MENSTRUAL HEALTH AND HYGIENE

MAY 2022

Technical Brief

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ACRONYMS

CEFM	Child, Early, and Forced Marriage
CTC	Community Toilet Complexes
FGM/C	Female Genital Mutilation/Cutting
GBV	Gender-Based Violence
IRC	International Rescue Committee
JMP	Joint Monitoring Programme on Water Supply, Sanitation, and Hygiene
MHH	Menstrual Health and Hygiene
MHM	Menstrual Hygiene Management
PASS	Pani Aur Swachhata Mein Sajedhari
PYD	Positive Youth Development
SBC	Social and Behavior Change
SME	Small and Medium Enterprises
SRH	Sexual and Reproductive Health
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WEE	Women's Economic Empowerment

Menstrual Health and Hygiene (MHH) *is the ability of women, girls, and transgender and gender non-binary individuals who menstruate ("menstruators" or "individuals who menstruate") to manage their menstrual cycles in a safe, dignified, healthy, and supported manner throughout their lives. MHH encompasses Menstrual Hygiene Management (MHM), which is the ability to experience menses safely and sanitarily, and requires access to clean supplies for collecting menstrual blood, soap and water, and safe, private, and convenient facilities for changing, laundering, or disposal of menstrual management materials; and knowledge of how to manage the menstrual cycle with dignity. Sustainable MHH approaches at the systems level include MHM programs; health care; water and sanitation services, including environmentally sound management of menstrual hygiene waste; access to accurate body-positive sexual and reproductive health information; social and behavior change to encourage positive social and gender norms and confront stigma; and advocacy for and development of improved MHH policy, inclusive of all people who menstruate.*

—USAID standard definition, May 27, 2021

COVER PHOTO: Young adolescent girls on the 'Youth-Powered Ecosystem to Advance Urban Adolescent Health' activity benefit from the USAID/Kimberly-Clark free sanitary pad distribution at the USAID TEENSMATA Youth Hub in Lafiaji, Lagos Island, Nigeria. Photo credit: DAI.

INTRODUCTION

Despite being a basic bodily function, menstruation has lived in the shadows across cultures, geographies, and history. In recent years, global health, international development, and women's rights communities have increasingly recognized the role that menstruation plays in achieving their respective sector objectives, and the many ways in which menstruation can prevent people from contributing freely to their societies. Approaches to addressing menstruation have often been centered within the water, sanitation, and hygiene (WASH) sector, which has resulted in a significant programmatic focus on access to latrines and menstrual hygiene products. Efforts from the WASH sector have made significant contributions to advance menstrual equity, but alone are insufficient. **Holistic MHH interventions require multi-sectoral approaches that combine efforts from the health, education, gender, humanitarian protection, and WASH sectors to address the physical, emotional, economic, and social challenges related to menstruation and to meet the needs of all menstruators across their life cycles.** To maximize the impact of MHH investments, USAID staff and partners should consider several cross-cutting issues in activity design and implementation, monitoring and evaluation, and research, including: products and waste management, governance, social support, social and behavior change (SBC), and positive youth development (PYD).

This technical brief intends to bridge the gaps created by the siloed sectoral approaches often utilized by the global community by defining MHH for USAID and its partners, outlining key challenges to and opportunities for improving MHH, and making recommendations for USAID staff and partners to consider in designing and implementing activities within different sectors that contribute to a holistic MHH approach.

KEY TAKEAWAYS

- MHH is essential to advancing women's empowerment and gender equality, and requires a multi dimensional set of interventions.
- Information on menstruation for both menstruators and non menstruators has health, empowerment, and equity benefits across the life course.
- Investments in MHH in the workplace and MHH entrepreneurship have benefits for businesses and employees, contributing to economic empowerment.
- Shifts in social and gender norms are essential to tackle menstruation stigma and taboos that create persistent barriers to menstruators' full participation in society.
- USAID and its partners should aim for holistic MHH programs through integration, co location or layering of sector specific approaches.
- MHH investments should support all menstruators, regardless of sexual or gender identity, across the life course from pre menarche to menopause.

The following section discusses the many factors underlying menstrual inequities that should inform sector-specific investment decisions and programmatic priorities. The "Sector-Based Programmatic Approaches" section identifies ways to address these underlying factors and highlights key recommendations for MHH-focused investments according to common ways in which USAID plans and funds its investments: reproductive health information and services, basic services, and economic opportunity and empowerment. This demonstrates how different sectors or sources of funds can contribute to MHH, with the goal of joint planning for integrated, co-located, or layered approaches. The "Cross-Cutting Recommendations" section focuses on issues that should be considered for any menstruation-related investment regardless of sector and can be addressed via multiple funding sources: products, governance and finance, and social and gender norms and social support. Many of these considerations, such as access to basic services and menstrual hygiene products, apply in humanitarian or emergency contexts as well as into development contexts. See the box on page 6 for additional considerations specific to humanitarian interventions.

FACTORS UNDERLYING MENSTRUAL INEQUITIES

It is estimated that approximately 500 million people worldwide – or nearly one-fourth of all females of reproductive age (approximately 12-50 years old) – do not have what they need to manage their menses.[1] These gaps in resources include insufficient or inaccessible information, menstrual hygiene materials and products, latrines, water for washing, and social support. Each of these gaps must be addressed to achieve optimal MHH.

Inadequate or insufficient MHH is a reflection of multiple forms of systemic vulnerability and inequality, particularly gender-based discrimination; poverty and lack of control over resources; and lack of access to information and basic services. Evidence suggests significant psycho-social impacts of insufficient attention to menstrual health, including depression, anxiety, low self-esteem, low self-efficacy, loneliness, disengagement from class or training, and difficulty sleeping.[2,3,4,5] For menstruators who require caregiver support – due to a disability, for example – further inequalities may arise. Taken together, these challenges perpetuate menstruation-related barriers to full and equal participation in households, economies, and societies and inhibit the success of many of USAID's objectives in health, education, economic empowerment, humanitarian assistance, and WASH, among others.

