual hygiene. The example below shows ZanaAfrica in Kenya, an organisation tackling the issue of menstruation practically as well as through its advocacy efforts nationally, and also wider context through the use of the web.

Advocating menstrual hygiene on the web (ZanaAfrica, Kenya)¹⁹

Through its website, ZanaAfrica raises issues relating to vulnerable children in the poorest communities in Kenya. Issues discussed include menstrual hygiene, education, violence and the rights of women and girls in the sex industry. Practical solutions being supported by ZanaAfrica are also shared.



Managing Menstruation



Over 2 billion women globally are menstruating and will do so for an average of 200 days in their life. We all exist because of this beautiful biological function. Why then, is it such a cause of shame and of shattering dreams? Why, then, is it clogging up our small planet at a rate of 7 pounds (3.5kg) per woman per year and consuming millions of tons of trees?

[How Much Do You Know? Take this quiz to learn what girls go through in most countries.](#)

ZanaA's robust response to the dire implications of girls failing in school due to the days they miss because of their menstruation is to know all we can and do all we can. **Our goal is nothing short of becoming the leading expert in all issues relating to sanitary pad manufacturing, distribution in Africa, and research. This can only be attained through a group effort,** and in this interconnected world, we invite you to add to the knowledge base.

Research

Research on menstrual hygiene provides an excellent basis for advocacy. The lessons learned from the research will need to be targeted to different groups and communicated through appropriately selected channels and media for the greatest advocacy benefit. The following are four examples of presenting learning from research: through the use of posters at conferences; the publishing of an advocacy report; and the publishing of a paper on practical experiences of implementing menstrual hygiene.


Posters on menstrual hygiene research (Sally Piper, Cranfield University and WaterAid)

Posters can be an effective way to present research at conferences and workshops in a concise and engaging way, as these examples show.

20

**Toilets are not enough:
school menstrual hygiene
management in Malawi**

Sally Piper Pillitteri
Supervisor: Sue White



1. Background:
In Malawi, 31% of girls finish primary school, and only 11% graduate from secondary school. This study explored issues around Menstrual Hygiene Management (MHM), a possible factor in deferral of Millennium Development Goal 3a: 'Eliminate gender disparity in primary & secondary education'.
www.unep.org


Objectives:

- develop participatory research
- identify issues & beliefs around MHM
- understand community MHM views
- ascertain girls' MHM requirements
- evaluate methodology for future use


2. Qualitative participatory methods:

What	Outcomes
• Questionnaire	→ MHM indicators from 104 schoolgirls
• Toilet walk	→ MHM facilities, problems & needs
• Toilet map	→ Group mapping of MHM shortfalls
• Toilet drawing	→ The perfect toilet
• Priority list	→ Group brainstorming for better MHM
• MHM essay	→ Insight into practices & beliefs
• Teen Syllabus	→ Determined MHM education demands
• Interviews	→ Validated data & policies

**Where? Malawi,
5 secondary schools, Lilongwe,
June-July 2011**



3. Results: three main MHM issues are intrinsically linked and contribute to absenteeism




Facilities are not used:

- Toilets: bad design & upkeep
- No privacy, water or soap


Protection is inadequate/costly:

- 58% use cloths which leak
- 42% use pads: disposal problem



Beliefs & harmful practices:

- Menstruation ends childhood sometimes with sexual initiation; girls stop attending school
- Belief that menstrual cloths are 'used for witchcraft', so are not washed at school; girls go home

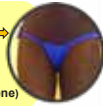




Knowledge and Education:

- Teachers need training
- Students need puberty facts
- Organisations lack awareness
- Scarce funding for MHM

4. Conclusion & Recommendations

- Participatory methods are productive and empowering
- MHM needs girl-friendly toilets, awareness, facts & cheap pads
- Support local NGOs in community/school MHM programmes
- Adopt an integrated approach to school WaSH (Water, Sanitation and Hygiene)



Thank you to:
 

www.cranfield.ac.uk/sas/watermanagement

Cranfield University, Bedfordshire MK43 0AL
suewhite@cranfield.ac.uk sallypiper@aol.com

Module nine

Research, monitoring and advocacy

Menstrual hygiene matters: guidelines for practitioners A synthesis of best practice in menstrual hygiene management (MHM)

1 The issue

Half of the world's people menstruate, for a significant part of their lives, yet this issue has been largely neglected by the water, sanitation and hygiene (WASH) sector and key decision-makers. Confronting their origins – to menstrual health, WASH, education, health and dignity – and national and international development goals will not be achieved.



2 The project

Rationale: There is a lack of systematic studies analysing best practices in MHM and no comprehensive resources to provide guidance on what works in different contexts to encourage replication of successful approaches.

Purpose: To improve the lives of girls and women around the world by supporting opportunities for better MHM practices.

Objective: To produce a guideline for practitioners setting out the key elements of MHM programmes and how to contextualise them – based on an assessment and synthesis of the knowledge and successful approaches.

Methodology:

- Reviewing documentation.
- Interviews with MHM practitioners.
- Synthesising the existing literature in MHM guidelines.
- Cataloguing MHM documentation and resources.

3 Findings

Piecing together the menstrual hygiene management jigsaw

MHM in different socio-cultural and geographic contexts

Women and girls face particular challenges in some socio-cultural and geographic contexts. For example, protection materials, bathing with dignity and privacy, and access to water and sanitation facilities are skills and resources that women may be forced to use in close proximity with male relatives or strangers.

Women and girls in vulnerable situations

Dealing with menstrual hygiene when it is already difficult to access hygiene water, and when you are in a vulnerable situation, is a double challenge.

Whose responsibility?

The division of responsibility for who takes action on menstrual hygiene is complex. A number of actors have some level of responsibility, there is a risk that no one is involved or there is a conflict of responsibilities.

- Water, sanitation and hygiene.
- Education, adolescent and parent health.
- Community development.
- Private sector.

Sanitary protection - supply, use and disposal

It is critical to identify:

- Availability.
- Affordability.
- Knowledge and ability for hygienic use and disposal.

MHM is complex and needs to be addressed holistically and in context as a package of services that includes:

- A voice and space to talk about the issue, involving women, girls, men and boys.
- Availability of accurate information on menstruation and menstrual hygiene.
- Appropriate and affordable sanitary protection materials.
- Facilities for washing, drying and storing or disposing of used materials.
- Privacy and hygienic facilities for changing and washing.

Unvulnerable women and girls have access to water, sanitation and hygiene (WASH) services, and are able to manage their menstrual hygiene with dignity and privacy. They are able to access hygiene water, and have access to water and sanitation facilities. They are able to manage their menstrual hygiene with dignity and privacy.

A young woman in Bangladesh makes a decision about her menstrual hygiene by weighing up the options available to her, including the availability of water, sanitation and hygiene (WASH) services.

- #### 4 Critical gaps
- Examples of cross-sectoral collaboration responding to MHM.
 - Examples of good practice in monitoring and evaluation for MHM. Key indicators.
 - Funding assessment to engage men and boys in MHM at different levels.
 - Successful approaches to MHM for women and girls in the most vulnerable situations.



5 Next steps

- Collaborate with organisations to co-publish for broader ownership, dissemination and field testing of MHM guidelines.
- Develop an MHM forum to share best practice and promote advocacy, especially impacts on health and education.

Researchers:
Therese Mahon
Sara Gause
Sue Cahill
Contact: theresmahon@wateraid.org



WaterAid is a registered charity in the United Kingdom. We work in partnership with governments, NGOs, and the private sector to improve water, sanitation and hygiene for people in need.



Publishing research reports (WaterAid in Nepal)

This WaterAid advocacy report is based on research that highlights the menstrual hygiene challenges girls face at school. Reports such as this are useful for building up a body of evidence that can be used to influence governments, donors and other actors to support positive change.

Report


Is menstrual hygiene and management an issue for adolescent school girls?

A comparative study of four schools in different settings of Nepal



WaterAid/Marco Berto

22

Publishing good practice at international conferences (Maria Fernandes, WaterAid)

Publishing good practice on menstrual hygiene provides learning opportunities for other sector actors. However, this can be a challenge as menstrual hygiene is a cross-sector issue and many conferences and workshops are sector-specific.

FERNANDES

Dhaka, Bangladesh, February 2010

SOUTH ASIA HYGIENE PRACTITIONERS' WORKSHOP

Freedom of Mobility:

Experiences from villages in the states of Madhya Pradesh & Chhattisgarh India

Maria Fernandes, [India]

India's population of 1.17 billion (estimate for July, 2009) is approximately one-sixth of the world's population. Nearly half of the Indians – women are mostly neglected especially relating to their gender specific needs. On an average a woman spends 2100 days of her life menstruating but accessibility and affordability of menstruation products is largely absent, which restricts women's mobility and affects the development of adolescent girls. Since the SACOSAN 2008 declaration where the Government has specifically committed to menstrual hygiene promotion, there is an increased recognition of the need and effort required to generate awareness and improve knowledge and facilities for Menstrual Hygiene Management such as incinerators in school toilets, and a manual on Menstrual Hygiene. In rural India the problem is exacerbated as many women have not seen sanitary napkins, nor are they aware about their use. Many poor women menstruate on their skirts or use the same set of cloths for months together. WaterAid India in partnership with local NGOs has carried out a survey on existing behaviours, misconceptions and the status on availability and accessibility to Menstruation products, and responded modestly to the need, by developing menstrual hygiene communication tools and linked the demand to entrepreneurship. The paper highlights the survey findings and the interventions presenting best practices from across the country. It makes a strong case of local initiatives and micro credit programmes which can support napkin production as an entrepreneurial and livelihood model for women and in turn facilitating upscaling and mainstreaming of menstrual hygiene with due emphasis in the larger sanitation programmes.

Introduction

Discussions on cultural and religious taboos related to menstrual hygiene have taken place in recent years at various platforms yet there is a lack of wider understanding of the problems of poor menstrual behaviours and the need for improved management of menstrual hygiene. This neglect at policy and programme level calls for a comprehensive approach to menstrual hygiene promotion that should include awareness generation, access to facilities and convergence of related departments. The purpose of these efforts should be to have positive impact on women's health and social status, improving their effective functionality during menstruation. India with its estimated population of 1.17 billion is one-sixth of the world's population. Half of the India's population is women and the majority of them don't have access to the sanitary products and facilities which are essential during menstruation.

In India a good percentage of girl students, particularly from rural areas, after attaining menarche are reluctant to attend school during menstruation, due to lack of facilities at school and for fear of being teased by boys. All this leads to a higher dropout rate of girl children. The main reason for this situation is

1

23

Module nine

Research, monitoring and advocacy

Cross-sector integration

Efforts should be made to identify opportunities to mainstream menstrual hygiene into advocacy activities in other sectors. The following example from Tanzania shows how menstrual hygiene challenges faced by girls at school were integrated into an advocacy document for a national

water sector review meeting. The aim of the document was to highlight the issue of poor water, sanitation and hygiene facilities in schools and call for increased effort and resources.

Integrating menstrual hygiene into an awareness-raising leaflet on water, sanitation and hygiene in schools (SNV, Netherlands Development Organisation, WaterAid and UNICEF Tanzania)

This four page advocacy leaflet was used to raise awareness of the challenges relating to school water, sanitation and hygiene in Tanzania at the Annual Water Sector Review in 2009. The target groups for the leaflet included the Government of the United Republic of Tanzania and large donors funding the water sector. Menstrual hygiene issues were included as part of the information provided in the leaflet.

24



Improving WASH in Schools: Improving the Quality of Education

School WASH - an important pre-requisite for ensuring the right to basic education

More children than ever before are attending school in Tanzania as a result of a number of successful policy initiatives, most notably the abolition of school fees in 2002. The number of primary schools increased from 11,873 in 2001 to 14,700 in 2006. Whilst the number of latrines has been increasing over this time, the resources required to keep pace with this enrolment are significant as it has led to a need for more than 240,000 additional drop holes in schools across Tanzania.

School water, sanitation and hygiene contribute to children's learning and school experiences in many ways, it: improves cognitive function and attention; reduces days missed from school; provides more time on the learning task; and increases dignity and safety. Because of inadequate school WASH many children are therefore currently not meeting their learning potential.

School WASH—key to keeping girls in schools

Despite the success in increasing enrolment, drop out rates remain high and completion rates remain low. There is an urgent need to focus on providing quality education and retaining pupils, especially girls.



The reasons for poor retention are many but international research suggests that inadequate water supply, sanitation and hygiene play a role. A recent report estimates that in Sub-Saharan Africa half of all girls who drop out of school say that a lack of adequate water and sanitation facilities are a contributing factor. A further 10 per cent of school-age girls who have reached the age of puberty do not attend school during menstruation (Tearfund, 2008).

School WASH—fulfilling the Government of Tanzania's commitment to education

- MKUKUTA II recognises that quality education requires improvements in physical infrastructure, teaching and learning materials, human resources and school governance.
- Rehabilitating, maintaining and expanding school WASH infrastructure – water supply, latrine and hand-washing facilities – needs to be a priority for the new Government of Tanzania to ensure universal access to quality pre-primary, primary, and lower secondary education.
- Improving school water supply, sanitation and hygiene (WASH) would improve the lives of almost 10 million children and young people in Tanzania.

Conferences and forums

Presenting menstrual hygiene issues, successes and challenges at international conferences and forums can be an effective advocacy channel. The examples to the right are from WaterAid and the Water Supply and Sanitation Collaborative Council (WSSCC).

National or regional conferences or forums also offer an opportunity to reach target audiences. At the fourth South Asian Conference on Sanitation (SACOSAN IV), the continued efforts of civil society groups and government officials to raise menstrual hygiene issues resulted in the subject being included in key ministerial commitments. These included:

- To raise the profile of water, sanitation and hygiene in schools, with the objective of ensuring that every new and existing school at every educational level has functioning, child-friendly toilets, separate for girls and boys, with facilities for menstrual hygiene management.
- To include in monitoring mechanisms specific indicators for high priority measures such as water, sanitation and hygiene in schools, hand-washing and menstrual hygiene.²⁷



Examining menstrual hygiene products at the Asia Regional Sanitation and Hygiene Practitioners' Workshop in Dhaka, 2010 (Photo: Thérèse Mahon/WaterAid)

²⁵

Breaking the Silence: Menstrual Hygiene Management in rural India.

Nothing to be ashamed of!

Stop letting women suffer in silence - talk about good menstrual hygiene practices

Ms. Maria Fernandez, WaterAid India

²⁶

GLOBAL FORUM ON SANITATION AND HYGIENE
WSSCC

Inclusive Design for the Life Cycle
12th October; 14:25 hours

Menstrual Hygiene Management in Maharashtra

UNICEF, Mumbai and Water Supply and Sanitation Department
Government of Maharashtra

Module nine

Research, monitoring and advocacy

Multi-agency collaboration

Multi-agency collaboration for campaigning also provides opportunities for reaching a wide range of decision-makers and the general public on menstrual hygiene issues. The example below highlights two campaigns promoting the availability of sanitary pads in Kenya (the Sanitary Pad Campaign and the subsequent SMILE Campaign) and related Government policy and actions in Kenya.

National collaborative sanitary pad campaigns contribute to policy changes and action in Kenya²⁸

After the Girl Child Network (GCN) partnered with the Rotary Club of Nairobi South and others to launch a national sanitary pads campaign in February 2006, the issue of sanitary pads has gained international interest. This campaign contributed to a range of actions by different actors and in turn influenced actions by the Government of Kenya:

- The GCN initially lobbied Proctor and Gamble, which made a three-year commitment to fund sanitary pads for 15,000 girls.
- Rotary International and Lions International have partnered together, with a goal to supply enough sanitary pads to keep 160,000 girls in school per year.
- The Government of Kenya waived customs and duty on sanitary pads.
- Other organisations have taken upon themselves the burden to source sanitary pads for schools they support; yet it was noted that some are delivering them without proper authorisation and permission from the Ministry of Education.
- The GCN and the Forum for African Women Educationalists (FAWE) worked with the Ministry of Education to formulate the first Gender Policy in Education (see below).
- The establishment of the National Sanitary Towels Campaign Coordinating Committee (NSTCCC) (see below) whose efforts will support a new campaign called 'SMILE: Sexual Maturation Inspiring Learning in Education'.

Ministry of Education's Gender Education Policy

The Ministry of Education's Gender Education Policy calls for partnership to cascade policy into implementation. The Gender and Education Policy 2.17, created 'to make the school learning environment gender responsive to sexual maturation', supports three policy statements:

- 1 Develop and implement policies on institutional support to sexual maturation, including infrastructure and capacity building of shareholders;
- 2 Coordinate partnerships and facilitate stakeholder participation in the management of sexual maturation; and
- 3 Develop modalities for provision of sanitation materials as part of learning materials.

The Government has made the major policy step to protect girls' education through the provision of sanitary pads, and is calling on partners to help in the implementation of their policy, extending to the Kenya Education Sector Support Programme and the establishment of a national coordinating committee.

The National Sanitary Towels Campaign Coordinating Committee (NSTCCC) was established on 14 May 2008 at the Kenya Institute of Education in the Stakeholders Meeting on Provision of Sanitary Towels to Girls In Schools, entitled 'Gender and education: Establishing the status of gender equity and equality in primary schools in Kenya' hosted by the Ministry of Education and the Girl Child Network.

Terms of reference for the NSTCC:

- 1 To standardise the methodology for national sanitary pad distribution and coordination in Kenya.
- 2 To ensure research is ongoing to assess the tangible impact of the sanitary towels campaign on menstruating girls in Kenya.
- 3 To lobby for policies in the best interest of the girl child and the environment as it relates to sanitary towels.
- 4 To generate publicity, awareness and support for the purpose of more rapid and effective implementation.

Endnotes

- ¹ This section has been developed mainly on the paper: Sommer, M (2010) *Utilising participatory and quantitative methods for effective menstrual-hygiene management related policy and planning*. UNICEF-GPIA Conference, April 24-26, 2010, New York; unless otherwise noted.
- ² Sommer M (2011) An early opportunity for promoting girls' health: Policy implications of the girls' puberty book project in Tanzania, *International Electronic Journal of Health Education*, vol 14, pp 77-92. Available at: www.aahperd.org/aahe/publications/iejhe/iejhe-volume-14.cfm.
- ³ Drawn by a girl from northern Tanzania as part of participatory research by Dr Marni Sommer.
- ⁴ ZanaAfrica (2011) *EmpowerNet clubs*. Available at: www.zanaa.org/empowernet-clubs (accessed 17 Sep 2011).
- ⁵ Oster E and Thornton R (2010) Menstruation, sanitary products and school attendance: Evidence from a randomised evaluation, *American Economic Journal: Applied Economics*, 27 April 2010.
- ⁶ Sommer M (2009) *Vipindi vya maisha* (Growth and changes). MacMillan, Dar es Salaam, Tanzania.
- ⁷ Ministry of Education and Ministry of Public Health, Islamic Republic of Afghanistan (2010) *Assessment of knowledge, attitude and practice of menstrual health and hygiene in girls' schools in Afghanistan*.
- ⁸ The document can be found online here: www.unicef.org/wash/files/10_case_study_BANGLADESH_4web.pdf.
- ⁹ Burgers L and Spruijt H (2009) *Menstrual hygiene: Manage it well!*. UNICEF webinar.
- ¹⁰ Water Research Commission (2011) *Dialogue: Menstrual hygiene; Supporting the sanitary dignity campaign for women and girls*. Dialogue report.
- ¹¹ Freshwater Action Network (2010) *Rights to water and sanitation: A handbook for activists*.
- ¹² Partly adapted from: Ten VTA (2007) *Menstrual hygiene; A neglected concern for the achievement of several Millennium Development Goals*. Europe External Policy Advisers.
- ¹³ WaterAid (no date) *The advocacy sourcebook*.
- ¹⁴ Much of this section has been adapted from: WaterAid (no date) *The advocacy sourcebook*.
- ¹⁵ WaterAid describes 'rooted advocacy' as, 'empowering people who are directly affected by policies related to water and sanitation to become key actors in bringing about the changes needed and not be passive beneficiaries.'
- ¹⁶ WaterAid publication (no date) *The advocacy sourcebook*.
- ¹⁷ www.newzimbabwe.com/pages/misszim40.15090.html.
- ¹⁸ Water Research Commission (2011) *Dialogue: Menstrual hygiene management; Supporting the sanitary dignity campaign for women and girls*. Dialogue: Menstrual Hygiene Management, Pretoria, South Africa, 19 April 2011.
- ¹⁹ ZanaAfrica (2011) *Managing menstruation*. Available at www.zanaa.org/managing-menstruation (accessed 7 Sep 2011).
- ²⁰ Piper Pillitteri S (2011) *Toilets are not enough: School menstrual hygiene management in Malawi*. MSc thesis poster, academic year: 2010-2011, Cranfield University.
- ²¹ House S, Mahon T and Cavill S (2011) *Menstrual hygiene matters: Guidelines for practitioners*. Poster presentation. Water and Health Conference, University of North Carolina, Chapel Hill, USA, 3-7 October 2011.
- ²² WaterAid in Nepal (2009) *Is menstrual hygiene and management an issue for adolescent school girls? A comparative study of four schools in different settings in Nepal*.
- ²³ Fernandes M (2010) *Freedom of mobility: Experiences from villages in the states of Madhya Pradesh and Chhattisgarh, India*. South Asia Hygiene Practitioners' Workshop, Dhaka, Bangladesh. Available at: <http://www.irc.nl/page/51700>.

Module nine

Research, monitoring and advocacy

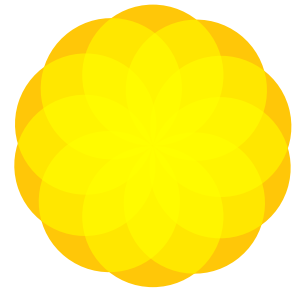
²⁴ SNV, WaterAid and UNICEF (2009) *School WASH in Tanzania. Improving WASH in schools: Improving the quality of education.*

²⁵ Fernandes M (2010) *Breaking the silence: Menstrual hygiene management in rural India.* World Water Week, Stockholm, Sweden, 5-11 September 2010.

²⁶ UNICEF, Mumbai and Water Supply and Sanitation Department, Government of Maharashtra (2011) *Menstrual hygiene in Maharashtra; Inclusive design for the life cycle.* WSSCC Global Forum on Sanitation and Hygiene, Mumbai, 9-14 October 2011.

²⁷ Fourth South Asian Conference on Sanitation (2011) *The Colombo Declaration.*

²⁸ www.zanaa.org/managing-menstruation/policy-advocacy/national-committee.



Toolkit one

Menstrual hygiene – the basics

*Part of Menstrual hygiene matters;
A resource for improving menstrual
hygiene around the world, written by
Sarah House, Thérèse Mahon
and Sue Cavill (2012).
The full version can be downloaded
from www.wateraid.org/mhm.*

This toolkit will cover...

- T1.1** Checklists and other tools
- T1.2** Technical designs and specifications
- T1.3** Case studies, examples and further information
- T1.4** Bibliography

Toolkit one

Menstrual hygiene – the basics

T1.1 Checklists and other tools

T1.1.1 Checklist for breaking down myths and establishing positive norms

Table T1.1 Checklist for breaking down myths and establishing positive norms

Action		Resource reference	Score for progress (1 - no progress to 5 - action completed)
1	Norms and myths relating to menstrual hygiene have been identified for women and girls of all ages and different cultural and ethnic backgrounds.	Module 1 Toolkit 1	
2	Approaches have been identified for responding to problematic myths and practices.	Module 1 Toolkit 1	
3	Menstrual hygiene booklets are available for adolescent girls.	Toolkit 1	
4	Booklets about adolescence are available for adolescent boys.	Toolkit 1	
5	Trusted female adults have been identified and are available to discuss menstrual hygiene with adolescent girls and answer their questions.	Module 4 Module 5	

T1.1.2 Menstrual hygiene and the Hygiene Improvement Framework

The following table indicates how the elements of the promotion of effective menstrual hygiene included within this resource relate to the Hygiene Improvement Framework.

Table T1.2 Hygiene Improvement Framework¹

Hygiene and sanitation improvement (behaviour change)	Enabling environment	<ul style="list-style-type: none"> • Security and human rights frameworks • Recognition of people in vulnerable, marginalised or special circumstances • Policy and legislation • Government leadership and support • Co-ordination between sectors and agencies • Financing and cost recovery • Public-private partnership • Institutional strengthening • Community aware of their entitlements 	<ul style="list-style-type: none"> • Advocacy, communication, policies, strategies, guidelines integrate menstrual hygiene • Key professionals (health, education, WASH, protection, gender, community development) are knowledgeable on menstrual hygiene 	Creating a supportive environment – for all women and girls to be able to manage their menstruation hygienically, safely, in privacy and with dignity
	Hygiene promotion (demand)	<ul style="list-style-type: none"> • Social marketing • Community and individual action • Behavioural/social change • Community participation in problem identification, solutions and accountability • Design, use and maintenance of facilities • Assessment, monitoring, feedback 	<ul style="list-style-type: none"> • Positive social norms created, myths broken down, sensitisation of leaders, women, girls, men and boys • Knowledge and information for women and girls on menstruation and good menstrual hygiene practices; opportunities for talking with trusted others 	
	Access to hardware and services (supply)	<ul style="list-style-type: none"> • Community water systems, water quality and quantity • Sanitation facilities • Availability of sanitary protection materials • Small-scale household technologies • Hygiene facilities • School WASH facilities • Solid waste management systems • Drainage 	<ul style="list-style-type: none"> • Available, appropriate and affordable sanitary protection materials • Safe, hygienic and discrete disposal of sanitary protection materials • Private place to change, accessible water supply, sanitation and hygiene facilities 	

Toolkit one

Menstrual hygiene – the basics

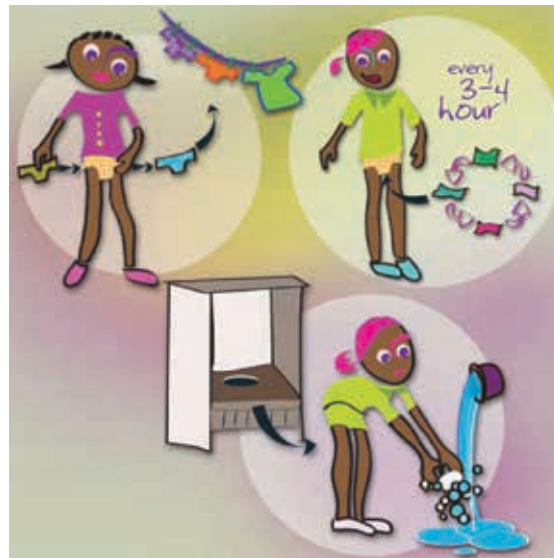
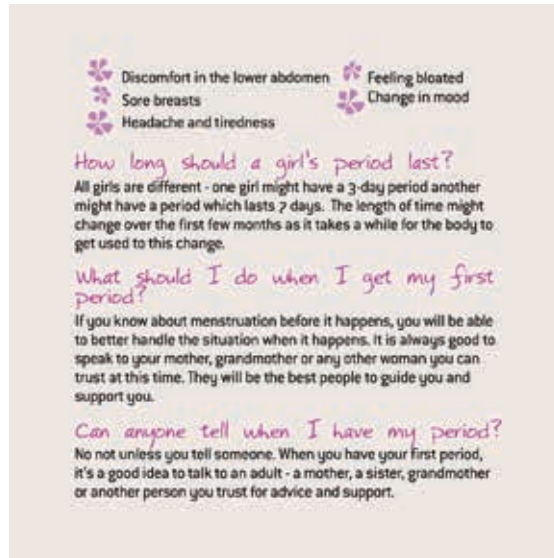
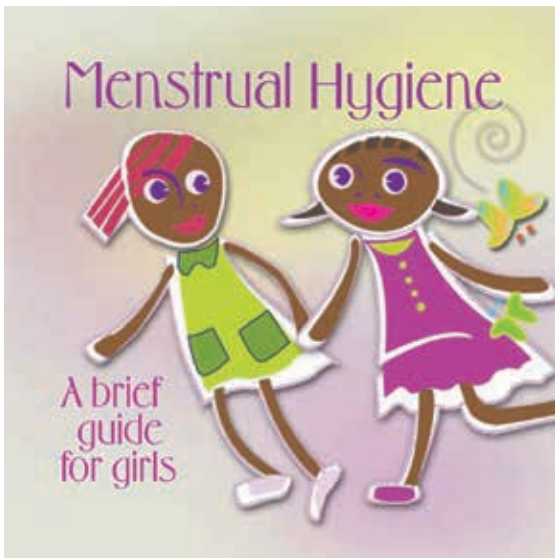
T1.2 Technical designs and specifications

T1.2.1 Good practice for developing menstrual hygiene booklets for girls

The following pages include examples of guidance books on menstruation for girls, which cover what menstruation is, what will happen and how to stay healthy². Similar books are available or being developed in a number of other countries (eg Pakistan, Uganda, Ethiopia, Cambodia and Ghana).

Good practice for developing booklets on menstrual hygiene for girls

- Research what is already available.
- Align the content with the approved Ministry of Education or Ministry of Health guidance.
- Use language that is easy to understand, matching the local context and girls' reading level (consider multi-lingual books if necessary).
- Include the facts about menstruation.
- Include a frequently asked questions and answers section.
- Include a section on myths about menstruation and address them with facts.
- Include case studies from girls – How did they feel when they had their first period? What did they do? What advice were they given? What advice would they give to others?
- Include a section on how to stay healthy during menstruation – what protection to wear, what to eat, what exercise to take, how to keep clean, how to deal with cramps, how to clean or dispose of sanitary protection materials, etc.
- Encourage girls to speak to their mothers, grandmothers or other trusted adults to discuss the issues further.
- Make the booklets attractive in colour and presentation.
- Pilot all aspects of the document through discussions with schoolgirls, parents, teachers and educational advisers.
- Obtain government permission to distribute and use the booklets in schools – this will open up opportunities for dissemination.
- Work together with other organisations (particularly Ministry of Health, Ministry of Education and NGOs) to identify how to maximise take-up of the new booklets.

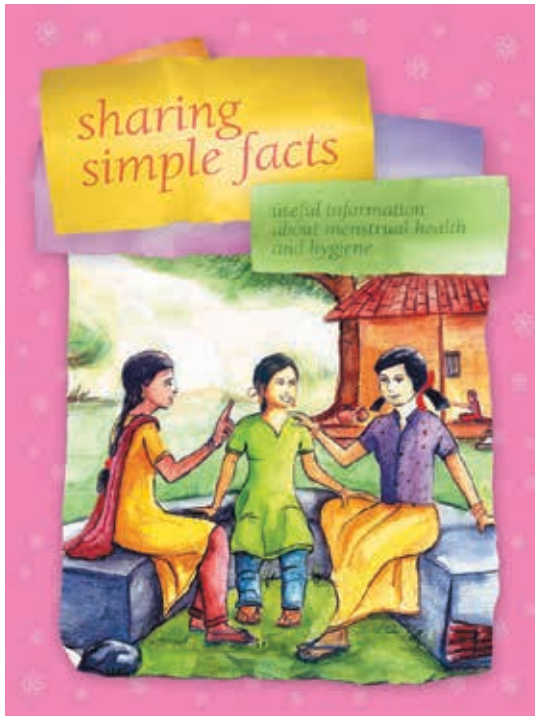


Menstrual hygiene; A brief guide for girls – Sierra Leone

Author: UNICEF (no date)

Toolkit one

Menstrual hygiene – the basics



sharing simple facts

useful information about menstrual health and hygiene

Growing up – the normal way	2
Dealing with menstruation	8
Managing menstruation	19
Disposal of napkins	33
Facts about HIV/AIDS	37

Can girls take a bath or shower during their periods? What about exercising?

Menstruation is a very normal part of every girl's life. During your period, you can do everything you normally do, including daily bath or shower, exercising, dancing and playing sports are all fine. In fact, you will feel better by continuing your normal routine, and find that warm bath is a great way to help with any cramping you may have.

Myth: Taking bath during periods pollutes the environment

FACT: In the ancient days, people used to bathe in water sources like the river, pond, lakes etc. These were public places and when they took a bath in them there could be causes for embarrassment. So it was advised that girls desist from taking bath during the is period. However, now times have changed and we have the privacy of a bathroom or a separate place to bathe. It is advisable to take bath at least once a day in luke warm water to keep the body clean and avoid bad odour.

17

Managing menstruation

Managing menstruation is essentially dealing with menstrual flow and also in continuing regular activities like going to school, working etc. Once the girl feels confident about the first part of managing that is – managing the menstrual flow, then the latter part is no problem at all. One sees that girls often cease to perform their regular activities due to the embarrassment associated with managing the menstrual flow.

Girls need to change their sanitary napkins regularly during the period of menstruation especially in the first two to three days. The vast majority of girls use cloth pads usually torn from old saris, instead of sanitary towels/napkin. These cloth pads are washed and used several times. There is no private place to change and clean them and often no safe water and soap to wash them properly. A culture of shame and embarrassment forces them to seek for well hidden places even in their homes to dry these clothes. These places are often damp, dark and unhealthy. This practice is responsible for a significant proportion of illness and infection associated with female reproductive health. Very often serious infections are left untreated.

Menstruation as a regular process needs hygienic management.

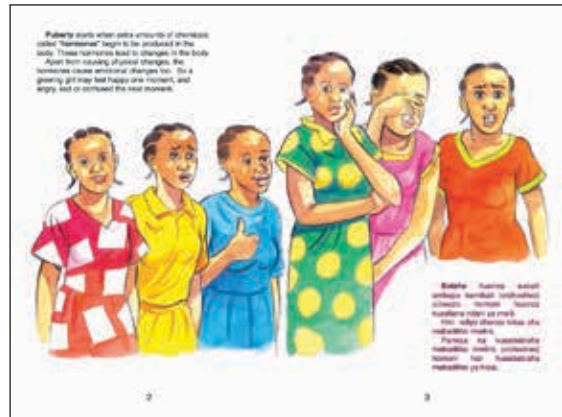
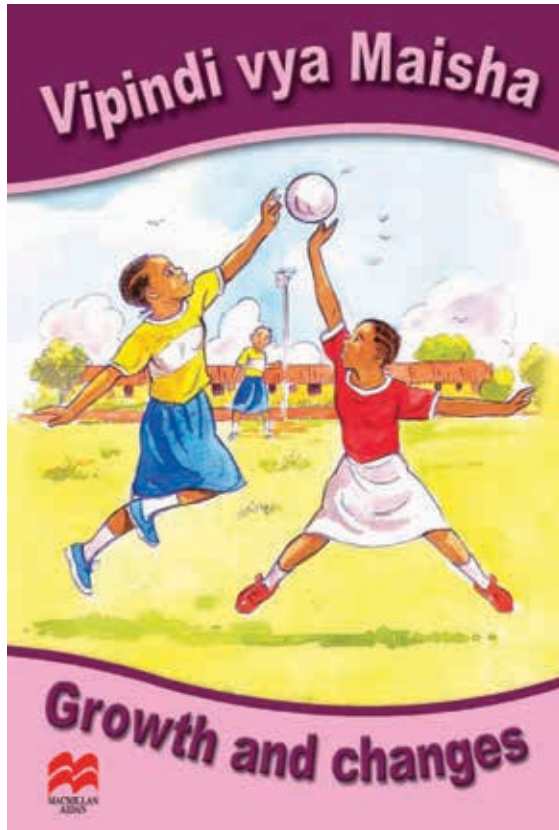
What products do girls usually use during menstruation?

Clean cloth: These are cut to fit in the panty area by sewing several layers of cotton rags on top of each other. These must be clean. They must be washed thoroughly and hung in a private but sunny place to dry. They should not be shared with others.

19

Sharing simple facts; Useful information about menstrual health and hygiene – India

Author: Government of India, Ministry of Rural Development, Department of Drinking Water Supply, Santha Sheela Nair, UNICEF (2008)



Menstrual Myth ... True / False

- If you get pimples during puberty, you will get pimples for the rest of your life. **False**
- Girls may get pimples around the time of their M.P.s **True**
- Eating cold food while you have your M.P. can give you cramps. **False**
- Stress can cause you to miss a period. **True**
- Drinking sugary drinks while you have your M.P. can make the menstrual blood heavier. **False**
- If a menstruating girl touches a green plant, it will become dry. **False**

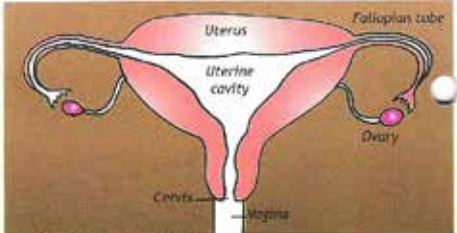
Vipindi vya maisha; Growth and changes – Tanzania

Author: Dr Marni Sommer (2009)

Toolkit one

Menstrual hygiene – the basics

The basics, period




The female reproductive system

When growing up, the biggest change for many girls is getting the first period. It is a turning point in your development from childhood to adulthood. Your first period can be unexpected, and you might be frightened when you find that you are bleeding from your vagina. It is okay! Just remember that this is a natural process.

Your first period usually occurs between the ages of 9 and 16. Periods last for 3 to 7 days. The next period begins about 21 to 28 days later. This 28-day cycle is your 'menstrual cycle.' In the middle of your cycle (days 12 to 15 in a 28-day cycle), one of your ovaries releases an egg. This process is called 'ovulation.' The egg moves into the uterus through the Fallopian tube. At the same time, body tissues and blood cells start lining the walls of your uterus. The amazing thing is you won't feel any of this happening!

If you were to have sex at this time, and sperm from the man fertilised the egg, you would become pregnant. However, if your egg is not fertilised, the uterus lining gently dissolves and leaves your body as your menstrual period. Let's try and use the calendar below. It works like clock work!



Understand your cycle better by using a calendar to track:

- how long your period lasts
- the duration between one period and the next
- cramps, light flow, heavy flow, etc.

ASK MS. MATATA

Many girls and boys have pressing questions about menstruation. Here are some of the letters I have received from teens curious to know more about this natural stage in a girl's life.

Dear Ms. Matata,
How much blood will I lose during my period? *Frika, 12*

Although it may look like you are losing a lot of blood, in reality the blood you lose ranges anywhere from a couple of teaspoons to a third of a cup of blood each period.

Dear Ms. Matata,
Can I count myself lucky that I don't have a regular period? *Zena, 12*

Not necessarily. It may mean you are pregnant or have an underlying health problem. Speak to a doctor about this.

Dear Ms. Matata,
Can I get pregnant while having my period? *Rehana, 15*

Yes, you can. So make sure you use a condom if you decide to have sex.

Dear Ms. Matata,
I use disposable items during my periods. What's the best way to get rid of them? *Lisa, 12*

Cotton wool, toilet paper and pads can be thrown straight into a pit latrine after use. However, if you are using a flush toilet, pads should be wrapped neatly and placed in a covered bin. Used pads can then be burnt with other rubbish.

Dear Ms. Matata,
How often should I change my sanitary protection? *Avelina, 14*

That depends on what form of protection you've chosen and the heaviness of your flow. For example, if you are using cotton wool or toilet paper, it is best to change every hour, but if you are using pads you should change them every three hours.

Dear Ms. Matata,
I am 11 and haven't had my period yet. My friends have all started. Is something wrong with me? *Mimo, 11*

Don't worry! Our bodies have their own personal clocks which differ from girl to girl. But if you reach your late teens and still haven't started your period, see a doctor.

Menstrual Health and Hygiene for Adolescent Girls in Middle and High Schools



Guidebook for Girls

June 2011



Menstrual health and hygiene for adolescent girls in middle and high schools; Guidebook for girls – Afghanistan

Authors: Ministry of Education and Ministry of Public Health, Government of the Islamic State of Afghanistan and UNICEF (2011)

There are many misconceptions about menstruation. Some ideas have good intentions while others make it sound dirty. Below some of the misconceptions:

Myths	Facts
1. Menstruating girls are unclean.	1. Menstrual blood is healthy and clean unless the girl is suffering from reproductive tract infection. However girls should maintain proper hygienic practices.
2. Improper disposal of used sanitary materials like pads make a girl menstruate continuously for life.	2. It is not true. A girl cannot menstruate continuously for life, unless she has an infection. However, girls should ensure that used sanitary materials are disposed of in a proper and hygienic manner.
3. Disposal of used sanitary materials by burning or burying leads to infertility.	3. Disposal of used sanitary materials by burning or burying is a safe and hygienic method.
4. Menstruating girls should not eat certain food e.g. yogurt, vegetable, cold water, sour food.	4. Menstruating girls need to eat Iron contains food such as vegetables fruits; yogurt etc to replace iron losses due to bleeding.
5. Starting menstruation means you are ready to marry.	5. Menstruation is an important stage in a girl's maturation, yet it does not mean a girl is ready for marriage.
6. Taking bath during period causes infection or infertility.	6. Taking bath during period is necessary. It prevents a girl from infection.



- Teaching parents about the good sanitary materials that can be used during period.
- Read and understand the facts about period from guidebooks to help other children.