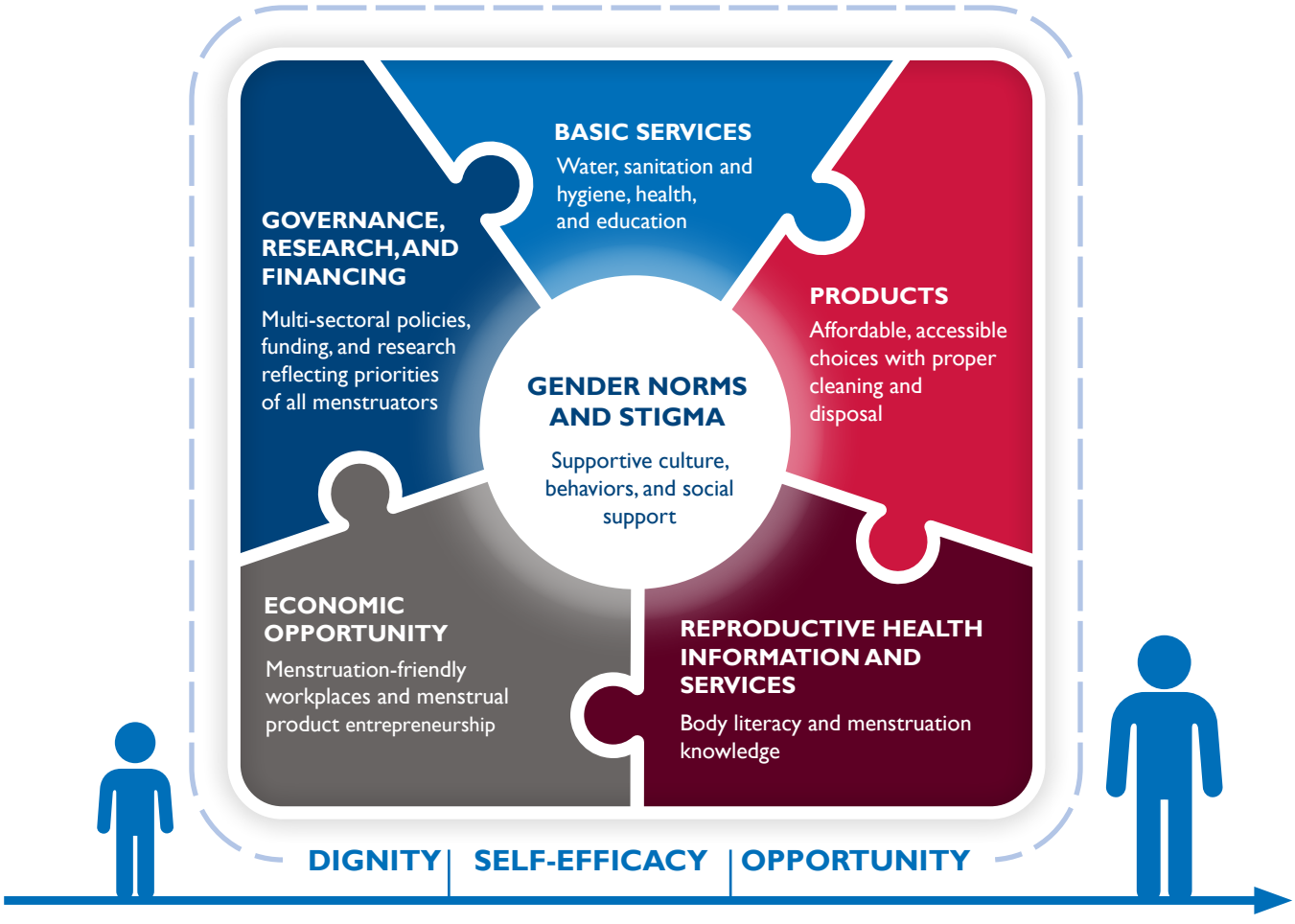

FIGURE 1: INTERSECTING COMPONENTS OF MHH

[1] Amaya, L., Marcatili, J., and Bhavaraju, N. (2020). Advancing Gender Equity by Improving Menstrual Health: Opportunities in Menstrual Health and Hygiene. FSG.
[2] Hennegan, J., et al. (2016). "Measuring the prevalence and Impact of Poor Menstrual Hygiene Management: a Quantitative Survey of Schoolgirls in Rural Uganda." BMJ open vol. 6,12 e012596
[3] Prabisha, A. et al.(2016). "Practice and Lived Experience of Menstrual ᴍxiles (Chhaupadi) mong Adolescent Girls in Far-Western Nepal." PloS one vol. 13,12 e0208260.
[4] Kadariya S, Aro AR. (2015). Chhaupadi practice in Nepal – analysis of ethical aspects. Medicolegal and Bioethics 5:53-58.
[5] Mason, L., et al. (2013). 'We Keep it Secret so No One Should Know'—a Qualitative Study to Explore Young Schoolgirls Attitudes and Experiences with Menstruation in Rural Western Kenya. PLoS ONE 8: e79132.

Figure 1 presents a framework for considering the intersecting issues that should be addressed to meet the needs of all menstruators throughout their lives. At the center of the figure are the gender norms and stigma that result in poor social support[6] for improved MHH behaviors. These lead to other inequalities, including lack of access to services and products for improved hygiene and health, insufficient information and limited body literacy, and, ultimately, reduced economic opportunities for menstruators. On a larger scale, the stigma associated with menstruation prevents it from receiving the attention and financing necessary for research and improved policies and programs, creating a barrier to dignity, self-efficacy,[7] and opportunity for menstruators.

HARMFUL GENDER NORMS AND STIGMA

Harmful gender norms, taboos, and stigma are at the center of Figure 1 given their significant impact on all other components. These three factors contribute to a culture of silence that keeps menstruators from accesing accurate information, prevents them from meeting their own needs, and leaves many menstruators without a supportive network that could provide basic information or emotional or financial support. Menstruation-related myths and taboos vary geographically, culturally, socially, ethnically, and by religion, but generally result in the exclusion of menstruators from full participation in family, economic, and community activities. These exclusions may include prohibitions against using their menstrual hygiene product of choice; touching food or water; attending school, work, or places of worship; participating in harvests or social activities; or interacting with males. Taken together, menstruation-related taboos and stigma are a violation of human rights.

Photo credit: Inua Dada Foundation

While the majority of gender norms and stigma arise from negative views about menstrual blood and unequal power dynamics, some cultures celebrate menstruation and its association with womanhood while also enforcing prohibitions on menstruators' behavior in order to preserve the sanctity of fertility. These behavioral taboos may be viewed as "morally neutral" when compared to others, but the impact, such as the inability to enter agricultural fields or the reinforcing of "women as childbearers" norms, may still be detrimental to menstruators' socio-economic well-being, as is the notion of "womanhood" on which these norms are based.[8] Even within the same context, differences in menstruators' age, cultural, or religious backgrounds may result in entirely different challenges for each individual in spaces such as multicultural workplaces or in communities with migrants or displaced persons. Furthermore, diverse gender identities often create additional barriers and human rights violations for gender non-conforming menstruators. Addressing this complex set of expectations, needs, and taboos may require multiple customized approaches in the same MHH activity.