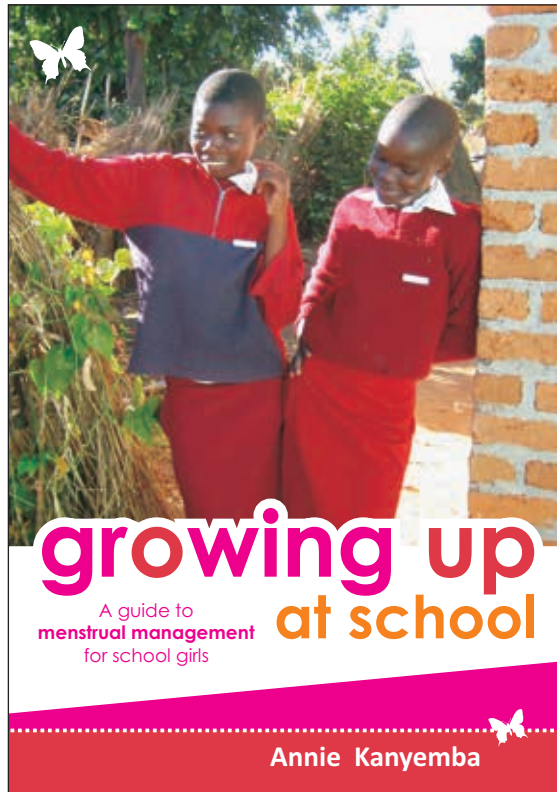


Conclusion:

Girls are our friends, sisters, daughters and relatives. It is important that girls understand hygiene issues and how best to practice proper

Toolkit one

Menstrual hygiene – the basics



Growing up at school; A guide to menstrual management for school girls – Zimbabwe

Author: Annie Kanyemba (published by Water Research Commission) (2011)

How to make a pad holder

This is a simple sanitary pad holder with elastic attachments which has been designed to hold cloths and pads in place underneath the panties. The idea was first seen by the author in Marirangwe, Zimbabwe. The two elastic attachments are drawn up over the legs and held up by the hips. The pad holder helps to keep the home made cloths or even normal sanitary pads in place. This avoids the embarrassment of loosing the cloths when walking or attending school.



Pad holder and pad holder with folded cloth

The sanitary pad holder can be mass produced by a tailor at a cost of about one dollar or less. The pad holder is made of cotton with elastic attachments. It can be washed many times.

The pad holder can be made in several sizes to suit girls of different ages. It also helps to avoid staining your clothes during your periods. You must wear "corset" panties or panties big enough to accommodate a pad cloth and cover up your buttocks. Put your unused cloths/pads folded in plastic bags for further use.

Wear comfortable clothing

Wear comfortable clothes like skin tights inside your uniform and always keep your jersey around in case you stain your uniform. When that happens, you can just tie it around your waist.

If you have to change for sports in school, wear red, black or brown panties so that people will not notice that you have your period.



TIP

keep your jersey CLOSE in case you stain your uniform



TIP
Comfortable cloths can help

T1.3 Case studies, examples and further information

T1.3.1 Questions and answers on menstruation

Table T1.3 Questions and answers on menstruation³

Question	Answer
What is puberty and adolescence?	Between the ages of 10 and 14 most girls and boys begin to notice changes in their bodies. These physical and emotional changes are called 'puberty' or 'adolescence' and take place over a number of years. At this age, girls and boys are often called 'adolescents'.
What happens to a girl's body when she reaches puberty?	<ul style="list-style-type: none"> • Puberty starts when extra amounts of hormones begin to be produced in the body. These hormones lead to changes in the body. Apart from causing physical changes, they cause emotional changes too. So a growing girl may feel happy one moment, and angry, sad or confused the next moment. • Puberty is the time when girls begin to produce eggs and boys begin to produce sperm. It is the time when children develop into young women and men, and their bodies start maturing so that one day they can have children and start their own families. However, this does not mean that adolescent girls are ready to have children, because other changes will still be happening in their bodies. If a young woman's body is not ready for childbirth, it can cause many health problems for her and her baby. • A girl's breasts start to grow and her hips get rounder. Hair starts to grow under her arms and between her legs. She starts to menstruate (also known as a monthly period). • Menstruation means that a girl's body is growing up, and is preparing for the future when she might want to get pregnant and have a baby. During menstruation, the lining of the uterus comes out along with blood through the vagina. Bleeding usually lasts for two to seven days (but can last longer) and usually happens around every 28 days. Monthly bleeding is nothing to be scared of because it is perfectly normal. • Hormone changes can also cause an increase in spots and pimples just before or during a girl's monthly period.
When does puberty begin and how long does it take?	Changes take place in girls and boys at different times. Generally, changes start later for boys than girls. Some people start puberty before the age of ten, sometimes as young as eight, while others start after 17. For some, changes may take place in a year or less. For others, they can take as long as six years.
What is the monthly cycle?	The monthly cycle from the first day of a girl's menstrual period is usually 28 days (one month) but can vary between 21 to 35 days. For many years after a girl starts having her period, it is normal to not get it every month.

Toolkit one

Menstrual hygiene – the basics

Question	Answer
	<p>The monthly cycle from the first day of a girl's menstrual period is usually 28 days (one month) but can vary between 21 to 35 days. For many years after a girl starts having her period, it is normal to not get it every month.</p> <p>In the middle of the cycle, one of a girl's ovaries releases an egg – a process called 'ovulation'. The egg moves into the uterus through the fallopian tube. At the same time, body tissues and blood cells start lining the walls of the girl's uterus, all of which the girl will not feel happening. If the girl was to have sex at this time, and sperm from the man fertilised the egg, the girl could become pregnant. However, if the egg is not fertilised, the uterus lining gently dissolves and leaves the girl's body as her period⁴.</p> <p>A calendar (refer to example in Module 1.2) is a useful tool to track the following:</p> <ul style="list-style-type: none"> • How long your period lasts. • The duration between one period and the next. • Days when you are vulnerable to cramps, light flow, heavy flow. <p>The average length of a menstrual period is five days but it can range from two to seven days.</p>
What does it mean if a girl misses her period one month?	<p>If a girl who menstruates every month misses a period, and she has had sexual intercourse, it may mean she is pregnant. But girls can also miss periods if they are feeling stressed, if they become too thin or they have been travelling. It is also possible when girls' bodies are developing that their period may not be regular at first and can skip months.</p>
Does having a period hurt?	<p>Some girls feel no pain at all when they have their period, some have slight pains below their naval and in their lower back, and some have a lot of pain and may need to take pain relieving medicine. Usually, any pain is not bad and does not last long. Cramps are caused by the muscles of the uterus contracting. It is this contraction that pushes out the lining of the uterus each month.</p>
What is PMS?	<p>PMS is short for pre-menstrual syndrome. Not all girls get this, but many do for a few days before they start their period. This is because changes in the levels of hormones in a girl's body can affect her moods. Some feel sad, while others feel irritable and get angry for no real reason. Some girls' breasts feel swollen and sore. This is natural and should not be a worry.</p>
Is it normal for a girl to sometimes get clots or a white discharge? Is it usual to get a yellow discharge?	<p>Yes, thick clumps or 'clots' of blood in a girl's period are normal. They are more likely when she gets up after sleeping or lying down. It is also normal to get some different coloured discharges. Once a girl's body starts to develop, having some clear or milky white discharge is normal. During her period, the menstrual blood can be bright red, light pink or even brown in colour. A yellow or strong smelling discharge is not normal and can be the sign of an infection. If a girl experiences this she should consult a doctor⁵.</p>
Can anyone tell when a girl gets her period?	<p>No, not unless she tells someone. When a girl gets her first period, she should tell her mother (or sister or another adult she can trust). That way there will be somebody to answer the questions she may have⁶.</p>
Do boys get periods?	<p>No, boys do not get periods. This is because boys' bodies are different inside to girls', and they cannot become pregnant.</p>

T1.3.2 Myths related to menstrual hygiene

The following table identifies a few myths relating to menstrual hygiene that have been documented in literature. Some myths are regional and others present in numerous countries. It is important to investigate the myths that exist in a particular programme area or context.

Table T1.4 Menstrual hygiene myths and practices from around the world

Myth/practice	True or False	Facts	Countries or regions where documented
Menstruating women and girls are unclean	False	Menstruation is a sign of health and normal development. Menstrual blood is the same as blood from anywhere else in the body and is usually sterile. Girls should always maintain good hygiene throughout their menstrual periods.	This myth is almost universal ⁷
Taking a bath/shower/washing the body during menstruation causes infection or infertility⁸	False	Taking a bath/shower/washing the body during menstruation is necessary. It prevents a woman from getting infections. However, the practice of 'douching' (forcing water inside the vagina in order to clean it) can make pelvic infections more likely.	Afghanistan (but common in a number of countries)
Improper disposal of used sanitary materials (eg pads) makes a woman or girl menstruate continuously for life	False	The normal process of ageing means that menstruation will eventually stop. Losing blood after menopause is not influenced by disposal methods. Used sanitary materials should be disposed of in a proper and hygienic manner in order to keep the environment clean.	Afghanistan
Burning or burying used sanitary materials leads to infertility	False	Burning or burying are safe and hygienic methods of disposing of used sanitary materials.	Afghanistan
Menstruating women and girls should not eat certain foods (eg yoghurt, vegetables, cold water, sour food)	False	Menstruating girls need to eat foods that contain iron to replace iron losses during bleeding. Also eating fresh fruit and foods high in calcium can help keep them healthy and alleviate some symptoms of pre-menstrual syndrome.	Afghanistan, Tanzania
Eating cold food during your period can result in cramps	False	Eating cold food will not give a menstruating woman cramps.	Afghanistan

Toolkit one

Menstrual hygiene – the basics

Myth/practice	True or False	Facts	Countries or regions where documented
Starting menstruation means a girl is ready to marry	False	A girl's body is still developing after she has started menstruating. Getting married and having a baby before the age of 18 can lead to health problems for the mother and child.	Afghanistan, Tanzania ⁹
Women and girls should not cut their hair or nails during their period	False	A girl can cut her hair and nails during her period as usual.	Afghanistan
Old menstrual cloths should be buried in the ground because evil spirits will be attracted to the blood	False	It is not essential to bury old menstrual cloths in the ground. They can also be burned or disposed of by other means.	Bangladesh ¹⁰
Drinking sugary drinks during menstruation can make blood flow heavier	False	Drinking sugary drinks does not have this effect.	Tanzania
A touch from a menstruating girl or woman will cause a plant to become dry, milk to curdle, and a mirror to lose its brightness	False	This has no effect on plants, milk or mirrors.	Tanzania, East Africa ¹
If a girl gets pimples during puberty, she will get them for life	False	It is common for adolescent girls to get pimples, but most girls grow out of them as they get older.	Tanzania
If a woman or girl touches a cow when she is menstruating the cow will become infertile	False	It is fine to touch animals during your period as you would at any other time. Remember to wash your hands afterwards.	India
A woman or girl should eat separately from the family while having her periods	False	There is no reason for a woman or girl to eat separately while having her periods.	India, parts of Ethiopia

Myth/practice	True or False	Facts	Countries or regions where documented ⁷
A woman or girl should not look at her reflection during menstruation	False	There is no reason why a woman or girl should not look at her reflection during menstruation.	Nepal and India ¹³ (Gujjar)
A woman or girl should sleep separately during her menstrual period	False	There is no reason why a woman or girl should sleep separately during her menstrual period.	Nepal, parts of Ethiopia
A woman or girl should not attend religious functions during her menstrual period	False	Religions place various restrictions on menstruating women and girls. Refer to Module 1.3.2 for further details.	India (West Bengal), Nepal, Bangladesh, parts of Ethiopia
A woman or girl should not cook during her menstrual period	False	A woman can continue to cook during her menstrual period. She should ensure good personal hygiene as usual.	Nepal, Bangladesh

Toolkit one

Menstrual hygiene – the basics

T1.3.3 The impact of menstrual hygiene on girls' school experiences

Table T1.5 provides a brief overview of sample data on girls' menstrual hygiene knowledge and practices, and the impact on their education¹³.

It is important to note that the studies are not all statistically relevant and most data is from girls' reported experiences. Further details should be taken from the original study documents.

Table T1.5 Overview of menstrual hygiene knowledge and practices, and the impact on girls' education (from research)

Question	Percentages
1. Iran	
Number of respondents: 250 students from 20 schools (Tehran) aged 15-18 years	
Pain, embarrassment, missing school days	
Reporting dysmenorrhoea (pain, backache, abdominal cramps) (Of the students with dysmenorrhoea)	71%
Reporting being nervous during their period	52%
Absent from school (up to seven days) due to menstrual pain	15%
Information on menstruation	
Believe that menstrual pain is a disease	48%
Received information regarding their menstrual period (Of the students who received information on their period)	77%
Received information from their mother, sister or friends	75%
Menstrual hygiene practices	
Do not bathe for eight days after the onset of their period	51%

Knowledge and practices/impacts	Percentages
2. Afghanistan Number of respondents: 160 teenage girls from nine schools (Kabul and Parwan provinces) in grades 7-12	
Pain, embarrassment, missing school days	
Absent from school due to menstruation	Due to heavy bleeding and no changing facilities = 29% (middle and secondary schools)
Information on menstruation	
Believe that menstrual pain is a disease	7% (grades 7 and 8)
Were unaware of menstruation before they started their periods	51%
First received information on menstruation from friends (classmates)	71%
First received information on menstruation from older sisters or relatives	29%
Menstrual hygiene practices	
Never wash their genital area during menstruation	84% (grades 7, 8, 9, 10 and 11)
Do not play sports, eat certain foods or shower during menstruation	70% (middle and secondary schools)
Do not have restrictions placed on them during menstruation	15% (grades 11 and 12)
Use old cloth to manage menstruation	61% (grades 8, 9 and 10)
Use new cloth to manage menstruation	30% (grades 10, 11 and 12)
Use sanitary pads	9% (grade 12)
Use water but no soap when changing menstrual pads	80% (grades 7, 8, 9 and 10)
Wash and dry their menstrual cloth in a corner or shadow	69% (grades 7, 8 and 9)

Toolkit one

Menstrual hygiene – the basics

Knowledge and practices/impacts	Percentages
3. India Number of respondents: 200 rural adolescents (Tamil Nadu)	
Pain, embarrassment, missing school days	
Have heard of reproductive tract infections	18%
Have suffered from reproductive tract infections in the past three months	13%
Information on menstruation	
Believe that menstrual pain is a disease	10%
Menstrual hygiene practices	
Use sanitary pads	36%
Change menstrual cloths once a day	60%
Use water but no soap when changing menstrual pads	39%
4. Ghana Number of respondents: 183 schoolgirls aged 12 years and over	
Pain, embarrassment, missing school days	
Feel ashamed during their periods	Peri-urban = 48-59%, Rural = 90%
Experienced embarrassment during their last period	Peri-urban = 43-60%, Rural = 95%
Absent from school due to menstruation	95%
Percentage of school days missed due to menstruation	Peri-urban = 11-21%, Rural = 23%
5. Nepal Number of respondents: 204 girls from four schools	
Pain, embarrassment, missing school days	
Reporting dysmenorrhoea (pain, backache, abdominal cramps)	83%
Absent from school due to menstruation	Miss some time from school = 53%

Knowledge and practices/impacts	Percentages
6. Kenya Number of respondents: 1,002 girls from 12 primary schools (Garissa and Nairobi)	
Pain, embarrassment, missing school days	
Absent from school due to menstruation	One or more days missed in two months = 86% (Garissa), 53% (Nairobi)
Information on menstruation	
(Of the students who received information on their period) Received information from their mother, sister or friends Who girls felt most comfortable talking to about menstruation	Mother = 33%, Grandmother = 29% Friends/peers/older girls = 48%, Grandmother = 21%, Mother = 12%
7. Malawi Number of respondents: 65 girls from 12 schools	
Information on menstruation	
(Of the students who received information on their period) Received information from their mother, sister or friends	Grandmother = 33%

Toolkit one

Menstrual hygiene – the basics

Knowledge and practices/impacts	Percentages
8. Ethiopia	
Pain, embarrassment, missing school days	
Reporting dysmenorrhoea (pain, backache, abdominal cramps) Absent from school due to menstruation	54% Due to health-related problems = 51% (one day = 45%, two days = 3%, three days = 2%, four days = 1%)
Percentage perceiving menstruation having an effect on school performance	39%
Information on menstruation	
Who girls felt most comfortable talking to about menstruation	Female teacher = 37%, Mother = 35%, Health personnel = 32%, Friends = 32%, Sister = 24%, Male teacher = 8%
Menstrual hygiene practices	
Change menstrual cloths once a day	11%
9. Malawi Number of respondents: 104 girls from two boarding schools and three day schools	
Pain, embarrassment, missing school days	
Experienced embarrassment during their last period Were scared when they started their periods Absent from school due to menstruation	At menarche = 9% 30% Did not go to school on heavy days = 7% (85 days missed by 104 girls over a term)
Information on menstruation	
Were unaware of menstruation before they started their periods	82%
Menstrual hygiene practices	
Do not use the school latrine when menstruating	30%

In various studies from Africa, the Middle East and Asia, up to 95% of girls reported missing school because of their periods.

Reasons for absenteeism from school during menstruation, Nepal

A study in Nepal (of 204 girls)¹⁴ determined the following reasons for school absenteeism during menstruation:

- Lack of privacy for cleaning/washing = 41.4%
- Lack of disposal system for pads/cloths = 28.2%
- Lack of water supply for cleaning = 22.7%
- Pain/discomfort = 16.2%
- Shame = 9.1%
- Socio-cultural beliefs = 5.4%
- Fear of menstrual accident (leakage) = 4.5%

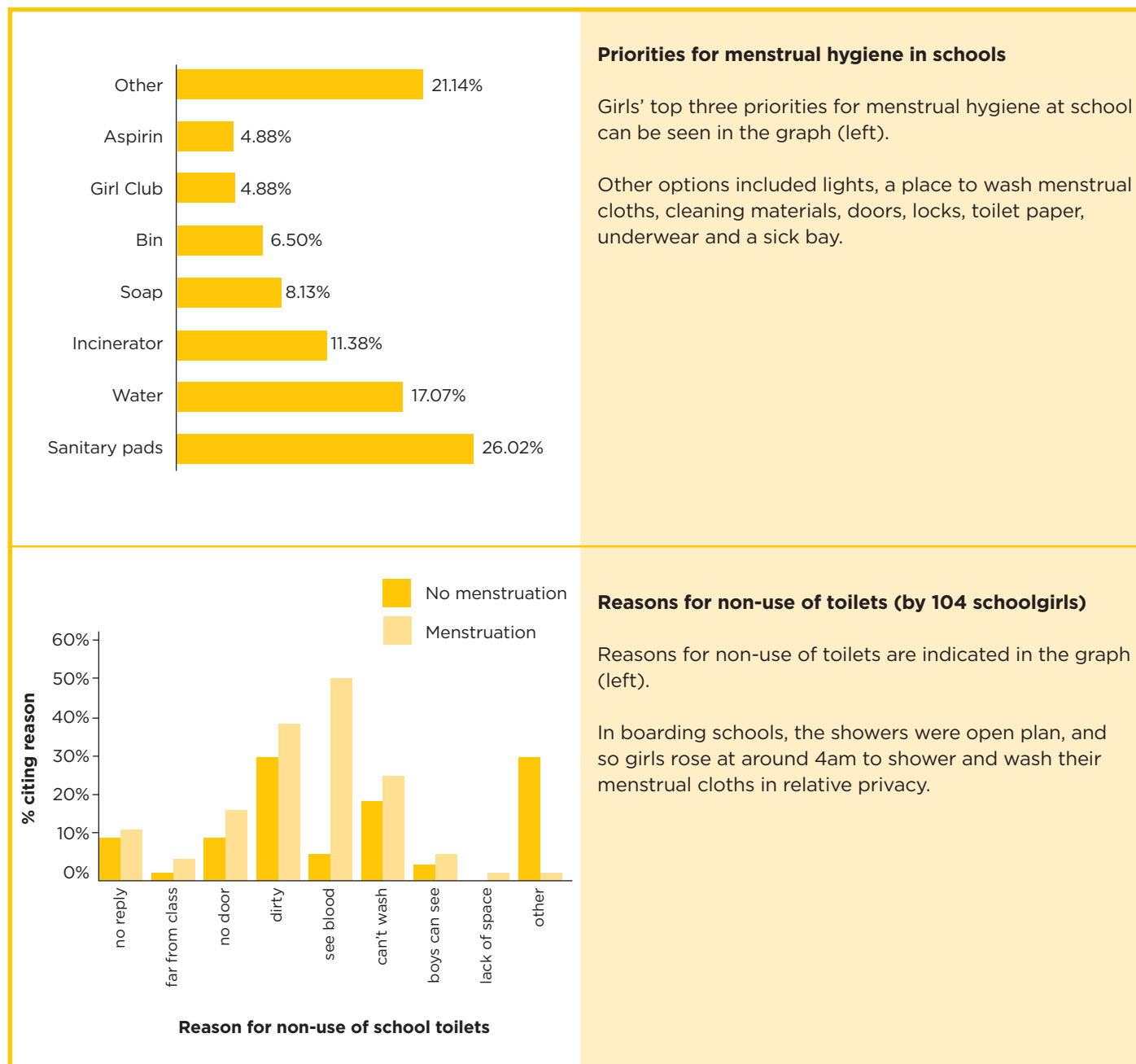
Toolkit one

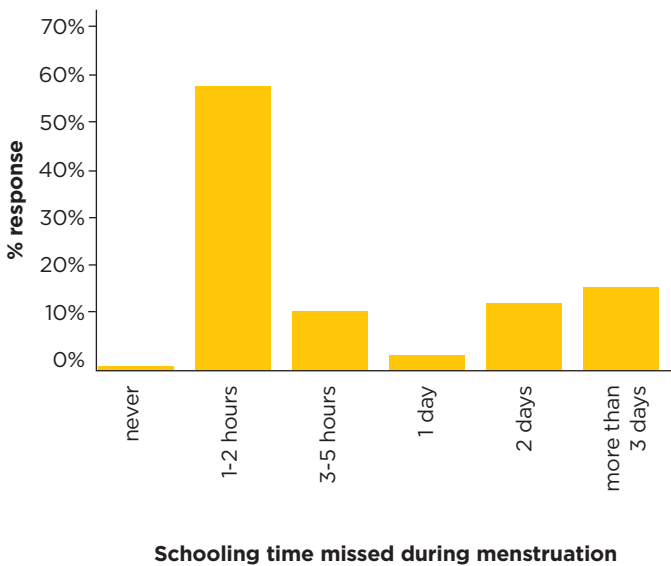
Menstrual hygiene – the basics

Girls’ experiences of menstrual hygiene in schools in Malawi, 2010/11

An MSc study by Sally Piper Pillitteri (2010/11) provided an interesting level of detail on girls’ experiences of menstrual hygiene in schools in Malawi based on a questionnaire. A few of this study’s results are documented below.

Girls’ experiences of menstrual hygiene in schools in Malawi¹⁵

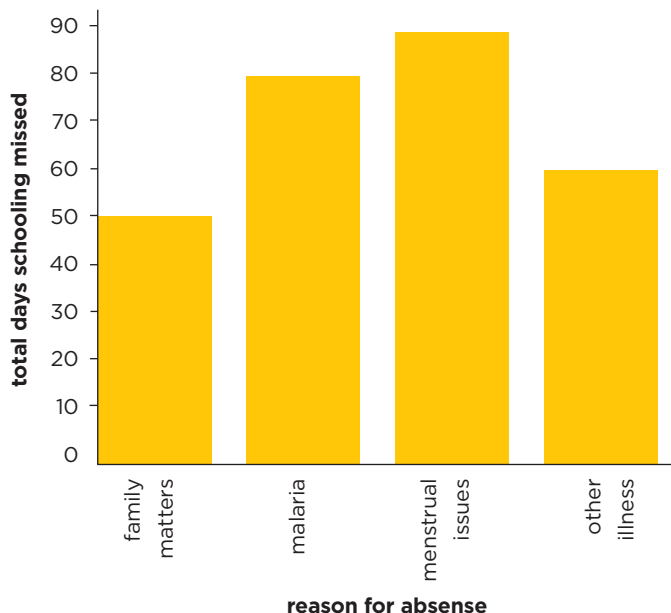




School missed during menstruation

58% of girls were off school for one to two hours when they had their menstrual period and 15% were absent for more than three days. School was missed for body washing, pain control, changing stained skirts and general malaise.

Just over 50% of girls had periods that lasted three to four days, with 31% having periods for five to six days. As a result, they could be absent from school for 12 to 36 days per year because of menstrual hygiene issues.



Total days of school missed, with reasons, in the last term (by 104 schoolgirls)

When menstruating, 73% of girls went to the dormitory or home to change, and then returned to class. 11% went home and stayed home, and 7% said that they didn't come to school on heavy days. 8% did not answer. The girls who missed school gave the excuse of sickness (malaria or menstrual issues) to teachers. In total, the girls questioned reported missing 85 school days in the past term due to menstrual hygiene issues.

Toolkit one

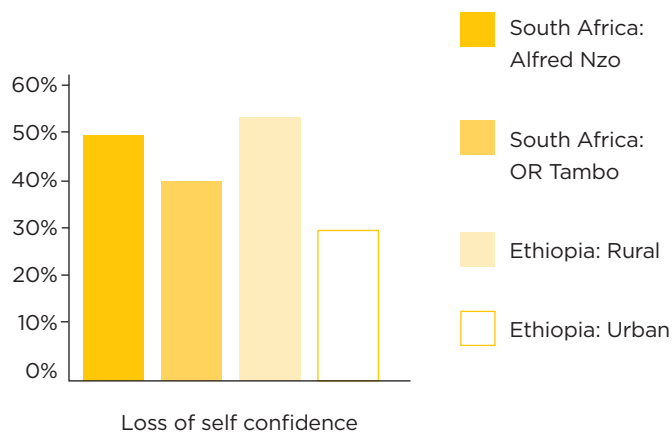
Menstrual hygiene – the basics

Girls’ experiences of menstruation, South Africa and Ethiopia

A baseline study of the menstrual hygiene situation of girls, undertaken by Save the Children in South Africa and Ethiopia, indicated through self-reporting that girls felt less confident during menstruation and were missing school days.

Baseline observations on girls’ experiences relating to menstrual hygiene in schools in South Africa and Ethiopia¹⁶

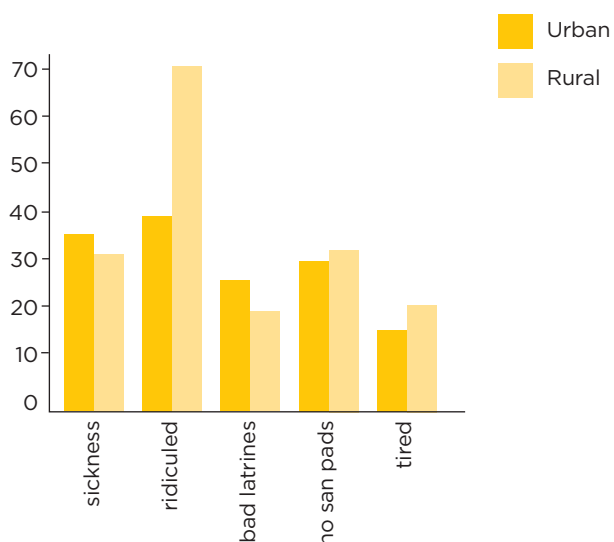
“During my period I feel less self confident than during other days.”
(strongly agree and agree)



Loss of confidence during menses

Both in South Africa and Ethiopia, girls reported a loss of confidence during their period. This was greater in rural communities.

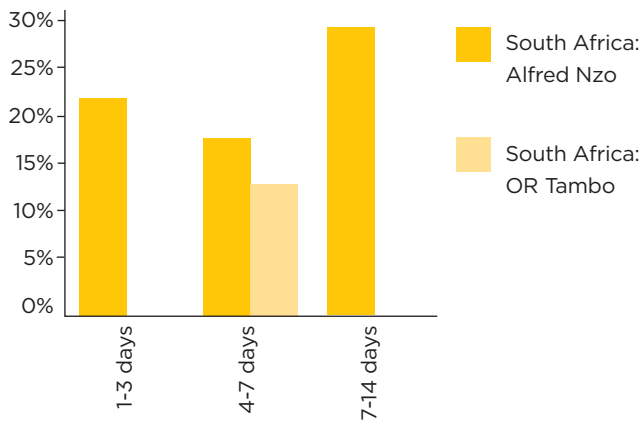
Why girls miss school: Ethiopia



Why girls are missing school

Girls in Ethiopia reported missing school days due to sickness, being tired, bad latrines, a lack of sanitary pads and being ridiculed.

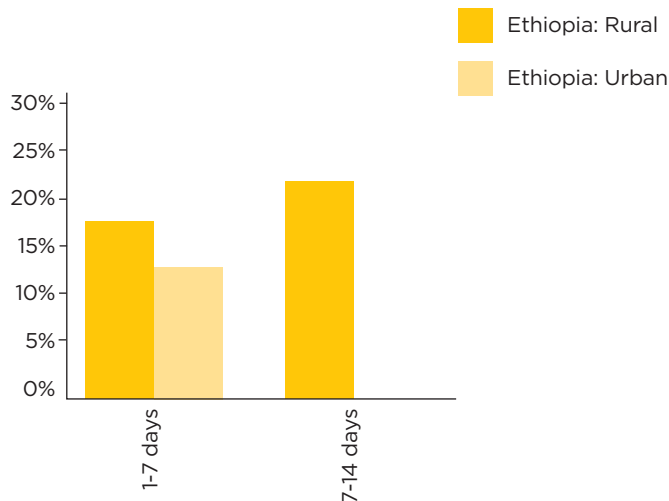
Self-reported days missed in the last 3 months: South Africa



Self-reported days missed in South Africa

The number of self-reported days missed from school (for any reason) in South Africa over three months are shown in the graph (left).

Self-reported days missed in the last 3 months: Ethiopia



Self-reported days missed in Ethiopia

The number of self-reported days missed from school (for any reason) in Ethiopia over three months are shown in the graph (left).

Toolkit one

Menstrual hygiene – the basics

The impacts of providing schoolgirls with menstrual hygiene products

The following studies looked at the impacts of providing schoolgirls with menstrual hygiene products:

Nepal

Oster and Thornton¹⁷ carried out a study to investigate the impact on attendance of giving students menstrual cups. They concluded that girls only missed 0.4 days per 180 day school year as a result of menstruation and that the provision of the menstrual cup did not improve attendance.

Ghana

In comparison to the findings from Nepal (above), a study by the University of Oxford in Ghana in 2009¹⁸ noted that:

- Girls receiving pads overwhelmingly reported that they were better able to concentrate in school when using pads (98.4%). Further, 96.5% said they were better able to participate in 'other activities, such as sports and play' when using pads, and 100% said they were better able to help out at home.
- 96.8% of the girls given pads reported that they 'felt generally more confident during [their] period when using the pads'.
- Staining of clothes during the girls' last period dropped from 81% in the rural village, to 0% following the supply of pads.

Kenya and Malawi

A study of schoolgirls in Kenya and Malawi¹⁹ that provided hygiene education and sanitary pads, shared the following positive benefits after intervention:

- **Confidence** – Able to mix well with boys in class or at home.
- **Convenience** – Able to work well at home and able to play.
- **Confidence** – Able to mix with friends.
- **Convenience** – Able to dispose [of pads] well in a pit latrine.
- **Esteem** – I am always smart.
- **Comfort and health** – Skin on my thighs does not get irritated due to friction and wetness.
- **Comfort** – Don't have to wash [menstrual] cloths.
- **Comfort** – Pads do not feel hot like cloth.
- **Health and comfort** – Pads do not cause any sores in the vaginal area.
- **Economy and convenience** – Pads take longer to get wet or soaked.

Over 97% of the girls in Malawi noted that using the sanitary pads during their period boosted their confidence to engage in class work without worrying or being afraid about making people aware they were having their period by staining their dress or emitting a bad smell.

99.6% of the test group of girls in Malawi indicated that their concentration levels had increased, apparently because they did not experience the distracting thoughts and fears about the possibility of their period leaking through their dress or it being 'discovered' that they were having their period. 85.4% of the test group in Nairobi felt they concentrated better in class compared to 32.5% in the control group. However, some level of caution is needed about these figures because the number of girls who used the pads rather than cloths was not consistent over the three month period.

T1.3.4 Health and menstruation²⁰

The information in this toolkit provides more detailed information relating to the overview provided in [Module 1.6](#).

Reproductive tract infections

It is assumed that the risk of acquiring a sexually transmitted disease or infection is higher than normal during menstruation for the following reasons:

- The plug of mucus normally found at the opening of the cervix is dislodged and the cervix opens to allow blood to pass out of the body. In theory, this creates a pathway for bacteria to travel back into the uterus and pelvic cavity.
- The pH of the vagina is less acidic at this time and this makes yeast infections such as Thrush (Candidiasis) more likely²¹.

However, it is not known if the risk of contracting the following infections is increased during menstruation, and more research into this issue is required.

Toolkit one

Menstrual hygiene – the basics

Table T1.6 Reproductive tract infections and their link to menstrual hygiene or menstruation

Infection	Description	Signs and symptoms	Link to menstrual hygiene or menstruation	For more information
Bacterial Vaginosis	The normal balance of bacteria in the vagina becomes disrupted and there is an overgrowth of specific types of bacteria. Any woman can get Bacterial Vaginosis. Douching (flushing out the vagina with water) and having multiple sexual partners can increase the risk, although it is not a sexually transmitted infection. Bacterial Vaginosis appears to increase the risk of various other infections and conditions.	Often there are no symptoms. Pain, fishy odour, white or grey vaginal discharge, itching, burning sensation on urination.	The risk of Bacterial Vaginosis may be increased during menstruation.	Bacterial Vaginosis condition leaflet: www.patient.co.uk/health/Bacterial-Vaginosis.htm NHS Choices: www.nhs.uk/conditions/bacterialvaginosis/pages/introduction.aspx
Vulvovaginal Candidiasis (Thrush)	A common fungal infection that occurs when there is overgrowth of the fungus (or yeast) called Candida. Candida usually lives in the vagina in small quantities without causing symptoms. A change in the vaginal pH or hormonal changes can lead to an overgrowth of the fungus.	Genital itching or burning, often with a watery, white, lumpy vaginal discharge.	The risk of Candidiasis may be increased during menstruation due to changes in the pH of the vagina.	Vulvovaginal Candidiasis condition leaflet: www.patient.co.uk/health/Vaginal-Thrush.htm
Chlamydia	Chlamydia is a common sexually transmitted infection caused by the bacterium, <i>Chlamydia</i>	The majority of infected people have no symptoms.	There is no evidence for increased risk of Chlamydia in the lower genital tract during menstruation.	Chlamydia condition leaflet: www.patient.co.uk/health/Chlamydia-in-Women.htm

Infection	Description	Signs and symptoms	Link to menstrual hygiene or menstruation	For more information
	<p><i>trachomatis</i>. It can irreversibly damage a woman's reproductive organs and is a major cause of infertility.</p> <p>Chlamydia can be transmitted during vaginal, anal or oral sex. The infection may cause spontaneous abortion or premature delivery. It can also be passed from an infected mother to her baby during vaginal childbirth causing conjunctiva problems, leading to blindness.</p>	<p>Some women have an abnormal vaginal discharge or a burning sensation when urinating. As well as pain there can be an urgency to urinate more frequently. Later symptoms might include lower abdominal pain, lower back pain, nausea, fever, pain during intercourse, or bleeding between menstrual periods.</p>	<p>But if a woman has Chlamydia, there can be an increased risk of infection of the upper genital tract during unprotected sex when menstruating because of the movement of menstrual blood back through the cervix.</p>	<p>NHS Choices: www.nhs.uk/conditions/chlamydia/pages/introduction.aspx</p>
Trichomonas Vaginalis	<p>Caused by a parasite and usually transmitted from one person to another during sex. It is also possible to pass on the infection during childbirth. In women the infection can be found in the vagina and the urethra.</p>	<p>Soreness, inflammation and itching around the vagina.</p> <p>Pain when passing urine, and when having intercourse. Can produce a profuse foamy discharge, with a fishy odour.</p>	<p>The risk may be increased during menstruation.</p>	<p>Trichomonas infection condition leaflet: www.patient.co.uk/health/Trichomonas-Infection.htm</p> <p>NHS Choices: www.nhs.uk/conditions/trichomonas_vaginalis/pages/introduction.aspx</p>
Gonorrhoea	<p>This sexually transmitted infection is caused by the bacterium, <i>neisseria gonorrhoeae</i>. If left untreated it can lead to pelvic inflammatory disease</p>	<p>Many women have no symptoms.</p> <p>Greenish/yellow discharge with an unpleasant odour.</p>	<p>There is no evidence for increased risk of Gonorrhoea in the lower genital tract during menstruation. However, if a woman has Gonorrhoea, there can be an</p>	<p>Gonorrhoea condition leaflet: www.patient.co.uk/health/Gonorrhoea-in-Men.htm</p>

Toolkit one

Menstrual hygiene – the basics

Infection	Description	Signs and symptoms	Link to menstrual hygiene or menstruation	For more information
	and infertility. It can also spread to other parts of the body in the bloodstream and be transmitted to a newborn baby, causing eye problems.	Frequent and uncomfortable urination. Pain in lower abdomen.	increased risk of infection of the upper genital tract during unprotected sex when menstruating because of the movement of menstrual blood back through the cervix.	NHS Choices: www.nhs.uk/conditions/gonorrhoea/pages/introduction.aspx
Syphilis	This sexually transmitted infection is caused by the bacterium, <i>Treponema pallidum</i> .	Many women have no symptoms for years. In the primary stage there is usually a single sore (chancre) which is firm, round, small and painless. Shortly after (four to ten weeks), there may be skin rashes (especially on the trunk, palms and soles of feet) weight loss, swollen lymph glands, headaches and fatigue. Later symptoms affect different parts of the body, including the brain, and can be widespread.	The risk of Syphilis may be increased during menstruation but limited research is available.	Syphilis condition leaflet: www.patient.co.uk/health/Syphilis.htm NHS Choices: www.nhs.uk/conditions/syphilis/pages/introduction.aspx
Hepatitis B Virus	Hepatitis B Virus (HBV) is transmitted via bodily secretions, including blood, and is more infectious and relatively more stable in the environment than other blood-borne pathogens like Hepatitis C Virus and	Many people will not experience symptoms but any of the symptoms listed below are possible: Appetite loss, feeling tired, nausea and vomiting, pain on the right side of the	The risk of transmission from the woman during sexual intercourse is increased due to the presence of blood, which has a higher viral load than other bodily secretions.	Hepatitis B condition leaflet: www.patient.co.uk/health/Hepatitis-B.htm NHS Choices: www.nhs.uk/conditions/hepatitis-b/pages/introduction.aspx

Infection	Description	Signs and symptoms	Link to menstrual hygiene or menstruation	For more information
	HIV ²² . It is not usually considered to be a reproductive tract infection.	abdomen, jaundice, dark urine and pale stools.		
Urinary tract infections	The majority of urinary tract infections (UTIs) are caused by <i>E. coli</i> infections – often introduced into the urethra (the tube that leads from the bladder to allow the passage of urine) from the rectum. However, some of the infections mentioned above can also be responsible. Sexually active women are most at risk, although infections can occur in other groups.	Burning sensation or pain when passing urine. Urge to urinate frequently. Raised temperature. There is no vaginal discharge. Lower urinary tract infections can cause blood in urine and an inability to urinate despite the urge.	The risk of urinary tract infections is probably not increased during menstruation as the main risk is contamination of urethra by bacteria present in the bowel.	Recurrent cystitis condition leaflet: www.patient.co.uk/health/Cystitis-Recurrent-Infections-in-Women.htm NHS Choices: www.nhs.uk/conditions/urinary-tract-infection-adults/pages/introduction.aspx
Pelvic Inflammatory Disease	Pelvic Inflammatory Disease (PID) refers to infection of the uterus and other reproductive organs. It is a serious complication of some sexually transmitted infections, especially Chlamydia and Gonorrhoea. Pelvic Inflammatory Disease can lead to tissue scarring, resulting in serious consequences such as infertility, ectopic pregnancy (a pregnancy in the fallopian tube or	Most women have no symptoms but any of the symptoms listed below are possible: lower abdominal pain, pain during sexual intercourse, vaginal discharge, pain on passing urine, feeling sick or vomiting, fever.	The risk of Pelvic Inflammatory Disease is associated with risk of contracting other sexually transmitted infections. Sex during menstruation has been cited as one possible risk factor for the progression of lower genital tract infections to upper genital tract infections (Pelvic Inflammatory Disease) due to reflux of menstrual blood through the cervix	Pelvic Inflammatory Disease condition leaflet: www.patient.co.uk/health/Pelvic-Inflammatory-Disease.htm NHS Choices: www.nhs.uk/conditions/pelvic-inflammatory-disease/pages/introduction.aspx

Toolkit one

Menstrual hygiene – the basics

Infection	Description	Signs and symptoms	Link to menstrual hygiene or menstruation	For more information
	elsewhere outside of the womb), abscess formation, and chronic pelvic pain.		while the cervical mucus is dislodged ²³ .	
Vaginitis	Vaginitis is inflammation of the vagina. It can affect women and girls of all ages, and is very common. It is often associated with an irritation or infection of the vulva. It has many causes, mostly from reproductive tract infections, such as yeast infections or trichomoniasis, but it can also result from irritants and allergies.	Vaginal discharge, itching and burning pain.	Irritations and allergic reactions to the chemicals on sanitary products can occur in women and girls with sensitive skin.	NHS Choices: www.nhs.uk/conditions/vaginitis/Pages/Introduction.aspx

Conditions associated with menstruation

The following diseases and conditions are sometimes associated (not always correctly) with menstruation and the reproductive cycle – though not necessarily with menstrual hygiene practices. An explanation of the possible link is given as well as the most common signs and symptoms.

Table T1.7 Conditions sometimes associated (not always correctly) with menstruation

Condition	Explanation	Signs and symptoms	Link to menstrual hygiene	References/ more information
Endometriosis	Endometriosis is a condition in which small pieces of the uterus lining (known as the endometrium) are found outside the uterus, eg in the fallopian tubes, ovaries, bladder, bowel, vagina or rectum. The endometrial cells outside the uterus behave in the same way as those in the uterus and go through the same process of thickening and shedding that leads to monthly periods. However, when this happens outside of the uterus, the blood cannot be released as easily and this gives rise to pain and swelling. It can also lead to problems with fertility.	Not all women with endometriosis experience symptoms but any of the symptoms listed below are possible: Pain in the lower abdomen, pelvis or lower back.	Associated with menstruation but not menstrual hygiene.	Endometriosis condition leaflet: www.patient.co.uk/health/Endometriosis.htm NHS Choices: www.nhs.uk/conditions/endometriosis/Pages/Introduction.aspx
Uterine fibroids	Uterine fibroids are benign growths in the uterus that occur in 30-40% of women. Most fibroids do not cause any problems	Most fibroids do not cause any symptoms but they can cause heavy bleeding (menorrhagia) and lead to anaemia.	Uterine fibroids can cause heavy bleeding but they are not associated with menstrual hygiene.	NHS Choices: www.nhs.uk/conditions/fibroids/pages/introduction.aspx

Toolkit one

Menstrual hygiene – the basics

Condition	Explanation	Signs and symptoms	Link to menstrual hygiene	References/ more information
	and do not require treatment. However, some can cause heavy periods that can lead to anaemia and other health problems. Large fibroids can press on the bladder or bowel causing the urge to pass urine frequently or constipation and bloating.			
Ovarian Cancer	Ovarian Cancer is often known as the silent killer as the symptoms of this type of cancer are common and often ignored. It has been suggested that the constant injury and repair caused by ovulation and menstruation may play a part in causing cancer of the ovaries in some women ²⁴ . During ovulation an egg is released from the ovary, which involves a 'wound' in the layer of tissue overlying the egg. Having children, breastfeeding or using the contraceptive pill seems to have a protective effect – in theory this is a result of the reduction in ovulation with these activities.	<p>Loss of appetite, indigestion, nausea, excessive gas (wind) and a bloated, full feeling.</p> <p>Unexplained weight gain or an increased waist size, swelling in the abdomen, pain in the lower abdomen, changes in bowel or bladder habits, such as constipation, diarrhoea or needing to pass urine more often, lower back pain, pain during sexual intercourse.</p>	Believed to be associated with menstruation but not menstrual hygiene.	<p>Ovarian Cancer condition leaflet: www.patient.co.uk/health/Cancer-of-the-Ovary.htm</p> <p>NHS Choices: www.nhs.uk/conditions/cancer-of-the-ovary/pages/introduction.aspx</p>

Condition	Explanation	Signs and symptoms	Link to menstrual hygiene	References/ more information
Toxic Shock Syndrome²⁵	Toxic Shock Syndrome is caused by a toxin produced by the bacterium, <i>Staphylococcus aureus</i> . It can rapidly progress to severe and intractable hypotension and multisystem dysfunction. The bacterium is common on the skin and in mucous membranes such as the lining of the nose and mouth. It is a rare syndrome, but a small percentage (5%) of cases that do occur are fatal. The syndrome has been associated with the use of tampons and intra-vaginal contraceptive devices in women, but it also occurs as a complication of skin abscesses, surgery and post-partum.	<p>Sudden onset of acute high fever, chills, vomiting, diarrhoea, feeling faint, muscle aches and a rash.</p> <p>The skin rash leads to a sunburn-like effect with peeling especially on the palms and soles of the feet. Can quickly lead to severe symptoms of confusion and altered consciousness.</p>	Linked to the management of menstruation in about 50% of cases ²⁶ .	<p>Toxic Shock condition leaflet: www.patient.co.uk/doctor/Toxic-Shock-Syndrome.htm</p> <p>NHS Choices: www.nhs.uk/conditions/toxic-shock-syndrome/pages/introduction.aspx</p>
Complications associated with female genital mutilation or cutting	The most extreme form of female genital mutilation or cutting is known as infibulation and results in the removal of the clitoris, labia minora and the stitching together of the labia majora. A small opening is left in the vagina for the passage of menstrual blood and	Following infibulation, menstruation is often accompanied by severe pain, as blood is unable to flow freely and clots are more likely to form (refer to Toolkit 7.3.3 for further details).	Infibulation can lead to problems during menstruation and a greater risk of infection.	The Orchid Project: www.orchidproject.org/

Toolkit one

Menstrual hygiene – the basics

Condition	Explanation	Signs and symptoms	Link to menstrual hygiene	References/ more information
	urine, which can cause significant health problems.			
Pubic lice	Pubic lice are typically found attached to hair in the pubic area but sometimes are found on coarse hair elsewhere on the body (eg eyebrows, eyelashes, beard, moustache, chest, armpits). Pubic lice infestations are usually spread through sexual contact. Pubic lice do not transmit disease. However, secondary bacterial infection can occur from scratching of the skin. Women may incorrectly perceive that the irritation is a result of poor menstrual hygiene.	Itching, which is often worse at night. Soreness in the genital area and skin discolouration.	Not associated with menstrual hygiene.	Pubic lice condition leaflet: www.patient.co.uk/health/Pubic-Lice.htm NHS Choices: www.nhs.uk/conditions/pubic-lice/pages/introduction.aspx
Scabies	Scabies is caused by a small parasite (mite) and is transmitted through skin-to-skin contact. This often appears on the wrists and between the fingers but can also occur around the genitals. May also incorrectly be perceived by women to be a result of poor menstrual hygiene.	Itching, which is often worse at night. The burrows of the mite can often be seen on the skin. Sores as a result of scratching. Secondary infection is also possible.	Not associated with menstrual hygiene.	Scabies Condition Leaflet http://www.patient.co.uk/health/Scabies.htm NHS Choices: http://www.nhs.uk/conditions/scabies/pages/introduction.aspx

T1.4 Bibliography

- Abera Y (2004) *Menarche, menstruation related problems and practices among adolescent high school girls in Addis Ababa*. MSc thesis.
- Benki S, Mostad SB, Richardson BA, Mandaliya K, Kreiss JK, Overbaugh J (2004) Cyclic shedding of HIV-1 RNA in cervical secretions during the menstrual cycle, *Journal of Infectious Diseases*, vol 189, no 12, pp 192-201.
- Ben-Noun L (2003) What is the biblical attitude towards personal hygiene during vaginal bleeding?, *European Journal of Obstetrics and Gynaecology and Reproductive Biology*, vol 106, pp 99-101.
- Burgers L and Spruijt H (2009) *Menstrual hygiene: Manage it well!*. UNICEF webinar.
- Campbell OMR and Harlow SD (2004) Epidemiology of menstrual disorders in developing countries: A systematic review, *British Journal of Obstetrics and Gynaecology*, vol 111, pp 6-16.
- Casagrande JT, Louie EW, Pike MC, Roy S, Ross RK, Henderson BE (1979) "Incessant ovulation" and Ovarian Cancer, *Lancet*, vol 2, no 8135, pp 170-3.
- CDC (2010) *Sexually transmitted diseases treatment guidelines*. Available at: www.cdc.gov/std/treatment/2010/vaccine.htm#a2.
- CDC (2010) *STD treatment guidelines; Evidenced based recommendations for the treatment and prevention of STDs*. Available at: www.cdc.gov/std/treatment/2010/default.htm (accessed 20 Oct 2011).
- Chege F (no date) *The impact of puberty and feminine hygiene on girls' participation in education, a case of Kenya and Malawi*. UNICEF ESARO.
- Dasgupta A and Sarkar M (2008) Menstrual hygiene: How hygienic is the adolescent girl?, *Indian Journal of Community Medicine*, vol 33, no 2, pp 77-80.
- Demba E, Morison L, Van der Loeff MS, Awasana AA, Gooding E, Bailey R, Mayaud P and West B (2005) Bacterial vaginosis, vaginal flora patterns and vaginal hygiene practices in patients presenting with vaginal discharge syndrome in The Gambia, West Africa, *BMC Infectious Diseases*, vol 5, no 12. Available at: www.biomedcentral.com/1471-2334/5/12 (accessed 18 Dec 2011).
- Desalegn TZ, Megabiaw B and Mulu A (2009) Age at menarch and the menstrual pattern of secondary school adolescents in northwest Ethiopia, *BMC Women's Health*, vol 9, no 29. Available at: www.biomedcentral.com/1472-6874/9/29.
- Fernandes M (2010) *Freedom of mobility: Experiences from villages in the states of Madhya Pradesh and Chhattisgarh, India*. South Asia Hygiene Practitioners' Workshop, Dhaka, Bangladesh.
- Foxman B and Jen-Wei C (1990) Health behaviour and urinary tract infection in college-aged women, *Journal of Clinical Epidemiology*, vol 43, no 4, pp 329-337.
- Gakidou E, Cowling K, Lozano R and Murray CJL (2010) Increased educational attainment and its effect on child mortality in 175 countries between 1970 and 2009: A systematic analysis, *Lancet*, vol 376, pp 959-74.
- Government of India, Ministry of Rural Development, Department of Drinking Water Supply, Nair SS, UNICEF (2008) *Sharing simple facts; Useful information about menstrual health and hygiene*.
- Joshi D and Morgan J (2007) Pavement dwellers' sanitation activities – visible but ignored, *Waterlines*, vol 25, no 3.
- Jossens MO, Eskenazi B, Schachter J, Sweet RL (1996) Risk factors for pelvic inflammatory disease: A case control study, *Sexually Transmitted Diseases*, vol 23, no 3, pp 239-47.
- Kalichman SC and Simbayi LC (2004) Sexual exposure to blood and increased risks for heterosexual HIV transmission in Cape Town, South Africa, *African Journal of Reproductive Health*, vol 8, no 2, pp 55-8.
- Kanyemba A (2011) *Growing up at school, A guide to menstrual management for school girls*. Zimbabwe: Water Research Commission, South Africa.

Toolkit one

Menstrual hygiene – the basics

Kerner B, Gebregiorgis Y and Asia I (2010) *Catalysing community change: Managing menstruation in schools*. Global Health Conference, Washington DC, USA.

McKee D, Baquero M, Anderson M and Karasz A (2009) Vaginal hygiene and douching: Perspectives of Hispanic men, *Culture, Health and Sexuality*, vol 11, no 2, pp 159-171.

McKinley Health Centre (2008) *Vaginal discharge: Knowing the difference between normal discharge and infections*. University of Illinois. Available at: www.mckinley.illinois.edu/handouts/vaginal_discharge.html.

Ministry of Education and Ministry of Public Health, Islamic Republic of Afghanistan and UNICEF (2010) *Assessment of knowledge, attitude and practice of menstrual health and hygiene in girls schools in Afghanistan*.

Ministry of Education and Ministry of Public Health, Islamic Republic of Afghanistan and UNICEF (2011, draft) *Menstrual health and hygiene for adolescent girls in middle and high schools; Guidebook for girls*.

Ministry of Education and Ministry of Public Health, Islamic Republic of Afghanistan, and UNICEF (2011, draft) *Guideline for the promotion of menstrual health and hygiene for trainers and supervisors*.

MUM (no date) *Company booklets for girls and teen mums at MUM*. Available at: www.mum.org/compbook.htm (accessed 26 Oct 2011).

Ness RB, Smith KJ, Chang CC, Schisterman EF and Bass DC (2006) Prediction of Pelvic Inflammatory Disease among young, single, sexually active women, *Sexually Transmitted Diseases*, vol 33, no 3, pp 137-42.

No author (2008) *Menstruation*. Available at: www.idealMuslimah.com (accessed 22 Sept 2011).

No author (2010) *Menstruation and religion*. Available at: <http://myperiodblog.wordpress.com/2010/11/19/menstruation-and-religion/> (accessed 31 Dec 2011).

Onyegebu N (no date) *Menstruation and menstrual hygiene among women and young females in rural Eastern Nigeria*.

Oster E and Thornton R (2010) Menstruation, sanitary products and school attendance: Evidence from a randomised evaluation, *Forthcoming: American Journal of Applied Economics*.

Parsonnet J, Hansmann MA, Seymour JL, Delaney ML, Dubois AM, Modern PA, Jones MB, Wild JE and Onderdonk AB (2010) Persistence survey of Toxic Shock Syndrome toxin-1 producing *Staphylococcus aureus* and serum antibodies to this superantigen in five groups of menstruating women, *BMC Infectious Diseases*, vol 10, no 249.

Piper Pillitteri S (2011) *Toilets are not enough: Addressing menstrual hygiene management in secondary schools in Malawi*. MSc thesis, Cranfield University.

Population Reference Bureau (2011) *The world's women and girls; 2011 data sheet*. Available at: www.prb.org/pdf11/world-women-girls-2011-data-sheet.pdf.

Poureslami M and Osati-Ashtiani F (2005) Attitudes of female adolescents about Dysmenorrhoea and menstrual hygiene in Tehran suburbs, *Archives of Iranian Medicine*, vol 5, no 4, pp 219-224.

Pullon S, Reinken J and Sparrow M (1988) Prevalence of dysmenorrhoea in Wellington women, *New Zealand Medical Journal*, vol 101, pp 52-54.

Ravishankar AK (2011) Development and evaluation of an intervention to meet the reproductive health needs of adolescents in India: A randomised controlled trial, *Journal of Human Ecology*, vol 34, no 3, pp 135-144.

Reichelderfer PS, Coombes RW, Wright DJ, Cohn J, Burns DN, Cu-Uvin S, Baron PA, Landay AL, Beckner SK, Lewis SR, Kovacs AA (2000) Effect of menstrual cycle on HIV-1 levels in the peripheral blood and genital tract. WHS 001 Study Team, *AIDS*, vol 14, no 14, pp 2101-7 and; Scott L, Dopson S, Montgomery P, Dolan C and Ryus C (2009, draft) *Impact of providing sanitary pads to poor girls in Africa*. University of Oxford, unpublished.

Se Saxe MJ, Wieneke A, De Azavedo J and Arbuthnott JP (1982) Epidemiology: Toxic Shock Syndrome in Britain, *British Medical Journal*, vol 284, no 42.

Sommer M (2009) *Vipindi vya maisha; Growth and changes*. Macmillan Aidan.

Sommer M (2010) *Utilising participatory and quantitative methods for effective menstrual-hygiene management related policy and planning*. UNICEF-GPIA Conference, New York.

Ten VTA (2007) *Menstrual hygiene; A neglected concern for the achievement of several Millennium Development Goals*. Europe External Policy Advisers.

Thomas F, Ranaud F, Benefice E, De Meeus T and Guegan J (2001) International variability of ages at menarche and menopause: Patterns and main determinants, *Human Biology*, vol 73, no 2, pp 271-290.

UNICEF (no date) *Flow with it, babe! Let's talk about feminine hygiene*. East Africa.

UNICEF (no date) *Menstrual hygiene; A brief guide for girls*. Sierra Leone.

UNICEF Bangladesh (2008) *Bangladesh; Tackling menstrual hygiene taboos; Sanitation and hygiene case study no 10*.

WaterAid (2010) *Menstrual hygiene in South Asia; A neglected issue for WASH (water, sanitation and hygiene) programmes*.

WaterAid in Nepal (2009) *Is menstrual hygiene and management an issue for adolescent school girls?; A comparative study of four schools in different settings in Nepal*.

www.mum.org/compbook.htm

ZanaAfrica (2011) *EmpowerNet Clubs*. Available at: www.zanaa.org/empowernet-clubs/ (accessed 17 Sep 2011).

Endnotes

¹ Compiled from versions used by USAID and those commonly used by the emergency sector.

² For those with interest, the following link provides a catalogue of historical girls' and boys' books, mostly but not all produced by companies supplying sanitary products: www.mum.org/compbook.htm.

³ This section has been taken from: Sommer M (2009) *Vipindi vya maisha; Growth and changes*. Tanzania: Macmillan Aidan; with additional information taken from girls' books from Afghanistan, India, East Africa and Zimbabwe (referenced as appropriate).

⁴ UNICEF (no date) *Flow with it, babe! Let's talk about feminine hygiene*. East Africa.

⁵ Government of India, Ministry of Rural Development, Department of Drinking Water Supply, Nair SS and UNICEF (2008) *Sharing simple facts; Useful information about menstrual health and hygiene*. India.

⁶ Ibid.

⁷ The examples from Afghanistan have been taken from the girls' menstrual hygiene book: Ministry of Education, Ministry of Public Health and UNICEF (2011, draft) *Menstrual health and hygiene for adolescent girls in middle and high schools; Guidebook for girls*.

⁸ It is not clear where this myth has come from, but it is likely it was to prevent blood contaminating water sources where others were collecting water or bathing.

⁹ The examples from Tanzania have been taken from: Sommer M (2009) *Vipindi vya maisha; Growth and changes*. Tanzania: Macmillan Aidan.

¹⁰ The examples from Bangladesh in this table were noted from: UNICEF Bangladesh (2008) *Bangladesh; Tackling menstrual hygiene taboos; Sanitation and hygiene case study no 10*.

¹¹ Myths from East Africa have been taken from: UNICEF (no date) *Flow with it, babe! Let's talk about feminine hygiene*. East Africa.

¹² The India and Nepal examples in this table have been identified from various references and noted in: WaterAid (2010) *Menstrual hygiene in South Asia; A neglected issue for WASH (water, sanitation and hygiene) programmes*.

¹³ 1) Poureslami M and Osati-Ashtiani F (2005) Attitudes of female adolescents about dysmenorrhoea and menstrual hygiene in Tehran suburbs, *Archives of Iranian Medicine*, vol 5, no 4, pp 219-224; 2) Ministry of Education and Ministry of Public Health, Islamic Republic of Afghanistan (2010) *Assessment of knowledge, attitude and practice of menstrual health and hygiene in girls schools in Afghanistan*;

Toolkit one

Menstrual hygiene – the basics

3) Ravishankar AK (2011) Development and evaluation of an intervention to meet the reproductive health needs of adolescents in India: A randomised controlled trial, *Journal of Human Ecology*, vol 34, no 3, pp 135-144; 4) Scott L, Dopson S, Montgomery P, Dolan C and Ryus C (2009, draft) *Impact of providing sanitary pads to poor girls in Africa*. University of Oxford; 5) WaterAid in Nepal (2009) *Is menstrual hygiene and management an issue for adolescent school girls?; A comparative study of four schools in different settings in Nepal*; 6 and 7) Chege F (no date) *The impact of puberty and feminine hygiene on girls' participation in education, a case of Kenya and Malawi*. UNICEF ESARO; 8) Abera Y (2004) *Menarche, menstruation related problems and practices among adolescent high school girls in Addis Ababa*. MSc thesis; 9) Piper Pillitteri S (2011) *Toilets are not enough: Addressing menstrual hygiene management in secondary schools in Malawi*. MSc thesis, Cranfield University.

¹⁴ WaterAid in Nepal (2009) *Is menstrual hygiene and management an issue for adolescent schoolgirls?; A comparative study of four schools in different settings in Nepal*.

¹⁵ Piper Pillitteri S (2011) *Toilets are not enough: Addressing menstrual hygiene management in secondary schools in Malawi*. MSc thesis, Cranfield University.

¹⁶ Kerner B, Gebregiorgis Y and Asia I (2010) *Catalysing community change: Managing menstruation in schools*. Global Health Conference, Washington DC, USA.

¹⁷ Oster E and Thornton R (2010) Menstruation, sanitary products and school attendance: Evidence from a randomised evaluation, *Forthcoming: American journal of applied economics*.

¹⁸ Scott S (2009, draft) *Impact of providing sanitary pads to poor girls in Africa*. University of Oxford.

¹⁹ Chege F (no date) *The impact of puberty and feminine hygiene on girls' participation in education, a case of Kenya and Malawi*. UNICEF ESARO.

²⁰ This publication is for information only and should not be used for the diagnosis or treatment of medical conditions. WaterAid has used all reasonable care in compiling the information but makes no warranty as to its accuracy. A doctor or other healthcare professional should be consulted for diagnosis and treatment of medical conditions. Specific expert advice was taken to develop and review the sections

of this resource relating to health and menstrual hygiene, in particular Module 1 - Section 1.6 and Toolkit 1 - Section 1.3.4. These sections were written by Suzanne Ferron, an independent consultant, registered nurse and registered health visitor, and reviewed by Brad Kerner, Adolescent Reproductive Health Adviser at Save the Children, Dr Penelope Phillips-Howard, Senior Researcher at the Centre for Public Health, Liverpool John Moores University, and Dr Vendela McNamara, Associate Specialist in Sexual Health at University Hospitals Leicester. It was also reviewed by Dr Marni Sommer, Assistant Professor of Socio-Medical Sciences, Columbia University, Julia Rosenbaum, Senior Behaviour Change Specialist, USAID/WASHPlus Project (FHI360), Dr Helen Pankhurst, Senior Adviser, Water Team, CARE.

²¹ McKinley Health Centre (2008) *Vaginal discharge: Knowing the difference between normal discharge and infections*. University of Illinois. Available at: www.mckinley.illinois.edu/handouts/vaginal_discharge.html.

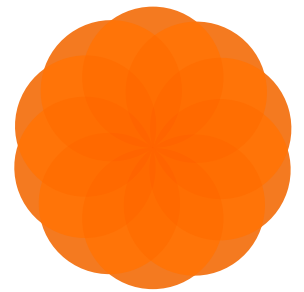
²² CDC (2010) *Sexually transmitted diseases treatment guidelines*. Available at: www.cdc.gov/std/treatment/2010/vaccine.htm#a2.

²³ Reichelderfer PS, Coombes RW, Wright DJ, Cohn J, Burns DN, Cu-Uvin S, Baron PA, Landay AL, Beckner SK, Lewis SR, Kovacs AA (2000) Effect of menstrual cycle on HIV-1 levels in the peripheral blood and genital tract. WHS 001 Study Team, *AIDS*, vol 14, no 14, pp 2101-7.

²⁴ Casagrande JT, Louie EW, Pike MC, Roy S, Ross RK and Henderson BE (1979) "Incessant ovulation" and Ovarian Cancer, *Lancet*, vol 2, no 8135, pp 170-3.

²⁵ Toxic Shock Information Service (no date) *Toxic Shock Syndrome, Know the facts*; and: Toxic Shock Information Service (no date) *Toxic Shock Syndrome, A health professional's guide*. Both available from: www.tssis.com (accessed 22 Feb 2012).

²⁶ Toxic Shock Information Service (no date) *Toxic Shock Syndrome, Know the facts*. Available from: www.tssis.com (accessed 22 Feb 2012).



Toolkit two

Menstrual hygiene – the basics

*Part of Menstrual hygiene matters;
A resource for improving menstrual
hygiene around the world, written by
Sarah House, Thérèse Mahon
and Sue Cavill (2012).
The full version can be downloaded
from www.wateraid.org/mhm.*

This toolkit will cover...

- T2.1 Checklists and other tools
- T2.2 Technical designs and specifications
- T2.3 Case studies, examples and further information
- T2.4 Bibliography

Toolkit two

Menstrual hygiene – getting started

T2.1 Checklists and other tools

T2.1.1 Checklist for building competence and confidence for menstrual hygiene

Table T2.1 Checklist for building competence and confidence for menstrual hygiene

Action	Resource reference	Score for progress (1 = no progress; 5 = action completed)
1	Assessment has been undertaken to identify how women and girls manage their menstruation, the challenges they face, and their priorities for support or improvement in the menstrual hygiene environment.	Module 1
2	An inter-organisational and cross-sectoral advocacy strategy and communication framework exists and is implemented for menstrual hygiene.	Module 9
3	Menstrual hygiene management is integrated into governments' and organisations' policies, strategies and guidelines across sectors - WASH (water, sanitation and hygiene), health, education, protection, gender, community development, commercial.	Module 2 Module 9
4	Professionals from the WASH, health, education, protection, gender, community development and commercial sectors discuss their responsibilities and contributions to improving a supportive menstrual hygiene environment.	Module 2
5	Staff are trained and confident to talk about menstrual hygiene in their work.	Module 2 Toolkit 2
6	Staff are trained and know practical methods for responding to menstrual hygiene issues.	Module 2 Toolkit 2
7	Health staff have been trained in supporting and providing good menstrual hygiene advice to girls and women..	Module 2 Toolkit 2 Toolkit 4

T2.2 Technical designs and specifications

Intentionally blank

T2.3 Case studies, examples and further information

T2.3.1 Awareness-raising and training examples

Example T2.1 Webinar on menstrual hygiene by UNICEF for staff and partners¹

Organisation: UNICEF

Participants: UNICEF staff and partners from around the world

Date: 2009

Aim: To increase staff and partners' knowledge of menstrual hygiene and to promote increased action in new countries



Adolescent girls' group making sanitary pads, Rajasthan, India
(Photo: Lakshmi Murthy)



Menstrual hygiene promotion session, Bangladesh
(Photo: UNICEF, Bangladesh)

How it was run:

- This webinar was run as part of a series of training opportunities, open to staff and partners.
- The webinar training series was managed by UNICEF headquarters in New York and the menstrual hygiene webinar facilitated by WASH Chiefs from India (female) and Bangladesh (male).
- The different countries were connected by conference link via the internet so that they could share presentations and discuss the issues with people from different countries.

Agenda:

- Introduction to menstrual hygiene including challenges.
- Importance of menstrual hygiene.
- Current situation of girls, women and menstrual hygiene in India and Bangladesh.
- Reasons for poor feminine hygiene management.
- Key issues affecting girls.
- Balanced framework for menstrual hygiene.
- Hygiene promotion and awareness; access to facilities and products; enabling environment; country examples.

Country examples:

- Government of Bangladesh – UNICEF – school programme – washing/drying facility, incinerator, teachers' guidelines, work with school management committees.
- Government of Bangladesh – UNICEF – community programme – focus group discussions with adolescent girls since 2002, sani-marts run by poor women, cloth hygiene kit in emergencies.
- India, Tamil Nadu – napkin production, incinerators, training engineers in girl-friendly toilet design, booklet for girls, sanitary napkin vending machine developed and installed in 128 schools and hostels, education and life-skills education, student assemblies looking after use and maintenance, non-governmental organisation network on menstrual hygiene established across the state, three learning exchange visits on menstrual hygiene (2006, 2007 and 2008) and officials in 15 states trained in Tamil Nadu.
- India, Madhya Pradesh – Tribal Focus – implemented menstrual hygiene activities in tribal ashram schools, funds allocated by Tribal Welfare Department of Government of Madhya Pradesh.
- India, Bihar – exclusive toilets for girls, production of sanitary napkins, hygiene education.
- India, Rajasthan – Tribal Focus – baseline study, pilot with University of Rajasthan, napkins, incinerators, menstrual hygiene booklet including nutrition, task force set up.
- India, Jharkand – training modules on menstrual hygiene, sanitary napkins, hygiene education, incinerator, income generation.

Toolkit two

Menstrual hygiene – getting started

Example T2.2 Menstrual hygiene store and programme design participatory exercise

Organisation: Water, Engineering and Development Centre (WEDC) with support from the Water Supply and Sanitation Collaborative Council (WSSCC) and WaterAid

Participants: WASH practitioners from around the world who were attending the Water, Engineering and Development Centre 2011 International Water, Sanitation and Hygiene Conference at

Loughborough University in the UK
Time: Two and a half hours, evening session

Aim: To raise awareness of the issue of menstrual hygiene among WASH practitioners



'Menstrual hygiene store' with store-keeper describing products for sale as part of a participatory menstrual hygiene awareness-raising event (Photo: WEDC)

Activity:

- General introduction to menstrual hygiene and why it is important.
- Introduction to the exercise.
- Group split into four and each sub-group given a context:
 - Scattered villages in Nepal.
 - Internally displaced persons' camp, Darfur, north Sudan.
 - Urban slum, Philippines.
 - School, Rwanda.
- Each group had 20 minutes to develop a proposal related to menstrual hygiene, cost it and then present it to the donor menstrual hygiene group for funding.
- A menstrual hygiene store was set up with a wide range of possible items, each with a price tag – latrine blocks, sewing machines, sanitary pads, sheep, soap, drying lines, menstrual cups, an iron, underwear, mobile phones, etc. The groups proposed which items to purchase under their programme.
- One member of the donor menstrual hygiene committee listened to a group discussing their case study.
- Each group presented their proposal to the donor menstrual hygiene group.
- The donor menstrual hygiene committee provided feedback on what it liked and did not like about the proposals and its decision on whether or not it would fund the programme.

Result:

The exercise was undertaken in a very positive and enjoyable way, with humour, time pressure on the groups, and a number of distractions throughout by the facilitators trying to promote particular items. This all added to the positive learning experience. Many participants who took part in this event may not have had the opportunity to see and examine the types of materials available for menstrual hygiene management or to discuss issues relating to menstrual hygiene previously.

Example T2.3 Development and testing of training materials on menstrual hygiene, India

Organisation:

Jharkand Mahila Samakhya and School Sanitation and Hygiene Education funded by UNICEF (India)

Participants:

- Representatives from School Sanitation and Hygiene Education cell, Kadru, Mahila Samakhya, Children in Need India and Action for Food Production
- School Sanitation and Hygiene Education, government teachers (high and middle school), district resource persons
- Training of trainers who will train at district level

Date: 2009



Discussion as part of the training of trainers sessions
(Photo: Jharkand Mahila Samakhy, UNICEF)

Stepped approach to menstrual hygiene programming:

- **Step 1:** Development of training module on menstrual hygiene.
- **Step 2:** Pilot test among government teachers for the modification of developed training module.
- **Step 3:** Identification of the resource person who would provide training at district level.
- **Step 4:** Training of trainers of selected resource person at state level.
- **Step 5:** Identification of district for first phase training.
- **Step 6:** Follow up of the training. Read the frequency and consistency of use of sanitary napkins by the adolescent girls.
- **Step 7:** Ensure availability of sanitary napkins in schools.
- **Step 8:** Advocate girl-friendly toilets, demand generation of incinerator by the girls themselves.

Training development and testing:

- Five day workshop, initially run to develop the training materials for menstrual hygiene.
- Two day follow up to modify the initial modules.
- Two day training of teachers, workshop on menstrual hygiene piloted (22 trainees).
- Three day training of trainers, workshop on menstrual hygiene piloted (24 trainees).

Content of training of trainers course:

- **Day 1** – Introduction to menstrual hygiene in schools, health education and child rights; formalities and plan for training; definition of adolescence, changes in boys and girls, information and practices; nutrition; experiences of menarche (onset of menstruation) and good and bad practices.
- **Day 2** – School sanitation and hygiene education presentation; menstruation, biology, the menstrual cycle; myths and misconceptions; diseases associated with menstruation and solutions; problems and solutions; good practices; counselling.
- **Day 3** – Child cabinet (school sanitation and hygiene education); games for schools; counselling with role-plays; sanitary products display and advantages and disadvantages; infection, allergic reactions; disposal of pads; visits to sanitary production site and an incinerator; feedback.

Toolkit two

Menstrual hygiene – getting started

T2.3.2 Integration of menstrual hygiene guidance and information into different sectors' activities

It is important to integrate menstrual hygiene guidance into sectoral programme guidelines, standards and programmes, as well as into monitoring and evaluation routines. The following table presents examples of where this has previously been achieved, as inspiration for further integration.

Table T2.2 Integration of menstrual hygiene into sectoral guidance or programmes

Sector(s)	How menstrual hygiene has been integrated into the guidelines or programme	Reference(s) for further information
HIV/AIDS	'Managing menstruation' has its own section under the chapter on 'Priority WASH practices to integrate into national HIV/AIDS programmes' in the USAID and the World Health Organisation guidelines, <i>How to integrate water, sanitation and hygiene into HIV programmes</i> . A visual aid on good hygiene practices relating to menstrual hygiene by USAID/Plan International from Uganda is also included in the annex. The material was taken from home-based care worker training and job aids developed for Ethiopia, Uganda, Kenya and Tanzania where menstrual hygiene management is a strong component.	USAID and the World Health Organisation (2010) <i>How to integrate water, sanitation and hygiene into HIV programmes</i> .
Education and water, sanitation and hygiene (WASH)	Four ministries of the Government of the United Republic of Tanzania (Education, Health, Water, Local Government) are collaborating with a range of sector stakeholders (UN and non-governmental organisations) to develop a set of harmonised school water, sanitation and hygiene guidelines. These are currently undergoing a period of testing and review. The guidelines include consideration of good practice for menstrual hygiene in terms of the school environment, teacher sensitisation, and information for girls; appropriate water, sanitation and hygiene facilities; and disposal of sanitary materials.	Government of United Republic of Tanzania (2010, draft) <i>National guideline for school water, sanitation and hygiene (SWASH) in Tanzania; First draft for piloting and consultation</i> .
Education	In 2009, the Government of Kenya committed to allocating almost US\$4 million from the national budget to provide free sanitary pads to school girls.	www.guardian.co.uk/global-development/2011/jul/29/kenya-schoolgirls-sanitary-pads-funding

Sector(s)	How menstrual hygiene has been integrated into the guidelines or programme	Reference(s) for further information
Emergency WASH standards	The water, sanitation and hygiene chapter of the Sphere standards integrates requirements for the provision of appropriate sanitary materials, appropriate locations for discrete laundering or disposal facilities for sanitary cloths, and toilets and bathing units that allow for privacy and dignity. It highlights the importance of involving women and girls in the selection of menstrual hygiene products and includes menstrual hygiene in the standard assessment checklist.	The Sphere Project (2011) <i>Humanitarian charter and minimum standards in humanitarian response</i>
Education in emergencies	Provides rationale for ensuring that menstrual hygiene is responded to in educational settings in emergencies; identifies a range of possible actions; and includes a case study of a programme that integrated menstrual hygiene into its school programme in a refugee camp.	Inter-Agency Network for Education in Emergencies (no date) <i>Gender responsive school sanitation, health and hygiene</i> .

Toolkit two

Menstrual hygiene – getting started

T2.4 Bibliography

Ben-Noun L (2003) What is the biblical attitude towards personal hygiene during vaginal bleeding? *European Journal of Obstetrics and Gynecology and Reproductive Biology*, vol 106, pp 99-101.

Burgers L and Spruijt H (2009) *Menstrual hygiene: Manage it well!* UNICEF webinar.

Fernandes M (2010) *Freedom of mobility: Experiences from villages in the states of Madhya Pradesh and Chhattisgarh, India*. South Asia Hygiene Practitioners' Workshop, Dhaka, Bangladesh.

Government of United Republic of Tanzania (2010, draft) *National guideline for school water, sanitation and hygiene (SWASH) in Tanzania; First draft for piloting and consultation*.

Inter-Agency Network for Education in Emergencies (no date) *Gender responsive school sanitation, health and hygiene*.

Kanyemba A (2011) *Growing up at school; A guide to menstrual management for school girls* (Zimbabwe). Water Research Commission, South Africa.

Kumato (2011) *Valuing the Africa genius, Moses Kizza Musaazi*. Available at: www.kumato.com/moses_kizza_musaazi.html (accessed 17 Sep 2011).

WaterAid (2010) *Menstrual hygiene in South Asia; A neglected issue for WASH (water, sanitation and hygiene) programmes*.

Ministry of Education and Ministry of Public Health, Islamic Republic of Afghanistan, and UNICEF (2011, draft) *Guideline for the promotion of menstrual health and hygiene for trainers and supervisors*.

Ministry of Rural Development, Department of Drinking Water Supply, Santha Sheela Nair and UNICEF (2008) *An inclusive approach for school sanitation and hygiene education; Strategy, norms, designs*. Technical note series.

No author (2008) 'Menstruation'. Available at: www.idealislam.com (accessed 22 Sep 2011).

Onyegebu N (no date) *Menstruation and menstrual hygiene among women and young females in rural eastern Nigeria*.

Patterson E T and Hale E S (1985) Making sure: Integrating menstrual care practices into activities of daily living, *Advances in Nursing Science*.

Rajiv Ghandi National Drinking Water Supply, Department of Water Supply, Ministry of Rural Development, Government of India (no date) *Incinerator for school toilet waste; Case study: Tamil Nadu*.

Sommer M (2011) *Improving the support to girls in primary schools with their menstrual hygiene management*. Final report for UNICEF Tanzania on collaborative work being conducted with the NGO TWESA (Tanzania Water and Environmental Sanitation).

Ten V T A (2007) *Menstrual hygiene; A neglected concern for the achievement of several Millennium Development Goals*. Europe External Policy Advisors.

The Sphere Project (2011) *Humanitarian charter and minimum standards in humanitarian response*.

Trego LL (2007) *Military women's menstrual experiences and interest in menstrual suppression during deployment*. AWONN, the Association of Women's Health, Obstetric and Neonatal Nurses.

UNICEF Bangladesh (2008) *Bangladesh; Tackling menstrual hygiene taboos; Sanitation and hygiene case study no 10*.

USAID and the World Health Organisation (2010) *How to integrate water, sanitation and hygiene into HIV programmes*.

www.guardian.co.uk/global-development/2011/jul/29/kenya-schoolgirls-sanitary-pads-funding

www.prb.org/pdf11/world-women-girls-2011-data-sheet.pdf

Endnotes

¹ UNICEF (2009) *Menstrual Hygiene: Manage it well!* UNICEF webinar, 18 November 2009.



Toolkit three

Menstrual hygiene – sanitary protection materials and disposal

Part of *Menstrual hygiene matters; A resource for improving menstrual hygiene around the world*, written by Sarah House, Thérèse Mahon and Sue Cavill (2012). The full version can be downloaded from www.wateraid.org/mhm.

This toolkit will cover...

- T3.1 Checklists and other tools
- T3.2 Technical designs and specifications
- T3.3 Case studies, examples and further information
- T3.4 Bibliography

Toolkit three

Menstrual hygiene – sanitary protection materials and disposal

T3.1 Checklists and other tools

T3.1.1 Checklist for improving the availability of appropriate sanitary protection options

Table T3.1 Checklist for improving the availability of appropriate sanitary protection options

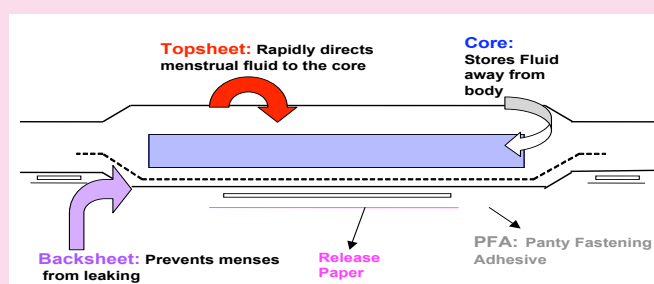
Action	Resource reference	Score for progress (1 - no progress to 5 - action completed)
1 A range of different sanitary protection options are available for women and girls, with information on their price, supply locations, and washing, drying and disposal mechanisms.	Module 3 Toolkit 3	
2 Low-cost re-usable sanitary protection materials are produced locally.	Module 3 Toolkit 3	
3 Low-cost biodegradable sanitary protection materials are available locally.	Module 3 Toolkit 3	
4 Women and adolescent girls are gaining an income from the production or supply and distribution of low-cost sanitary protection products.	Module 3 Toolkit 3	
5 Small-scale enterprises or groups of women and girls producing sanitary protection products know and implement basic good hygiene practices.	Module 3 Toolkit 3	
6 Options for the effective disposal of sanitary materials have been investigated and trialled, such as incinerators, composting etc.	Module 3 Toolkit 3	

T3.2 Technical designs and specifications

This toolkit section should be read in conjunction with [Module 3](#). It provides examples of various sanitary pad technologies and explains how they have been made in different contexts. Reference should be made to the original sources for further details.

T3.2.1 Design and safety features of commercial disposable sanitary pads

Example T3.1 Design features of commercial disposable sanitary pads¹



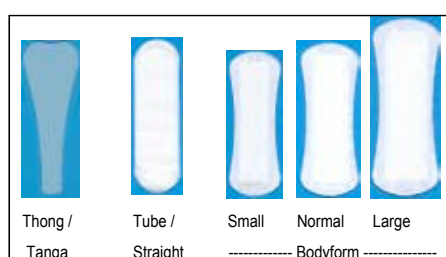
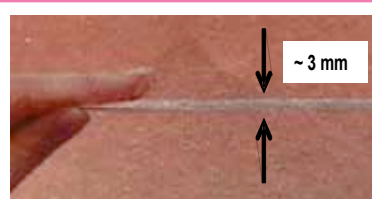
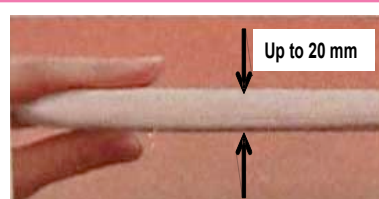
Component parts:

The surface layer (topsheet) – acquires fluid and rapidly distributes it to the absorbent core.

The core – stores fluid away from the body.

The moisture-impervious back layer (backsheet) – prevents fluid leakage.

A panty-fastening adhesive – for attachment to the undergarment. The adhesive is covered by a removable release paper until use.



Photos: M. Farange/Procter & Gamble

Innovative features since the 1970s:

- Panty fastening adhesive (PFA), which eliminated the need for belts and pins.
- Perforated film topsheets, which keep the pad surface clean and dry.
- Side panty-shields that minimise soiling.
- Pads with ultra-thin (3mm) super-absorbent cores, designed to be as effective but more comfortable and discreet than thick (20mm) products.
- Variations in pad shape, width and length to accommodate different body frames and flow levels (including day and nighttime use).
- Smaller panty liners for light protection, with shapes and colours tailored to undergarment fashion.
- Odour-absorbing technologies.
- Next-generation 'breathable' materials to enhance comfort.