Harmful gender norms contribute directly to all forms of gender-based violence. Some, such as female genital mutiliation/cutting (FGM/C) and child, early, and forced marriage (CEFM), are linked to MHH. FGM/C may cause painful menstruation or menses that is longer than normal, and clots can be retained and build up during

[6] Social support is a combination of 1) emotional support, such as having someone from whom to get advice or information or to talk to about a problem, and 2) material or functional support, such as financial or practical assistance with a task or goal.
[7] Self-efficacy refers to an individual's belief in his or her capacity to execute behaviors necessary to produce specific performance attainments. From: Bandura, A. (1986). Social Foundations of Thought and Action: A Social Cognitive Theory. Englewood Cliffs, NJ: Prentice-Hall.
[8] Gottlieb A. (2020). Menstrual Taboos: Moving Beyond the Curse. In: Bobel, C., Winkler, I.T., Fahs, B., Hasson, K.A., Kissling, E.A., Roberts, T.A., eds. The Palgrave Handbook of Critical Menstruation Studies. Singapore: Palgrave Macmillan; Chapter 14.

menstruation for those who have undergone FGM/C. In many contexts, menstruation may be viewed as a sign that girls are ready for marriage, yet CEFM can lead to poor health outcomes, disproportionately high maternal mortality, low or truncated educational attainment, and lack of agency, all of which may be worsened by or intersect with MHH.

SHIFTING NORMS IN COLOMBIA

In Colombia, USAID supported 16 workshops that reached 293 participants (90 percent female) between nine and 25 years old on MHH, gender equity, stereotypes and gender roles, self-care, and self-esteem. USAID and its partners aimed to transfer the training/workshop methodology to the city of Cartagena's secretariat of education. This activity, known as MenstruACTION, also supported a 5K race in Cartagena called Marea Roja, or Red Tide, with the goal of publicly transforming narratives about menstruation. The race raised funds for menstrual education training activities for mothers, fathers, teachers, and officials, and for menstrual hygiene kits and additional workshops for adolescents.

LACK OF INFORMATION, KNOWLEDGE, AND BASIC SERVICES

Information and Knowledge. Up to 80 percent of adolescent girls in lower- and middle-income countries report limited knowledge and understanding about menstruation prior to reaching menarche (the first occurrence of menstruation).[9] In addition to the potential for having more limited physical capacity to manage their menstruation, menstruators with disabilities are less likely to receive information and services than those without.[10] These disparities reflect an absence of information, knowledge, and people from whom to seek resources and stems both from menstruation stigma and from a lack of access to education and/or health systems. Education and health systems may create a vicious cycle by providing insufficient or inaccurate body literacy information. These knowledge and information gaps can have multiple consequences for MHH and broader sexual and reproductive health and well-being.

Information about menstruation is foundational to fertility awareness and decisions, body literacy, and overall reproductive health. Inaccurate or incomplete information on menstruation and its relationship to reproductive health can impact contraceptive decision-making and lead to missed warning signs of obstetric and gynecological complications, such as endometriosis or cervical cancer and result in adverse health outcomes.[11,12] The risk of menstruators not understanding what is normal may worsen in cultures that promote reproductive health care only after marriage.

Lack of accurate information on menstruation can lead to short-term and long-term adverse effects on menstruators. These can include a reduced ability to access painkillers and manage menstrual pain and an increase in poor menstrual practices that can eventually lead to higher rates of urogenital infections.[13] Multiple studies have found correlations between: 1) education level of students and their parents, exposure to mass media and training, and socio-economic class; and 2) hygienic menstrual practices, including safe use and disposal of menstrual hygiene products.

[9] Chandra-Mouli, V. and Patel, S.V. (2017). Mapping the Knowledge and Understanding of Menarche, Menstrual Hygiene and Menstrual Health among Adolescent Girls in Low- and Middle-Income Countries. Reprod Health 14(1):30.
[10] UNICEF (2019). Guidance Note: Menstrual Health and Hygiene for Girls and Women with Disabilities.
[11] Shelus, V., et al. (2018). Understanding Your Body Matters: Effects of an Entertainment-Education Serial Radio Drama on Fertility Awareness in Rwanda, Journal of Health Communication, 23:8, 761-772.
[12] Belayneh, Z. and Mekuriaw, B. (2019). Knowledge and Menstrual Hygiene Practice among Adolescent Girls in Southern Ethiopia: a Cross Sectional Study. BMC Public Health 19:1595.
[13] Elledge, M.F., et al. (2018) Menstrual Hygiene Management and Waste Disposal in Low and Middle Income Countries-A Review of the Literature. Int J Environ Res Public Health 15(11):2562.

LEARNING FROM MHH EDUCATIONAL APPROACHES IN CAMEROON

Although menstruation is an integral aspect of comprehensive sexual education for young people, it is still considered taboo in Cameroon. As a result, girls have poor support for managing their menstrual health leading some to drop out of school altogether.[14] Youth Excel's youth-led partner, Youth in Action Cameroon, is educating adolescent boys and girls aged 12-17 years on menstrual hygiene practices and conducting sensitization to reduce menstruation-related stigma through a comic book. The program will learn whether school administrations see this as an effective intervention for reducing stigma and low support for MHH; if extracurricular activities in schools are relevant in addressing MHH needs; and if a comic book on MHH is a relevant intervention for addressing MHH needs.

Water and Sanitation Services and Facilities. As of 2020, 4 billion people worldwide live in homes without access to improved sanitation, 3 billion do not have water and soap for washing at home, and 2 billion do not have access to water in their homes. Nearly 700 million students attend schools that do not have sanitation facilities.[15] Bathing and laundering facilities in homes, communal spaces, institutions, and displaced persons settings are often overlooked entirely, leaving menstruators unable to wash or dry reusable absorbent materials or products. Women report that insufficient or inaccessible latrines and lack of enabling environment for MHH in workplaces leads to lower job satisfaction and inability to focus,[16] while girls and female staff report the same challenges with school attendance. Even where latrines do exist in homes, communities, and institutions, many lack features such as locks; lights; sufficient space; reliable water and soap for changing, washing, and drying menstrual hygiene materials or stained clothing; and waste management for disposable products that are essential for dignified menstruation. In addition, school or workplace guards and other authority figures may prevent menstruators from using latrines every time they need them, causing shame or embarrassment and potentially compromising reproductive health. Menstruators who do not conform to socially enforced gender binaries face additional and intersecting challenges in accessing sex-segregated latrines. Menstruators' inability to be fully present and productive at school or work compromises their health, well-being, and economic potential.