Toolkit three


Menstrual hygiene – sanitary protection materials and disposal

Example T3.2 Commercial safety assessment of disposable sanitary pads²

Organisation	Procter & Gamble
Purpose	To ensure the safety of products
Elements in safety assurance	<p>Step 1 – Raw material safety assessment (Quantitative risk assessment) Assessment of the potential toxicological effects of each raw material used in the product. The most relevant toxicological and clinical endpoints for this category are acute or cumulative skin irritation, the induction of delayed contact hypersensitivity, and the potential for acute or sub-chronic systemic effects. Most materials used in commercial products have a detailed toxicological history already. A 21 day skin cumulative irritation patch test may also be undertaken.</p> <p>Step 2 – Clinical evaluation of product safety in-use (Prospective, controlled and clinical trials) The safety of significant product innovations, such as the introduction of unique raw materials or the substantial modification of a product design, are assessed by conducting prospective, randomised trials under practical or exaggerated conditions of use. The clinical trials are conducted according to the International Committee on Harmonisation/Good Clinical Practice (ICH/GCP) guidelines and approved by the Institutional Review Board or ethical committee of the pertinent institution. Participation in a prospective trial is voluntary with informed consent. The clinical trials are examiner blind. See the outcome measures below used in clinical trials.</p> <p>Step 3 – Pre-market independent review (Panel of medical and scientific experts) Before a major product innovation is introduced into the marketplace, a panel of independent experts may be invited to assist in study design and to critically review the results of the safety assurance programme.</p> <p>Step 4 – Post-market surveillance Post-market surveillance monitors consumers' experience and satisfaction. Consumers provide feedback by telephone (toll free), by letter, and increasingly, through manufacturers' websites. Ongoing surveillance also serves as an alert system for unanticipated issues or unusual trends.</p>
Outcome measures in clinical trials	<p>Dermatological assessments</p> <ul style="list-style-type: none"> • Skin irritation (erythema, edema, and vesicular or papular eruptions). • Skin condition (normal, fissured, scaly, increased moisture, macerated). • Diagnostic patch tests (induction of allergic contact hypersensitivity). <p>Gynaecological evaluation</p> <ul style="list-style-type: none"> • Vaginal discharge (odour, appearance, consistency). • Vaginal pH. • Clinical diagnosis of dermatitis, dermatoses, or infection (if present). <p>Pap smear</p> <ul style="list-style-type: none"> • Vaginal and vulvar microbiology. • Microbial isolation frequencies (representative endogenous flora and selected pathogens). • Semi-quantitative or quantitative microbial cell densities (cfu/mL vaginal fluid or cfu/cm² skin). <p>Objective measurements (investigative)</p> <ul style="list-style-type: none"> • Skin barrier function/wetness (trans-epidermal water loss and other instruments). • Pad loading (weight of absorbed fluid).

T3.2.2 Design features of re-usable sanitary pads

Example T3.3 AFRIpads re-usable sanitary pads - Learning points in manufacturing³


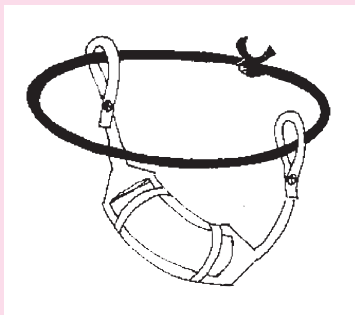
Organisation	AFRIpads
AFRIpads learning points	AFRIpads are specifically designed to cater to the menstrual product needs of low-income consumers. AFRIpads have tested dozens of prototypes (materials and designs) and the feedback they have collected has resulted in the following response-driven specifications which have been incorporated into the AFRIpads product design.
Deluxe kit (smaller than the 'comprehensive kit')	 <p style="text-align: right;">Photos: AFRIpads</p>
Materials (drying time versus absorption)	<p>When designing cloth, washable sanitary pads for low-income consumers, it is important to consider the thickness and type of material of the absorbent pads/liners relative to the number of pads/liners included in the package. Generally speaking, increasing the thickness of the pads/liners will positively impact the absorptive capacity, while negatively impacting the average drying time. The same holds true for cotton fabrics, as opposed to more synthetic-based materials. The significance of drying time is that the amount of time required for a pad/liner to dry, combined with the frequency of replacing soiled liners with fresh liners, dictates the number of pads/liners needed to get through an average menstrual cycle. Given that the number of units included in a package is likely to be directly proportional to the retail cost of the product, this is an important consideration, also given that the average consumer has very limited purchasing power. In other words, the faster the pad/liner pieces dry, the fewer pieces need to be included in a package and therefore the cheaper the total cost of the package. The AFRIpads team asked girls to test numerous cloth pad prototypes (varying in terms of type of materials used, thickness of the pads/liners, and overall design). The overwhelming feedback was that girls value the drying time over absorption. Consequently, AFRIpads are made from synthetic-based material rather than cotton due to the significant variance in drying time. Additionally, the AFRIpads customers found that menstrual blood is much easier to wash out of synthetic materials than cotton, and that the staining is much less typical, which is very important in cultures where menstrual blood stains are associated with social stigma.</p>

Toolkit three

Menstrual hygiene – sanitary protection materials and disposal

<p>Product design</p> <p>(all-in-one versus envelope style versus landing style)</p>	<p>In response to customers placing emphasis on the cost of the product and the drying time, AFRIPads adopted the landing pad + liner product design. Each AFRIPads kit includes two 'landing pads' and multiple interchangeable liners which are designed to absorb the menstrual flow. Because the liners are worn on top of the landing pads, as long as it remains clean, the base can be worn for the duration of the day, whereas the liner units are changed as frequently as necessary. This can be compared to envelope style cloth pad designs, whereby the liner units are slipped into an envelope-style holding unit. The challenge with the envelope design is that they require both pieces (the holder and the liner) to be changed simultaneously, which necessitates that each package contains an equal ratio of holders to liners, thereby increasing the overall cost of the product and making it less affordable for the typical end user. A third style of cloth pad is the all-in-one design, which is very convenient, but pads in this design tend to be thicker, and therefore require more time to dry when compared to the separate units of the AFRIPads design.</p>
<p>Colour of material</p> <p>(light versus dark)</p>	<p>Given that menstruation and the management of menstrual blood are very personal and often culturally-imbued experiences, the AFRIPad team's intuition informed them that cloth pads made from darker fabrics would be preferable to lighter fabrics. In their experience, women largely confirmed this instinct. However, they also found that among their test group, best practices in the washing of cloth pads actually improved when the product was made from lighter coloured material. This stems from the fact that dark fabrics soaked in water appear darker, making it more difficult when washing to distinguish if the menstrual blood was thoroughly removed. Consequently, while girls naturally preferred darker colored fabric, they found it easier to wash their pads properly when the colour of the fabric was lighter.</p>

Example T 3.4 Handmade re-usable sanitary pads made by girls in Rajasthan, rural India⁴

Organisation	Written by the author Lakshmi Murthy
Target group	Adolescent girls from villages
Design criteria	<ul style="list-style-type: none"> • Easy to wear (buttons to underwear, attaches to drawstring tied around the waist). • Easy to make (designed for hand stitching, most girls do not own sewing machines). • Adjustable and adaptable (for girls of different ages and sizes). • Hygienic (with a white or light-coloured cotton cloth). • Economical (locally available material, found in most households). • Reusable (washable).
Design	  <p>(Photo and picture: L Murthy)</p>
Steps to make the sanitary pad	<ol style="list-style-type: none"> 1. Patterns are placed on cotton fabric and the fabric is cut out. You will have two hexagonal base cloths, two long strips, and two short strips. 2. Take one of the longer strips of cloth, fold lengthwise and stitch, leaving one side open. Through the open side, turn the cloth inside out. 3. Repeat with the other long strip. 4. These two strips are attached, one to each end, of one base cloth. 5. Take one of the remaining shorter strips of cloth. Fold lengthwise and stitch the one long side. Turn the cloth inside out. 6. Repeat with the other short strip. 7. Attach the two strips to the base cloth. 8. Place the second base cloth over the first. Make sure that all straps are tucked inside. Stitch around the edge of the base cloths, leaving a small gap to pull out the straps and turn the cloth inside out. 9. Fit buttons on the straps according to your size. 10. Take half a metre of white or light-colored cotton cloth and stitch all four corners. Take two sides and fold into the middle, then fold again in half. 11. Place a plastic sheet on the base through the loops. 12. Place folded inner cloth on top of the plastic, again through the loops.
Other	Refer to Module 3.2.1 for an example of a visual aid being used to overcome girls' embarrassment. The following link provides alternative instructions for making re-usable sanitary pads: www.tinybirdsorganics.com/organiccotton/clothpads.html .

Toolkit three

Menstrual hygiene – sanitary protection materials and disposal

T3.2.3 Design features and manufacturing steps for biodegradable sanitary pads

Example T3.5 Production steps for the disposable papyrus MakaPad, from Uganda⁵

Organisation	Technology for Tomorrow (T4T); Makerere University, Uganda
Product	MakaPad, made in Uganda by local processes. They are more than 95% biodegradable, chemical-free and made of 99% local materials, with the main material being papyrus reeds which are cut from swamps all over Uganda.
Production steps	<p>Processing the reeds After the papyrus is cut, the green cover is peeled off and the white stem is used in the making of the pads. The white stem is properly crushed using a rubber hammer to soften it. It is then dried in the sun and sent to the next stage.</p> <p>Paper processing The next stage is about paper processing, where the dried papyrus is mixed with water and paper waste or paper cut-offs from printing presses or any printer. The mixture of pounded paper and crushed papyrus is put in a rectangular box with a sheave for drying. After the mixture has dried, it is then taken for softening and smoothing in a softening machine. Note that all the tools used so far are locally made or fabricated.</p> <p>Cutting the paper and sealing The softened material is then trimmed into pads of 5cm by 20cm using a paper cutter. The pads are sealed into non-woven packing materials, which are bought from shops around town. The sealing machines, which seal three pads at once, are imported but fitted with stands made from Makerere's Faculty of Technology.</p> <p>Exposure to ultraviolet light After sealing the pads, the final stage is to expose them to ultraviolet light to kill off any bacteria or germs, which might have entered the pads during processing.</p> <p>Quality assurance During processing, the pads are tested to be sure of their absorption capacity. Using simple laboratory equipment – a burette, sand and ink – the pads' absorption capacity is tested. The Uganda National Bureau of Standards has also tested and approved the MakaPads.</p>

The process for making the MakaPads



(Photos: MakaPads Project, Technology for Tomorrow Ltd)

Example T3.6 Designing and making the Jani Pad, from water hyacinth, Kenya⁶

Organisations	Reality Studio (a university course), Chalmers University of Technology, Sweden; Village Volunteers, USA	
Product	The Jani Pad is made from biodegradable plastic and water hyacinth. The first prototype of the Jani Pad was designed during the 'Reality Studio' course undertaken by students from Chalmers University of Technology, Sweden, and Oslo School of Architecture and Design, Norway. This prototype was made entirely out of water hyacinth. The students continued with the project after the course and are now collaborating with Village Volunteers to develop a business proposal to initiate a pilot production in Kenya. To improve the reliability of the pad further, the top and bottom layers of the Jani Pad were replaced with a biodegradable plastic in the second prototype.	
Document: New sense of nuisance	The Jani Pad group have produced a very useful document called <i>New sense of nuisance</i> , which records in detail the considerations made in the development and production of the first prototype of the Jani Pad. This document would be a useful reference for anyone who is considering developing new products, to understand the number of steps and stages involved from development to production.	
Iterative design process starting from the raw material		
Design criteria for the sanitary pad (Criteria in brackets seen as negotiable)	First layer: <ul style="list-style-type: none"> • Allow menstrual fluids to penetrate the layer. • Attach to the bottom layer. • (Low absorption.) • (Soft and smooth.) • (Very flexible.) • (Keep fibrous layers in place.) 	Third layer: <ul style="list-style-type: none"> • Absorb menstrual fluid. • Retain menstrual fluid – except when under pressure. • (Distribute the fluid.)
	Second layer: <ul style="list-style-type: none"> • Absorb fluid quickly. • Lead fluid to the next layer. • (Centre absorption.) • (Flexible.) 	Fourth layer: <ul style="list-style-type: none"> • Hydrophobic. • Keep fibrous layers in place. • Attach to the top layer. • (Very flexible.)

Toolkit three

Menstrual hygiene – sanitary protection materials and disposal

The whole pad:

- Affordable.
- Have a shape that prevents leakage.
- Fit in panties.
- Stay in place.
- Easy to keep hygenic.
- Biodegradable and/or re-usable.
- Easy to manufacture.
- Minimal usage of materials during production.
- Size adapted for the female body.
- No skin irritating substances in direct contact with the skin.

Pair comparison matrix of the pad requirements

This matrix was developed to weigh the importance of the different criteria against each other in order to determine the most important criteria for the design of the sanitary pad.

	A	B	C	D	E	F	G	H	I	J	K	L	Ranking
A - Affordable		A	A	A	A	A	A	A	A	A	A	A	A=11
B - Few materials			B	D	B	B	G	H	I	B	K	L	I=10
C - Environmental impact				C	C	C	G	C	I	C	C	C	G=8
D - Comfortable					D	D	G	D	I	D	K	D	C, H=7
E - Discrete appearance						E	G	H	I	E	K	E	K, D=6
F - Discrete after usage							G	H	I	J	K	L	B=4
G - Fit in panties								H	I	G	G	G	E=3
H - Minimal maintnance									I	H	H	H	J, L=2
I - Stay in place										I	I	I	F=0
J - No noise											K	J	
K - Easy to manufacture												K	
L - Affect panties													

Preparation of the paper

(Photos: Lars Marcus Vedeler)



Testing - absorption tests and repellence observations

(Photos: Lars Marcus Vedeler)



<p>Production - harvesting</p>	<p>The harvesting of the plant presents several problems. With its high water content, it is heavy to transport. There is also a possibility that people will be put in danger when harvesting the plant, since snakes, crocodiles and malaria-carrying mosquitoes occur more frequently in areas where the plant is dominant. What harvesting method is suitable depends a great deal upon the scale of the production. In a smaller production, manual harvesting would be appropriate. Design solutions for this need to be developed for the safety of the worker (eg long tools that enable them to keep their distance from the plants, and possibly even enable harvest from the shoreline). In a larger-scale production, whole mats of hyacinth could be harvested and kept. Benefiting from the plant's mobility, one could gather them with a wire, or by making them float into a designated area when the direction of the wind is right.</p> <p>This project has assumed that the plants need to be dried before making pulp, but it could also be possible to make the pulp without drying the plants. This would require further investigation. If the plant is dried, the drying process could occur next to the harvesting (ie along the shoreline). It could also be possible to utilise the shallowness of the lake, and put up poles with lines for drying the plants on site. Another idea is to utilise the fact that the water hyacinths already cover the surface, and therefore dry them on top of other plants.</p>
<p>Production - manufacturing</p>	<p>It should be possible to start producing the pads on a small scale and with a relatively small budget. Once the hyacinth has been harvested, it needs to be shredded into pulp in the Hollander Beater - a machine developed by the Dutch to produce paper pulp from plants. However, this machine is rather expensive and not currently in production, but it is possible to make a machine with similar functionality. The pulp is turned into paper and once the sheets have been dried, they need to be cut into absorbents, which are placed into pre-printed pad shapes of biodegradable plastic.</p>
<p>Making use of the whole plant</p>	<p>The document also makes recommendations for using the remainder of the plant that has not been used in the production of the pads - including paper-making, fertilisers or methane production.</p>

Toolkit three

Menstrual hygiene – sanitary protection materials and disposal

T3.2.4 How to make soap

The following information has been taken directly from a seven page technical brief by Practical Action on soap-making. This section simply provides an overview of the soap-making process, so that a decision can be made on whether to support trials. If you are considering making soap, it is recommended that you download the full technical brief from <http://practicalaction.org/soap-making>. The technical brief describes the procedure and provides recipes for making a variety of simple soaps.

Practical Action – Technical brief on soap-making⁷

Introduction	Making simple plain soap is relatively easy and involves basic equipment. However, there are certain hazards to workers when making soap which any potential producer must be aware of.
Ingredients	There are three main ingredients in plain soap – oil or fat (oil is simply liquid fat), lye (or alkali) and water. Other ingredients may be added to give the soap a pleasant odour or colour, or to improve its skin-softening qualities. Almost any fat or non-toxic oil is suitable for soap manufacture. Common types include animal fat, avocado oil and sunflower oil. Lyes can either be bought as potassium hydroxide (caustic potash) or sodium hydroxide (caustic soda), or if they are not available, made from ashes. Some soaps are better made using soft water, and for these it is necessary to either use rainwater or add borax to tap water. Each of the above chemicals is usually available from pharmacies in larger towns.
Types of fat used in soap-making	Fats – Goats' fat, lanolin, lard, mutton fat, pork fat, suet, tallow. Oils – Canola, coconut, cottonseed, palm, palm kernel, soybean.
Processing steps – overview	There are two types of soap: soft soap and hard soap. Soft soap can be made using either a cold process or a hot process, but hard soap can only be made using a hot process. To make any soap it is necessary to dilute the lye, mix it with the fat or oil, and stir the mixture until saponification takes place. In the processes described below, the word 'fat' is used to mean either fat or oil. The cold process may require several days or even months, depending upon the strength and purity of the ingredients, whereas the hot process takes place between a few minutes and a few hours.
Cold processing method (soft soap)	A simple recipe for soft soap uses 12kg of fat, 9kg of potash and 26 litres of water. Dissolve the potash in the water and add it to the fat in a wooden tub or barrel. For the next three days, stir it vigorously for about three minutes several times a day, using a long wooden stick or paddle. Keep the paddle in the mixture to prevent anyone accidentally touching it and being burned. In a month or so the soap is free from lumps and has a uniform jelly-like consistency. When stirred it has a silky lustre and trails off the paddle in slender threads. Then the soap is ready to use and should be kept in a covered container.

<p>Boiling processing method (soft soap)</p>	<p>Soft soap is also made by boiling diluted lye with fat until saponification takes place. Using the same amounts as above, put the fat into a soap kettle, add sufficient lye to melt the fat and heat it without burning. The froth that forms as the mixture cooks is caused by excess water, and the soap must be heated until the excess water evaporates. Continue to heat and add more lye until all the fat is saponified. Beat the froth with the paddle and when it ceases to rise, the soap falls lower in the kettle and takes on a darker colour. White bubbles appear on the surface, making a peculiar sound (the soap is said to be ‘talking’). The thick liquid then becomes turbid and falls from the paddle with a shining lustre. Further lye should then be added at regular intervals until the liquid becomes a uniformly clear slime. The soap is fully saponified when it is thick and creamy, with a slightly slimy texture. After cooling, it does not harden and is ready to use. To test whether the soap is properly made, put a few drops from the middle of the kettle onto a plate to cool. If it remains clear when cool it is ready. However, if there is not enough lye the drop of soap is weak and grey. If the deficiency is not so great, there may be a grey margin around the outside of the drop. If too much lye has been added, a grey skin will spread over the whole drop. It will not be sticky, but can be slid along the plate while wet. In this case the soap is overdone and more fat must be added.</p>
<p>Making hard soap</p>	<p>The method for making hard soap is similar to that for making soft soap by the boiling process, but with additional steps to separate water, glycerine, excess alkali and other impurities from the soap. The method requires three kettles: two small kettles to hold the lye and the fat, and one large enough to contain both ingredients without boiling over. Put the clean fat in a small kettle with enough water or weak lye to prevent burning, and raise the temperature to boiling. Put the diluted lye in the other small kettle and heat it to boiling. Heat the large kettle, and ladle in about one quarter of the melted fat. Add an equal amount of the hot lye, stirring the mixture constantly. Continue this way, with one person ladling and another stirring, until about two-thirds of the fat and lye have been thoroughly mixed together.</p>
<p>Hazards and safety precautions</p>	<p>Caution! Lye is extremely caustic. It causes burns if splashed on the skin and can cause blindness if splashed into the eye. If drunk, it can be fatal. Care is needed when handling lye and ‘green’ (uncured) soap. Details of the precautions that should be taken are given below. Because of these dangers, keep small children away from the processing room while soap is being made.</p> <p>Care with lye, potash and caustic soda You should always take precautions when handling these materials as they are dangerous. Be especially careful when adding them to cold water, when stirring lye water, and when pouring the liquid soap into moulds. Lye produces harmful fumes, so stand back and avert your head while the lye is dissolving. Do not breathe lye fumes. Use rubber gloves and plastic safety goggles. You should also wear an apron or overalls to protect your clothes. If lye splashes onto the skin or into your eyes, wash it off immediately with plenty of cold water. When lye is added to water the chemical reaction quickly heats the water. Never add lye to hot water because it can boil over and scald your skin. Never add water to lye because it could react violently and splash over you. Always add the lye to the water in small quantities at a time.</p>

Toolkit three

Menstrual hygiene – sanitary protection materials and disposal

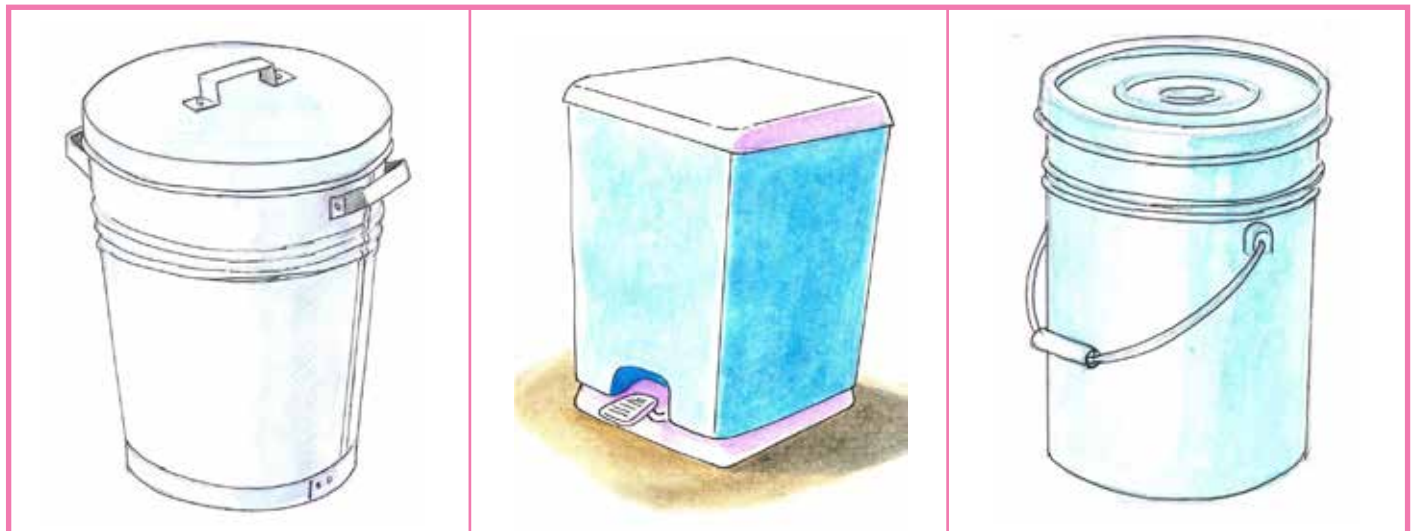
T3.2.5 Sanitary pad waste collection containers

Various options are available for waste collection units. This section highlights a few simple designs that can be adapted to utilise local designs and resources.

Design considerations for used sanitary product containers:

- Has a lid and is in a discrete location.
- Easy to carry if it has to be transferred to the disposal site.
- Washable and easy to clean.
- Affordable and available in the local market.

Example T3.7 Examples of simple containers that could be used for the collection of sanitary products



(Pictures: Government of the United Republic of Tanzania/Rashid Mbago)

T 3.2.6 Incinerators

Various options are also available for incinerators. Most of the examples included in this section have been identified from the school context, but they can also be adapted for other public facility uses. Further options for incinerators in emergency contexts are given in [Toolkit 6.2.2](#).

Some of the designs are integral to the latrine structure and others stand alone.

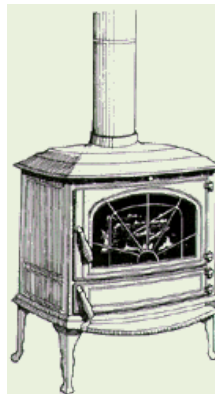
Design considerations for incinerators:

- Easy to operate with minimum amount of fuel.
- Distance between the incinerator and the latrine/ changing room is as short as possible.
- Can reach an adequate temperature to burn the materials effectively.
- In a safe location and does not cause a risk to small children.

Example T3.8 Incinerators

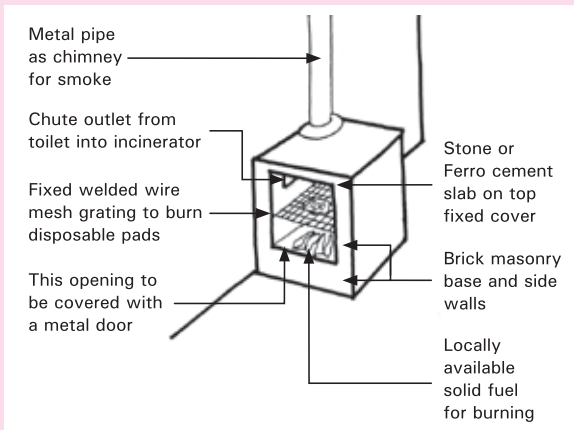


(Photo: UNICEF, Afghanistan)



Integral incinerator with girl-friendly toilet block, Afghanistan⁸

This latrine block has an integral incinerator as a prototype. The block has a changing room and a mirror as well as latrine units.



(Picture: Government of India)

Integral masonry incinerator with side-opening door⁹

This simple incinerator is constructed from cement or stone and has a metal chimney. The sanitary pads are put into the incinerator from inside the latrine, the metal door is closed and the pads burn on a metal grid.

Toolkit three

Menstrual hygiene – sanitary protection materials and disposal



(Photo: WEDC – TSC Review)

Integrated incinerator with school latrine, India – the importance of training in use¹⁰

In Sarguja district, Chhattisgarh state, a few schools have incinerators (as shown).

It was however noted that the female students were not aware of them or how to use them and that there was no training given to masons on the technical design of the incinerator, or teachers and students on its purpose or operation. The few incinerators constructed are not used as a result.



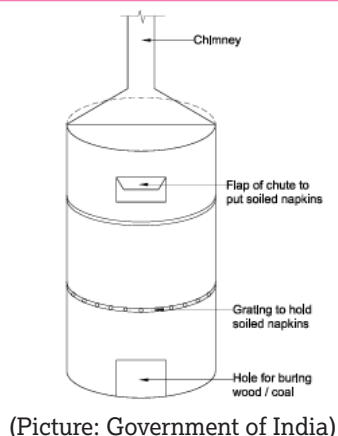
(Photo: TWESA, Tanzania)



(Picture: Government of United Republic of Tanzania/Rashid Mbago. Based on a design by Médecins Sans Frontières – refer to [Toolkit 6.2.2](#) for the original design.)

Drum incinerator in a school in Tanzania¹¹

A standalone drum incinerator that has been made from an old oil drum. It has an integral chamber with grid, a metal chimney and a hinged lid that allows refuse to be put in. The drum was being tested as part of trials of different incinerators.



(Picture: Government of India)

Drum incinerator with a flap and chute¹²

This drum incinerator is similar to the design above except that it has a chute at the front for the insertion of the soiled napkins. This design may pose challenges for cleaning inside the drum on the grill unless it is possible to also open the top.



(Photo: Geodata, Tanzania)

Incinerator integrated with girls' latrine block at a school in Tanzania

A small brick-built incinerator attached to a girls' latrine block.



(Photo: S House)

Standalone incinerator at a private secondary school in Dar es Salaam, Tanzania

A brick-built incinerator based on models in local hospitals in Dar es Salaam designed by Engineer Dorisia Mulishani.



(Photo: UNICEF, India)

Incinerator integral to latrine block, India¹³

Incinerator attached to a girls' latrine block at a school in India.

Toolkit three

Menstrual hygiene – sanitary protection materials and disposal



(Photo: TWESA, Tanzania)

Standalone brick incinerator at a school in Tanzania¹⁴

A standalone brick incinerator built as part of a test of incinerator options.



(Photo: MakaPads Project, Technology for Tomorrow Ltd)

Mobile incinerators, Uganda¹⁵

Dr Moses Kizza Musaaazi designed this incinerator to treat non-biodegradable waste. These incinerators are mobile and can be dismantled in a few minutes and moved to other places. They reach their maximum temperature (about 850°C) after 17 minutes. They can also be fitted with a heat exchange system that produces water and steam (110°C) for sterilisation. Over 90 incinerators have already been produced and installed throughout Uganda, particularly in hospitals, clinics, homes and schools.

Example T3.9 Girls' latrine with integral incinerator, Tamil Nadu, India¹⁶

Disposal shoot inside the latrine
(Photos: Ministry of Rural
Development, Government of India)

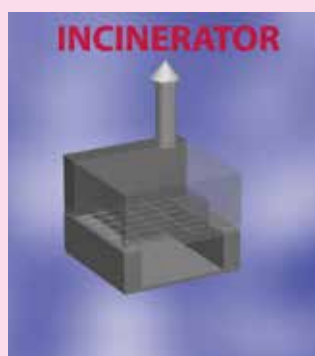


Fire grill inside incinerator



External view of the latrine and
incinerator

The detailed cost of the incinerator



Note: The cost will work out to Rs 1,200 if the basement of the toilet complex is ground level

SI no	Materials	Required no	Rate	Amount (Rs)
1	Country bricks	250	1.25	313.00
2	Cement	2 bags	150.00/ bag	300.00
3	Sand	-	150.00	150.00
4	Weld wire mesh	9 sqft	9.50	85.00
5	Cuddapah slab	12 sqft	15.00	180.00
6	Labour charges mason and mazdoor		200.00	200.00
7	Cost of AC pipe six feet length, cover pipe, camp, nail		150.00	150.00
8	White washing, colour washing and painting, lettering and photo charges		122.00	122.00
	Total			1,500.00

In Tamil Nadu, an innovative incinerator has been developed for proper disposal of sanitary waste. The design is simple, safe and low-cost. It has already been installed in many rural schools and women's sanitary complexes. The incinerator burns waste material such as soiled cloths, cotton waste, sanitary napkins and paper towels. The waste gets converted into ash and other non-hazardous residues. The incinerator is user-friendly and manually operated. The cost of this technology is around Rs 1,200-1,500 only (US\$23-28). The incinerator comprises two chambers, an emission control system and a door to allow firing and the removal of ash. Each incinerator has

a spout or opening connected to the toilet wall for the disposal of soiled napkins into the chamber. The soiled napkin drops onto the wire gauze in the chamber on the other side of the toilet wall. The waste materials are burned on a weekly basis through the door/firing inlet in the lower chamber. The entire incinerator is attached to the outer wall of the toilet. A smoke vent is provided for the disposal of gaseous substances while burning the sanitary wastes. The simple addition of an incinerator to the toilets is highly appreciated by girls and teachers. The problem of toilets being blocked by waste sanitary products is also avoided.

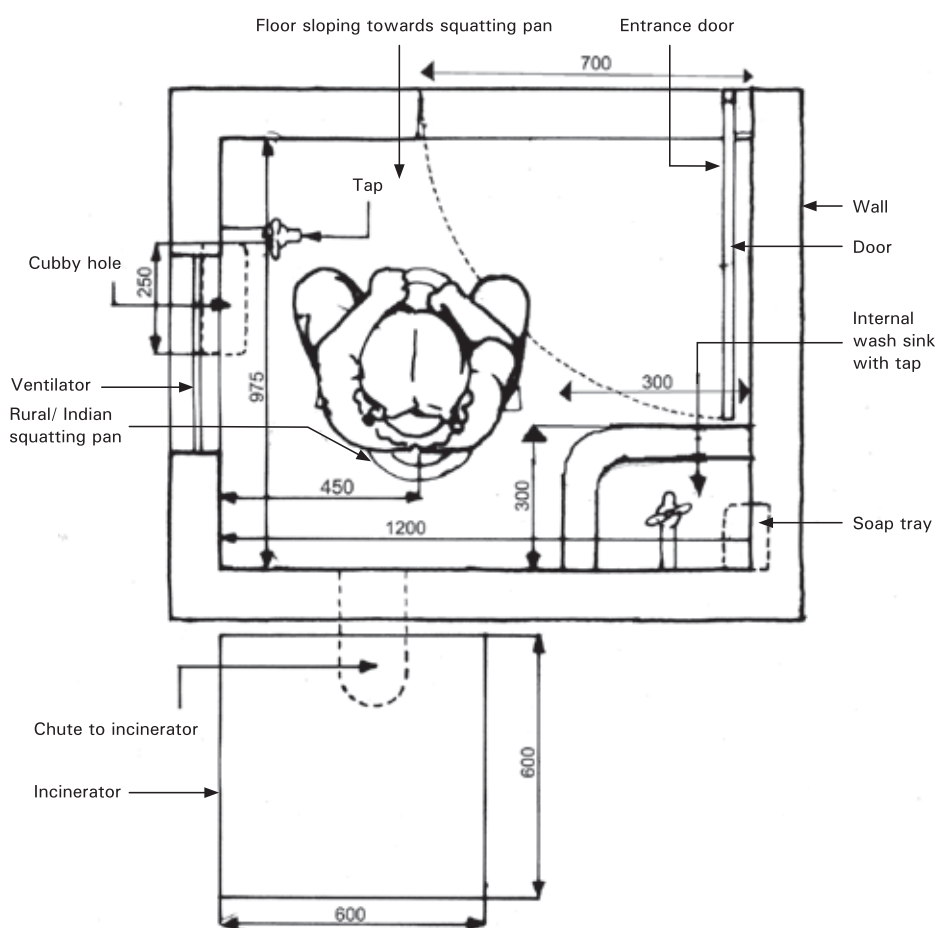
Toolkit three

Menstrual hygiene – sanitary protection materials and disposal

Example T3.10 Inclusive, girl-friendly latrine unit with an integral incinerator, water supply and space for sanitary pads, India¹⁷

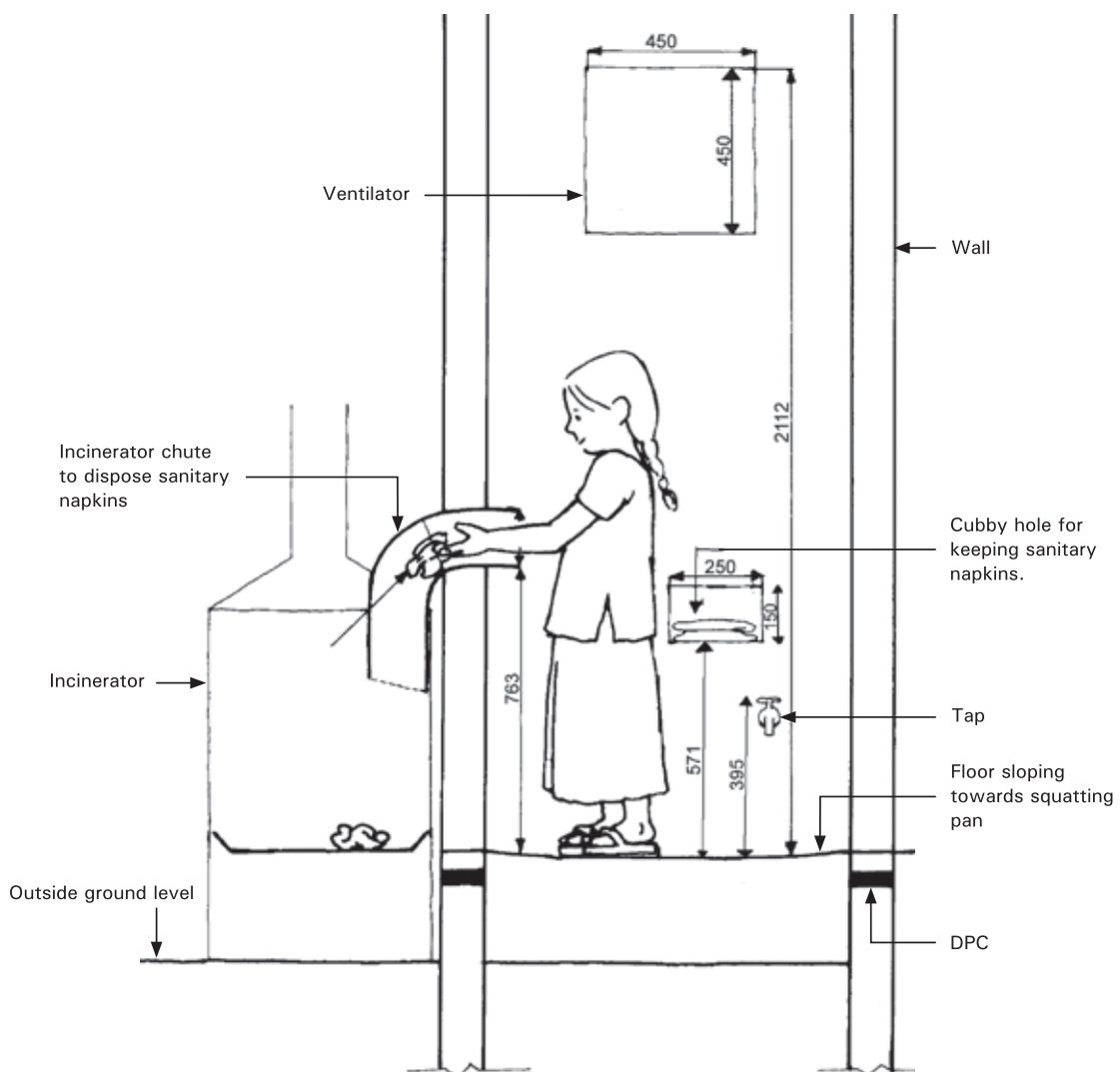
Girl's toilet with Indian squatting pan and provision of incinerator

Drawing 2:22a. Plan



- Toilet designs for girls need special attention. Internal clear size of 1200 x 975mm takes into account the specific needs of the girls.
- There must be a small child accessible *niche to keep new sanitary napkins*.
- There must be a *connection to an external incinerator* through a child accessible chute to later incinerate the sanitary napkins.
- The location of incinerator is suggestive and can be adapted to suit different site situations.
- It must be ensured that it is directly accessible through a chute from at least one of the girl's toilets.
- Provision of an internal hand wash is desirable from hygiene perspective. This must be separate from the tap located near the toilet seat.

Drawing 2:22b. Section



- Ventilators must be located such that natural light and ventilation naturally keeps the space dry. See Drawing 2:22b for more details.
- Toilet designs for girls need special attention. There must be a small child accessible niche to keep new sanitary napkins.
- Also the floor slope must be ensured such that there is no stagnated water or dampness. See Drawing 2:22a for more details.

Toolkit three

Menstrual hygiene – sanitary protection materials and disposal

T3.3 Case studies, examples and further information

T3.3.1 Awareness-raising and training examples

Example T3.11 Training on the production of sanitary napkins, India¹⁸

Organisation:

Gandhi Gram Rural Institute, Pudukottai; Annai Teresa Self-help Group; Tiruvidanthai Self-help Group; SSHE (School Sanitation and Hygiene Education); UNICEF, Tamil Nadu, India

Participants:

Six participants from each district:

- Members of women's self-help groups – two per two self-help groups per district.
- Village facilitators or non-governmental organisation representatives – two per district.

Objectives:

Capacity building of women's self-help group members on various issues related to women's sanitation needs with special reference to menstrual hygiene



Women's self-help group member making sanitary napkins, Tamil Nadu, India (Photo: UNICEF, India)

Agenda:

Day 1

- Introduction to menstrual hygiene and management to enhance awareness and understanding of:
 - * Menstrual hygiene issues and social practices like seclusion, absenteeism, religious or social exclusion.
 - * Impact of poor menstrual hygiene on absenteeism and drop-out rates linked to puberty, poor sanitation facilities, and social mores on mobility, labour, productivity and travel.
 - * Importance of sanitary napkins and other materials used by women.
 - * Availability and affordability of materials – cost, bio-degradability, ease of access and social acceptability.
 - * Hygiene issues linked to washing and drying of cloths, spaces for drying.
 - * Issues related to disposal of used napkins and cloths, and use of incinerators.
- Introduction to sanitary napkin production process.

Day 2

- Hands-on training on sanitary napkin production:
 - * Raw materials and machinery.
 - * Process of production.
 - * Quality assurance.
 - * Packaging.
- Marketing.
- Link to Government of India's Total Sanitation Campaign and School Sanitation and Hygiene Education activities.

Day 3

- Field visit to a self-help group producing napkins.
- Action plan to initiate the production process.
- Conclusion.

T3.3.2 Examples from the supply chain – supply

Example T3.12 Photographs of various processes in the production of sanitary pads

Manual use of moulds and cotton wool to form the absorbency of the pad, and sewing by hand



Sanitary pad production in tribal residential schools in Madhya Pradesh (Photo: UNICEF, India)



Women's self-help group producing sanitary pads, Nawapara, India (Photo: SNV, Ethiopia)



Women's self-help group producing sanitary pads, Rajasthan, India (Photo: UNICEF, India)



Adolescent girls' self-help group sewing pads by hand, India (Photo: Lakshmi Murthy)

Toolkit three

Menstrual hygiene – sanitary protection materials and disposal

Use of sewing machines



Women's group producing sanitary pads, Bangladesh
(Photo: Tridhara Photography/Anisur Rahman)



Training in the making of sanitary pads, Sodo, Ethiopia
(Photo: SNV, Ethiopia)

Use of natural materials and manufacturing machines



Making MakaPads, Makere University, Uganda
(Photo: MakaPads Project, Technology for Tomorrow Ltd)



A pulping machine used to make sanitary pads from water hyacinth
(Photo: Lars Marcus Vedeler)

Public-private partnerships for the supply of sanitary products

Below is an example of a public-private partnership that includes a component on menstrual hygiene.