INSUFFICIENT ACCESS TO AFFORDABLE PRODUCTS OF CHOICE

Access to quality and safe menstrual hygiene products, including for pain relief, remains a significant challenge for many menstruators due to their socio-economic status, geography, menstruation-related stigma, and additional factors discussed below. Efforts to increase access to menstrual hygiene products and supplies have often centered on teaching adolescent girls and women how to make reusable sanitary pads out of fabric remnants or how to improve cleaning and drying of traditionally used materials such as fabric scraps or old clothing. While both reusable pads and traditional cloths are safe absorbent materials if properly cared for, evidence indicates that menstruators have a variety of product preferences depending on their knowledge, age, religious and cultural context, geography, and whether they are living with a disability.[17,18]

Affordability and consistent access is also a key consideration. For example, disposable pads and menstrual cups generally have a higher initial cost than traditional materials or many reusable pads. However, if properly cared for, reusable products may save money over the longer term, assuming menstruators have sufficient information, income, and access for the initial purchase of the products, as well as access to water, soap, and social support for washing and drying them.

[14] UNESCO (2014). Puberty Education & Menstrual Hygiene Management.
[15] WHO/UNICEF JMP (2020). Progress on Drinking Water, Sanitation and Hygiene in Schools: Special Focus on COVID-19.
[16] USAID (2022).Menstrual Hygiene Management in the Workplace Action Research – Final Activity Report.
[17] Kambala, C., et al. (2020). Acceptability of Menstrual Products Interventions for Menstrual Hygiene Management among Women and Girls in Malawi. Reprod Health 17, 185.
[18] Mason, Linda, et al. (2015). Adolescent Schoolgirls' Experiences of Menstrual Cups and Pads in Rural Western Kenya: a Qualitative Study. Waterlines, 34(1), 15–30.

Market Access and Diversity. For menstruators who wish to use products such as disposable pads or cups, access to markets may be an additional barrier to access and choice. Menstruators must be able to get to shops—requiring mobility, transportation, and safety—or rely on male family members to purchase menstrual products for them. This, in turn, requires household decision-makers (often men) to be willing to allocate family resources to these needs. For menstruators who are able to purchase products themselves, the gender identity of the people working in the shops matters, too. In places where it is taboo for a male to see menstrual products, or where cultures of silence around menstruation are particularly strong, menstruators can face shame and embarrassment when purchasing products.

Many local markets do not offer access to affordable or diverse menstrual hygiene products and pain relievers that are both affordable and respond to individual product preferences and ability to clean or dispose of them. Menstrual products are often either produced centrally or imported in low- and middle-income countries, and getting them to local markets can be a significant challenge when roads or transport routes are poor. The COVID-19 pandemic exacerbated these challenges, as research found notable vulnerabilities in supply chains, service delivery settings, and household procurement and disposal options due to the pandemic that resulted in reduced access to menstrual hygiene products worldwide.[19]

Menstruators who do not own or do not wear underwear are further limited in product choice. Transactional or coercive sex for menstrual hygiene products is believed to be common in contexts where products are not affordable, particularly among adolescent girls who are dependent on their families for financial and social support.[20] Evidence indicates that menstrual hygiene products are significantly less affordable in low- and middle-income countries than in high-income countries.[21]

MHH IN EMERGENCIES

MHH is an important consideration in both development and humanitarian contexts. Over 26 million displaced girls and women are estimated to be menstruating around the globe.[23] In humanitarian contexts, it is often even more difficult for menstruators to privately, safely, and comfortably manage their periods. Absorbent materials may have been left behind or lost, supply chains disrupted, and limited household financial resources prioritized for food or other needs. Privacy is often scarce, with inadequate or shared sanitation facilities, shared or non existent bathing and private laundering spaces, and one room accommodations for extended families. This lack of private space and limited access to resources contributes to an increased risk of gender based violence (GBV) for women and girls as they manage menstruation.

USAID includes menstrual hygiene products in dignity kits distributed around the world during humanitarian crises and incorporates key considerations, such as menstruator friendly latrines, in its work to provide basic services in internally displaced persons camps and other settings with humanitarian need. Programming focused on GBV in emergencies provides prevention and response services for survivors and women and girls at risk of GBV, ensuring women and girl's needs, including those associated with menstruation and safety, are understood and prioritized within humanitarian response. Developed by Columbia University and International Rescue Committee (IRC) and co published by 16 humanitarian organizations and agencies, the USAID supported Toolkit for Integrating Menstrual Hygiene Management (MHM) into Humanitarian Response includes practical guidance for humanitarian settings that may also be useful for development focused activity design.

[19] Crawford, B.. and Waldman, E. (2020). Period Poverty in a Pandemic: Harnessing Law to Achieve Menstrual Equity 98 Washington University Law Review 1569.
[20] Phillips-Howard, P., et al. (2002). "Menstrual Needs and Associations with Sexual and Reproductive Risks in Rural Kenyan Females: A Cross-Sectional Behavioral Survey Linked with HIV Prevalence." Journal of Women's Health vol. 24,10.
[21] Rossouw, L. and Ross, H. (2020). An Economic Assessment of Menstrual Hygiene Product Tax Cuts.

Analysis of efforts to reduce or eliminate luxury taxes on menstrual hygiene products has concluded that fiscal policy reforms or subsidies alone are insufficient to increase affordability of these products; local production, and local market competition, must be part of the solution.[22]

Economic Opportunity. Lack of access to menstrual products can also compound poverty by creating a barrier to working outside the home while menstruating. Menstruators who work in informal employment may be subject to the availability of public latrines and the risk of stigma in public spaces, creating a deterrent to work while menstruating. Menstruators who work in formal employment report that insufficient or inaccessible menstrual products or latrines and lack of enabling environment for MHH in workplaces leads to lower productivity and absenteeism in addition to the shame and fear associated with the risk of leaking absorbent materials, which distracts them from their jobs.[24] Holistic MHH interventions in workplaces have been shown to increase job satisfaction and a supportive environment from colleagues and supervisors, enabling menstruators to be more productive and present and therefore more likely to earn a reliable income and potentially receive promotions.[25]

Menstrual Waste. Disposable menstrual hygiene products result in solid waste and contribute to pollution and unsanitary communities. Disposal methods vary by material, product, and context, and can include burning; discarding in drains, ditches, or toilets; and incineration and burying. These methods all can have adverse effects on land, air, and water quality. In some contexts, disposing of products in toilets, pit latrines, or sewers is one of the leading causes of blockages. Clogged toilets prevent the safe capture and transport of fecal matter and facility use.[26]

Poor management of menstrual hygiene waste can contribute to anxiety and stress in places where there is strong stigma against these products or menstrual blood being seen. Menstruators may be asked to carry their waste away with them when waste bins are unavailable in schools or health facilities. Some girls report that the lack of waste bins at schools is a factor in their decision to stay home while menstruating.[27]

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[22] Rossouw, L. and Ross, H. (2020). An Economic Assessment of Menstrual Hygiene Product Tax Cuts.
[23] Columbia University and IRC (2017). Menstrual Hygiene Management in Emergencies Toolkit.
[24] USAID (2022). WASHPaLS Menstrual Hygiene Management in the Workplace Action Research – Final Activity Report.
[25] USAID (2022). Menstrual Hygiene Management in the Workplace.
[26] Elledge, M.F., et al. (2018). Menstrual Hygiene Management and Waste Disposal in Low and Middle Income Countries-A Review of the Literature. Int J Environ Res Public Health 15(11):2562 and USAID (2022). WASHPaLS Menstrual Hygiene Management in the Workplace Action Research – Final Activity Report.
[27] Elledge, M.F., et al. (2018). Menstrual Hygiene Management and Waste Disposal in Low and Middle Income Countries-A Review of the Literature. Int J Environ Res Public Health 15(11):2562

Photo credit: Inua Dada Foundation

SECTOR-BASED PROGRAMMATIC APPROACHES

This section builds upon the underlying factors detailed above, providing key considerations for different sector-specific entry points to MHH aligned with the mandates and guidance of relevant USAID operating units and their funding. The recommendations below should be considered in activity design, implementation, monitoring and evaluation, and research. Doing so will maximize the benefits of cross-Agency expertise and the impact of investments in MHH.

Most MHH programs have been designed and implemented by a single sector. Ideally, MHH activities would be co-located or layered with other interventions or integrated into multi-sectoral programs that bring together reproductive health, WASH, women's economic empowerment, education, gender, SBC, and governance. Regardless of the source of funds, MHH investments should consider all menstruators, including women, girls, transgender, third gender, intersex, and other gender non-binary individuals, and should account for targeted approaches needed across the life course (pre-adolescent, adolescent, and pre-menopausal).

YOUTH MHH

The U.S. Government's approach to youth, PYD, provides a helpful framework for engaging youth ages 10 29 in their own development. By focusing on the four domains of PYD (Assets, Agency, Contribution, and Enabling Environment), MHH approaches for youth can promote participation of young people, including out of school youth. Incorporating a PYD approach during program design and using indicators of positive development to evaluate the program can help to assess trends in positive outcomes over the life of a project. MHH programs should account for the fact that youth have been menstruating for less time than adults, and this lack of personal experience can lead to lower knowledge, self efficacy, and social support. Youth may also be already married or working, without the social support systems or knowledge for personal decision making.

REPRODUCTIVE HEALTH INFORMATION AND SERVICES

Improved menstrual health knowledge, including fertility awareness and an understanding of the menstrual cycle's purpose in reproduction, can improve sexual and reproductive health (SRH) outcomes. It has significant impacts on improved perception of family planning and contraception, increased contraceptive use, and improved communication among couples about sexual behaviors.[28] Body literacy and knowledge about the menstrual cycle empowers individuals and couples to understand how to foster more positive sexual and reproductive health behavioral outcomes. Including menstrual health in comprehensive sexual education can help menstruators manage their reproductive health across the life course, from puberty and reproduction—both planning and preventing pregnancies—to menopause.[29]

USAID family planning and reproductive health investments can:

- Ensure that both menstruators and non-menstruators receive information about menstrual hygiene products and menstruation more broadly;
- Include comprehensive counseling on contraceptive-induced menstrual changes at clinics to ensure patients understand there may be changes in their bleeding from contraception and that these are normal;

[28] See Pragati Stories from the Institute of Reproductive Health, Georgetown.
[29] Shelus, V., et al. (2018). Understanding Your Body matters: Effects of an Entertainment-Education Serial Radio Drama on Fertility Awareness in Rwanda. Journal of Health Communication 23: 761-772.

- Include menstrual health knowledge and information in comprehensive sexual education and body literacy programs with in-school and out-of-school adolescents; and
- Improve fertility awareness and contraception counseling at health clinics for those seeking family planning services.

BUILDING AWARENESS OF ADOLESCENT REPRODUCTIVE HEALTH IN WEST AFRICA

In four Francophone West African countries, USAID's Breakthrough Action activity funded the *Merci Mon Héros* digital campaign to help improve SRH knowledge and behaviors among adolescents. *Merci Mon Héros* created videos of youth describing their own reproductive health journeys and disseminated the videos through social media. The videos covered a range of SRH topics, including information on menstruation and puberty. The project tracked user engagement with *Merci Mon Héros* videos and found the video on menstruation attracted the most users and engagement, demonstrating the interest and need for this knowledge. The project's evaluation also demonstrated a clear increase in youth's understanding of contraception and family planning behaviors and increased conversations between youth and their peers and caregivers about SRH matters. Integrating menstrual health messages into the *Merci Mon Héros* campaign helped improve youth engagement and connection with family planning outcomes overall.

WATER, SANITATION, AND HYGIENE

Menstruators must have access to water and latrines everywhere and any time they are needed. The design of these latrines must be guided by menstruator-friendly standards that go beyond providing a simple enclosed space and must account for the specific physical, material, and psycho-social demands of MHH.[30] Privacy norms, which are closely linked to gender norms, combined with menstruation taboos and stigma, amplify the basic need for sanitation. Sufficient, on-premise water of the right quality and a private space for bathing and laundering and drying menstrual materials are also critical to MHH. Water resources management and allocation investments contribute indirectly to MHH by safeguarding water for all uses and users. This leads some menstruators to choose to use communal latrines or the bush over household latrines for fear that their male relatives and neighbors might see their menstrual hygiene materials or products. Without a place to wash and/or dry materials, or a long trip to get there, menstruators may wait too long to change reusable products. These practices may put menstruators at risk of violence, infection, shame and embarrassment. They reinforce the need for SBC efforts to confront menstruation stigma.

WASH activities have made significant contributions to MHH worldwide, primarily by focusing on increasing equitable access to water for washing and latrines and promoting healthy behaviors.[31] Efforts to improve menstruation-friendly latrines and other WASH facilities in homes, public spaces, displaced persons settings, other informal settlements, and institutions such as schools or healthcare facilities, should seek to include lights; locks; water and soap; sufficient space for washing and caregiving; a discreet place to dry reusable menstrual cloths, pads, or cups; waste bins; and features such as shelves or hooks for personal belongings. Other features, such as alarm systems, may be identified through consultation with local menstruators and community members. USAID-supported latrines, sanitation businesses, and WASH governance and finance activities should apply menstruation-friendly construction, rehabilitation, and maintenance standards. Where needed, WASH stakeholders should collaborate with health, education, and other ministries to ensure appropriate and accessible WASH services are available, maintained, and well-financed outside households.