Protecting Futures – Keeping girls in school¹⁹

Protecting Futures' 'Keeping girls in school' campaign, supported by Procter & Gamble, has worked with eight partners in 17 countries and supported 80,000 girls since 2006. The campaign has several elements, including the expansion of outlets for sanitary pad brand, 'Always'. By 2011, Procter & Gamble had established 450,000 outlets in Africa.



Partnership with Save the Children in Ethiopia²⁰

Project components have included: educating girls about puberty and menstrual management, building girl-friendly latrines, and providing girls with sanitary pads donated by Procter & Gamble. Over time, the element of the free sanitary pads changed, with less emphasis on the pad distribution and more emphasis on community mobilisation.

The following internet news story highlighted how additional life training skills would be provided to girls by the Centre for Gender Equity through the programme.

Partnership with AED in six countries in East and Central Africa²¹

Procter & Gamble and the Centre for Gender and Equity implemented the Ambassadors Girls' Scholarship Programme in six African countries to provide sanitary pads and puberty education to over 20,000 girls between the ages of 11 and 18 from disadvantaged backgrounds. The programme integrated puberty education with life skills training and HIV/AIDS education and involved the training of mentors.

Toolkit three

Menstrual hygiene – sanitary protection materials and disposal

T3.3.3 Examples from the supply chain – demand

Commercial advertising campaigns

The following example documents some of the considerations that Procter & Gamble made when developing their advertising campaign for the African market.

Example T3.13 Progression of commercial advertising campaign by Procter & Gamble to the African market – ‘No check no stain’ campaign²²

Organisation	Procter & Gamble
Background research findings	<ol style="list-style-type: none"> 1 Lack of information – many African women do not know what a sanitary pad is, what its benefits are or how to use it. 2 Lack of access to sanitary pads – the few stores available in sparsely inhabited regions in Africa rarely stock sanitary products. This is because demand is low, most store owners are male, and menstruation is often a culturally sensitive subject. 3 Affordability – some African consumers simply cannot afford to purchase sanitary pads. If a woman uses one pack of sanitary pads per period, the cost is approximately the equivalent of US\$1 per month – an investment of slightly more than 3% of the family income. 4 Cultural barriers – menstruation is still a taboo subject in many cultures in Africa, and this extends to the purchase and use of sanitary pads.
Key elements of the campaign	<ul style="list-style-type: none"> • TV advertising was used to create culturally respectful and female-empowering messages. • Anti-staining was determined as the key benefit that customers needed to understand. • The benefit was also re-framed to respond to the problems with using tissue and cloth – primarily issues of efficiency (for economic reasons) and reliability (for social reasons). The products were also promoted as being suitable for both day and night: ‘8 hours, no check, no stain’. • Procter & Gamble adapted the campaign for different countries to suit cultural norms and increase acceptability. For example, modifications were made for Egypt, Morocco and Pakistan, to not show schoolgirls dancing. • The advertising campaign focused on the importance of pad usage at night, as in many countries beds are shared with others. • The advertisements targeted both younger and older women, focusing on ‘having fun and being a good student’ and ‘being part of a happy family and taking care of loved ones’ respectively. The products were promoted as reducing anxiety about periods, allowing a better night’s sleep and a more productive day.

Sanitary napkin vending machine

In the states of Tamil Nadu and Andhra Pradesh in India, sanitary napkin vending machines were introduced in schools to improve access to napkins.

Example T3.14 Sanitary pad vending machine, Tamil Nadu



Sanitary napkin vending machines were installed in government schools in Andhra Pradesh by a non-governmental organisation, Modern Architects of Rural India (MARI), supported by WaterAid. The school health



The sanitary napkin dispenser, shown on the right being inaugurated by the Deputy Director of Women and Child Welfare Department, Warangal Andhra Pradesh. (Photos: MARI)

club is in charge of maintenance. 50 napkins, costing Rs 2 each, can be stored in the machine and are benefiting 1,195 girls.

T3.3.4 Examples from the supply chain – costs and financing

Below is an example of a planned project at a school in Kenya to raise sustainable funds to pay for sanitary pads for girls.

Greenhouse project to fund sanitary pads for girls²³

Running Water, a non-governmental organisation in Kenya, is planning to introduce school greenhouses which will be managed by students in water, sanitation and hygiene clubs with support from staff. The produce grown will be sold and the profits used to buy and distribute sanitary pads to girls in the school. It is planned that this project will be self-sustaining. Community education and awareness-raising will also be integrated into the project. Challenges envisaged include how to fund the start up and how to support girls who are not in school.

India's National Rural Health Mission Operational Guidelines give an indication of how an Accredited Social Health Adviser (ASHA) can determine a price for the sanitary napkins they distribute (see box right).

Illustrative calculation for one ASHA is as follows if they would like to fix the price for the sanitary pads²⁴

- For the first month, the Accredited Social Health Adviser (ASHA) will purchase approximately Rs X worth of sanitary napkins from the Auxiliary Nurse Midwife (ANM).
- At the village, every month, she will sell the sanitary napkins to the above the poverty line and below the poverty line adolescent girls at a reasonable price decided by the Government.
- This would give her some monthly incentive and some amount to plough back into the imprest money ['float'] which would be used as a revolving fund for subsequent purchases.
- For organising the adolescent girls' education sessions on one day every month, the ASHA will receive a certain pre-determined incentive as well (as fixed by the State Steering Committee). This will be reimbursed only after verification of the reports.

Toolkit three

Menstrual hygiene – sanitary protection materials and disposal

The following example highlights the costs of a self-help women's group's production of local sanitary napkins in India.

Example T3.15 Costs and income related to a women's self-help group sanitary production unit, Mother Teresa Women's Development Sangam, India²⁵

Investments to establish the sanitary napkin production unit

- Rs 75,000 (US\$1,415) for machinery and instruments
- Rs 25,000 (US\$472) for raw materials

The group produces sanitary napkins, jute products, home textiles, clothes for children, adult napkins, patient beds and child napkins.

Income from the sanitary napkin production and account keeping

- Per day the group makes 10 to 15kg of products.
- After deducting the costs of raw materials, bank loan instalments, transportation, electricity charges and miscellaneous expenses, each one of the 12 people gets a minimum monthly income of Rs 1,500 (US\$28).
- The group checks the accounts at the end of each month and profits are determined. Planning is done as to the packets sold, packets remaining and raw materials needed.
- Other women buy a packet of the pads for Rs 16 (US\$0.3) and sell them for Rs 21 (US\$0.4), making a profit per pack of Rs 5 (US\$0.09).

The following example provides an overview of the costing of the Jeur Sanitary Napkin Enterprise in India.

Example T3.16 Costs of the Jeur Sanitary Napkin Enterprise, Jeevan Jyoti Mahila Vikas Bachat Gat²⁶



Fixed Costs	Cost in Rupees (Rs 45 USD=1 USD)
Machinery	218850 (initial) 1000/month (maintenance)
Building Rent	250/month
Electricity, Water	1500/month
Labour Costs	1500 to 2000/month

Max production capacity: 240 packets/day & 4200/month

Cost Estimate per packet (8 pads): Rs. 12.20 / 0.25 US \$

Selling Price of 1 packet to individual: Rs. 20/0.45 US \$



Selling Price of 1 packet to institution: Rs. 24/ 0.50 US \$

Working days: 22-24 person days/month

Working hours: 6-8 hours/day

Jeur Sanitary napkin Enterprise: Jeevan Jyoti Mahila Vikas Bachat Gat

T3.3.5 Example of composting sanitary pads

Example T3.17 Composting sanitary pads, Miriam College, Philippines²⁷

Used sanitary pads can be composted since their main components are wood pulp and non-woven cotton, which are compostable materials. An all-girls school, Miriam College, with a student population of 3,800, estimated that an average of 38,000 pads needed to be disposed of every month. An information campaign was implemented to educate the female students on the disposal of their sanitary pads in order to aid the collection for composting.

Experiments in composting sanitary pads were conducted to see how best to improve the quantity and composition of the compost, for instance with:

- Shredded or un-shredded sanitary pads.
- Activators (eg trichoderma harzianum (Tricho), effective microorganisms (EM)) and a control group without any activators.
- Different low-cost, low-tech composting containers being used, such as a compost pit, rotating drum and rice sack.

Leaves and used tissue paper were added to prevent the plastic lining of the sanitary pads from sticking to the blades of the shredder and to improve the composting process through the appropriate carbon/nitrogen ratio.

Experiments showed that sanitary pads should be shredded prior to composting and that the use of rotating drums assisted the process.



Toolkit three

Menstrual hygiene – sanitary protection materials and disposal

T3.4 Bibliography

AED (2011) *Protecting Futures in Africa Programme, Ethiopia*. Available at: www.cge.aed.org/Projects/SSAfrica/Protecting-Futures-in-Africa-Prigramme-Ethiopia.cfm (accessed 24 Sep 2009). Note that AED is now called FHI360.

Amudha (no date) *Women learn and earn through hygiene promotion; A hands on learning course for SHGs on menstrual hygiene*. SSHE, UNICEF, India.

Averbach S, Sahin-Hodoglugil N, Musara P, Chipato T and van der Straten A (2009) Duet for menstrual protection: A feasibility study in Zimbabwe, *Contraception*, vol 79, no 6, pp 463-468.

Bergqvist S (2011) SCA marketing small packages of hygiene products – diapers, sanitary napkins and toilet paper. Available at: www.sca.com/en/press/news-features/archive/2011/small-packages-for-small-budgets.

Burgers L and Spruijt H (2009) *Menstrual hygiene: Manage it well!*, UNICEF webinar.

CARM-DAKSH and WaterAid in India (2011) *Shakhi sanitary napkin production unit, situational analysis*.

Ethicon (no date) *Stress urinary incontinence in women; What you can do about it?*

Farage MA (2006) A behind the scenes look at safety assessment of feminine hygiene pads, *Annals of the New York Academy of Sciences*, no 1092, pp 66-77.

Fernandes M (2010) *Freedom of mobility: Experiences from villages in the states of Madhya Pradesh and Chhattisgarh, India*, South Asia hygiene practitioners' workshop, Dhaka, Bangladesh.

Fleischman J (2011) *Re-usable sanitary pads helping keep girls in school*. Available at: <http://smartglobalhealth.org/blog/entry/sanitary-pads> (accessed 17 Sep 2011).

Gathigah M (2011) Kenya: Government funds free sanitary pads for schoolgirls, *Guardian Development Network*. Available at: www.guardian.co.uk/global-development/2011/jul/29/kenya-schoolgirls-sanitary-pads-funding (accessed 4 Aug 2011).

Isaac Soita (2011) Personal communication.

Isingome J (2006) *Makapads: Makerere University makes affordable sanitary pads*. Available at: www.ugpulse.com/business/makapads-makerere-university-makes-affordable-sanitary-pads/549/ug.aspx (accessed 23 Sep 2011).

Karagiannidis A et al (2010, draft) Decentralised aerobic composting of urban solid wastes: Some lessons learned from Asian-EU co-operative research, *Global NEST Journal*, vol 12, no 4, pp 343-351.

Kerner B, Gebregiorgis Y and Asia I (2010) *Catalysing community change: Managing menstruation in schools*, Global Health Conference, Washington DC, USA.

Kumaroo (2011) *Valuing the Africa genius, Moses Kizza Musaazi*. Available at: www.kumaroo.com/moses_kizza_musaazi.html (accessed 17 Sep 2011).

Lidman K, Thornander S, Hoogendijk M, Vedeler LM and Tobiassen K (2009) *New sense of nuisance*. Reality Studio.

Love Matters/Sara Nics (2011) *Rags to riches: India's self-help sanitary pads*. Available at: www.lovematters.info/rags-riches-indias-self-help-sanitary-pads (accessed 17 Oct 2011).

McNeil D (2010) Cultural attitudes and rumours are lasting obstacles to safe sex, *The New York Times* (online). Available at: www.nytimes.com/2010/05/10/world/africa/10aidscondom.html (accessed 17 Sep 2011).

Murthy L (2006) *Teaching girls about puberty, menstruation and how to make washable menstrual pads, in rural India*, Udaipur.

Nagalakshmi (no date) *Case study on production of sanitary napkin*, Mother Teresa Women's Development Sangam, Kancheepuram District.

National Rural Health Mission (no date) *Operational guidelines; Promotion of menstrual hygiene among adolescent girls (10-19 years) in rural areas*.

Onyegegbu N (no date) *Menstruation and menstrual hygiene among women and young females in rural eastern Nigeria*.

Procter & Gamble (2011) *Protecting futures*. Available at: www.pg.com/en_US/sustainability/social_responsibility/protecting_futures.shtml (accessed 24 Sep 2011).

- SHE (2011) *Frequently asked questions about sustainable health enterprises (SHE)*. Available at: <http://she28.sheinnovates.com> (accessed Sep 2011).
- SNV Ethiopia (2011) *Towards a local solution for menstrual hygiene management among school girls in southern Ethiopia*. Presentation, Hosana.
- Sommer M (2011) *Improving the support to girls in primary schools with their menstrual hygiene management*. Final report for UNICEF Tanzania on collaborative work being conducted with TWESA.
- Sophia Klumpp (AFRIPads) (2011) Personal communication.
- Ten VTA (2007) *Menstrual hygiene; A neglected concern for the achievement of several Millennium Development Goals*. Europe External Policy Advisors.
- Uganda National Bureau of Standards (2009) *Sanitary towels – specification; US EAS 96. Second edition. Based on the East African standard, Sanitary towels – Specification (EAS 96:2008)*.
- UNICEF Bangladesh (2008) *Bangladesh; Tackling menstrual hygiene taboos; Sanitation and hygiene case study no 10*.
- UNICEF and Mumbai and Water Supply and Sanitation Department, Government of Maharashtra (2011) *Menstrual hygiene management in Maharashtra; Inclusive design for the life cycle*, WSSCC Global Forum on Sanitation and Hygiene.
- USAID/Hygiene Improvement Project, Plan International, Uganda Water and Sanitation NGO Network and Ministry of Health, Republic of Uganda (2008) *Uganda and HIV and WASH integration kit*. Available at: www.hip.watsan.net/page/4230/offset/10.
- WaterAid in Nepal (2011) *Cross comparison of menstrual hygiene related training: A facilitator's observation*.
www.babycentre.co.uk/baby/youafterthebirth/sanitarypadsq.
www.cdc.gov/hepatitis/b/bfaq.htm.
www.earthwisegirls.co.uk/reusable-sanitary-towels-c-1.html.
www.familyfrench.co.uk/nappies/clothformum.htm.
www.incontinence.co.uk.
www.tinybirdsorganics.com/organiccotton/clothpads.html.
- Yaprak O (2011) Improving the lives of African women: Procter & Gamble 'No Check No Stain' campaign for Always sanitary pads, *Advertising and Society Review*, vol 11, no 4.
- ZanaAfrica (2011) *National committee on pads*. Available at: www.zanaa.org/managing-menstruation/policy-advocacy/national-committee (accessed 15 Oct 2011).
- ZanaAfrica (2011) *Do pads keep girls in school?* Available at: www.zanaa.org/2011/04/do-pads-keep-girls-in-school/ (accessed 17 Sep 2011).
- ZanaAfrica (2011) *Managing menstruation*. Available at: www.zanaa.org/managing-menstruation (accessed 7 Sep 2011).
- ZanaAfrica (2011) *Tracking change*. Available at: www.zanaa.org/managing-menstruation/tracking-change/ (accessed 17 Sep 2011).

Endnotes

¹ Adapted from: Farage MA (2006) A behind-the-scenes look at safety assessment of feminine hygiene pads, *Annals of the New York Academy of Sciences*, no 1092, pp 66-77. If you wish to use this case study in another publication, permission will be required from the original publisher.

² Ibid.

³ Klumpp S and Grivalds P (2011) Personal communication.

⁴ Murthy L (2006) *Teaching girls about puberty, menstruation and how to make washable menstrual pads, in rural India*. Udaipur.

⁵ Isingome J (2006) *Makapads: Makerere University makes affordable sanitary pads*. Available at: www.ugpulse.com/business/makapads-makerere-university-makes-affordable-sanitary-pads/549/ug.aspx (accessed 23 Sep 2011).

Toolkit three

Menstrual hygiene – sanitary protection materials and disposal

⁶ Lidman K, Thornander S, Hoogendijk M, Vedeler LM and Tobiassen K (2009) *New sense of nuisance*. Reality Studio.

⁷ This technical brief was last updated by Tony Swetman for Practical Action in November 2008.

⁸ Ministry of Education and Ministry of Public Health, Islamic Republic of Afghanistan and UNICEF (2011, draft) *Guideline for the promotion of menstrual health and hygiene for trainers and supervisors*.

⁹ Ministry of Rural Development, Department of Drinking Water Supply, Santha Sheela Nair and UNICEF (2008) *An inclusive approach for school sanitation and hygiene education; Strategy, norms, designs*. Technical note series.

¹⁰ Fernandes M (2010) *Freedom of mobility: Experiences from villages in the states of Madhya Pradesh and Chhattisgarh, India*. South Asia Hygiene Practitioners' Workshop, Dhaka, Bangladesh.

¹¹ Sommer M (2011) *Improving the support to girls in primary schools with their menstrual hygiene management*. Final report for UNICEF Tanzania on collaborative work being conducted with TWESA (Tanzania Water and Environmental Sanitation).

¹² Ministry of Rural Development, Department of Drinking Water Supply, Santha Sheela Nair and UNICEF (2008) *An inclusive approach for school sanitation and hygiene education; Strategy, norms, designs*. Technical note series.

¹³ Burgers L and Spruijt H (2009) *Menstrual hygiene: Manage it well!*. UNICEF webinar.

¹⁴ Sommer M (2011) *Improving the support to girls in primary schools with their menstrual hygiene management*. Final report for UNICEF Tanzania on collaborative work being conducted with TWESA (Tanzania Water and Environmental Sanitation).

¹⁵ Kumatoo (2011) *Valuing the Africa genius*, Moses Kizza Musaazi. Available at: www.kumatoo.com/moses_kizza_musaazi.html (accessed 17 Sep 2011).

¹⁶ Rajiv Ghandi National Drinking Water Supply, Department of Water Supply, Ministry of Rural Development, Government of India (no date) *Incinerator for school toilet waste; Case study: Tamil Nadu*.

¹⁷ Ministry of Rural Development, Department of Drinking

Water Supply, Santha Sheela Nair and UNICEF (2008) *An inclusive approach for school sanitation and hygiene education; Strategy, norms, designs*. Technical Note series.

¹⁸ Amudha (no date) *Women learn and earn through hygiene promotion; A hands on learning course for SHGs on menstrual hygiene*. SSHE, UNICEF, India.

¹⁹ Procter & Gamble (2011) *Protecting futures*. Available at: www.pg.com/en_US/sustainability/social_responsibility/protecting_futures.shtml (accessed 24 Sep 2011).

²⁰ Kerner B, Gebregiorgis Y and Asia I (2010) *Catalysing community change: Managing menstruation in schools*. Global Health Conference, Washington DC, USA.

²¹ AED (2011) *Protecting Futures in Africa Programme, Ethiopia*. Available at: www.cge.aed.org/Projects/SSAfrica/Protecting-Futures-in-Africa-Prigramme-Ethiopia.cfm (accessed 24 Sep 2009). Note that AED is now called FHI360.

²² Adapted from: Yaprak O (2011) *Improving the lives of African women: Procter & Gamble 'No Check No Stain' campaign for Always sanitary pads*, *Advertising and Society Review*, vol 11, no 4.

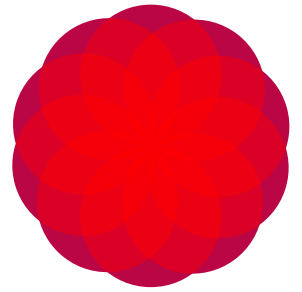
²³ Soita I (2011) Personal communication.

²⁴ National Rural Health Mission (no date) *Operational guidelines; Promotion of menstrual hygiene among adolescent girls (10-19 years) in rural areas*.

²⁵ Nagalakshmi (no date) *Case study on production of sanitary napkin*, Mother Teresa Women's Development Sangam, Kancheepuram district.

²⁶ UNICEF, Mumbai and Water Supply and Sanitation Department, Government of Maharashtra (2011) *Menstrual hygiene management in Maharashtra; inclusive design for the life cycle*, WSSCC Global Forum on Sanitation and Hygiene.

²⁷ Karagiannidis A et al (2010, draft) *Decentralised aerobic composting of urban solid wastes: Some lessons learned from Asian-EU co-operative research*, *Global NEST Journal*, vol 12, no 4, pp 343-351.



Toolkit four

Working with communities on menstrual hygiene

*Part of Menstrual hygiene matters;
A resource for improving menstrual
hygiene around the world, written by
Sarah House, Thérèse Mahon
and Sue Cavill (2012).
The full version can be downloaded
from www.wateraid.org/mhm.*

This toolkit will cover...

- T4.1** Checklists and other tools
- T4.2** Technical designs and specifications
- T4.3** Case studies, examples and further information
- T4.4** Bibliography

Toolkit four

Working with communities on menstrual hygiene

T4.1 Checklists and other tools

T4.1.1 Checklist for menstrual hygiene in communities

Table T4.1 Checklist for supporting communities in menstrual hygiene

Action	Resource reference	Score for progress (1 - no progress to 5 - action completed)
1 Community and religious leaders have been sensitised in appropriate menstrual hygiene practices.	Module 1 Module 2	
2 Opportunities have been identified for girls and women to discuss menstrual hygiene at community level.	Module 4	
3 Opportunities have been identified for men and boys to learn about menstrual hygiene and how they can positively contribute.	Module 2	
4 Men, women, girls and boys know the importance of households having access to private sanitation and hygiene facilities with easy access to a water supply for menstrual hygiene.	Module 4 Toolkit 4	
5 Public places such as marketplaces, community centres etc have accessible, well maintained and gender-segregated water, sanitation and hygiene facilities, providing privacy and a hygienic environment for women and girls to manage their menstrual hygiene.	Module 4 Toolkit 4	
6 Public places have a discrete disposal mechanism for sanitary protection materials.	Module 4 Toolkit 4	

T4.2 Technical designs and specifications

Refer to the technical designs for waste collection containers and incinerators in [Toolkit 3.2.5](#) and [Toolkit 3.2.6](#), and for latrine and bathing blocks in [Toolkit 5.2.2](#).

T4.3 Case studies, examples and further information

T 4.3.1 Awareness-raising and training examples

Example T4.1 Training session for village-based workers and leaders, Nepal¹

Organisation:

District Public Health Office, Bhaktapur, with support from the Ministry of Health and Population, and WaterAid in Nepal

Participants:

- Female community health volunteers (FCHVs) from Bhaktapur (urban)
- FCHVs, women's group leaders and teachers (rural)

Time: One day per session

Aim: To increase knowledge of menstrual hygiene for village-based workers and leaders



Female community health volunteers from Nepal participating in a training course on menstrual hygiene (Photo: WaterAid in Nepal)

Participants profile:

- Urban – all were from the municipality except for some from village development committees; almost all were young and illiterate; all were attending the menstrual hygiene session for the first time.
- Rural – all were from village development committees; almost all were adults and many were illiterate except for the teachers and a few FCHVs; all of them were attending the menstrual hygiene sessions for the first time.

Methodologies used:

- PowerPoint presentation on menstrual hygiene in the local language.
- Distribution of menstrual hygiene brochures/information, education and communication (IEC) materials.
- Free distribution of pads from a private company (urban participants).
- Discussion.
- Male-led presentation on menstrual hygiene and female facilitator-led presentation on the general water, sanitation and hygiene context.

Observations:

At different stages of the sessions, the women were either quiet or highly engaged and interested. It was noted that young literate women were quite open to discuss the subject and thereby break the silence, and it was proposed that if these types of age groups are mobilised as front line workers, menstrual taboos will no longer be a taboo in the urban environment. In the rural training it was noted that the severity of the restrictions and challenges are rooted in the rural context, and older women did not feel as comfortable to start breaking the silence. School teachers at the training noted their mistake in not incorporating menstrual hygiene into their teaching, and hence this was identified as a good opportunity to start breaking the silence in rural areas.

Toolkit four

Working with communities on menstrual hygiene

T4.4 Bibliography

Abera Y (2004) *Menarche, menstruation related problems and practices among adolescent high school girls in Addis Ababa*. MSc thesis.

Abrahams N, Mathews S and Ramela P (2006) Intersections of sanitation, sexual coercion and girls' safety in schools, *Tropical Medicine and International Health*, vol 11, no 5, pp 751-756.

Adams J, Bartram J, Chartier Y and Sims J (2009) *Water, sanitation and hygiene standards for schools in low-cost settings*. WHO.

Chege F (no date) *The impact of puberty and feminine hygiene on girls' participation in education a case of Kenya and Malawi*. UNICEF ESARO.

Government of United Republic of Tanzania (2010, first draft) *National guideline for school water, sanitation and hygiene (SWASH) in Tanzania*.

Kerner B, Gebregiorgis Y and Asia I (2010) *Catalysing community change: Managing menstruation in schools*. Global Health Conference, Washington DC, USA.

Ministry of Education and Ministry of Public Health, Islamic Republic of Afghanistan (2010) *Assessment of knowledge, attitude and practice of menstrual health and hygiene in girls' schools in Afghanistan*.

Ministry of Rural Development, Department of Drinking Water Supply, Santha Sheela Nair and UNICEF (2008) *An inclusive approach for school sanitation and hygiene education; Strategy, norms, designs*. Technical note series.

National Rural Health Mission (no date) *Operational guidelines; Promotion of menstrual hygiene among adolescent girls (10-19 years) in rural areas*.

Scott L, Dopson S, Montgomery P, Dolan C and Ryus C (2009) *Impact of providing sanitary pads to poor girls in Africa*. University of Oxford.

Oster E, Thornton R (2010) Menstruation, sanitary products and school attendance: Evidence from a randomised evaluation, *Forthcoming: American Journal of Applied Economics*, 27 April, 2010.

Piper Pillitteri S (2011) *Toilets are not enough: Addressing*

menstrual hygiene management in secondary schools in Malawi. MSc thesis, Cranfield University.

Poureslami M and Osati-Ashtiani F (2005) Attitudes of female adolescents about dysmenorrhoea and menstrual hygiene in Tehran suburbs, *Archives of Iranian Medicine*, vol 5, no 4, pp 219-224.

Rajiv Ghandi National Drinking Water Supply, Department of Water Supply, Ministry of Rural development, Government of India (no date) *Incinerator for school toilet waste; Case study: Tamil Nadu*.

Ravishankar AK (2011) Development and evaluation of an intervention to meet the reproductive health needs of adolescents in India: A randomised controlled trial, *The Journal of Human Ecology*, vol 34, no 3, pp 135-144.

Roberts L (2007) Girl friendly latrines for Ghanaian schoolgirls; WASH in schools, *Notes and News*. IRC the Netherlands.

Said Business School, University of Oxford (2010) *New study shows sanitary protection for girls in developing countries may provide a route to raising their educational standards*. Press release.

SNV, WaterAid and UNICEF (2011, first draft) *School water, sanitation and hygiene mapping in Tanzania; Consolidated national report*.

SNV, WaterAid and UNICEF Tanzania (2010) *School WASH in Tanzania; Improving schools: Improving the quality of education*.

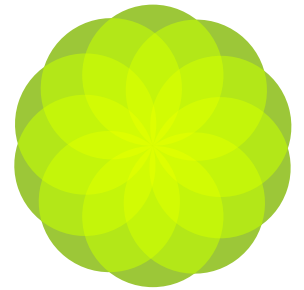
Sommer M (2011) *Improving the support to girls in primary schools with their menstrual hygiene management*. Final report for UNICEF Tanzania on collaborative work being conducted with TWESA (Tanzania Water and Environmental Sanitation).

UNICEF, Mumbai and Water Supply and Sanitation Department, Government of Maharashtra (2011) *Menstrual hygiene in Maharashtra; Inclusive design for the life cycle*. WSSCC Global Forum on Sanitation and Hygiene.

WaterAid in Nepal (2009) *Is menstrual hygiene and management an issue for adolescent school girls? A comparative study of four schools in different settings in Nepal*.

Endnotes

¹ WaterAid in Nepal (2011) *Cross comparison of menstrual hygiene related training: A facilitator's observation.*



Toolkit five

Working with schools on menstrual hygiene

*Part of Menstrual hygiene matters;
A resource for improving menstrual
hygiene around the world, written by
Sarah House, Thérèse Mahon
and Sue Cavill (2012).
The full version can be downloaded
from www.wateraid.org/mhm.*

This toolkit will cover...

- T5.1 Checklists and other tools
- T5.2 Technical designs and specifications
- T5.3 Case studies, examples and further information
- T5.4 Bibliography

Toolkit five

Working with schools on menstrual hygiene

T5.1 Checklists and other tools

T5.1.1 Checklist for supporting schools with menstrual hygiene

Table T5.1 – Checklist for building competence and confidence for menstrual hygiene

Action	Resource reference	Score for progress (1 – no progress to 5 – action completed)
1 Teachers have been trained in supporting girls on menstrual hygiene and providing good advice.	Module 5 Toolkit 1 Toolkit 2	
2 Schools provide educational opportunities for girls and boys to learn about adolescence and menstrual hygiene.	Module 5 Toolkit 1 Toolkit 5	
3 Menstrual hygiene is integrated into the curriculum.	Module 1 Module 5	
4 Schools have accessible, well-maintained and gender-segregated water, sanitation and hygiene facilities providing a private and hygienic environment for girls and female teachers to manage their menstruation.	Module 5 Toolkit 5	
5 Schools have a discrete disposal mechanism for sanitary protection materials.	Module 5 Toolkit 3	
6 Schools have a supply of sanitary protection materials for girls who face a menstrual hygiene emergency.	Module 3 Module 5 Toolkit 3 Toolkit 5	
7 School parent and teacher associations, school boards and teachers regularly discuss menstrual hygiene in their meetings.	Module 5	
8 Schools monitor menstrual hygiene as part of their standard monitoring regimes.	Module 5	
9 School inspectors are trained in menstrual hygiene and it is integrated into their standard inspection regimes.	Module 5	

T5.2 Technical designs and specifications

T5.2.1 Waste collection containers and incinerators

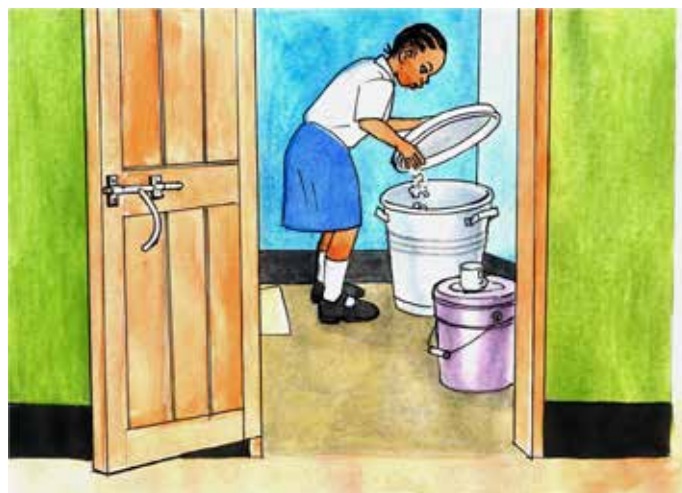
For examples of possible design options for waste collection containers and incinerators, see [Toolkit 3.2.5](#) and [Toolkit 3.2.6](#).

T5.2.2 Menstrual hygiene-friendly latrines, bathing units/changing rooms, water and hand-washing facilities

The design of female-friendly latrines, bathing units and changing facilities will partly depend on their location (eg in a household, school, workplace, public place) and how they are to be used. However, there are general design elements that should always be considered (below).

General design elements of female-friendly latrines, shower units and changing facilities

- Segregated by gender.
- Accessible to girls and women with disabilities.
- In schools – different facilities for schoolgirls and teachers.
- Private and safe for girls and women, ideally with a screen or wall in front of the doors.
- Locks on the inside of the doors.
- Water available inside the latrine cubicles and shower units.
- Facilities incorporated within each unit for the discrete disposal of sanitary materials.
- Easy to keep clean and hygienic at all times.
- Shower units have good drainage where the waste water does not flow into the open.



Picture: Government of the United Republic of Tanzania/Rashid Mbago

Refer also to [Module 9.1.2](#) for an example of a ‘perfect latrine’, as drawn by a schoolgirl in Tanzania.

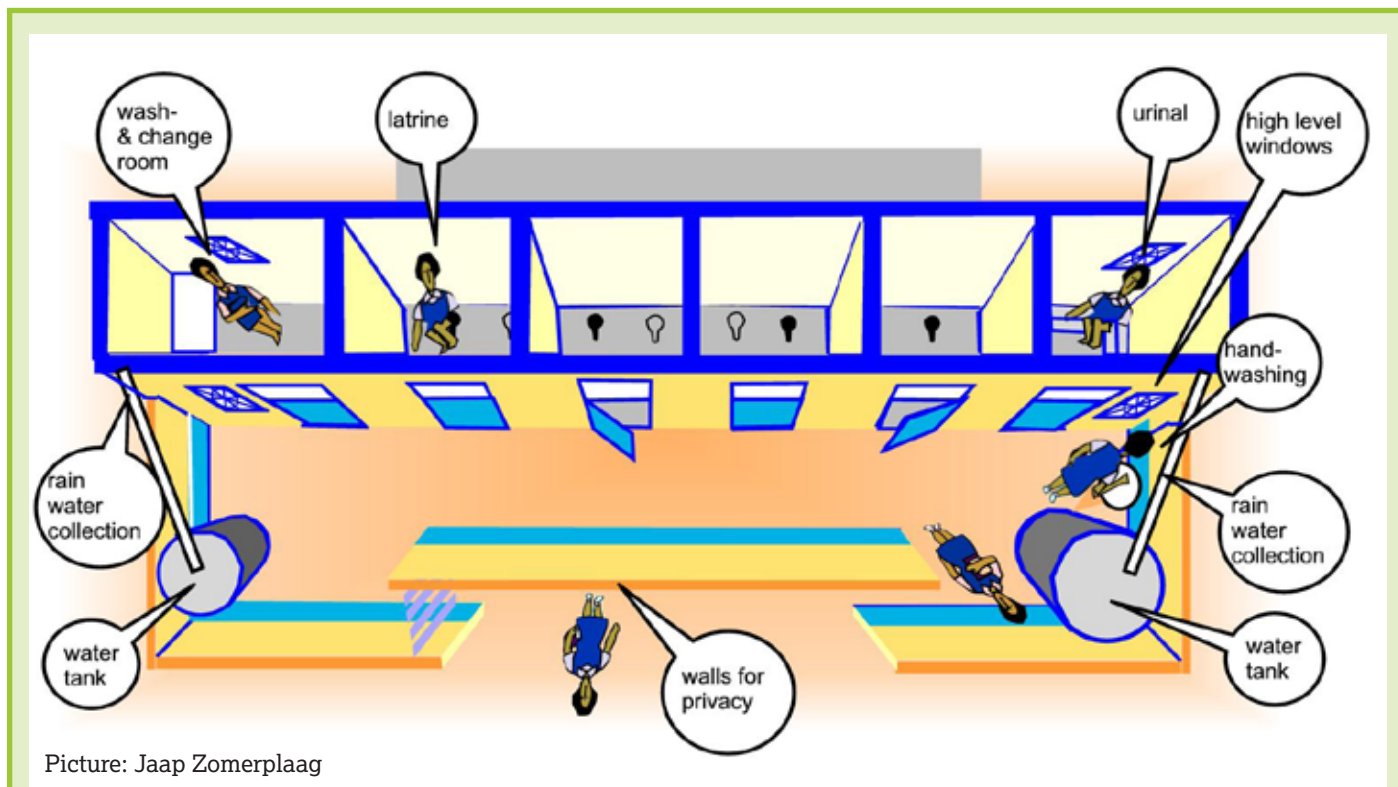
The following pages document a few examples of female-friendly latrine, shower and changing blocks. These designs feature one or more of the following:

- An incinerator integral to the latrine unit.
- A changing room for girls.
- Water provided within the latrine cubicle.
- A privacy wall.
- Accessible for girls and women with disabilities.

Toolkit five

Working with schools on menstrual hygiene

Example T5.1 Girl-friendly latrine, shower and changing room block, Ghana¹



Picture: Jaap Zomerplaag

The latrines meet the girls' needs in several ways:

- There is a washroom that the girls can use to change or clean themselves, for example during menstruation.
- The latrines are specially designed to meet the needs of adolescent girls – the squat holes are slightly bigger to cater for their physiological urge to urinate while defecating.
- There is a urinal with a door to allow for privacy, and four alternating-pit latrines within each unit.
- Rainwater is collected from the roof and used in the block, making it completely self-sufficient during the rainy season.
- Water and soap are provided within the washroom and at the exit of the urinal.

To achieve this, the design process included two phases. First of all, group consultations were organised to ask the girls about their needs and for ideas on how they could be met. Then, the above design was developed on the basis of this consultation.

The cost of building each latrine was approximately US\$3,500.

Example T5.2 Girls' latrine block (small) with integral incinerator²

02 BCD 40G



Basic Core Design for 40 Girls.
Suitable when there is need for separate girl's toilet block.
Total Built-up Area: 5.41 sq.m
Indicative cost* Rs 45,294

Toolkit five

Working with schools on menstrual hygiene

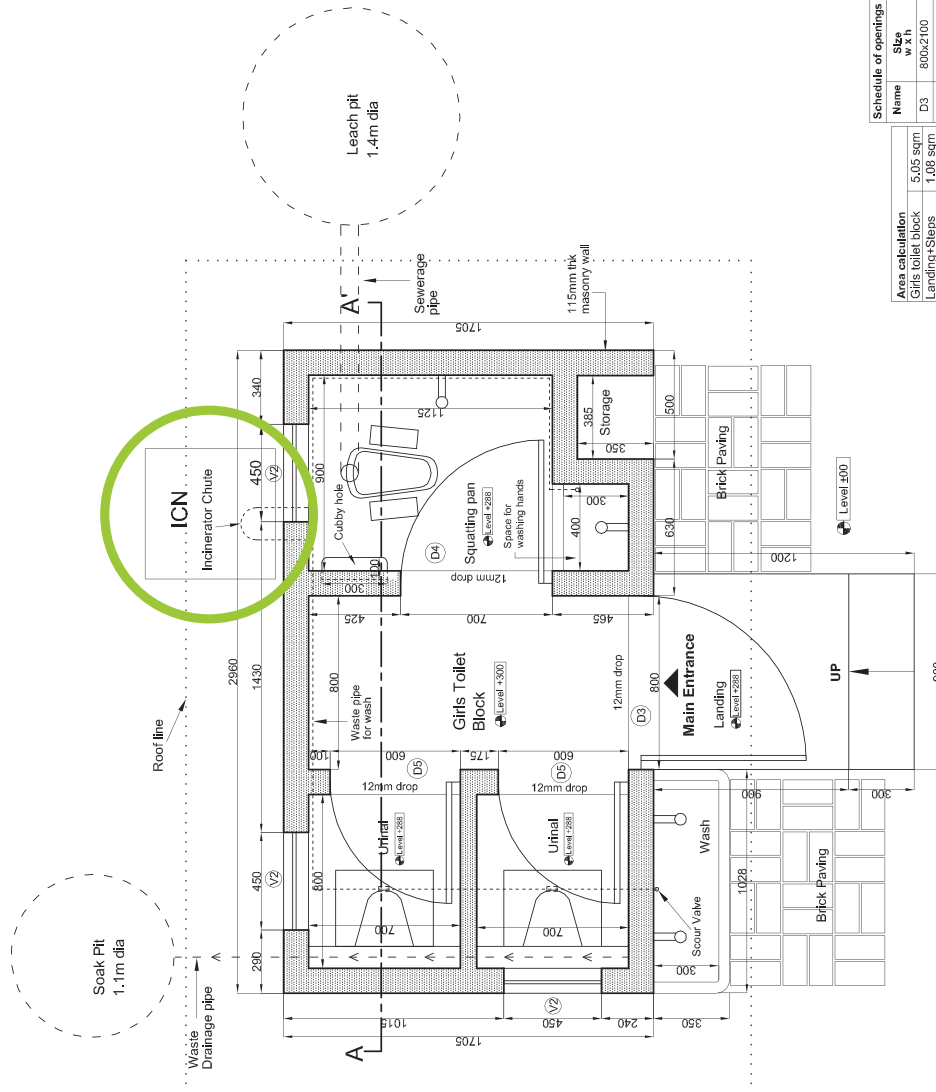
Plan – 02 BCD 40G

Notes

1. This design is valid for brick strength not below 35kg/sq.cm.
2. Foundation design is only indicative & may need review based on local site conditions.
3. For masonry water tank, the foundation shall be in 230mm brick up to the base of the tank.
4. Mortar 1:4 for 115mm thick masonry. No reinforcement bars in alternate courses.
5. This design is valid for earth quake zone I, II & III regions only.
6. No water supply or waste water carrying pipe shall be concealed in the masonry wall. It shall be exposed and fixed with clips and not chased in masonry walls.
7. In case the masonry specification is changed from that given here, maintain the internal clear dimensions and the layout and provide suitable redesigned foundation.
8. Slipping roof overhanging and its anchorage design may need review in cyclone prone regions.
9. In case roof specifications are changed from that given here (e.g. flat roof in stone or RCC) provide suitable strengthening of masonry while maintaining all internal clearances in the layout design.
10. Only one metallic / masonry incinerator to be put along the location indicative as ICN.
11. Incinerator to be provided only with Girls toilet and to have chute from inside.
12. Location of leach pits, soak pits, waste drainage pipes & inspection chamber is indicated only. Actual location to be decided based on site conditions.
13. Minimum distance of leaching pit from building foundation to be 125cm in different soil types.
14. Design of leach pit shown is for 40 children with its volume sufficient for catering approximately two years in different soil types. For higher capacity or longer duration, design will need review.

Key to symbols:

1. Pipe carrying waste water from wash area to flush urinals.
2. Open / Covered drain for waste from Urinal / Squatting pan.
3. Masonry wall.
4. Roof line



Area calculation	
Girls toilet block	5.05 sqm
Landing+Steps	1.39 sqm
Wash	0.39 sqm
Total	6.83 sqm
Total Overall Area	6.83 sqm
Total Covered Area	5.41 sqm

Schedule of openings	
Name	Size W x H
D3	800x2100
D4	700x2100
D5	600x1500
V2	450x450

02

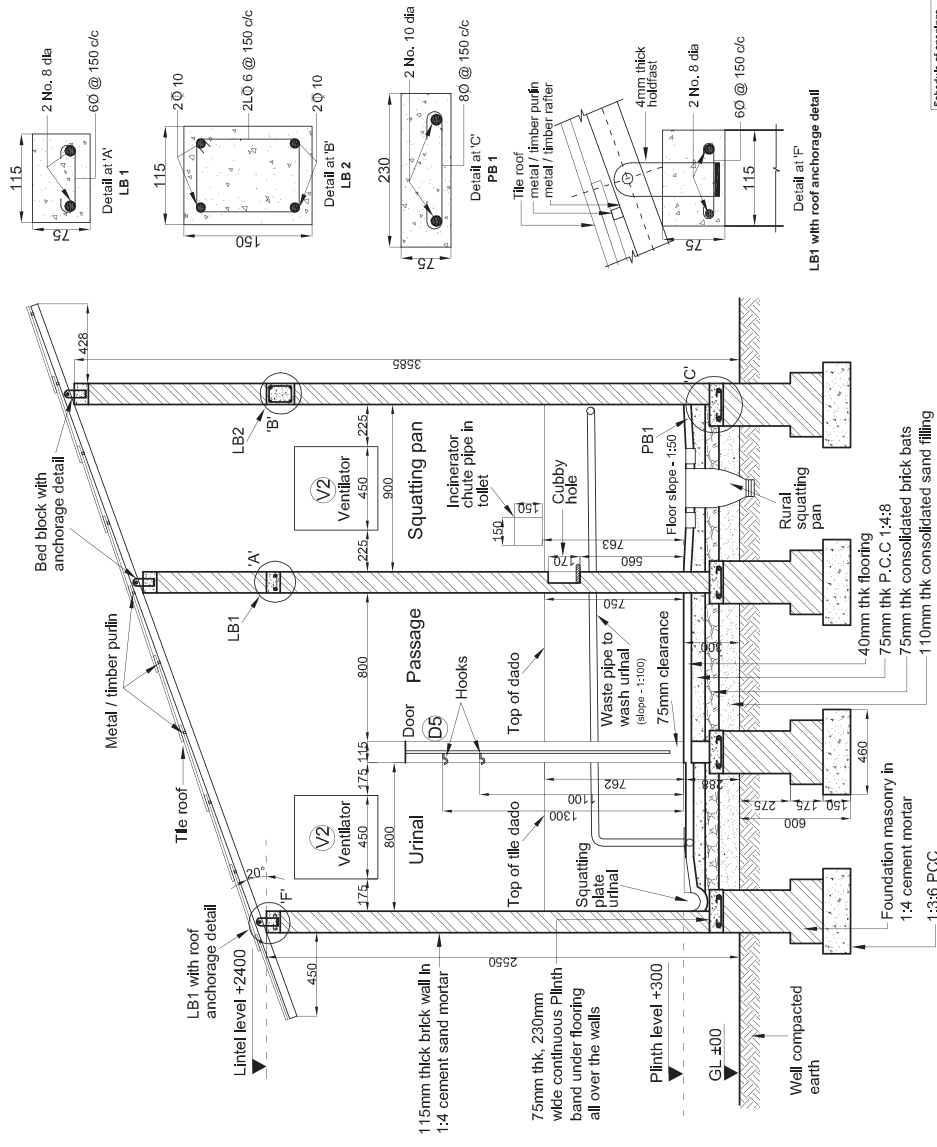
Proposed Toilet BCD 40G

Plan

North

Section & Details – 02 BCD 40G

- Suggested brief specifications:**
- Civil work**
1. Pre-construction chemical termite treatment as per need.
 2. PCC: 1:3:6 Cement: Coarse Sand: Coarse Aggregate
 3. Foundation and Plinth in 1:4 cement mortar in brickwork.
 4. 75mm thick plinth band in 1:2:4 Reinforced Cement Concrete.
 5. Superstructure masonry in 1:4 cement mortar in 115 mm thick brick work.
 6. Pointing in 1:4 on exterior face.
 7. Plastering in 1:6 on interior face above dado level.
 8. All urinals and squatting pan area with ceramic tile up to 150mm from the floor.
 9. Use of waterproofing compound for plaster upto dado level and for fixing tile.
 10. All other flooring in cement concrete / stone tile as per availability. Slope in toilets & urinals floor is 1:50.
 11. 150mm thick lintel band in 1:2:4 Reinforced Cement Concrete.
 12. Built-in water tank with masonry walls and lining of waterproof cement plaster.
 13. Sloping roof in MCR / Country tile / Mangalore tile with metal / timber under-structure.
 14. All doors to be tied to masonry / lintel band as per detail given.
 15. Door and ventilator frame in metal angle sections, painted with two coats of primer before installation.
 16. Door shutter in PVC/metal painted with two coats of primer and painted with enamel paint in light colour.
- Plumbing and Sanitary work**
17. All plumbing pipes in B class GI pipes with suitable elbow / tee / nipple / union / scour valves.
 18. All taps of best quality, locally available.
 19. All water carrying pipes in HDPE / PVC to be used.
 20. All girls urinals squatting type in glazed ceramic type, white in colour.
 21. All squatting pan of rural pan type in glazed ceramic type, white in colour.
 22. All drainage and sewage pipes from Urinals / Squatting pan area in HDPE / PVC / CI / SW as per local availability.
 23. Leach pit with 115mm thick honeycomb brickwork in 1:4 cement sand mortar.



Schedule of openings

Name	Size (W x H)
D3	800x100
D4	700x2100
D5	600x1500
V2	450x450

Proposed Toilet BCD 40G

Section and Details

Scale: 1:10

All dimensions are in mm.

02

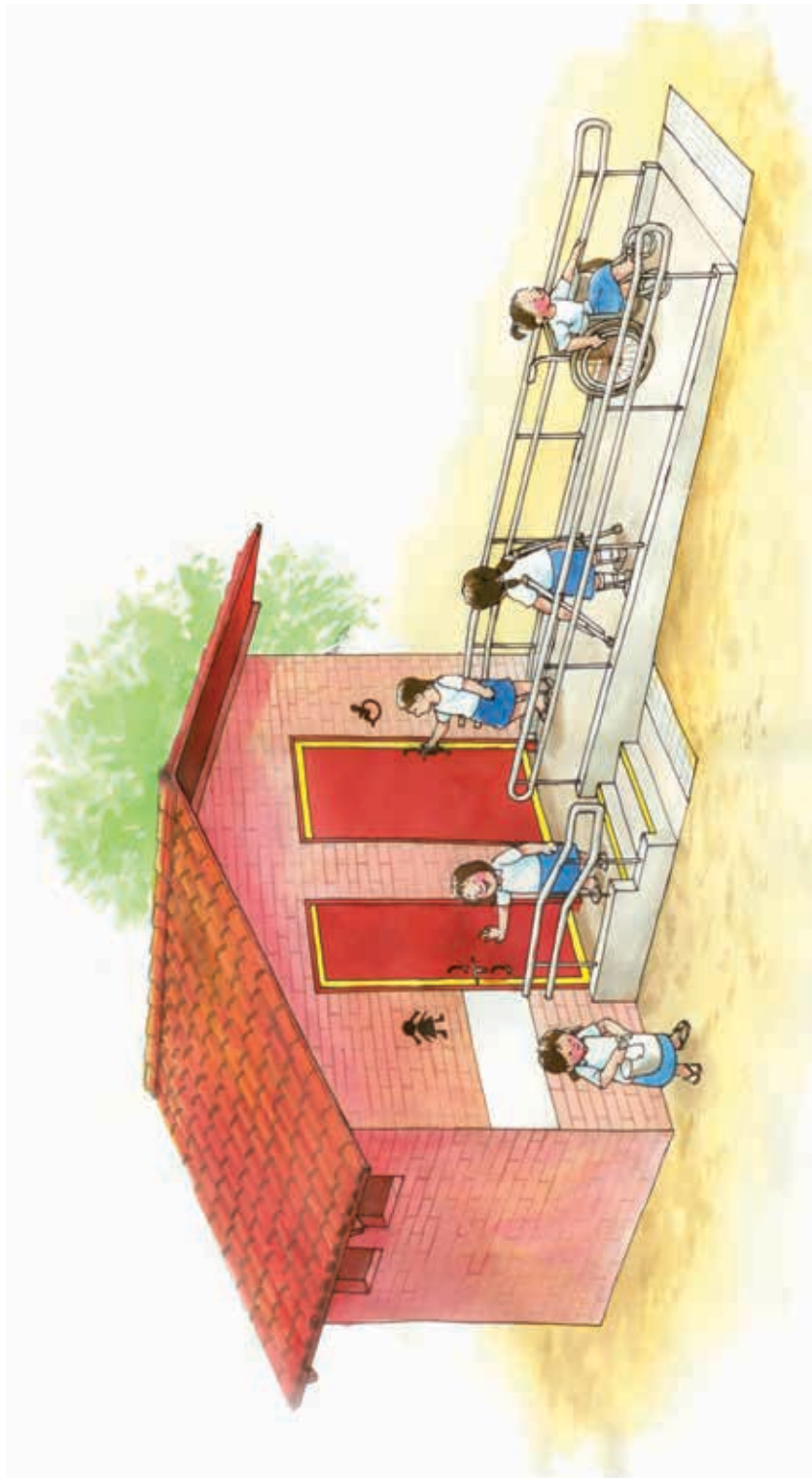
Section AA'

Toolkit five

Working with schools on menstrual hygiene

Example T5.3 Accessible girls' latrine with integral incinerator³

06 BCD CWSN 40G



Basic Core Design for 40 Girls with provision for Children With Special Needs

Suitable when there is need of Girl's toilet as well as CWSN toilet.

Total Built-up Area: 7.35 sq.m

Indicative cost Rs 59,311

Additional salient features:

The design has:

1. Accessibility ramp and rails for CWSN.
2. One toilet for girls / CWSN with internal wash and provision of internal grab bars and rails.

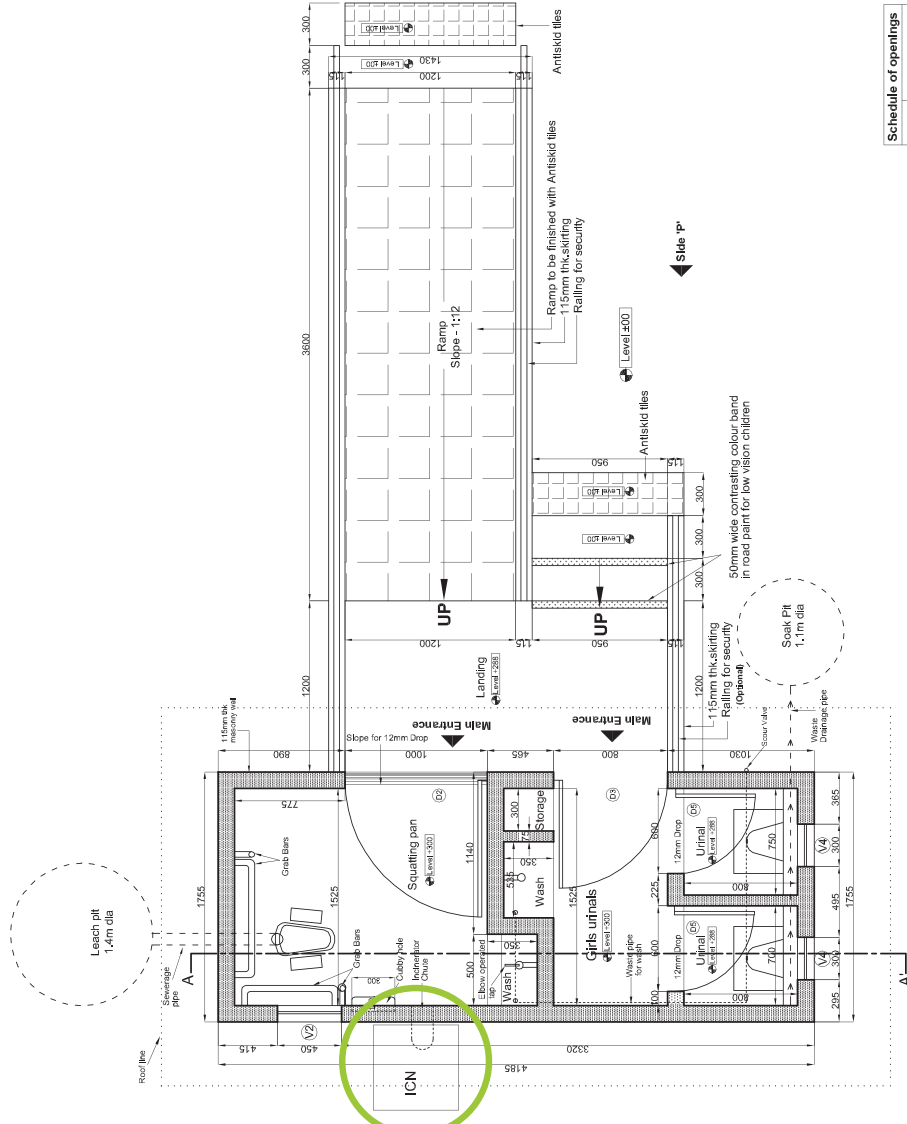
Plan - 06 BCD CWSN 40G

Notes

1. This design is valid for brick strength not below 35kg/sqcm.
2. Foundation design is only indicative & may need review based on local site conditions.
3. For masonry water tank, the foundation shall be in 230mm brick up to the base of the tank.
4. Mortar 1:4 for 115mm thick masonry. No reinforcement bars in alternate courses.
5. This design is valid for earth quake zone I, II & III regions only.
6. No water supply or waste water carrying pipe shall be concealed in the masonry wall. It shall be exposed and fixed with clips and not chased in masonry walls.
7. In case the masonry specification is changed from that given here, maintain the internal clear dimensions and the layout and provide suitable redesigned foundation.
8. Sloping roof overhang and its anchorage design may need review in cyclone prone regions.
9. In case roof specifications are changed from that given here (e.g. flat roof in stone or RCC) provide suitable strengthening of masonry while maintaining all internal clearances in the layout design.
10. Only one metallic / masonry Inclinorator to be put along the location indicative as ICN.
11. Inclinorator to be provided only with Giff's toilet and to have chute from inside.
12. Location of leach pits, soak pits, waste drainage pipes & inspection chamber is indicated only. Actual location to be decided based on site conditions.
13. Minimum distance of leaching pit from building foundation to be 125cm in different soil types.
14. Design of leach pit shown is for 40 children with its volume sufficient for catering approximately two years in different soil types. For higher capacity or longer duration, design will need review.

Key to symbols:

1. Pipe carrying waste water from wash area to flush urinals.
2. Open / Covered drain for waste from Urinal / Squatting pan.
3. Masonry wall.
4. Roof line.



Area calculation	
Giff's Toilet Block	7.35 sqm
Squatting Steps	3.63 sqm
Urinal	5.13 sqm
Total Overall Area	16.11 sqm
Total Covered Area	7.35 sqm

Schedule of openings	
Name	Size w x h
D2	1000x2100
D3	800x2100
D5	600x1500
V2	450x450
V4	300x450

06

Proposed Toilet BCD CWSN 40G

Plan

Scale

All dimensions are in mm

Toolkit five

Working with schools on menstrual hygiene

Section & Details – 06 BCD CWSN 40G

Suggested brief specifications:


1. Pre-construction chemical termite treatment as per need.
 2. PCC 1:3:6 Cement: Coarse Sand: Coarse Aggregate.
 3. Foundation and Plinth in 1:4 cement mortar in brickwork.
 4. 75mm thick plinth band in 1:2:4 Reinforced Cement Concrete.
 5. Superstructure masonry in 1:4 cement mortar in 115 mm thick brick work.
 6. Pointing in 1:4 on exterior face.
 7. Plastering in 1:5 on interior face above dado level.
 8. All urinals and squatting pan area with ceramic tile flooring.
 9. Use of waterproofing compound for plaster upto dado level and for tiling tile.
 10. All other flooring in cement concrete / stone tile as per availability. Slope in toilets & urinals floor is 1:50.
 11. 150mm thick lintel band in 1:2:4 Reinforced Cement Concrete.
 12. Bull-h water tank with masonry walls and lining of waterproof cement plaster.
 13. Sloping roof in MCR / Country tile / Mangalore tile with metal / timber under-structure.
 14. Roof under-structure to be tied to masonry/lintel band as per detail given.
 15. Door and ventilator frame in metal angle sections, with metal / timber under-structure.
 16. Door shutter in PVC/metal painted with two coats of primer and painted with enamel paint in light colour.
- Plumbing and Sanitary work**
17. All plumbing pipes in B class GI pipes with suitable elbow / tee / nipple / union / scour valves.
 18. All taps of best quality, locally available.
 19. All waste water carrying pipes in HDPE / PVC to flush urinals.
 20. All girls urinals squatting type in glazed ceramic type, write in colour.
 21. All squatting pan of rural pan type in glazed ceramic type, write in colour.
 22. All drainage and sewage pipes from Urinals / Squatting pan area in HDPE / PVC / CI / SW as per local availability.
 23. Each pit with 115mm thick honeycomb brickwork in 1:4 cement sand mortar.

Schedule of openings		
Name	Size w x h	
D2	1000x2100	
D3	800x2100	
D5	600x1500	
V2	450x450	
V4	300x450	

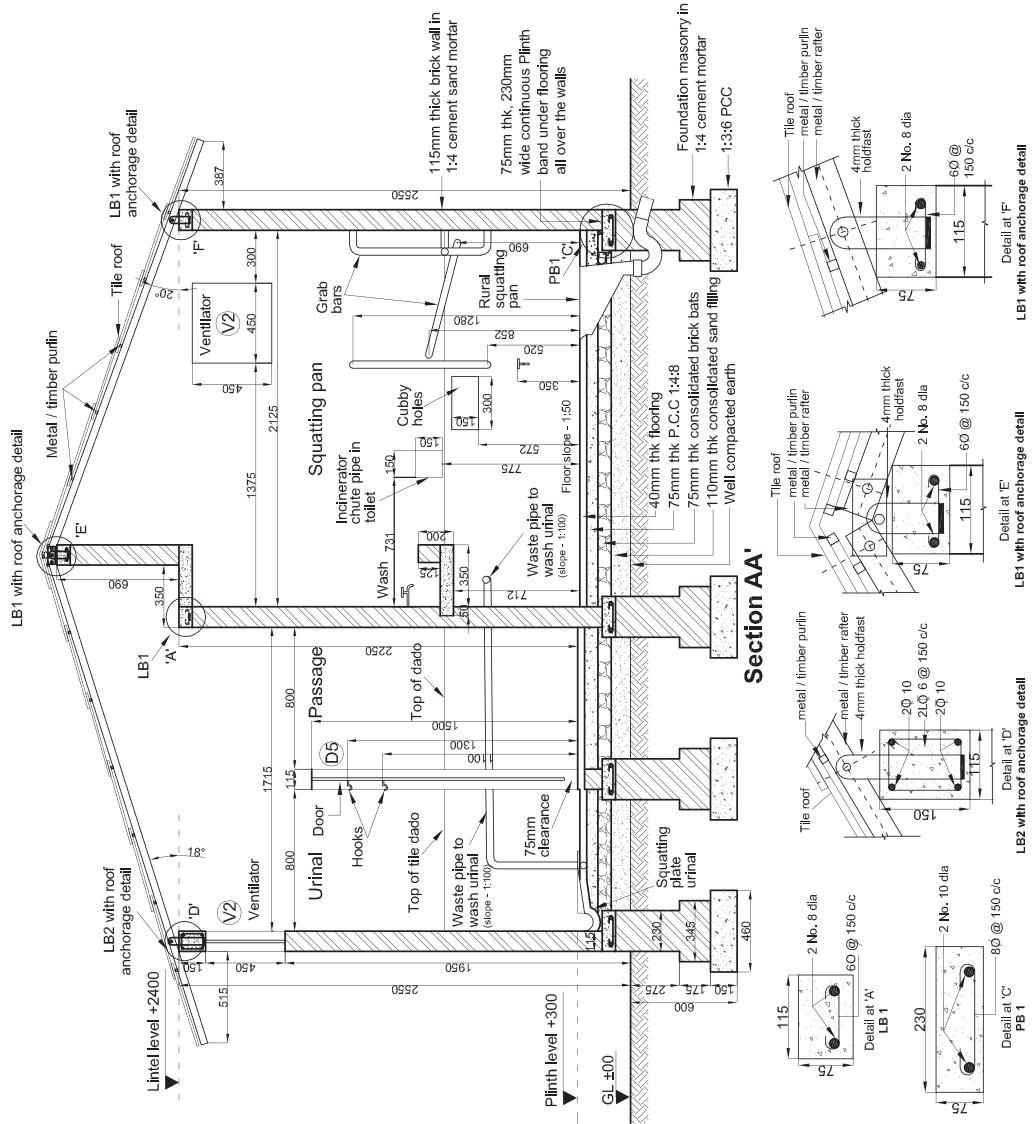
06

Proposed Toilet BCD CWSN 40G

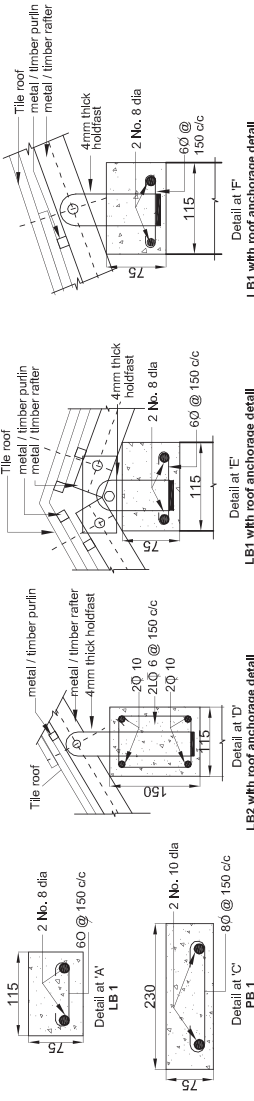
Section and Details

Scale  250 500 750

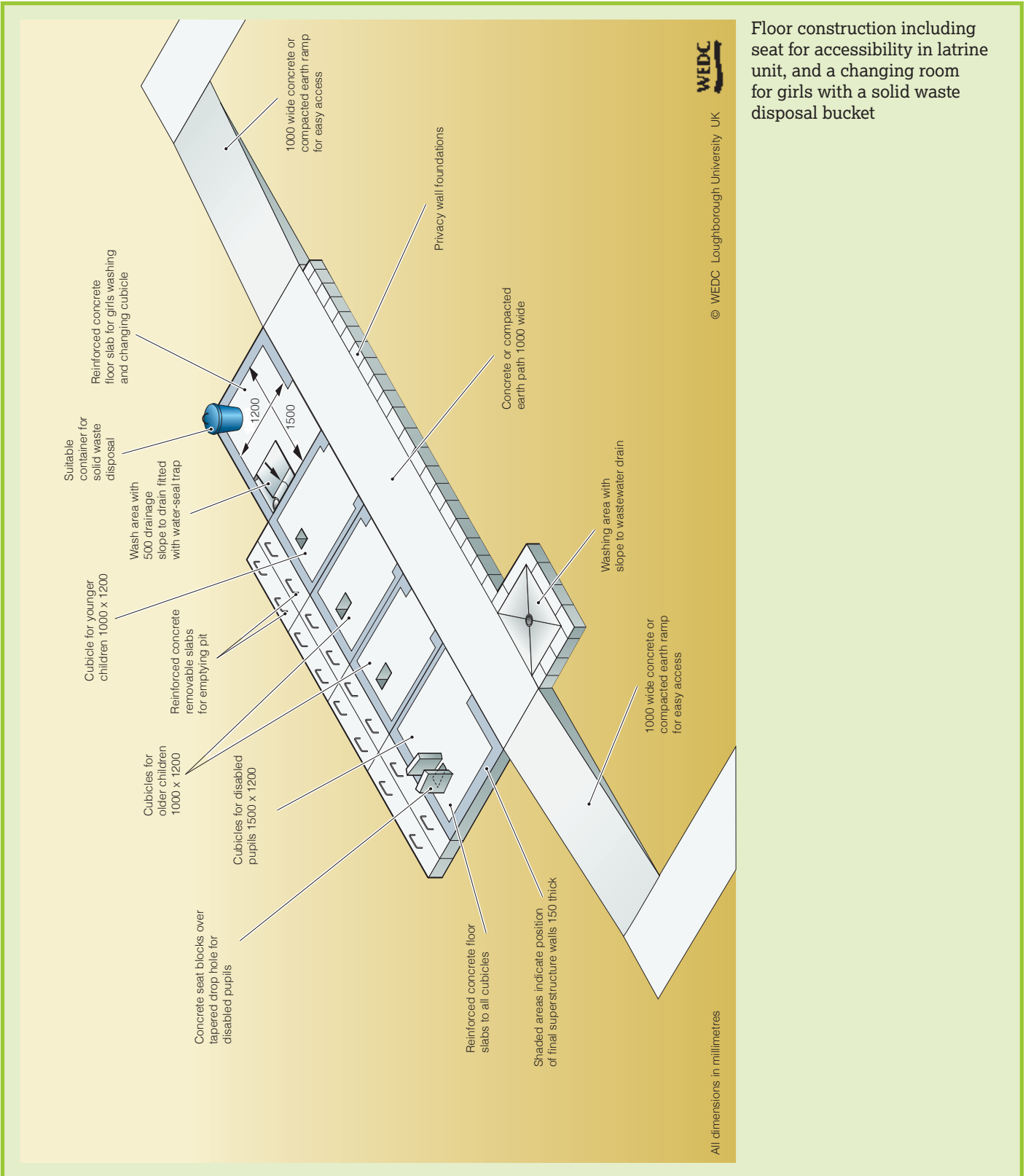
All dimensions are in mm.



Section AA



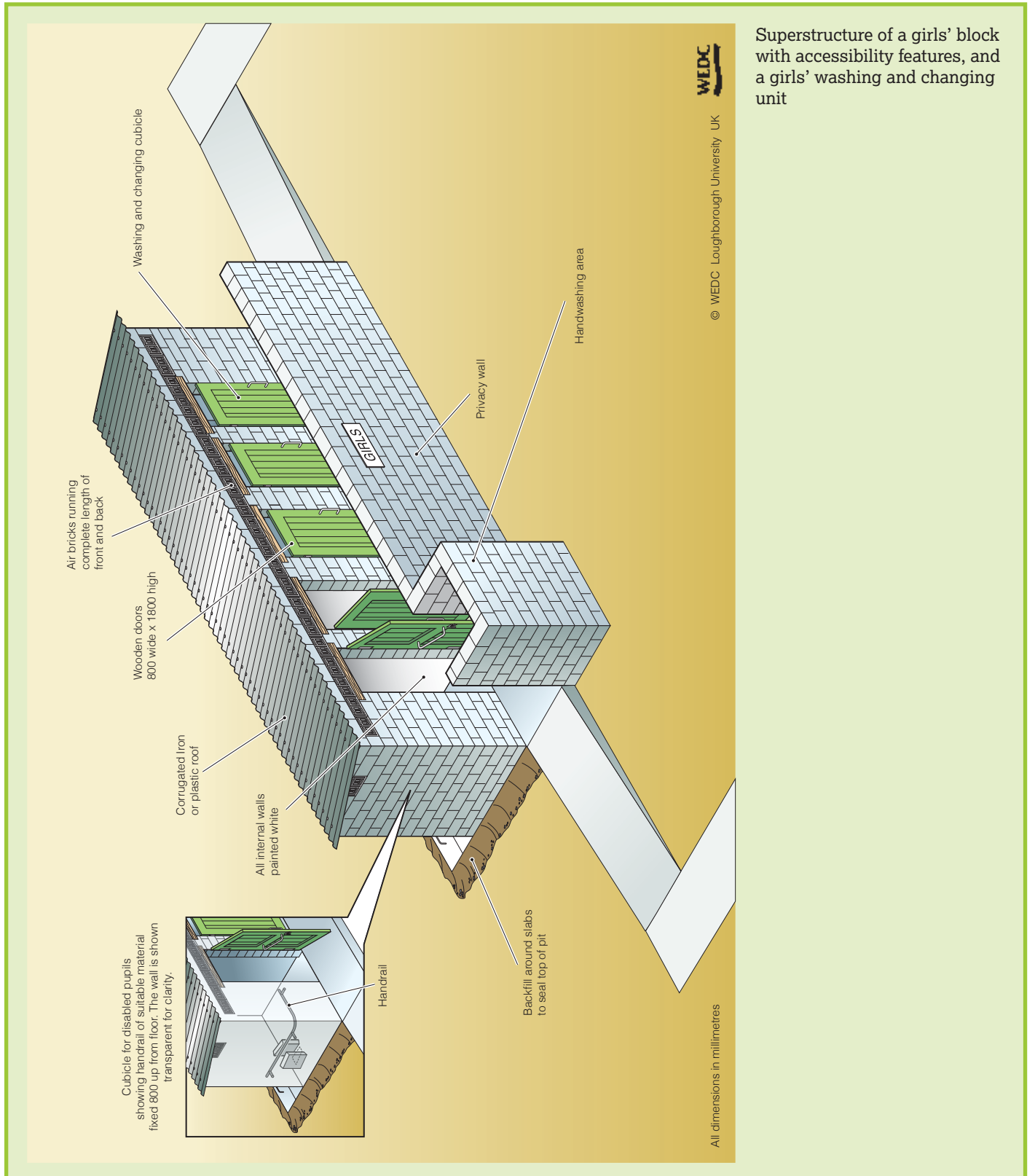
Example T5.4 Girl-friendly latrine block for primary schools in Africa⁴



Floor construction including seat for accessibility in latrine unit, and a changing room for girls with a solid waste disposal bucket

Toolkit five

Working with schools on menstrual hygiene



Superstructure of a girls' block with accessibility features, and a girls' washing and changing unit

T5.3 Case studies, examples and further information

T5.3.1 Awareness-raising and training examples

Refer also to the example of developing training for teachers in [Toolkit 2.3.1](#).

Example T5.5 School training on menstrual hygiene, Pakistan

Organisations: Integrated Rural Support Programme, Pakistan, and WaterAid

Participants: Schoolgirls from four middle and high schools in Marden district, Khyber Pukhtunkhwa (formerly NWFP), Pakistan (221 students and 36 teachers participated)

Date: 2010

Objectives of the training were:

1. To develop the students' acquaintance with the subject of menstrual hygiene.
2. To update the students' information on the significance of menstrual health and hygiene.
3. To provide thorough knowledge on the important issues regarding menstrual health and hygiene. For example:
 - a. Understanding on traditional practices during menstruation.
 - b. What is puberty/adolescence and changes happening during puberty and myths related to it.
 - c. Physical and emotional changes.
 - d. Myths related to menstruation.
 - e. Unhygienic practices and health impacts.
 - f. Management of menstrual waste.
4. Key hygiene practices to be followed during menstruation.
5. Products to be used during menstruation.

Methodologies used:

- Reading of the Quran; introduction to the session; introduction of participants.
- Presentations; group discussions; question and answer sessions; sharing of personal experiences.
- Distribution of a booklet on menstrual hygiene.
- Three sessions:
 - Puberty and adolescence.
 - Menstruation.
 - Menstrual hygiene.



Group activities for girls during menstrual hygiene training, Pakistan
(Photos: Hina Israr, IRSP Pakistan)

Toolkit five

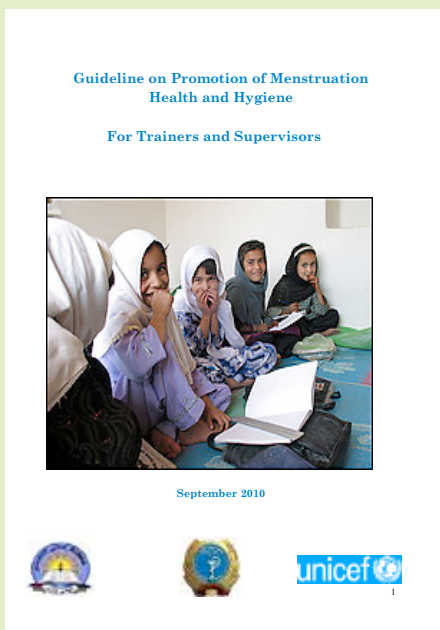
Working with schools on menstrual hygiene

T5.3.2 Guidance materials for teachers

Example T5.6 Guidelines on the promotion of menstruation, health and hygiene for teachers and supervisors, Afghanistan⁶

Organisation: Ministry of Education, Ministry of Public Health, Islamic Republic of Afghanistan, with the support of UNICEF, Afghanistan

Target users: Trainers and supervisors of girls



Aims:

- To provide guidance for teachers, trainers or supervisors of girls in schools, to help them support girls in learning about menstrual hygiene.

Content (some of the sections included an associated lesson plan with teaching methodologies, materials and timings):

Growing up – the normal way

- Puberty; causes of puberty; emotional changes; physical changes – acne, body smell; food.

Dealing with menstruation

- Avoiding getting blood on clothes; frequency of changing sanitary pads; pain during menstruation; unavailability of sanitary pads; menstruation during school; menstruation doesn't start when expected.

Managing menstruation

- Girls can take a bath or shower during menstruation; sanitary napkins and how they work; time for changing pads; cleanliness; use of fresheners during menstruation; administration of the Tetanus Toxoid vaccine during puberty.

Disposal of pads

- Disposal of pads at household level; disposal in schools; disposal of reusable pads.

Maintenance, supervision and monitoring at school (of water, sanitation and hygiene facilities)

- Includes description and checklist for monitoring the school's menstrual health and hygiene situation.

Example T5.7 Teachers' guide to using *Vipindi vya maisha (Growth and changes)*, a girls' book on menstrual hygiene, Tanzania

Organisation: Ministry of Education, Government of the United Republic of Tanzania; Columbia University, USA; Tanzania Water and Environmental Sanitation Agency (TWESA); UNICEF, Tanzania

Target users: Teachers, matrons and nurses working in primary schools across Tanzania

Teacher's Guide to using
"Vipindi vya Maisha"



Testing: The training materials were distributed with copies of the book to every girl in the last four years of primary school across four districts in north-western Tanzania (2011)

Aims:

It is expected that teachers will use this guide to:

- Teach girls in a private classroom outside of regular class hours so they can learn together.
- Give the girls the books to keep and take home so they can share the information with their mothers, aunts, sisters and other girls who are not in school.
- Make girls feel safe and comfortable learning about puberty and the changes happening in their bodies.
- Help girls to feel confident about managing their menstruation privately and successfully in school.

Content:

Introduction to the book *Vipindi vya maisha (Growth and changes)*

- Why use the booklet in the classroom?

Recommended teaching methodology

- Overall objectives; how is the booklet organised; methodology; teaching recommendations; preparing parents; girls' book lesson plans.

Annex 1 - Lesson plan for one day

- A step-by-step process for going through the booklet in the classroom, with review pages and discussion guides for use with shy girls; recommendations for assigning reading homework.

Annex 2 - Lesson plan for three days

- The same methodology is used for the three day lesson plan as for the one day lesson plan, but the subject is reviewed and discussed in more depth; also includes a drawing of the monthly calendar.

Annex 3 - Reference materials

- Includes pages on frequently asked questions and answers for the teacher.

Toolkit five

Working with schools on menstrual hygiene

T5.4 Bibliography

Abrahams N, Mathews S and Ramela P (2006) Intersections of sanitation, sexual coercion and girls' safety in schools, *Tropical Medicine and International Health*, vol 11, no 5, pp 751-756.

Burgers L and Spruijt H (2009) *Menstrual hygiene: Manage it well!*. UNICEF webinar.

Ministry of Education and Ministry of Public Health, Islamic Republic of Afghanistan and UNICEF (2010) *Assessment of knowledge, attitude and practice of menstrual health and hygiene in girls' schools in Afghanistan*.

Ministry of Education and Ministry of Public Health, Islamic Republic of Afghanistan, and UNICEF (2011, draft) *Guideline for the promotion of menstrual health and hygiene for trainers and supervisors*.

Piper Pillitteri S (2011) *Toilets are not enough: Addressing menstrual hygiene management in secondary schools in Malawi*. MSc thesis, Cranfield University.

Reed RA and Shaw RJ (2008) *Sanitation for primary schools in Africa*. WEDC, Loughborough University.

SNV, WaterAid and UNICEF (2011, final draft) *School water, sanitation and hygiene mapping in Tanzania; Consolidated national report*.

Sommer M (2011) *Improving the support to girls in primary schools with their menstrual hygiene management*. Final report for UNICEF Tanzania on collaborative work being conducted with TWESA (Tanzania Water and Environmental Sanitation).

UNICEF EAPRO (2010) *WASH in schools monitoring package: The survey module*.

Endnotes

¹ Roberts L (2007) Girl friendly latrines for Ghanaian schoolgirls; WASH in schools, *Notes and News*. IRC the Netherlands.

² Ministry of Rural Development, Department of Drinking Water Supply, Santha Sheela Nair and UNICEF (2008) *An inclusive approach for school sanitation and hygiene education; Strategy, norms, designs*. Technical note series.

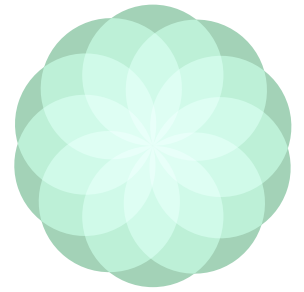
³ Ibid.

⁴ Both illustrations were original drawings used in: Reed RA and Shaw RJ (2008) *Sanitation for primary schools in Africa*. WEDC, Loughborough University.

⁵ Neonatal tetanus can be prevented by immunising women of childbearing age with tetanus toxoid.

⁶ Ministry of Education, Ministry of Public Health, Islamic Republic of Afghanistan, with the support of UNICEF Afghanistan (final draft, 2011) *Guideline for trainers and supervisors on menstrual hygiene, Afghanistan*.

⁷ Sommer M (2011, draft) *Teachers' guide to using Vipindi vya maisha*. TWESA and UNICEF, Tanzania.



Toolkit six

Menstrual hygiene in emergencies

*Part of Menstrual hygiene matters;
A resource for improving menstrual
hygiene around the world, written by
Sarah House, Thérèse Mahon
and Sue Cavill (2012).
The full version can be downloaded
from www.wateraid.org/mhm.*

This toolkit will cover...

- T6.1 Checklists and other tools
- T6.2 Technical designs and specifications
- T6.3 Case studies, examples and further information
- T6.4 Bibliography

Toolkit six

Menstrual hygiene in emergencies

T6.1 Checklists and other tools

T6.1.1 Checklist for menstrual hygiene in emergencies

Table T6.1 Checklist for menstrual hygiene in emergencies

Action	Resource reference	Score for progress (1 = no progress; 5 = action completed)
1	Staff working in emergency contexts have specific emergency-focused training, identifying practical menstrual hygiene actions.	Module 6 Toolkit 6
2	Women and girls in emergency contexts have access to a sustainable supply of sanitary materials.	Module 3 Toolkit 3 Module 6
3	Emergency responses provide accessible, well-maintained and gender-segregated water, sanitation and hygiene facilities, providing a private environment for girls and women to change and manage their menstruation.	Module 3 Toolkit 3 Module 6 Toolkit 6
4	Women and girls have been consulted on their needs, the challenges they face, and the facilities provided in emergency contexts.	Module 2 Toolkit 6
5	Schools in emergency contexts have appropriate water, sanitation and hygiene facilities to help girls manage their menstruation.	Module 3 Toolkit 3 Module 5 Toolkit 5 Module 6 Toolkit 6
6	Schoolteachers in emergency contexts have been trained to support girls with their menstruation.	Module 5 Toolkit 5 Module 6 Toolkit 6
7	Opportunities have been created in emergency contexts for adolescent girls to learn about menstruation.	Module 2 Toolkit 5 Module 6
8	Opportunities have been created in emergency contexts for boys to learn about adolescence and for men to learn about the challenges their female relatives, friends and colleagues face.	Module 2 Module 6

T6.2 Technical designs and specifications

T6.2.1 Latrines, bathing units and private laundry facilities

The following examples highlight menstrual hygiene-friendly designs for latrines, bathing units and private laundry facilities in emergency contexts. There is limited documentation of menstrual hygiene-friendly infrastructure in emergencies, so emergency organisations are encouraged to document and share good practices.

Example T6.1 Gender-separated, warm bathing shelter with screened laundry area, Pakistan

Organisation

Action Contre La Faim, France

Emergency

Pakistan earthquake response in internally displaced persons camps, 2005-6

Facility features

- Warm water bathing units.
- Separate units for men and women.
- Laundry unit incorporated as part of the unit with roof. Solid walls, roofs and screens to the entire block to ensure privacy.
- A small charge applies for using the unit, to fund operation and maintenance.