[30] This technical brief uses the term "menstruator-friendly" rather than "female-friendly" to ensure gender inclusivity.
[31] WaterAid, Water and Sanitation for the Urban Poor, and UNICEF (2019). Female-friendly Public and Community Toilets: a Guide for Planners and Decision Makers.

WASH activities should also aim to:

- Ensure that sanitation policies, standards, and regulations incorporate menstrual waste management in the sanitation value chain and enforce menstruation-friendly construction standards for latrines;
- Support advocacy for menstruation-friendly latrines and water in public spaces and institutions such as markets, schools, and health facilities to facilitate access whenever and wherever a menstruator needs it;
- Build MHH messages into WASH SBC activities and, where relevant, provide menstrual hygiene products alongside others, such as soap;
- Collaborate with local organizations led by and for people who identify as LGBTQI+ and partner with local women's organizations to ensure that latrine design and location do not create unintended risks for non gender-binary individuals, such as by segregating latrine blocks by sex; and
- Incorporate menstruation information and menstrual hygiene practices and product disposal into training on latrine cleaning and maintenance for professional service providers and communities.

BOLSTERING ACCESS TO SANITATION IN HAITI

In Haiti, the WASH-in-Schools component of USAID's Community Driven Development project provided 1,500 students with access to clean water and improved sanitation. The project provided modern and private toilets to reduce wait times for girls during recreation periods, added a ramp for disability access, and added separate changing rooms to meet menstrual and other hygiene needs.

WOMEN'S ECONOMIC EMPOWERMENT

Efforts to improve MHH in homes, communities, and public spaces can have a positive impact on women's economic empowerment (WEE), regardless of whether WEE is a primary purpose of the activity. Most research on and investments in MHH have targeted adolescent girls in school settings. Limited evidence is available about the impacts of poor MHH facilities and supplies in formal or informal workplaces on the employment, productivity, satisfaction, and promotion potential of people who menstruate.[32]

Targeted workplace MHH activities have the potential to significantly improve WEE while increasing business benefits and improving social support for menstruators in and outside the workplace. USAID-supported WEE activities have employed a holistic approach to MHH that included a combination of: 1) menstruation-friendly latrines, 2) improved supervisor and peer attitudes and male engagement, 3) increased knowledge about menstruation and access to menstrual hygiene products, and 4) supportive human resources policies. These activities had significant positive impacts on menstruating employees and employers, resulting in reduced absenteeism during menstruation, greater self-efficacy among menstruators, increased comfort with and confidence in menstrual products, and higher job satisfaction. This contributed to a return on investment of more than two dollars for every one dollar invested over two years.[33]

WEE can also be improved through support for menstrual hygiene product entrepreneurship, such as research and development, manufacturing, marketing, and sales. Women-owned small and medium enterprises (SMEs) are less likely than male-owned SMEs to get financing and often pay higher interest rates.[34, 35] Because women report being more comfortable purchasing sanitation and menstrual hygiene products from other women, a lack of female sanitation and menstrual product entrepreneurs and sales agents arising from these inequalities can negatively impact overall MHH. Similar dynamics are likely among transgender and gender non-binary menstruators. MHH

[32] USAID (2019). Menstrual Hygiene Management And Women's Economic Empowerment: A Review of Existing Evidence.
[33] USAID (2022). Learning Brief: Menstrual Hygiene Management in the Workplace.
[34] Global Partnership for Financial Inclusion and International Finance Corporation (2011). Strengthening Access to Finance for Women-Owned SMEs in Developing Countries.
[35] IFC-McKinsey MSME database; Enterprise Survey; team analysis, cited in Ibid.

and sanitation entrepreneurship present opportunities to improve governance to increase WEE and MHH outcomes simultaneously.

WEE investments can:

- Support formal workplaces to build MHH into human resources and staff wellness policies and programs, provide information sessions on menstruation to all employees, and support product access;
- Target MHH information and SBC initiatives for youth entering the workforce and for adult menstruators and non-menstruators already in the workforce, recognizing that formal and informal workplace settings may have different barriers to holistic MHH;
- Conduct research to better understand the most important contributors to WEE via MHH interventions in both formal and informal work settings; and
- Support entrepreneurs and SMEs to improve menstrual and sanitation product development and market segmentation, business development, and access to financial and banking products to establish or grow businesses that benefit communities.

BUILDING WEE AND MHH IN BURKINA FASO

In Burkina Faso, USAID's Partnering to Accelerate Entrepreneurship Initiative is supporting PALOBDE, a woman-owned small business in Burkina Faso, to dispel stigma and myths surrounding menstruation and produces and sells hygienic reusable menstrual cloths. The company received its seed funding in early 2019 and has since sold 10,000 hygiene kits, manufactured 100,000 face masks during COVID-19 crisis, and reached a significant growth of 137 percent as compared to the year before financing. PALOBDE now employs 40 full time staff, including 27 women.

EDUCATION

Activities based in formal or non-formal education settings provide an optimal entry point for MHH education, awareness-raising, and SBC. Equitable, inclusive, and quality education opportunities require reliable access to improved WASH facilities in educational institutions, and demand that all learners and educators[36] receive adequate information to support MHH. Lack of access to WASH and menstrual hygiene products, coupled with a lack of social support, can lead to reduced menstruators' attendance and increased potential to drop out. WASH and MHH are also important for creating an inclusive work environment for educators who menstruate. Finally, MHH is an important component of school health programs that support learners in related health activities, such as nutrition.

Activities based in formal or non-formal education settings can:

- Support development of age-appropriate MHH and gender norms curricula to provide all learners with accurate information;
- Ensure that educators receive MHH information and sensitization training in order to create a more supportive environment for menstruators;
- Collaborate with the Ministries of Education to identify the degree to which MHH is already included in

[36] "Educators" refers to all education professionals and paraprofessionals working in educational settings, from pre-primary through higher education, including principals or other heads of a school, teachers, faculty, other professional instructional staff (e.g., staff involved in curriculum development, staff development, or operating library, media and computer centers), pupil support services staff (e.g., guidance counselors, nurses, speech pathologists, etc.), other administrators (e.g., assistant principals, deans, discipline specialists), and paraprofessionals (e.g., assistant teachers, instructional aides).

education, health, or WASH sector budgets and implementation plans (if MHH is not present as part of every upper primary and secondary school's plan for sustainable sanitation, it must be added to planning and budgeting processes, including plans for sustainability); and

- Incorporate MHH in youth programming, such as puberty education and adolescent sexual and reproductive health programs.

SUPPORTING EDUCATION, YOUTH, AND MHH IN MOZAMBIQUE

In Mozambique, USAID supported the Nikhalamo activity, which helped over 6,000 girls with kits containing sanitary pads and MHM supplies. The activity trained 260 school council members on gender norms, to reinforce understanding of gender bias, to promote gender equality, and to reduce the incidence of gender-based violence in school, which significantly contributes to girls' school dropout. The activity also revitalized after-school clubs, welcoming youth to debates about sexuality, sexual reproductive rights, and health and family planning.

CROSS-CUTTING RECOMMENDATIONS

While MHH demands that multiple sectors identify ways in which their own mandates can contribute to improved MHH outcomes, three cross-cutting considerations should be addressed in all MHH-related activities, regardless of their source of funds or primary purpose: 1) SBC and social support, 2) supplies and waste management, and 3) governance, financing, and research.

SBC AND SOCIAL SUPPORT

SBC. Activities that seek to address MHH should include an SBC component. USAID defines SBC as a set of interventions that aim to affect key behaviors and social norms by addressing individual, social, and structural factors (see the USAID Water and Development Technical Brief: Social and Behavior Change for Water Security, Sanitation, and Hygiene). Designing SBC activities should begin with identification of the objectives and target audience, which may include improving MHH in health, education and religious institutions, communities, workplaces, and public places. When delivered as part of an MHH activity, SBC interventions target specific behavioral determinants—factors that can prevent or facilitate change, such as beliefs, social norms, or access to products or latrines—can have significant impacts on gender equality and positive menstruation.

Social Support. Social support compliments SBC efforts, providing menstruators with increased confidence in multiple settings,[37, 38] including humanitarian contexts.[39] It may also act as a protective factor against transactional sex, which can occur if menstruators are unable to afford menstrual hygiene supplies.[40] To shift social norms, collective action, such as advocacy campaigns to increase the affordability of menstrual hygiene products, may have a positive impact on menstruation-related norms when paired with SBC approaches.[41]

[37] Hennegan, J., et al. (2019). Women's and Girls' Experiences of Menstruation in Low-and Middle-income countries: A Systematic Review and Qualitative Metasynthesis.
[38] Hennegan, J., et al. (2017). A Qualitative Understanding of the Effects of Reusable Sanitary Pads and Puberty Education: Implications for Future Research and Practice. Reprod Health 14, 78.
[39] Kemigisha, E., et al. (2020). A Qualitative Study Exploring Menstruation Experiences and Practices among Adolescent Girls Living in the Nakivale Refugee Settlement, Uganda
[40] Giorgio, M., et al. (2016). Social Support, Sexual Violence, and Transactional Sex Among Female Transnational Migrants to South Africa. Am J Public Health.
[41] Watling, Y. (2021). Gender Norms and the Period Revolution.

SBC and social support components of MHH activities should:

- Increase menstruators' and non-menstruators' knowledge of menarche and how to manage menses, including how to access, use, change, clean, dry, and/or dispose of products;
- Increase skills and self-efficacy to negotiate for the purchase of menstrual hygiene supplies;
- Increase social support provided among menstruators and non-menstruators to seek out and speak about menstruation;
- Shift community norms to promote more positive associations or "normalize" menstruation and notions of womanhood linked to menstruation;
- Raise awareness of the risks of GBV as a contributing factor to, and/or as an outcome of, poor MHH, including sexual coercion in exchange for unaffordable menstrual hygiene products and CEFM; ensure that partners and communities receive training in GBV and are equipped with knowledge of local referral systems for health and legal services; and
- Address barriers to increased access to products and water services and sanitation facilities as needed.

Additional guidance on developing SBC intervention approaches can be found in USAID's Technical Brief on Social and Behavior Change for Water Security, Sanitation, and Hygiene.

IMPLEMENTING SBC IN INDIA

In India, the use of menstrual hygiene products and MHH remain a low-priority issue at the community and policy level due to inconsistent access to education and awareness on menstrual health and puberty. USAID/India's Pani Aur Swachhata Mein Sajedhari (PASS) WASH program mainstreams menstrual hygiene management through "pink points." This USAID/India activity designed pink toilets to cater to the amenities that make the community toilet complexes (CTC) conducive for women and girls. For example, facility upgrades – like grab bars, mirrors, sanitary pad dispensing machines, dustbins with lids and hooks in every toilet cubicle, washing platforms, and play-areas for small children who accompany their mothers – were designed and installed to transform community toilet complexes. Information pamphlets and communications material were also distributed and street plays were conducted to make the users aware of the facilities and to sensitize male community members to MHH. The activity served to reclaim the area in front of the CTC and developed it as a "happy place" with bright wall paintings making the place more approachable for people, particularly women. To spread awareness about the importance of efficient MHM and the implications for a woman's body and health of improper approaches to MHM, PASS organized several campaigns and training sessions in 47 informal settlements of Delhi, Jaipur, and Agra in which 4,637 women/girls participated. Approximately 185 women from several informal Delhi settlements were trained as MHH co-facilitators and given advanced menstrual health training to further the MHH training in the PASS settlements and increase knowledge among all the adolescent girls and women in the settlements. This intervention at the community level has helped to improve attitudes towards menstruation and sanitary pads use and reduce restrictions on women within the community.

PRODUCTS AND WASTE MANAGEMENT

Menstrual hygiene products and waste management should be considered and addressed by MHH activities. Product preference is highly personal and often influenced by local cultural norms and physical needs or ability, as well as by the selection available in a given market. Many menstruators may choose to – or be forced to, due to limited knowledge or market access – continue using cloths and may require support to ensure these absorbent

materials are properly cleaned and cared for to prevent urogenital infections and odor. As product availability diversifies, more menstruators have access to disposable products, creating new challenges for proper cleaning and maintenance of menstrual materials, and for solid waste management and biodegradability. National products standards and waste management practices must respond to the needs of menstruators as well as safeguard against solid waste pollution.

To incorporate menstrual product equity and waste management into their work, MHH activities can:

- Engage local private sector partners to conduct research on the optimal product mix for all market segments, diversify the market for affordable, desirable menstrual hygiene products, and undertake SBC activities that ensure accurate information about use, care and/or disposal of products;
- Facilitate menstruator-led product development, manufacturing, and distribution of menstrual hygiene products;
- Support female-identified and gender non-binary sales agents so that all menstruators feel more comfortable purchasing products at the point of sale;
- Consider challenges such as seasonal drought and other forms of water insecurity, and the availability of soap, to ensure that regular cleaning of reusable menstrual materials and products will not be prohibitive;
- Provide training on proper use and cleaning or maintenance of absorbent materials and products and provide a product mix where possible;
- Support the development of biodegradable products and business models for environmentally sound collection and management of disposable products;
- Support advocacy for the reduction or removal of taxes and tariffs on local production and/or importation of menstrual products and their component materials, such as plastics;
- Encourage addition of menstrual hygiene products to lists of essential humanitarian supplies and personal protective equipment for health workers; and
- Address needs for a discreet place to store, change, clean and dry, and dispose of menstruation products in the activity's intervention location(s), based on consultation with menstruators about their needs and preferences.