Photos



Warm bathing unit under construction – laundry area seen to the left of the picture



Warm bathing unit under construction – laundry area seen to the front and right of the picture

(Photos: Nicolas Villeminot/ACF)

Toolkit six

Menstrual hygiene in emergencies



Screened warm bathing unit and laundry areas

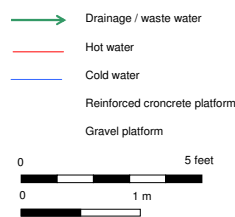
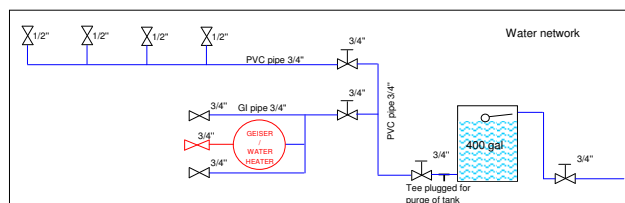
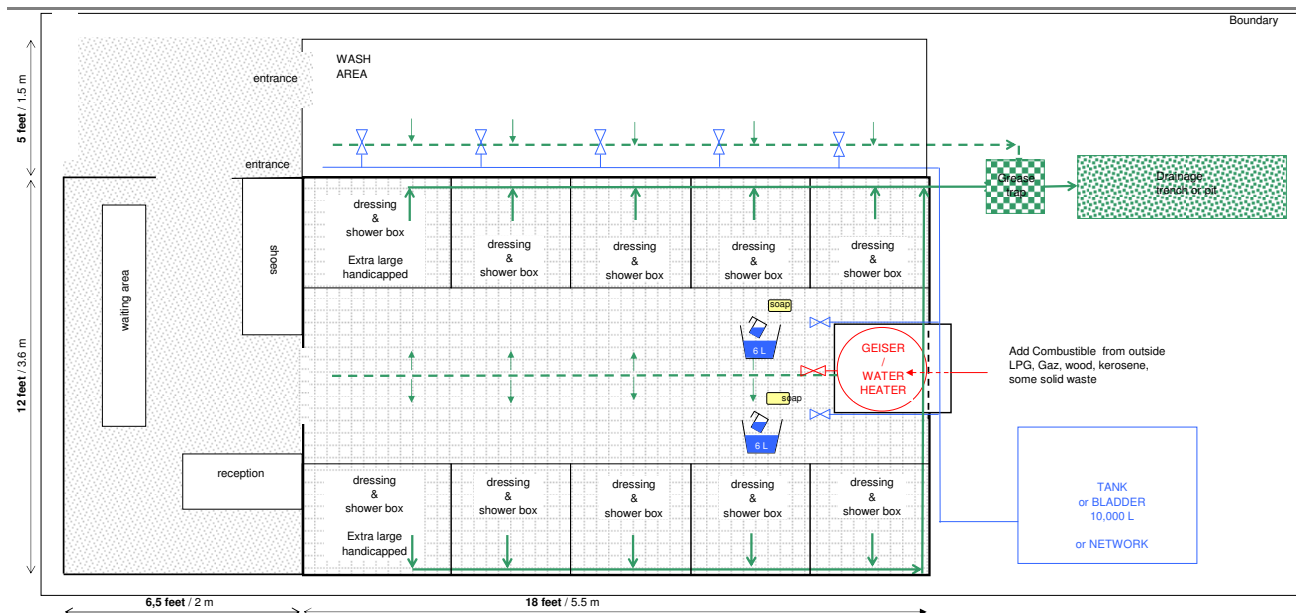


Inside a screened warm bathing unit and laundry area

(Photos: Nicolas Villeminot/ACF)

Layout plan

4.0 Building Plan



WARM BATH SHELTER

Temporary building

Approx capacity: 50 showers / hour



MISSION PAKISTAN
Author Vincent, 14 FEB 2006

(Diagram: Action Against Hunger)

Example T6.2 Gender-separated screened toilet and bathing units, with menstrual cloth washing and drying units, Pakistan¹

Organisation

Oxfam GB

Emergency

Pakistan earthquake response in internally displaced persons camps, 2005-6

Facility features

Toilet and bathing unit block in screened enclosure.

- Hand-washing container with water and soap by exit of the screened unit.
- Separate blocks for women and men.
- Gravel floor to prevent the units from becoming muddy in the rain.
- Sanitary cloth washing units with drying lines included in female toilets and bathing units in occasional locations strategically selected across the camps.

Photos



Sanitary pad washing slab inside screened unit



Drying lines in the sanitary pad washing unit



Hand-washing unit by the exit door



Looking into the screened washing and bathing unit through the main entrance



Screened latrine and bathing unit with internal menstrual slab and raised sides for additional privacy



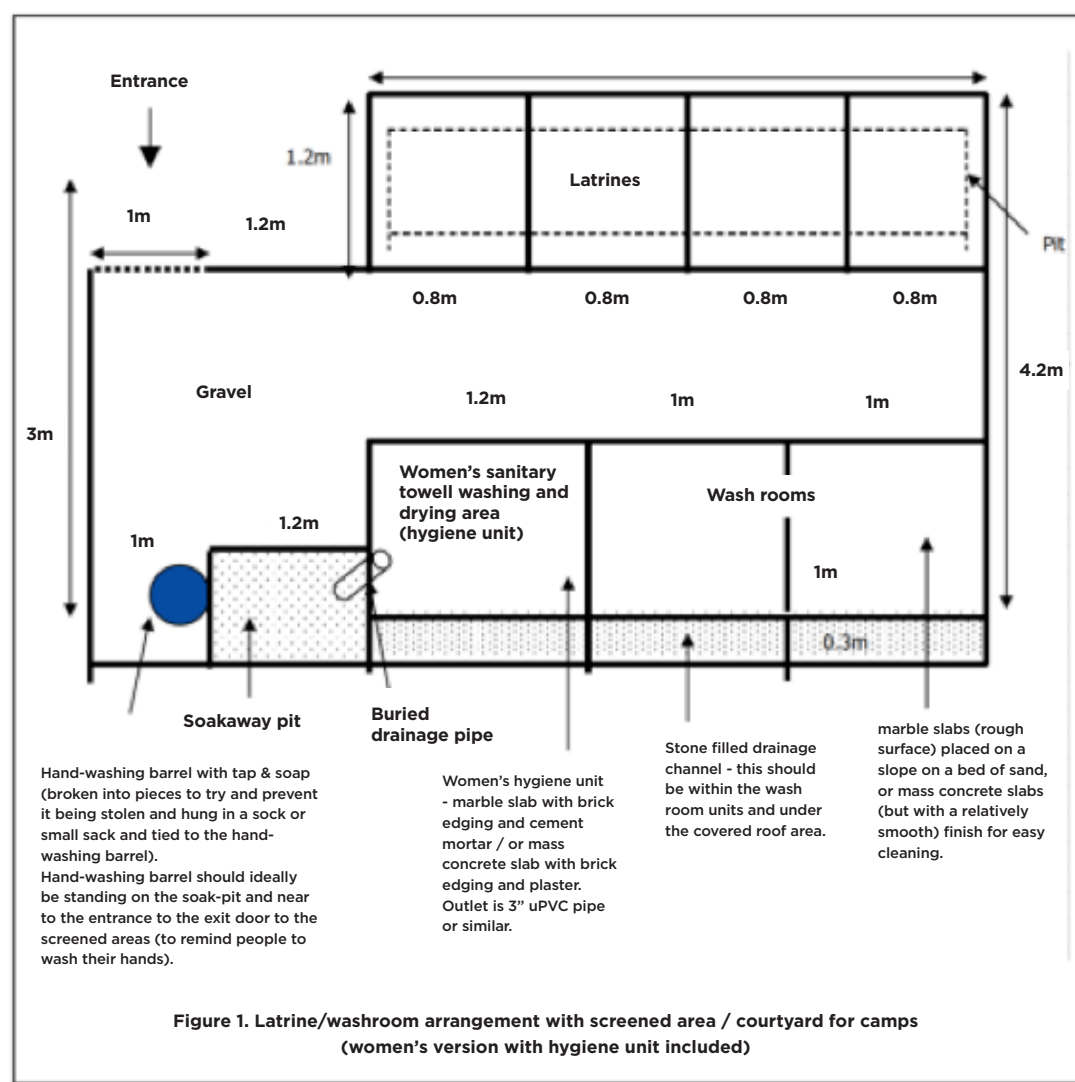
Screened latrine and bathing unit

(Photos: S House and S Raza/Oxfam GB)

Toolkit six

Menstrual hygiene in emergencies

Layout plan



(Diagram: S House and S Raza/Oxfam GB)

Opportunities for improvement in the future (most were recommended by users)

- Have a piped water supply for hand-washing (there were challenges with the limited soakage of the ground in the area of the camps and hence this was not supported).
- Use solid walling for the units instead of plastic.
- Add wooden doors with locks (the doors were plastic with ties for locks).
- Add disposal bins and a collection unit for disposing of sanitary protection materials.
- Hold further discussions with women on options for drying cloths (such as keeping lines, adding a women's space with a charcoal iron etc).
- Where the units are constructed in terraced areas - extend the roof coverage for more privacy.

T6.2.2 Emergency incinerators

Burning in an open pit

Quick to install but not ideal, should only be used in the immediate emergency stages.



(Photo: S House/Oxfam GB)

Temporary drum incinerator

Various adaptations of this incinerator have been used in emergency contexts. Commonly known as the 'MSF drum incinerator' after its inclusion in the Médecins Sans Frontières (1994) *Public health engineering in emergency situations handbook*. See overleaf for the design.



(Photo: S House/Oxfam GB)

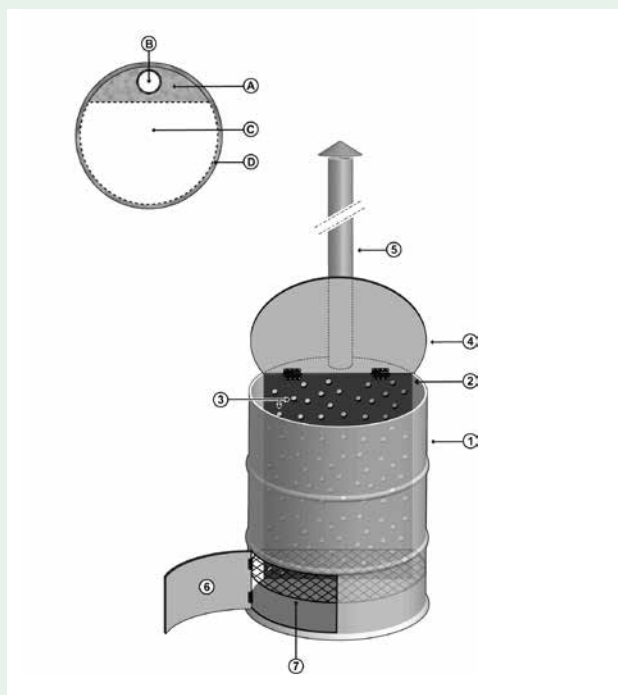
Toolkit six

Menstrual hygiene in emergencies

Temporary drum incinerator (volume reducer)²

The following incinerator has been designed for use in medical facilities in an emergency situation; however, it can be adapted for the disposal of menstrual hygiene sanitary protection materials.

Temporary drum incinerator (volume reducer)



(Diagram: Médecins sans Frontières)

Key to figure:

- A Top of the drum (part not cut out)
- B Hole for the chimney
- C Combustion chamber (large)
- D Cut-out of the cover

- 1 Metal drum (200litres)
- 2 Perforated metal plate
- 3 Perforations in the metal plate for draught
- 4 Loading door
- 5 Chimney with head cap
- 6 Ash door (can be used to regulate the draught)
- 7 Metal grating (or heavy mesh)

Materials required for construction:

- Metal 200l drum (eg fuel drum)
- Hammer
- Metal saw or cold chisel
- Pair of pincers and wire
- Metal plate (same thickness as drum)
- Spanners, file
- Drill machine with drill bits or large punch
- System to fix the hinges, perforated plate and chimney to the drum (eg nuts and bolts, welding machine)
- Metal chimney pipe and head cap
- Heavy mesh, grating or reinforcement bars
- Four solid metal hinges or an alternative
- Paper, cardboard, kerosene, dry coconut shells, wood
- Matches or lighter
- Scoop and brush to collect residues
- Protective clothing for operators

Construction:

- Obtain a 200l metal drum and cut out its top cover over around 2/3 of its perimeter. Keep the cut out as it will be used as the loading door. Cut a hole in the remaining part of the top cover. Its size should be adapted to the diameter of the chimney that will be installed (minimum of 100mm)
- Cut out a panel of about 0.4m wide x 0.25m high at the lower part of the drum's cylinder. Keep the cut out panel because it will be used as the ash door.
- Prepare a metal plate with a length that is equal to the the internal height of the drum and a width that is the same as the straight part of the loading door.
- Perforate the metal plate over its complete surface with 10mm holes about 20mm apart from each other.
- Make sure that all the sharp edges of the drum, the loading door, the ash door and the perforated plate are worked in such a way that they can't injure the operator.

- Slide the perforated plate into the drum and fix it to divide the inside into two chambers of unequal volume.
- Connect the loading door to the top of the drum with a hinge mechanism (eg solid hinges with a minimal size of 50mm) and attach a handle so that it may be opened and closed easily. The handle should be designed in such a way that the loading door cannot pivot towards the inside of the drum.
- Join the ash door with a hinge mechanism to the bottom of the drum and install a handle, designed in such a way it can be attached to the drum's cylinder.
- Cut some rigid metal grating to the same size as the inner cross section of the large chamber (in front of the perforated metal plate), and fix it horizontally about 0.2m from the bottom of the drum. The grating will separate the soft waste from the ash part of the volume reducer.
- Fit the chimney solidly on the hole that is made in the drum's top cover. The chimney must be at least 2m high, and equipped with a head cap.

Operation:

- Collect all the soft waste bins before the burning is started.
- Remove the ashes of the previous cycle via the ash door and discard them in the residues pit.
- Open the loading door and put some paper, cardboard and combustibles (eg dry firewood, dried coconut shells) in the volume reducer. Some kerosene can be added as well to ease the lighting of the fire.
- Close the loading door.
- Light the paper/cardboard through the ash door. Once the fire takes off, the ash door can be closed.
- Give the fire the time to take well.
- Introduce via the loading door a small batch of soft waste (equivalent to the content of a waste bin) once the fire is burning well.
- Close the loading door immediately again.
- Monitor the combustion. If the fire would start to die out, add via the loading door some combustibles like dry wood or coconut shells.
- Introduce a second batch of soft waste when the first one is nearly completely burned.
- Keep on monitoring the combustion and adding small batches of soft waste as described above.
- Let the fire die out by itself once all the waste is burned.
- Rinse the soft waste bins with clean water, wash them with water and soap (detergent), rinse again, disinfect

with a 0.1% chlorine solution and rinse a last time with clean water, before they go into circulation again.

Remarks:

- Place the temporary volume reducer in the foreseen waste zone, at a location where the smoke won't bother the neighbouring population. The required height of the chimney depends on the surrounding obstacles (eg buildings and vegetation), so its outlet should normally be above them.
- Alternative: it's possible to remove the bottom of the drum completely and to place the volume reducer immediately over the residues (ash) pit by means of metallic beams or a metallic grid with big holes (at least 0.1m x 0.1m). The material used should be strong enough to support a metallic 200l drum full of waste. Be aware that the metal of the grid might get hot, lose partly its rigidity and potentially bend. This system has the advantage that all the residues fall immediately in the pit, although it might still be necessary to push them down before a new combustion cycle is started. The inconvenience is that the residues pit can't be closed easily at the end of a cycle and ashes could be blown away by the wind.
- Place the volume reducer underneath a roof (do not use combustible building material) to avoid the waste load getting wet during the rainy season and thus more difficult to burn. The roof also helps to reduce a little bit the drum corrosion.
- Even under the best circumstances, a drum volume reducer that is frequently used will not last very long. This is due to corrosion, enhanced by the corrosive gasses that are generated when burning soft waste and the heat produced inside the drum.
- Clean out the ash part of the volume reducer before each new cycle is started, otherwise the air draught will be hindered, resulting in a bad combustion. Do not empty the volume reducer via the loading door.
- Do not try to over-economise on combustibles (eg paper, cardboard, dry firewood, dried coconut shells), always preheat the volume reducer and keep a good fire going to guarantee the best combustion possible.
- Never over-fill the temporary volume reducer with soft waste, this would block the free circulation of air (causing a lack of oxygen), resulting in a bad combustion and thus more toxic fumes. Thus, it is better to burn small batches (eg content of a 20l

Toolkit six

Menstrual hygiene in emergencies

waste bin) at the time and once they are nearly completely burned, a new batch can be introduced.

- The opening of the ash door may be adjusted to regulate the draught. However, it is preferable to burn with the ash door closed, if the draught is sufficient.
- When a correct combustion takes place, a volume reduction of at least 90% should be obtained (the residues volume < 10% of the original volume).
- Never burn sharps (eg needles, scalpels, ampoules, vials), organic waste (eg placentas, food residues),

explosive objects (eg aerosol cans) or materials that give off toxic fumes (eg drugs) in a volume reducer.

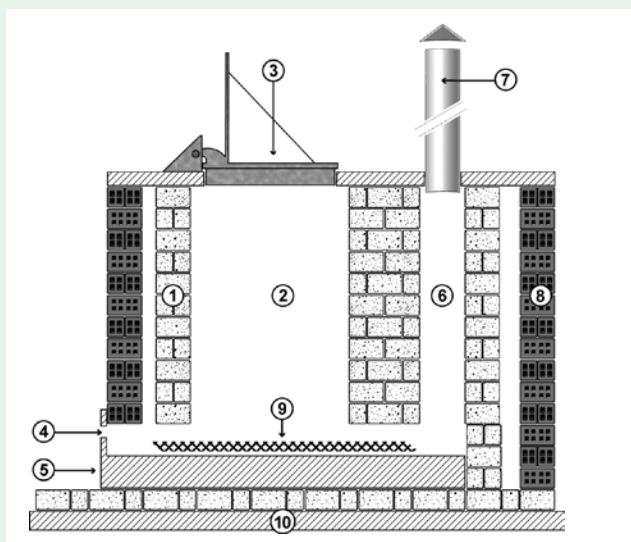
- The operator of the temporary volume reducer (waste manager) should receive appropriate training and a complete set of protective clothing and equipment, which should always be used during operation and maintenance of the facility.

Permanent batch incinerator³

The following permanent incinerator is adapted from a DeMontfort incinerator. It is used in health facilities in longer-term emergency situations and in development contexts in low income countries. This type of incinerator

is much more complicated to construct than the temporary incinerator and hence is likely to be inappropriate for the burning of small volumes of menstrual protection materials. However, it is included here so that the options can be compared. It could be adapted for use in situations where there is a high volume of materials.

Permanent batch incinerator



(Diagram: Médecins sans Frontières, figure adapted from the De Montfort incinerator)

Key to figure:

1. Refractory bricks
2. Primary combustion chamber
3. Loading door with handle
4. Air inlet
5. Ashtray/door
6. Secondary combustion chamber
7. Chimney with head cap
8. External wall (bricks, metal hull)
9. Grate
10. Concrete slab

Principals for a permanent batch incinerator:

The 'ideal' permanent incinerator for normal sized health structures within low-income countries should respond to the following specifications:

- Composed of a primary and secondary combustion chamber to extend the retention time of the gasses in a hot environment. It allows to drastically reduce the number of thermo-resistant pathogens and to burn off more (toxic) emissions.

- Build in refractory material (heat resistant bricks and cement) to extend its lifetime and to have less temperature variations when new or wet waste is introduced.
 - Simple design using appropriate technology.
 - Affordable at purchase and low running and maintenance costs.
 - Able to reach at least 850°C during incineration.
 - Able to incinerate at least 10kg of soft waste per hour.
 - Consists of an auto-combustion system, which functions mainly on the burnable waste and doesn't need additional fuel, except during the start up phase to preheat the incinerator, and when extremely wet or some specific (bio-) hazardous waste has to be incinerated. It results in an important reduction of the amount of additional combustibles needed.
- Notes:**
- Skilled people are needed for the construction of incinerators. Since refractory cement can be aggressive, it is recommended that the builders wear protective clothing during construction.
 - If refractory bricks and cement aren't available locally, look in neighbouring countries or order from high-income countries (eg in Europe).
 - Correct refractory bricks for batch (auto-combustible) incinerators have a high density (weight of about 4.5kg/brick) and are made out of kaolin enriched with alumina (Al_2O_3 ; concentration ideally around 60%). This material has a high resistance to temperature variations, which occur each time a new batch of soft waste is manually introduced via the loading door.

Toolkit six

Menstrual hygiene in emergencies

T6.2.3 Improved accessibility to excreta disposal in emergencies⁴

Accessible latrine examples

(for technical sizes and details refer to the references identified in endnote 4)

It is critical that girls and women with disabilities can access water, sanitation and hygiene facilities in emergency contexts, which will also enable them to manage their menstruation.

Designing excreta disposal together with people with disabilities

- 1 Work with hygiene promotion and health staff in the camp or area to identify where people with disabilities are living. They may be hidden.
- 2 Ask people who have disabilities and their carers what facilities they need or would prefer.
- 3 Consider the provision of individual facilities such as bed pans, commode chairs or individual latrine units, or consider incorporating disabled units into blocks of latrines in camp settings.
- 4 Providing easy access to water in or near to latrines will be helpful for people with limited mobility.
- 5 Privacy and security are important for all people when using latrines or bathing, especially women and girls.

Accessible design features for latrines and bathing units

Accessible latrines and bathing facilities should include the following features:

- Minimised distance to the facilities from homes or shelters.
- Easy access to the latrine via well-drained, compacted ground or a slope, ideally less than a one in five gradient (if steeper, the ramp should be short) and with a minimum width of 150cm for a communal ramp.
- An entrance area to the latrine large enough to allow a wheelchair user to manoeuvre.
- Doors that can be opened and closed by the user when inside the latrine.
- Additional space inside to manoeuvre a wheelchair or for a carer to stand.
- A cleanable seat – fixed or moveable.
- A handrail or rope for support when moving to and from the seat.



(Photo: S House/Oxfam GB)



(Photo: S Raza/Oxfam GB)



(Photo: S Raza/Oxfam GB)

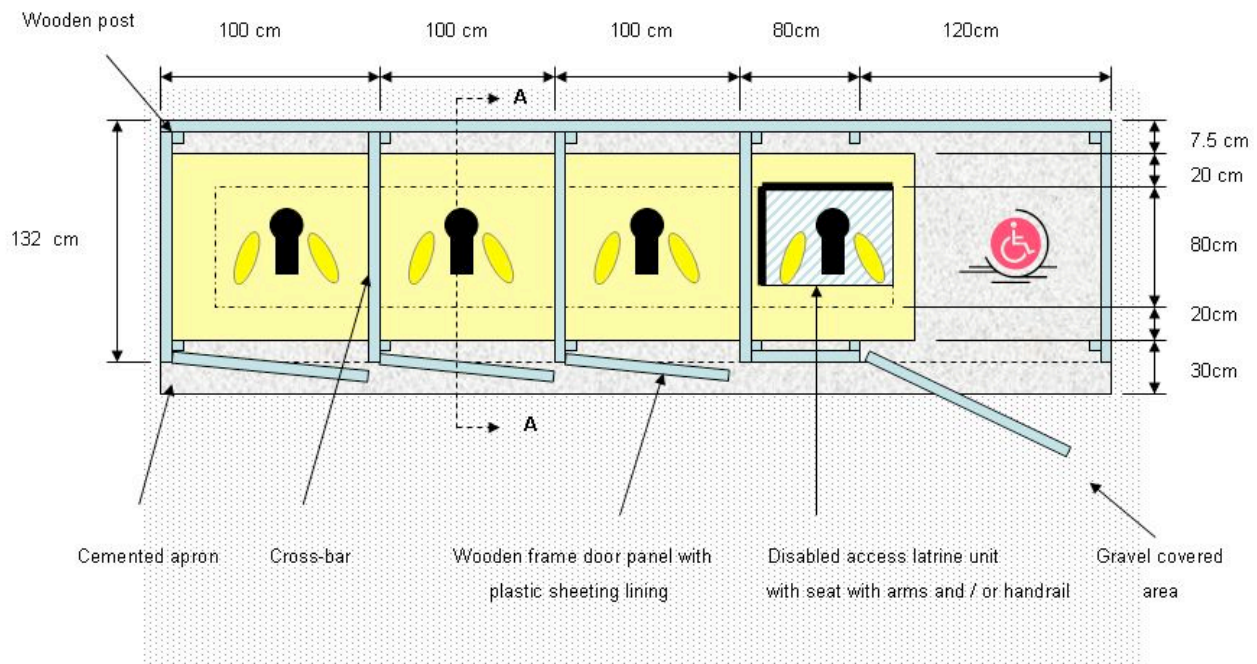


Fig 1 – Plan of four unit latrine blocks with 100cm x 120cm Oxfam slabs

Adding additional space within a latrine unit allows a wheelchair user to enter or a carer to provide assistance. Care is needed to check the sizes and shapes of wheelchairs in the emergency area as this will influence the appropriate sizing of the latrine unit and door.

(Diagram: S House/Oxfam GB)



Mrs Rong uses a bathing bench to bathe and wash her clothes. It is made of a metal frame with rubber webbing so that the water pours through and it is washable. Water is supplied from rainwater harvesting to a small tank with a tap. (Photo: S House/WEDC)

Toolkit six

Menstrual hygiene in emergencies

T6.2.4 Hand-washing options for emergencies



(Photo: WASH Cluster Project)

Metal drum on a stand with tap

A metal drum on a stand with a filling point on top and a tap on the side. Soap is hung from the tap.



(Photo: S House/Oxfam GB)

Two-tin hand-washing unit

This design was used in schools in Tajikistan. Each tin features a blunt nail with a large head that sits on a rubber washer. The user pushes up on the nail releasing the water. When they have enough water, they release the nail and the water pressure against the rubber seal closes the hole. The two-tin design enables the unit to provide both clean water and soapy water. Improvements could be made to the unit's drainage and the design of the wastewater channel.



(Photo: D Makamba/UNICEF Tanzania)

Tippy tap

A simple hand-washing device made from a plastic container, string and a wooden stick (if operated by foot). The user presses their foot on the wooden stick and the container tips, releasing water. Drainage for this unit would need to be improved to prevent the area becoming muddy. Soap can be added, either on a string or as liquid soap in a plastic bottle with a hole in the lid, hung from the branch next to the tippy tap.



(Photo: S House/Oxfam GB)

Metal pre-made drum with tap

Metal drums on stands with taps (pictured in the background to the right) can often be bought from the local market. Ensuring soap is available at hand-washing points at all times in emergencies is difficult as there is a tendency for it to be stolen. One solution is to break the soap into small pieces (as pictured). Another is to use powdered or liquid soap.



(Photo: Rebecca Scott/WEDC)

Household platform and container with tap

A handmade platform and plastic container with tap outside the household. The unit is at a height children can access.



(Photo: E Fewster/Bushproof)

Hanging hand-washing bag

A bag for water that hangs on a tree or a door post. The model pictured was designed by Bushproof. This is easy to set up in a variety of locations (eg near a kitchen or toilet) and is water efficient.



(Photo: M Michikata/REDR)

Council for Scientific and Industrial Research (CSIR), hand-washing dispenser unit

This is a cap to attach to a filled water bottle (pictured on the left of the tree). Users release the water by pushing upwards and the unit self-closes when their hand is removed.

Toolkit six

Menstrual hygiene in emergencies

T6.3 Case studies, examples and further information

T6.3.1 Awareness-raising and training examples

Example T6.3 Training sessions for the United High Commissioner for Refugees (UNCHR) and partners integrated into five-day emergency water, sanitation and hygiene training

Organisation:

- RedR for UNHCR (United Nations High Commissioner for Refugees) staff and partners, Uganda, Democratic Republic of the Congo, Ethiopia and Kenya

Participants:

- Government, non-governmental organisations
- UNHCR WASH and Community Services staff and Monitors

Aims:

- To raise awareness of issues relating to menstrual hygiene in emergencies that implementers should be considering and responding to in their water, sanitation and hygiene programmes
- To give both women and men increased confidence to raise and discuss issues around menstrual hygiene in their work

Agenda:

Menstrual hygiene was mentioned in a number of different sessions relating to:

- Standards.
- Non-food items.
- Water facilities for sanitation and hygiene.
- Solid waste management.

Integration of menstrual hygiene into the five-day training:

- The initial mention was in relation to Sphere and UNHCR standards for water, sanitation and hygiene in emergencies, and a range of sanitary materials were then included as one set of non-food items alongside two other sets of items (buckets, soap, water containers, nappies, razors, etc).
- One of three groups had to discuss the sanitary items and the issues that would have to be considered in relation to the non-food items.
- The group discussed and presented on a range of issues relating to the types of materials, their softness, options for heavy/light flow days, availability, washing/drying methods, disposal, and the importance of consultation with the users. The wider group discussed their experiences and the challenges faced relating to menstrual hygiene in their work.
- The sanitary materials were left out on a table on the subsequent day for all participants to look at, feel and consider in relation to what had been discussed the day before.

- During the session on water, sanitation and hygiene facilities, the group reflected on the design of bathing units, latrines and disposal, and washing and drying facilities in relation to managing menstrual hygiene with privacy and dignity. At the end of the course, a special prize was given to the male participant who presented the group's findings on the sanitary protection materials.



Group discussion on sanitary protection materials as non-food items and associated issues

(Photos: M Michikata/REDR)



Discussing sanitary materials at emergency WASH training in Uganda

Example T6.4 Standalone training/awareness-raising session for an international non-governmental organisation at headquarters level

Organisation:

- Action Contre La Faim, France

Participants:

- WASH Advisers
- Care Practice Advisers
- Head of a Country Pool Desk

Aims:

- For Action Contre La Faim staff and other interested staff at headquarters to have an opportunity to discuss and share experiences and ideas on menstrual hygiene management in their work
- For Action Contre La Faim WASH staff to have an update on latest thinking and activities in menstrual hygiene in emergency and development contexts

Toolkit six

Menstrual hygiene in emergencies

Agenda:

Relevance – of menstrual hygiene management to Action Contre La Faim's work.

Introduction – to menstrual hygiene context and importance.

Exercise – looking at a range of sanitary protection materials, menstrual hygiene books for girls, training materials for teachers and photos of latrines and incinerators.

Discussion – on the issues the various products and documents raise that should be considered in emergency contexts.

Discussion – considering what Action Contre La Faim currently does well or does not do well in relation to menstrual hygiene in its water, sanitation and hygiene and other interventions in emergencies.

Presentation with further discussion:

- Why menstrual hygiene should be considered in emergency contexts.
- Sphere and menstrual hygiene.
- Consultation with women and girls.
- Sanitary protection materials – considerations.
- Privacy when dealing with menstrual hygiene.
- Washing and drying sanitary materials.
- Disposal of sanitary materials.
- Menstrual hygiene guidance for girls.
- Need for information on menstrual hygiene for boys and men.
- Training teachers in menstrual hygiene.
- Training community hygiene promoters in menstrual hygiene.
- Training staff, building confidence.
- Menstrual hygiene guidelines being developed in 2011.
- Useful references and examples of good practice.



Participants looking at sanitary protection materials, girls' books, teachers' guidance materials and photographs of good and bad toilet blocks
(Photo: S House)

T6.4 Bibliography

Global WASH Cluster (2009) *WASH accountability resources; Ask, listen, communicate.*

Inter-Agency Standing Committee (no date) *Gender and water, sanitation and hygiene in emergencies.*

Inter-Agency Standing Committee (2005) *Guidelines for gender based violence interventions in humanitarian emergencies: Focusing on prevention and response to sexual violence.*

Inter-Agency Network for Education in Emergencies (no date) *Gender responsive school sanitation, health and hygiene.*

Jones H and Reed R (2005) *Water and sanitation for disabled people and other vulnerable groups; Designing services to improve accessibility.* WEDC.

Médecins sans Frontières (1994) *Public health engineering in emergency situations; A handbook for implementing health programmes in deprived environments, in particular in camps of displaced persons.*

Nawaz J, Lal S, Raza S and House S (2006) *Screened toilet, bathing and menstruation units for the earthquake response in NWFP, Pakistan.* 32nd WEDC International Conference, Colombo, Sri Lanka.

Oxfam (no date) *Vulnerability and socio-cultural considerations for PHE in emergencies.* Technical brief.

Oxfam GB (no date) *Excreta disposal for physically vulnerable people in emergencies.* Technical brief.

Sommer M (in press) *Menstrual hygiene in humanitarian emergencies: Gaps and recommendations, Waterlines.*

The Sphere Project (2011) *Humanitarian charter and minimum standards in humanitarian response.*

UNHCR (2006, 2nd edition) *Practical guide to the systematic use of standards and indicators in UNHCR operations.*

UNHCR (2011) *UNHCR hygiene promotion briefing pack.*

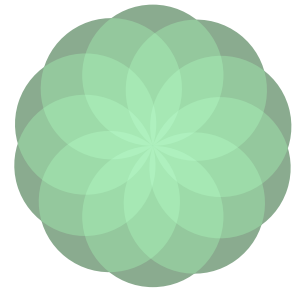
Endnotes

¹ Nawaz J, Lal S, Raza S and House S (2006) *Screened toilet, bathing and menstruation units for the earthquake response in NWFP, Pakistan.* 32nd WEDC International Conference, Colombo, Sri Lanka.

² Adapted from: Médecins sans Frontières (2010, draft second edition) *Public health engineering in precarious situations.* This is currently an internal document in the process of approval. The first edition, Médecins sans Frontières (1994) *Public health engineering in emergency situations; A handbook for implementing health programmes in deprived environments, in particular in camps of displaced persons,* can be purchased from: www.talcuk.org/featured-publishers/msf-a.htm.

³ Adapted from: Médecins sans Frontières (2010, draft second edition) *Public health engineering in precarious situations.* This is currently an internal document in the process of approval. The first edition, Médecins sans Frontières (1994) *Public health engineering in emergency situations; A handbook for implementing health programmes in deprived environments, in particular in camps of displaced persons* can be purchased from: www.talcuk.org/featured-publishers/msf-a.htm. For a detailed construction manual for the permanent incinerator contact Médecins sans Frontières directly.

⁴ Oxfam GB (no date) *Excreta disposal for physically vulnerable people in emergencies.* Technical brief; and: Jones H and Reed R (2005) *Water and sanitation for disabled people and other vulnerable groups; Designing services to improve accessibility.* WEDC.



Toolkit seven

Supporting women and girls
in vulnerable, marginalised or
special circumstances

*Part of Menstrual hygiene matters;
A resource for improving menstrual
hygiene around the world, written by*

Sarah House, Thérèse Mahon
and Sue Cavill (2012).

The full version can be downloaded
from www.wateraid.org/mhm.

This toolkit will cover...

- T7.1 Checklists and other tools
- T7.2 Technical designs and specifications
- T7.3 Case studies, examples and further information
- T7.4 Bibliography

Toolkit seven

Supporting women and girls in vulnerable, marginalised or special circumstances

T7.1 Checklists and other tools

T7.1.1 Checklist for women and girls in vulnerable, marginalised or special circumstances

Table T7.1 Checklist for women and girls in vulnerable, marginalised or special circumstances

Action	Resource reference	Score for progress (1 = no progress; 5 = action completed)
1	Research has been undertaken to identify the menstrual hygiene challenges faced by women and girls in vulnerable, marginalised or special circumstances, and their priorities for support.	Module 1 Module 7 Module 9
2	Women and girls in vulnerable, marginalised or special circumstances are able to access appropriate and affordable sanitary protection materials.	Module 3 Module 7 Toolkit 3
3	Programmes supporting water, sanitation and hygiene infrastructure have ensured they are accessible to all, including people with mobility limitations.	Module 6 Module 7 Toolkit 5 Toolkit 6 Toolkit 7
4	Programmes for income generation have been established that include girls and women in vulnerable, marginalised or special circumstances.	Module 3 Module 7
5	Women and girls in vulnerable, marginalised or special circumstances are involved in menstrual hygiene projects and provide feedback.	Module 7 Module 9

T7.2 Technical designs and specifications

T7.2.1 Good practice for improving accessibility to water, sanitation and hygiene facilities

Example T7.1 Good practice for improving accessibility to water, sanitation and hygiene facilities¹

Design features that can improve accessibility

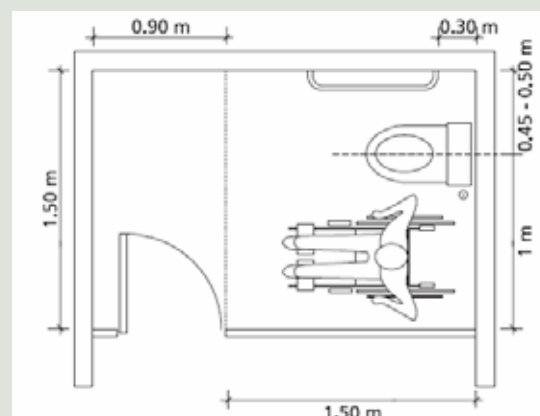
- Larger door width.
- Large, easy to use door handles.
- Increased space inside the latrine.
- Handrails.
- Chair or stool with hole.
- Slopes for access, with horizontal landing platforms at regular intervals and a platform outside the door (allowing enough space to safely open the door while the user is next to the door).
- Raised curbs or handrails at either side of the slope.
- Slip-resistant surfaces.
- Male and female signs using large raised symbols.



(Picture: Government of the United Republic of Tanzania/ Rashid Mbago)

Space inside the latrine

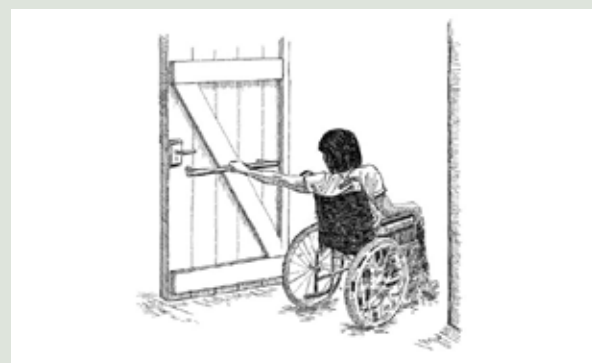
- Turning cycle of 1.5m.
- 1m space next to latrine for easy transfer.
- 0.45-0.5m between handrail and centre of the seat.
- Handrails on one side only for easy transfer.



(Picture: CBM)

Door width

- Minimum door width of 0.9m.
- Door opening externally.



(Picture: WEDC)

Toolkit seven

Supporting women and girls in vulnerable, marginalised or special circumstances

Easy to open handles

- Pull handle on the inside of the door for easy closing (see pictures left and above).
- Handle between 0.9 and 1.2m from floor level.
- Lock as pictured left – large hand hold, light materials.



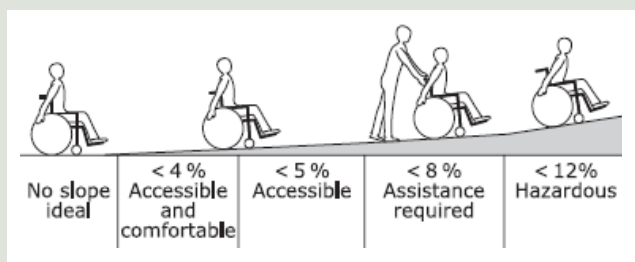
(Photo: WEDC)

Slope gradients

- Minimum width of 1m.
- Maximum gradient of 1:20 (5%).
- Minimum length, from landing at the bottom to top of the ramp, of 1.2m.
- In-between landings are needed every 10m.

Areas where mistakes are often made:

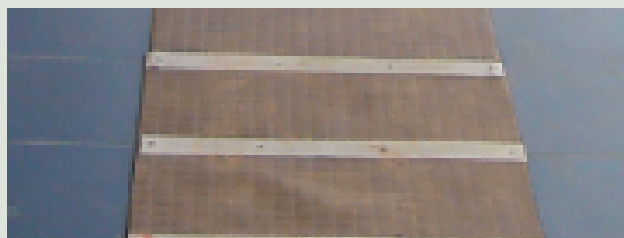
- Slopes are too steep, making it difficult and potentially hazardous for a person in a wheelchair to wheel themselves to the toilet.
- No in-between landings included on longer slopes.



(Picture: CBM)

Slip-resistant surface

- Ground surface indicators (eg colour contrast) at the top and bottom of the ramp, with a minimum width of 0.6m.
- Adequate water drainage.
- Barrier free.
- Useful for people with limited or no vision.



(Photo: CCBRT, Tanzania)

Concrete ramp with curbs on the sides

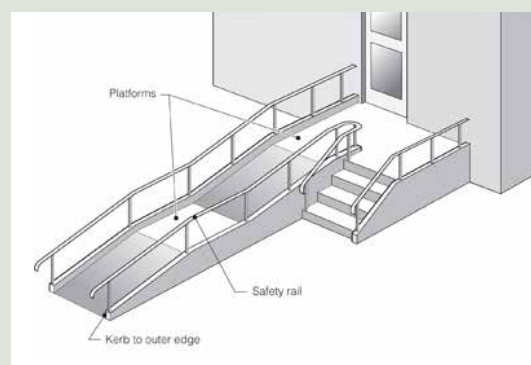
- Preferred option considering available materials and costs.
- Ideal if handrails are added.



(Photo: WEDC)

Concrete ramp with resting stages and handrails

- Resting stages are required on ramps to allow the person using the wheelchair to rest and also at the top so that they can be steady when opening the door.
- Not placing a resting stage at the top is a common mistake made when designing ramps for access to latrines.
- If there is no resting stage at the top or it is too small for the person using a wheelchair to open the door, they are at risk of rolling back down the slope.