SUPPORTING MHH IN THE WORKPLACE IN NEPAL

As part of a holistic approach to improving menstruators' working lives in Nepal, USAID's Water, Sanitation, and Hygiene Partnerships and Learning For Sustainability (WASHPaLS) Menstrual Hygiene in the Workplace project provided both reusable and disposable pads, purchased from Nepali companies that had considered environmental sustainability in product design and manufacturing. The project provided employees with disposable pads manufactured by Jasmine Hygiene. These pads are 70 percent biodegradable (compostable).[42]

USAID and employees of the two host companies in Kathmandu identified significant challenges with menstrual waste. In response, a private company was contracted to collect the waste, which is then put through an autoclaving machine to decontaminate the used sanitary napkins and then sent to landfills. This decontamination system prevents bacteria from being released into the environment, making it a more environmentally friendly and hygienic approach than sending menstrual waste directly to municipal landfills.

[42] The International Organization of Standardization (ISO) sets a standard for a portion of the product to convert to CO2 within 180 days after burial in soil, with the remaining portion of the pad being non-toxic and suitable for plant germination. Pads traditionally used in the United States. and Europe average only 10 percent compostability. In March 2022, ISO launched a new technical committee to develop standards "in the field of menstrual products, covering all products intended for both single and multiple use, regardless of material."

GOVERNANCE, FINANCING, AND RESEARCH

Discriminatory systems, laws, and policies often institutionalize harmful gender and menstruation norms and stigma. Activities that include MHH should consider opportunities to engage directly with governments and support local civil society organizations to advocate for needed improvements.

MHH programs should consider ways to:

- Incorporate relevant MHH issues into national plans and strategies on health, education, gender, youth, disabilities, faith-based initiatives, water and sanitation, infrastructure and urban development, and trade and develop or enforce standalone MHH policies, strategies, and standards;
- Establish and execute budget lines for MHH education, products, and services in relevant ministries, including as part of gender-responsive budgeting exercises;
- Develop and sustain MHH advisory councils or other coordination and oversight bodies with the authority and technical skills to bring relevant ministries together for a holistic approach;
- Classify menstrual waste as bio-medical or general solid waste;
- Set and enforce menstrual hygiene product safety and biodegradability standards and regulation, both for reusable and disposable/biodegradable supplies;
- Incorporate menstrual hygiene supplies into lists of essential personal protective equipment for a largely female health workforce and into lists of "essential goods" to protect supply chains in case of shocks and stressors;
- Establish enforceable guidelines for waste collection and management in schools, health facilities, and public spaces, including incinerator quality, location, maintenance, and emissions; and
- Advance the global evidence base by supporting research that explores needs, preferences, and opportunities to address any or all components of a holistic approach to MHH for all menstruators across the life course.

IMPROVING GOVERNANCE IN NIGERIA AND KENYA

In Nigeria, USAID's Effective Water, Sanitation, and Hygiene Services activity participated in and provided technical support to the National Technical Working Group on Menstrual Health, Hygiene Management facilitated by the Federal Ministry of Water Resources, Federal Ministry of Women Affairs, and the Water Supply and Sanitation Collaborative Council to develop a national action plan for MHH.

In Kenya, USAID is a member of the national hygiene promotion Technical Working Group, which coordinates the multi-sector implementation of the national MHH agenda. Through this, USAID has contributed technical support towards the implementation of the national MHH policy and strategy. USAID has also supported research on specific marginalized populations of menstruators, such as factory workers, to strengthen the institutional framework and technical protocols.

MEASURING SUCCESS

The majority of MHH-related metrics and indicators used on a global level focus on access to and use of menstrual products and sanitation facilities or on the general impact of menstruation on participation in public life. MHH activities are also encouraged to identify custom indicators for MHH activities that incorporate the social norms change and empowerment components of a holistic MHH approach.

A selection of possible custom indicators can be found below for use in activity monitoring and evaluation wherever possible; published indicators have sources indicated, while those without sources were drawn from unpublished materials such as consultative documents. Other custom indicators may also be developed.

- Percent of menstruators who report not participating in social activities, education, or work due to their menstruation in the last 12 months *[aligns with JMP M3 and MICS6-UN16]*
- Percent of menstruators who report having changed their habits during their menstruation
- Percent of menstruators who were able to change their menstrual materials when they wanted to while at [home/school/elsewhere] *[aligns with JMP M1 and DHS-8, Question 239]*
- Percent of USG-supported sanitation/health/educational facilities with waste disposal mechanisms for menstrual hygiene supplies *[aligns with PMA2020]*
- Number of workplaces in target area/category incorporating menstrual health and hygiene education and products in workplace health and safety standards
- Number of USG-supported schools/educational settings incorporating MHH information into formal or informal activities
- Number of people with increased knowledge of menstruation and/or menstrual hygiene practices through exposure to USG-supported activities, communications materials, and products (disaggregated by sex and gender, age, marital status, disability)
- Number of menstruators who talked about menstruation with someone before menarche
- Proportion of the target population that agrees or strongly agrees that people who menstruate should continue going to school/work when menstruating

In Fiscal Year 2021, USAID added a Menstrual Health and Hygiene Key Issue for centralized planning and reporting purposes, which helps the Agency collect and aggregate information on investments in MHH. Reported activities include one or more components of a holistic MHH approach, either as the primary or a secondary purpose for undertaking the project or activity and may be funded or led by any sector or Operating Unit within USAID.

INCREASING MHH DATA FOR DECISION MAKING

Through its investments in improving the collection and use of water, sanitation, and hygiene data at national levels, USAID supported the UNICEF/WHO Joint Monitoring Programme on Water Supply, Sanitation and Hygiene (JMP) to roll out standard survey questions on the impacts of menstruation on women's daily lives, the ability to change menstrual materials, and more. Through collaborations with UNICEF and the USAID-led Demographic and Health Surveys (DHS), questions on MHH are now being included in both UNICEF's Multiple-Indicator Cluster Survey and the DHS. In 2021, JMP released its first-ever global report that included MHH data. While this report showed gaps in national surveillance of MHH indicators, the availability of global-level comparable data is essential for improving MHH targeting, governance, financing, and progress monitoring.

RESOURCES

- Columbia University (2022). Monitor MHH. Indicator guides for adolescent girls.
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