(Picture: WEDC)

Moveable wooden stool

- Different dimensions for children and adults.
- Good finish required for durability and hygiene.
- Sizes:

Larger stool

- Seat height above ground = 500mm.
- Seat size = 420mm x 420mm.

Smaller stool

- Seat height above ground = 375mm.
- Seat size = 320mm x 320mm.

Fixed wooden stool on concrete block plinths

- Simple design to fix a wooden seat above a latrine hole. Can also have the concrete blocks at the front and back (instead of at the sides) to prevent any splashing on the legs.



(Picture: Government of the United Republic of Tanzania/Rashid Mbago)

Moveable chair with armrests

- Good finish required for durability and hygiene.
- Sizes:

Larger chair

- Seat height = 500mm.
- Seat size = 420mm x 420mm.
- Back rest = 500mm high.

Smaller chair

- Seat height = 375mm.
- Seat size = 320mm x 320mm.
- Back rest = 320mm high.



(Picture: Government of the United Republic of Tanzania/Rashid Mbago)

Toolkit seven

Supporting women and girls in vulnerable, marginalised or special circumstances

T7.3 Case studies, examples and further information

T7.3.1 Awareness-raising and training examples

Example T7.2 Training carers for people living with HIV/AIDS on the safe handling and disposal of menstrual blood²

Organisation:

USAID/Hygiene Improvement Project, Plan International, UWASANET, Ministry of Health, Republic of Uganda and a range of other partners

Target users:

Carers of people living with HIV/AIDS

Time of session:

One hour

Part of a three-day training course for carers supporting people living with HIV/AIDS

Refer to the next page for the three day timetable, [Module 7.3](#) for two visual aids and [Module 3.3.1](#) for guidance on handling sanitary protection materials.

Learning objectives of the session:

By the end of this session, participants should be able to:

- Describe additional care needs when female clients have a menstrual period, especially those who are bedbound.
- Identify ways that home-based care providers and household members can protect themselves from spreading HIV when handling menstrual blood.
- Identify the supplies available in Uganda that are useful when handling menstrual blood.
- Identify how to safely dispose of materials soiled with menstrual blood that will not be reused, and how to properly clean cloths soiled with menstrual blood so they can be safely re-used.

Session content:

- Introduction – why the session?
- Water, sanitation and hygiene related challenges for the carer of a person living with HIV/AIDS (15 minutes).
- Discussion and demonstration of materials that can be used for menstrual periods – sanitary pads, cloths and banana fibres (10 minutes).
- Keeping clean: Discussion on menstrual care of the bedbound female client (30 minutes):
 - Cleaning the client.
 - Disposal or cleaning of menstrual blood-soaked material.
- Review/summary (5 minutes).

Example T7.3 Course schedule for 'Integrating safe water, sanitation and hygiene into home-based care services in Uganda'³

Trainer's Manual: Integrating WASH into HBC

Workshop Schedule at-a-Glance

Integrating WASH into HBC					
Day 1		Day 2		Day 3	
8:30 - 9:00	Registration	8:30 - 8:35	Recap Day 1	8:30 - 8:40	Recap Day 2
9:00 - 10:30	Introduction to Training (M1: S1, S2)	8:35 - 10:00	Reducing Water Used for Hand Washing (M4, S2)	8:40 - 9:40	Safe Handling and Disposal of Menstrual Blood (M7, S1)
		10:00 - 10:40	How to Treat Your Water (M5, S1)	9:40 - 10:30	Using the 4 A's (Assess, Agree, Assist and Arrange) (M8, S1)
10:30 - 10:50	TEA	10:40 - 11:00	TEA	10:30 - 10:50	TEA
10:50 - 11:50	Effect of WASH on Health (M2, S1)	11:00 - 12:00	How to Treat Your Water (M5, S1) continued	10:50 - 1:00	Using the 4 A's (Module 8, Cont.)
11:50 - 1:30	Importance of WASH and HIV (M2, S2)	12:00 - 12:30	How to Safely Transport/Store/Serve Your Water (M5, S2)		
		12:30 - 1:30	Safe Handling of Faeces, Blood, and Other Body Fluids (M6)		
1:30 - 2:30	LUNCH	1:30 - 2:30	LUNCH	1:00 - 2:00	LUNCH
2:30 - 3:00	Role of HBC Provider (M2, S3)	2:30 - 4:30	Safe Handling of Faeces, Blood, and Other Body Fluids (M6 Cont.)	2:00 - 3:40	Putting WASH Knowledge and Practice into Action (M9, S1)
3:00 - 3:55	Intro to WASH Behaviour Change (M3, S1)				
3:55 - 4:15	TEA	4:30 - 4:50	TEA	3:40 - 4:00	TEA
4:15 - 5:15	Washing Hands With Soap (or Ash) and Water (M4, S1)	4:50 - 5:35	Safe Handling of Faeces, Blood, and Other Body Fluids (M6 Cont.)	4:00 - 5:20	Putting WASH Knowledge into Action (M9 Cont.), Closing
3:00 - 3:55	Day 1 Evaluation	3:00 - 3:55	Day 2 Evaluation	3:00 - 3:55	

Toolkit seven

Supporting women and girls in vulnerable, marginalised or special circumstances

T7.3.2 Incontinence, fistula, post-natal mothers and sanitary protection⁴

Incontinence and fistula

It is estimated that around one in three women will suffer from urinary incontinence (loss of control of urine) of some degree during their life when over the age of 30 years. Urinary incontinence is particularly common for women who have just had children and elderly women (and men), but girls, adolescents and other women can also suffer.

Sometimes incontinence is as a result of obstetric fistula. Obstetric fistula forms as a result of obstructed (prolonged) labour. It is more likely to occur following obstructed labour in young girls where the pelvis is not yet fully developed. A fistula is an abnormal opening between the bladder and the vagina and less commonly between the rectum and vagina. Sometimes both will form. As a result, the girl or woman constantly leaks urine and/or faeces and has no control over the condition. Occasionally fistulae develop as a result of a pelvic operation such as a hysterectomy or a caesarean section, and sometimes rectal fistula is the result of sexual practice or assault. This can lead to the involuntary loss of faeces or faecal incontinence.

Fistula is severely stigmatising and women can be rejected by their families because of the unpleasant smell of the leaking urine or faeces. The only effective treatment for fistula is to have surgery to close the hole. Due to the stigma, this condition is under-reported, with limited availability for repair operations. As such, this is a neglected condition suffered in silence by many girls and women.

Some types of incontinence can be resolved through exercises, or medical procedures, but many women in low income environments are unlikely to have access to such procedures, be able to afford them, or know that they are available. Therefore, they rely on sanitary protection materials to cope with their condition.

Sanitary protection for women, girls and men with incontinence

Normal sanitary pads are not ideal for urinary incontinence, unless it is very light, because they are not designed to receive larger volumes of fluid quickly, as can occur in incontinence. Women often accept using sanitary pads or materials or even larger incontinence pads better than men because they are used to wearing them for menstruation. Men often find the use of protection pads offensive because of the link to female menstrual hygiene. Special protection would be needed for women or men with faecal incontinence, which would be larger and of a different shape and absorbency than sanitary pads or materials for menstrual hygiene.

A number of discrete incontinence pads and undergarments can be purchased or produced locally by women's groups that make sanitary pads in low income countries. Refer to [Module 3.1.1](#) for examples of standard sanitary products, including plastic underpants, which can be used over sanitary protection, and [Module 8](#) on menstrual hygiene in the workplace for a case study.

Post-natal mothers

Post-natal mothers are likely to require a larger and higher absorbency sanitary protection material for the initial days or weeks following the birth. For the first couple of days, a woman may need to change her pad every one or two hours, changing them every three or four hours in the following days. It is important to ensure that traditional birth attendants and midwives are trained in good menstrual hygiene practice, for the time of birth is also an opportunity for girls and women to learn about good practices in menstrual hygiene.

Training traditional birth attendants and carers in good practice in handling blood

It is important to train traditional birth attendants and carers to protect themselves from blood, which carries the risk of HIV and Hepatitis B. Refer to [Module 3.3.1](#) for good practice on the handling of menstrual blood and [Toolkit 7.3.1](#) for an outline of a training programme for carers of people living with HIV.

T7.3.3 Female genital mutilation/cutting and menstrual hygiene

The infibulation type of female genital mutilation/cutting can lead to an accumulation of blood in the vagina and more painful periods.

Female genital mutilation/cutting and menstrual hygiene⁵

Female genital mutilation/cutting comprises all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs, for non-medical purposes. Female genital mutilation/cutting is usually carried out on girls younger than fifteen years old – sometimes during the first weeks of life. Occasionally, adult and married women are also subjected to the procedure.

The World Health Organisation has classified the types of female genital mutilation/cutting as follows:

- **Type 1:** Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).
- **Type 2:** Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).
- **Type 3:** Narrowing of the vaginal orifice with the creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).
- **Type 4:** All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterisation.

Long-term consequences are more likely to occur with the more severe types (2 and 3). These include cysts and abscesses on the vulva and recurrent urinary tract infections which can damage the kidneys. Painful menstruation and accumulation of menstrual blood in the vagina can occur as a result of total or partial occlusion of the vaginal opening... Women who have undergone female genital mutilation/cutting are significantly more likely to require caesarean section, a procedure not available to most rural women. Women

also risk extensive bleeding, longer hospital stays after delivery (assuming the woman has access to a hospital), perineal tear, prolonged labour, the need for episiotomies (cutting the skin between the vagina and the anus – also a procedure that requires a trained physician), and, in the worst case scenario, death.

From UNFPA-UNICEF (2010)

A small-scale study published as a report, found that girls who have undergone female genital mutilation/cutting may also miss more days from school.

Impact of circumcision on periods⁶

A Forum for African Women Educationalists study in Kenya in 2007, showed that over two months' sanitary pad provision coupled with reproductive health education reduced absenteeism from 4.9 days to 1.2 days per month, as compared to the control group. It further noted, 'Whereas 90.3% of the girls from Nairobi did not miss any school following puberty education sessions and receiving sanitary pads, only 67.6% of girls from Garissa did not miss any school following the interventions. This is because the survey revealed that circumcised girls experience longer and more painful periods than uncircumcised ones, contributing to absenteeism despite the interventions.' As well, participation was enhanced significantly in the group receiving interventions, with girls shown to be 'less shy and withdrawn'.

From ZanaAfrica (2011)

Toolkit seven

Supporting women and girls in vulnerable, marginalised or special circumstances

T7.3.3 Women and girls with epilepsy and menstruation

Women and girls with epilepsy and menstruation

Women and girls with epilepsy have an increased incidence of reproductive endocrine disorders, including irregular menstrual cycles, anovulatory cycles, amenorrhea and oligomenorrhea. The anticonvulsants may also lead to menstrual irregularities. Some women with epilepsy have more seizures just before or during menstruation. This is called catamenial epilepsy⁷.

Prevalence data varies, indicating between 12.5% and 72% of women with epilepsy have catamenial seizures. A number of treatment options can be considered, but their effectiveness will depend on the underlying cause of the seizures⁸.

T7.4 Bibliography

BRAC (2010) *Annual report*.

Cavill S and Gugu F (2011) *Focus group discussion: Menstrual hygiene management for women and girls with disabilities, Tanzania*.

CCBRT (2010) *Access for all – Accessibility features for latrines*. Handout for water, sanitation and hygiene emergency training, Tanzania.

COHRE, AAAS, SDC and UN-Habitat (2007) *Manual on the right to water and sanitation*.

Ethicon (no date) *Stress urinary incontinence in women; What you can do about it*.

House S (2011) *Aide memoir for WASH practitioners on vulnerability and equity, for use in development, emergency and transitional contexts*.

House S (2011) *Practical approaches to inclusion of vulnerable or marginalised groups*. Aguasan workshop, 'Water and sanitation are human rights – So what?', Switzerland.

ICRC (1994) *Water and war symposium on water in armed conflicts*.

Inter-Agency Network for Education in Emergencies (no date) *Gender responsive school sanitation, health and hygiene*.

Jones H and Reed R (2005) *Water and sanitation for disabled people and other vulnerable groups; Designing services to improve accessibility*. WEDC.

Joshi D and Morgan J (2007) Pavement dwellers' sanitation activities – visible but ignored, *Waterlines*, vol 25, no 3.

Joshi D and Ferron S (2007) Manual scavenging – a life of dignity?, *Waterlines*, vol 26, no 2.

Kaur H, Butler J and Trumble S (2003) *Options for menstrual management; Resources and information for staff and carers of women with an intellectual disability*. Centre for Developmental Disability Health, Victoria.

Magenta (2004) *Information for sex workers only; Your period is due and you want to keep working... What can you do?*. Family Planning Association of WA (Inc).

Ministry of Health and Social Welfare and UNICEF Tanzania (2011) *Meeting the water, sanitation and hygiene rights of Tanzanian women and children*.

Nembrini PG (2005) *Water, sanitation, hygiene and habitat in prisons*. ICRC.

Noldy-MacLean NE (no date) Seizures and the menstrual cycle, *Epilepsy News*. Available at: <http://epilepsyontario.org> (accessed 31 Dec 2011).

Oxfam GB (no date) *Excreta disposal for physically vulnerable people in emergencies*. Technical brief.

McNamara Dr V (2011) Personal communication. Leicester University Hospitals Trust, UK.

Qunit E H (2008) Menstrual issues in adolescents with physical and developmental disabilities, *Annals of the New York Academy of Sciences*, no 1,135, pp 230-6.

Smith C (2009) A period in custody: Menstruation and the imprisoned body, *Internet Journal of Criminology*. Available at: www.internetjournalofcriminology.com.

Southern Sudan Prisons Service (2009) *Southern Sudan prisons service bulletin*, Issue 5.

Suwaiba Y J (2003) *Water and sanitation problems faced by women in seclusion*. In proceedings of 'Towards the Millennium Development Goals', 29th WEDC International Conference, Abuja, Nigeria.

UNFPA-UNICEF (2010) *Joint programme on female genital mutilation/cutting: Accelerating change*. Annual report.

UNICEF, CCBRT and EEPKO (2010) *School WASH for all children in Tanzania; Children with disabilities: The right to education for all children*.

Toolkit seven

Supporting women and girls in vulnerable, marginalised or special circumstances

USAID and World Health Organisation (2010) *How to integrate water, sanitation and hygiene into HIV programmes.*

[www.babycentre.co.uk/baby/youafter the birth/sanitarypadsq](http://www.babycentre.co.uk/baby/youafter%20the%20birth/sanitarypadsq).

USAID/Hygiene Improvement Project, Plan International, Uganda Water and Sanitation NGO Network, Ministry of Health, Republic of Uganda (2008) *Uganda HIV and WASH integration kit.*

www.incontinence.co.uk.

www.orchidproject.org (accessed 17 Oct 2011).

Van der Gaag N (2008) *Because I am a girl; The state of the world's girls 2008. Special focus: In the shadow of war.* Plan International.

ZanaAfrica (2011) *Do pads keep girls in school?* Available at: www.zanaa.org/2011/04/do-pads-keep-girls-in-school (accessed 17 Sep 2011).

World Health Organisation (2000) *A systematic review of the health complications of female genital mutilation including sequelae in childbirth.*

ZanaAfrica (2011) *Managing menstruation.* Available at: www.zanaa.org/managing-menstruation (accessed 7 Sep 2011).

ZanaAfrica (2011) *Sex workers are mummies too.* Available at: www.zanaa.org/2010/12/sex-workers-are-mummies-too (accessed 17 Sep 2011).

Endnotes

¹ CCBRT (2010) *Access for all – Accessibility features for latrines.* Handout for water, sanitation and hygiene emergency training, Tanzania; and: Jones H and Reed R (2005) *Water and sanitation for disabled people and other vulnerable groups; Designing services to improve accessibility.* WEDC.

² USAID/Hygiene Improvement Project, Plan International, Uganda Water and Sanitation NGO Network and Ministry of Health, Republic of Uganda (2008) *Uganda HIV and WASH integration kit.*

³ Ibid.

⁴ The information in this section has been taken from a number of sources: Professor Alison Fiander, Chair Obstetrics and Gynaecology, Wales College of Medicine, Cardiff University and Fistula Surgeon at Comprehensive Community Based Rehabilitation in Tanzania (CCBRT)'s Disability Hospital in Dar es Salaam, Tanzania (2011)

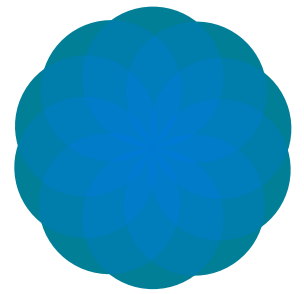
Personal communication; Ethicon (no date) *Stress urinary incontinence in women; What you can do about it;* www.incontinence.co.uk/; [www.babycentre.co.uk/baby/youafter the birth/sanitarypadsq](http://www.babycentre.co.uk/baby/youafter%20the%20birth/sanitarypadsq).

⁵ UNFPA-UNICEF (2010) *Joint programme on female genital mutilation-cutting; Accelerating change.* Annual report.

⁶ Noted in: ZanaAfrica (2011) *Do pads keep girls in school?* Available at: www.zanaa.org/2011/04/do-pads-keep-girls-in-school (accessed 17 Sep 2011).

⁷ Qunit EH (2008) Menstrual issues in adolescents with physical and developmental disabilities, *Annals of the New York Academy of Sciences*, no 1135, pp 230-6.

⁸ Noldy-MacLean NE (no date) Seizures and the menstrual cycle, *Epilepsy News.* Available at: <http://epilepsyontario.org> (accessed 31 Dec 2011).



Toolkit eight

Menstrual hygiene in the workplace

*Part of Menstrual hygiene matters;
A resource for improving menstrual
hygiene around the world, written by
Sarah House, Thérèse Mahon
and Sue Cavill (2012).
The full version can be downloaded
from www.wateraid.org/mhm.*

This toolkit will cover...

- T8.1 Checklists and other tools
- T8.2 Technical designs and specifications
- T8.3 Case studies, examples and further information
- T8.4 Bibliography

Toolkit eight

Menstrual hygiene in the workplace

T8.1 Checklists and other tools

T8.1.1 Checklist for menstrual hygiene in the workplace

Table T8.1 Checklist for menstrual hygiene in the workplace

Action	Manual reference	Score for progress (1 = no progress; 5 = action completed)
1	Employers have been sensitised in good menstrual hygiene practices and minimum standards for the workplace.	Module 1 Module 8
2	Workplaces have a supply of sanitary protection materials for girls who face a menstrual hygiene emergency.	Module 3 Module 8
3	Workplaces have accessible, well-maintained and gender-segregated water, sanitation and hygiene facilities, providing a private and hygienic environment for female employees to manage their menstruation.	Module 8 Toolkit 3 Toolkit 5
4	Workplaces and other public places have a discrete disposal mechanism for sanitary protection materials.	Module 3 Module 8 Toolkit 3
5	Commercial inspectors are trained in menstrual hygiene and it is integrated into their standard inspection regimes.	Module 8

T8.2 Technical designs and specifications

Refer to [Toolkit 3.2.5](#) and [Toolkit 3.2.6](#) for examples of technical designs for waste collection containers, incinerators and toilet, bathing and changing rooms that can be adapted to the working environment.

T8.3 Case studies, examples and further information

Refer to [Module 1](#), [Module 2](#) and [Module 9](#) and [Toolkit 1](#), [Toolkit 2](#) and [Toolkit 9](#) for basic menstrual hygiene information that can be adapted to develop guidance for employers.

T8.4 References

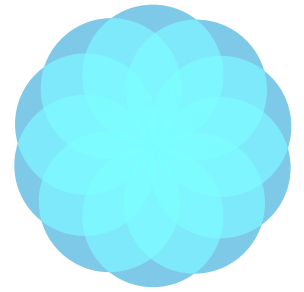
Fernandes M (2010) *Freedom of mobility: Experiences from villages in the states of Madhya Pradesh and Chhattisgarh, India*. South Asia Hygiene Practitioners' Workshop, Dhaka, Bangladesh.

Patterson ET and Hale ES (1985) Making sure: Integrating menstrual care practices into activities of daily living, *Advances in Nursing Science*.

Poureslami M and Osati-Ashtiani F (2005) Attitudes of female adolescents about dysmenorrhoea and menstrual hygiene in Tehran suburbs, *Archives of Iranian Medicine*, vol 5, no 4, pp 219-224.

Taylor J (2011) Women workers forced to wear 'I need to pee' sign, *Metro*, Friday Oct 7 2011.

Trego LL (2007) *Military women's menstrual experiences and interest in menstrual suppression during deployment*. The Association of Women's Health, Obstetric and Neonatal Nurses.



Toolkit nine

Research, monitoring
and advocacy

*Part of Menstrual hygiene matters;
A resource for improving menstrual
hygiene around the world, written by
Sarah House, Thérèse Mahon
and Sue Cavill (2012).
The full version can be downloaded
from www.wateraid.org/mhm.*

This toolkit will cover...

- T9.1 Checklists and other tools
- T9.2 Technical designs and specifications
- T9.3 Case studies, examples and further research
- T9.4 Bibliography

Toolkit nine

Research, monitoring and advocacy

T9.1 Checklists and other tools

T9.1.1 Checklist for research, monitoring and advocacy on menstrual hygiene

Table T9.1 Checklist for research, monitoring and advocacy on menstrual hygiene

Action	Resource reference	Score for progress (1 = no progress; 5 = action completed)
1	Research has been undertaken into the norms, practices, myths, challenges and priorities for girls and women relating to menstrual hygiene in the programme context.	Module 1 Module 9 Toolkit 1
2	Women and girls are given opportunities to provide feedback on progress and appropriateness of interventions as part of the monitoring and evaluation of the programme.	Module 7 Module 9
3	Indicators have been developed for monitoring menstrual hygiene interventions, over the short, medium and longer-term, including practical interventions and behaviour change.	Module 3 Module 5 Module 9 Toolkit 9
4	A framework has been developed for advocacy on menstrual hygiene.	Toolkit 9
5	Collaborators or alliances exist to take forward advocacy on menstrual hygiene at the appropriate levels.	Module 9 Toolkit 9

T9.1.2 Good practice for working with the media on menstrual hygiene

Good practice for working with the media on menstrual hygiene

- Prepare well beforehand.
- Know your target group.
- Consider media options to reach your target group.
- Know your topic well – conduct research and identify your key messages.
- Use news opportunities by linking the menstrual hygiene issue with other events; offer a story or photo opportunity.
- Prepare for any sensitive questions that could come up relating to local traditions, beliefs or religious teachings.
- Prepare an information brief for the media, including the facts, the impacts, and the voiced experiences of girls and women.
- Run media-briefing sessions with questions and answers.
- Undertake advocacy activities to bring menstrual hygiene to the attention of the media.
- Create alliances for working with the media on menstrual hygiene with other sector stakeholders (ministries, UN agencies, non-governmental organisations, community-based organisations, etc).
- Keep in touch with media that has shown an interest in menstrual hygiene and foster the relationship.

A useful and clear message¹

- Should summarise the change you want to bring about.
- Should be short and punchy – just one or two sentences.
- Should be understandable to someone who doesn't know the issue, and be jargon-free.
- Should include a deadline for when you want to achieve your objective by.
- Should include the reasons why the change is important.
- Should include any action you want the audience to take in response.
- Should be memorable.

Toolkit nine

Research, monitoring and advocacy

T9.1.3 Communication framework for advocacy on menstrual hygiene

Table T9.2 Communication framework for advocacy on menstrual hygiene

Target group	Key information	Channels/methodologies for communication
Pre-pubescent and adolescent girls	<ul style="list-style-type: none"> • Facts about menstruation/myth-busting. • Menstruation is a normal process. • How to keep yourself healthy during menstruation. • How to make homemade sanitary pads. • How to wash and dry sanitary cloths/re-usable pads appropriately. • Supporting friends and peers on menstrual hygiene. • Challenging negative gender stereotypes. 	<ul style="list-style-type: none"> • Mothers, aunts, sisters, other female relatives. • Schools. • Out of school clubs, girls' or youth groups. • Media. • Girls' menstrual hygiene books.
Women	<ul style="list-style-type: none"> • Facts about menstruation/myth-busting. • How to keep yourself healthy during menstruation. • How to make homemade sanitary pads. • How to wash and dry sanitary cloths/re-usable pads appropriately. • Supporting daughters and other girls on menstrual hygiene. • Encouraging schools to be menstrual hygiene-friendly. • Challenging negative gender stereotypes. 	<ul style="list-style-type: none"> • Health staff and facilities. • Community health workers. • Women's groups. • Other women. • Religious institutions. • Schools (and parents). • Media. • Information leaflets.
Boys and men	<ul style="list-style-type: none"> • Facts about menstruation/myth-busting. • Challenges women and girls face on menstrual hygiene. • Importance of water, sanitation and hygiene facilities and ability of girls and women to obtain appropriate sanitary materials. • How boys and men can support their sisters, daughters, peers, etc. • Challenging negative gender stereotypes. 	<ul style="list-style-type: none"> • Community leaders. • Community health volunteers. • Religious institutions. • Media – radio, newspapers, television. • Information leaflets.

Target group	Key information	Channels/methodologies for communication
Community leaders	<ul style="list-style-type: none"> • Facts about menstruation/myth-busting. • Challenges women and girls face with menstrual hygiene. • Importance of water, sanitation and hygiene facilities and ability of women and girls to obtain appropriate sanitary materials. • How community leaders can support their sisters, daughters, peers, etc. • Importance of public buildings having appropriate water, sanitation and hygiene facilities and disposal mechanisms for sanitary materials. • Challenging negative gender stereotypes. 	<ul style="list-style-type: none"> • Government/non-governmental organisation/community-based organisation awareness-raising. • Religious institutions. • Media – radio, newspapers, television. • Information leaflets.
Carers of girls and women in vulnerable situations	<ul style="list-style-type: none"> • Facts about menstruation/myth-busting. • Challenges women and girls in vulnerable situations face with menstrual hygiene. • Importance of water, sanitation and hygiene facilities and ability of women and girls to obtain appropriate sanitary materials. • How to support girls and women in particularly vulnerable situations with their menstrual hygiene. • Health and hygiene in relation to menstrual hygiene. 	<ul style="list-style-type: none"> • Health staff and facilities. • Community health workers. • Non-governmental organisations/government awareness-raising. • Women's groups. • Religious institutions. • Schools (as parents). • Media. • Information leaflets. • Training.

Toolkit nine

Research, monitoring and advocacy

Target group	Key information	Channels/methodologies for communication
Community-based organisations, non-governmental organisations, local government	<ul style="list-style-type: none"> • Facts about menstruation/myth-busting. • Challenges women and girls face with menstrual hygiene and the impacts these have on them. • Importance of water, sanitation and hygiene facilities and ability of women and girls to obtain and dispose of sanitary materials. • How community-based organisations/non-governmental organisations/local government can support girls and women to improve menstrual hygiene. • Importance of public buildings having appropriate water, sanitation and hygiene facilities and disposal mechanisms for sanitary materials. • Opportunities for the establishment of social enterprises making affordable sanitary protection products. • Challenging negative gender stereotypes. 	<ul style="list-style-type: none"> • Government/non-governmental organisation/community-based organisation awareness-raising. • Media – radio, newspapers, television. • Information leaflets and publications. • Training.
Private sector	<ul style="list-style-type: none"> • Facts about menstruation/myth-busting. • Challenges women and girls face with menstrual hygiene. • Opportunities for the private sector to develop services that support girls in their menstrual hygiene. 	<ul style="list-style-type: none"> • Government/non-governmental organisation/community-based organisation awareness-raising. • Media – radio, newspapers, television. • Information leaflets.
Media	<ul style="list-style-type: none"> • The current problems facing girls and women related to menstrual hygiene. • What impact this has on the lives of girls and women, their families, communities and development. • The facts about menstruation. • Menstrual hygiene myths that need correcting – what are the facts? • Who needs to act, what they should be doing, what impacts this will have. • Challenging negative gender stereotypes. 	<ul style="list-style-type: none"> • Government/non-governmental organisation/community-based organisation awareness-raising. • Information leaflets. • Other media.

Target group	Key information	Channels/methodologies for communication
Politicians and government ministries	<ul style="list-style-type: none"> • The current problems facing girls and women related to menstrual hygiene. • What impact this has on the lives of girls and women, their families, communities and development. • The facts about menstruation. • Menstrual hygiene myths that need correcting – what are the facts? • Who needs to act, what they should be doing, what impacts this will have. • Integrating menstrual hygiene into legislation, policies, strategies and guidelines. • Costs of responding. • Challenging negative gender stereotypes. 	<ul style="list-style-type: none"> • Government/non-governmental organisation/community-based organisation awareness-raising. • Information or advocacy leaflets. • Media – radio, newspapers, television.
Donors	<ul style="list-style-type: none"> • The current problems facing girls and women related to menstrual hygiene. • What impact this has on the lives of girls and women, their families, communities and development. • Costs of responding. • Challenging negative gender stereotypes. 	<ul style="list-style-type: none"> • Government/non-governmental organisation/community-based organisation awareness-raising. • Advocacy leaflets.

Toolkit nine

Research, monitoring and advocacy

T9.1.4 Developing information briefs for different stakeholders

Good practice for developing information briefs on menstrual hygiene

- Get to know your audience and their information needs.
- Determine the key information you want to get across – keep it as simple as possible.
- Use a visually appealing and interesting presentation style.
- Use less text, more pictures.
- Use language that is easy to understand.
- Test the information brief and revise it based on the feedback you get.

Table T9.3 Key menstrual hygiene information for different target groups

Target group	Information for inclusion in information brief
Community leaders and community-based organisations	<p>The basics – the problem, impacts, the facts: The current problems facing girls and women related to their menstrual hygiene.</p> <ul style="list-style-type: none"> • What impact this has on the lives of girls and women, their families, communities and development. • The facts about menstruation, including responses to any harmful local myths. • Questions and answers on menstrual hygiene. <p>What can be done to improve the menstrual hygiene situation of girls and women:</p> <ul style="list-style-type: none"> • What communities and/or community-based organisations can do to support girls and women with their menstrual hygiene. • What communities and/or community-based organisations can do to support girls and women in particularly vulnerable situations to manage their menstrual hygiene more effectively. <p>Where to go for additional information (including girls' menstrual hygiene books if they exist in the particular context).</p>

Target group	Information for inclusion in information brief
Schools	<p>The basics – the problem, impacts, the facts:</p> <ul style="list-style-type: none"> • The current problems facing schoolgirls and female teachers in relation to menstrual hygiene. • What impact this has on the lives of girls and women, their educational experience, families, communities and development. • The facts about menstruation, including responses to any harmful local myths. • Questions and answers on menstrual hygiene. <p>What can be done:</p> <ul style="list-style-type: none"> • What practical measures schools can take to make the school environment menstrual hygiene-friendly: eg training teachers to support girls with their menstrual hygiene; including menstrual hygiene in the curriculum; running menstrual hygiene sessions for girls; installing water, sanitation and hygiene facilities; making affordable sanitary materials available. <p>Where to go for additional information (including girls' menstrual hygiene books if they exist in the particular context).</p>
Health staff	<p>The basics – the problem, impacts, the facts:</p> <ul style="list-style-type: none"> • The current problems facing girls and women in relation to menstrual hygiene. • What impact this has on their lives, families, communities and development. • The facts about menstruation, including responses to any harmful local myths. • Questions and answers on menstrual hygiene. <p>What can be done:</p> <ul style="list-style-type: none"> • Good practice for girls and women in managing their menstrual hygiene. • Opportunities for health staff to provide guidance to girls and women on menstrual hygiene. • Guidance for communities and public institutions on reducing menstrual hygiene challenges for women and girls. • Supporting initiatives for the production or supply of affordable sanitary protection materials. • Particular care and attention to be given to girls and women in particularly vulnerable situations and their menstrual hygiene needs. • Training of carers of girls and women in particularly vulnerable situations. <p>Where to go for additional information (including girls' menstrual hygiene books if they exist in the particular context).</p>

Toolkit nine

Research, monitoring and advocacy

Target group	Information for inclusion in information brief
Media	<p>The basics – the problem, impacts, the facts:</p> <ul style="list-style-type: none"> • The current problems facing girls and women in relation to menstrual hygiene. • What impact this has on their lives, families, communities and development. • The facts about menstruation. • Menstrual hygiene myths that need correcting – what are the facts? • Questions and answers on menstrual hygiene. <p>What can be done:</p> <ul style="list-style-type: none"> • Who needs to act. • What they should they be doing. • What impacts this will have. <p>Where to go for additional information (including girls' menstrual hygiene books if they exist in the particular context).</p>

For additional information:

- [Toolkit 3.3.3](#) – includes a case study on an advertising campaign by a commercial producer in Africa.
- [Toolkit 1.2.1](#) – provides information on developing menstrual hygiene booklets for girls.
- [Toolkit 5.3.2](#) – includes two examples of the content of teacher training guidance documents.

T9.2 Technical designs and specifications

Booklets on menstruation for girls may be useful as a starting point for designing information leaflets for different audiences. Refer to [Toolkit 1.2](#) for examples of these booklets and guidance on developing new materials.

T9.3 Case studies, examples and further research

T9.3.1 Academic research on menstrual hygiene

In recent years, a number of MSc and PhD students have selected menstrual hygiene as a topic of study, although much more is needed to strengthen the body of learning.

A few examples of topics of PhD or MSc study underway or completed over the past decade are:

- 2004 – Addis Ababa University, Ethiopia (2003/4) – Yared Abera – Menarche, menstruation related problems and practices among adolescent high school girls in Addis Ababa, 2003/4.
- 2006 – Cranfield University, UK, School of Applied Sciences, MSc Water Management, Community Water Supply (2005/6) – Jeanette Cooke – Practical interventions to meet the menstrual hygiene needs of schoolgirls; A case study from Katakwi, Uganda.
- 2008 – Columbia University, USA, Mailman School of Public Health, Department of Socio-medical Sciences – DrPH in Sociomedical Sciences – Marni Sommer – Intersections between girls' education and public health in Tanzania.
- 2011 – Cranfield University, UK, School of Applied Sciences, MSc Water Management, Community Water Supply (2010/11) – Sally Piper Pillitteri – Toilets are not enough: Addressing menstrual hygiene management in secondary schools in Malawi.
- 2011 – WEDC, Loughborough University, UK, MSc Water and Environmental Management (2009/10) – Tracey Crofts – Will they cotton on? An investigation into schoolgirls' use of low-cost sanitary pads in Uganda.

Examples of other research that has been or is being

undertaken by academic institutions includes:

- Makerere University (2007) Development of the MakaPad, a 95% biodegradable lower cost sanitary pad made of papyrus and waste paper².
- Said Business School, University of Oxford (2010) New study shows sanitary protection for girls in developing countries may provide a route to raising their educational standards. Press release, 28 Jan 2010.
- London School of Hygiene and Tropical Medicine and Institute of Education (2011) What impact does the provision of separate toilets for girls at school have on their primary and secondary enrolment, attendance and completion? A systematic review of the evidence.

Toolkit nine

Research, monitoring and advocacy

T9.3.2 Integrating menstrual hygiene into academic curricula

Elements for incorporation into standard syllabuses of professional training institutions

- Importance of menstrual hygiene to women and girls, and how it relates to development and their rights.
- Cross-sectoral responsibilities for menstrual hygiene and the importance of communication and collaboration across sectors.
- Practical ways to improve the menstrual hygiene situation of women and girls in particular sectors.
- Integrating menstrual hygiene into policies, strategies, guidelines and procedures.
- Training and awareness-raising for staff.
- Curricula development for training institutions and schools.
- Menstrual hygiene in the workplace.
- Budgeting for menstrual hygiene.
- Monitoring menstrual hygiene.

Example T9.1 Integrating menstrual hygiene into academic curricula



Menstrual hygiene participatory session at the annual WASH International Conference, Loughborough University

(Photo: WEDC)

Integrating menstrual hygiene into academic curricula, WEDC, UK

The Water, Engineering and Development Centre of Loughborough University in the UK includes menstrual hygiene in the taught module 'Management of water and sanitation'. This is a core module for both the MSc in Water and Waste Engineering and the MSc in Water and Environmental Management. It is included in a session about poverty and development and water, hygiene and sanitation, and also one on WASH stakeholders. Both sessions pick up issues of equity and inclusion. At the moment, the content is limited to thinking about inclusion, what this means practically, the personal cost to individuals if they are excluded, and challenging perceptions of so-called 'standard' designs.

T9.4 Bibliography

- Abera Y (2003/4) *Menarche, menstruation related problems and practices among adolescent high school girls*. MSc thesis, Addis Ababa University, Ethiopia.
- Burgers L and Spruijt H (2009) *Menstrual hygiene: Manage it well!*. UNICEF webinar.
- Cooke J (2006) *Practical interventions to meet the menstrual hygiene needs of schoolgirls; A case study from Katakwi, Uganda*. MSc Water Management, Community Water Supply (2005/06) Cranfield University, UK, School of Applied Sciences.
- Crofts T (2011) *Will they cotton on? An investigation into schoolgirls' use of low-cost sanitary pads in Uganda*. MSc Water and Environmental Management (2009/10) WEDC, Loughborough University, UK.
- Faulkner R (2009) Why I am helping Kenyan schoolgirls, *Guardian Weekly*, Friday 25 Sep 2009. Available at: www.guardian.co.uk (accessed 18 Sep 2011).
- Freshwater Action Network (2010) *Rights to water and sanitation: A handbook for activists*.
- Isingome J (2006) *MakaPads: Makerere University makes affordable sanitary pads*. First published 16 Dec 2006. Available at: www.ugpulse.com/business/makapads-makerere-university-makes-affordable-sanitary-pads/549/ug.aspx (accessed 23 Sep 2011).
- London School of Hygiene and Tropical Medicine and Institute of Education (2011) *What impact does the provision of separate toilets for girls at school have on their primary and secondary enrolment, attendance and completion? A systematic review of the evidence*.
- Mahon T, House S and Cavill S (2011) *Menstrual hygiene matters: Guidelines for practitioners; A synthesis of best practice in menstrual hygiene management*. Poster presented at Chapel Hill, 2011.
- Makerere University (2007) *Development of the MakaPad, a 95% biodegradable lower cost sanitary pad made of papyrus and waste paper*; in: Isingome J (2006) *MakaPads: Makerere University makes affordable sanitary pads*. First published 16 Dec 2006. Available at: www.ugpulse.com/business/makapads-makerere-university-makes-affordable-sanitary-pads/549/ug.aspx (accessed 23 Sep 2011).
- Ministry of Education and Ministry of Public Health, Islamic Republic of Afghanistan (2010) *Assessment of knowledge, attitude and practice of menstrual health and hygiene in girls schools in Afghanistan*.
- Pillitteri SP (2011) *Toilets are not enough: Addressing menstrual hygiene management in secondary schools in Malawi*. MSc Water Management, Community Water Supply (2010/1) Cranfield University, UK, School of Applied Sciences.
- Said Business School, University of Oxford (2010) *New study shows sanitary protection for girls in developing countries may provide a route to raising their educational standards*. Press release, 28 Jan 2010.
- Sommer M (2010) *Utilising participatory and quantitative methods for effective menstrual-hygiene management related policy and planning*. UNICEF-GPIA Conference, New York.
- Sommer M (2011) An early opportunity for promoting girls' health: Policy implications of the girls' puberty book project in Tanzania, *International Electronic Journal of Health Education*, vol 14, pp 77-92. Available at: www.aahperd.org/aahe/publications/iejhe/iejhe-volume-14.cfm.
- Sommer M (2008) *Intersections between girls' education and public health in Tanzania*. DrPH in Sociomedical Sciences, Mailman School of Public Health, Columbia University, USA.
- Ten VTA (2007) *Menstrual hygiene; A neglected concern for the achievement of several Millennium Development Goals*. Europe External Policy Advisers.
- Water Research Commission (2011) *Dialogue: Menstrual hygiene management; Supporting the Sanitary Dignity Campaign for Women and Girls*. Dialogue report.
- WaterAid (no date) *The advocacy sourcebook*.

Toolkit nine

Research, monitoring and advocacy

WaterAid, SHARE, London School of Hygiene and Tropical Medicine, Water Supply and Sanitation Commission (2010) *Menstrual hygiene management*. Briefing note.

www.newzimbabwe.com/pages/misszim40.15090.html
(accessed 17 Oct 2011).

www.zanaa.org/managing-menstruation/policy-advocacy/national-committee.

ZanaAfrica (2011) *EmpowerNet clubs*. Available at:
www.zanaa.org/empowernet-clubs (accessed 17 Sep 2011).

ZanaAfrica (2011) *Managing menstruation*. Available at:
www.zanaa.org/managing-menstruation (accessed 7 Sep 2011).

Endnotes

¹ WaterAid (no date) *The advocacy sourcebook*.

² Isingome J (2006) *MakaPads: Makerere University makes affordable sanitary pads*. First published 16 Dec 2006. Available at: www.ugpulse.com/business/makapads-makerere-university-makes-affordable-sanitary-pads/549/ug.aspx (accessed 23 Sep 2011).



Menstrual hygiene matters

A resource for improving menstrual hygiene around the world

Sarah House, Thérèse Mahon
and Sue Cavill

This comprehensive resource on menstrual hygiene:

- Brings together examples of good menstrual hygiene practice from around the world.
- Provides guidance on building competence and confidence to break the silence surrounding the issue.
- Encourages increased engagement in advocacy on menstrual hygiene.

It is for use by all professionals who are concerned with improving the lives of girls and women. It will be of particular use to water, sanitation and hygiene (WASH) sector professionals, as well as those from other sectors, including health, sexual and reproductive health and rights, education, community development, protection and gender.

Co-published by:



First edition, 2012