



**Menstrual hygiene
matters**

**Training guide
for practitioners**

Acknowledgements

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The sessions are based on the resource book *Menstrual hygiene matters* (www.wateraid.org/mhm) a comprehensive resource to improve menstrual hygiene management around the world. *Menstrual hygiene matters* was produced at WaterAid by Sarah House, Thérèse Mahon and Sue Cavill, with inputs from a wide range of individuals and organisations. The resource was jointly funded by SHARE and WaterAid and co-published by 18 organisations.

For full details and to download the resource and the training guide please visit www.wateraid.org/mhm



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¹ See Session 5 – Barrier analysis and Session 6 – Solution analysis

² See Session 7 – Communicating confidently

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*Menstrual hygiene matters:
training guide for practitioners*

PowerPoint presentations

- Presentation 1:** Menstrual hygiene management: the basics
- Presentation 2:** Menstrual hygiene materials

Films

- Film 1:** Adolescent school girls in Bangladesh on managing menstruation, produced and directed by Sara Liza Baumann, Old Fan Films
- Film 2:** *Making invisible, the visible*, produced by WaterAid India / Vatsalya

Resource book

Menstrual hygiene matters



Introduction

Menstruation is a natural process but it is rarely talked about because of cultural taboos. Menstrual hygiene – how to manage menstruation safely and with dignity – has also been largely neglected by the water, sanitation and hygiene (WASH) sector and others focusing on reproductive health and education. As a result, the menstrual hygiene challenges faced by women and girls are made even more difficult, and millions continue to be denied their rights to WASH, health, education, dignity and gender equity.

One of the first steps required to address menstrual hygiene in development programmes is to build the confidence and competence of development practitioners to integrate MHM into their work and programmes. This training guide presents a range of sessions that have been developed and tested by WaterAid in our own country programmes, with staff, local partners and other INGOs, as well as at international training forums and conferences. The sessions in this guide explore the key issues and components of menstrual hygiene management (MHM) programmes.

Using the training guide

This training guide includes eight session plans, each with a facilitation guide, four handouts, two PowerPoint presentations and two short films. The session plans, facilitation guides and handouts are published in the booklet and are also available in pdf format, along with the presentations, films and the *Menstrual hygiene matters* resource book, on the USB memory stick and online at www.wateraid.org/mhm.

Each of the session plans presents the purpose, key learning points, time required, tips for room layout, materials required, methodology, session outline with breakdown of timings, key messages, and notes and references. The accompanying facilitation guides provide a step by step walk through how to facilitate the session, with tips, questions to prompt discussion and key messages.

The sessions can be adapted, run individually or combined into workshops of varying length.



Session plans and facilitation guides

Session plan 1

Session	Introduction
Purpose	<ol style="list-style-type: none"> For the facilitators and participants to introduce themselves For all to get a broad understanding of the range of experience and expertise within the group To review the agenda for the workshop To agree principles of working together
Key learning	<ul style="list-style-type: none"> The combined experience within the group
Time allowed	30 min
Tips for room layout	<ul style="list-style-type: none"> Tables to be arranged in café style (in groups of around 4-6) if possible. If not, boardroom style (u-shaped) is fine Space for all participants to stand up in a circle and move around to get into smaller groups
Materials	<ul style="list-style-type: none"> Workshop agenda Name badges/stickers Flip chart paper and marker pen
Methodologies	<ul style="list-style-type: none"> Facilitated group discussion
Session outline	<ul style="list-style-type: none"> Welcome (5 min) Introductions (15 min) Agenda and housekeeping (5 min) Agree principles for working together (5 min)
Key messages	<ul style="list-style-type: none"> The workshop will draw on the experiences of all the participants The workshop room is a supportive space for people to talk about menstruation and menstrual hygiene without inhibition



Facilitation note 1

Introduction

Session walkthrough

Welcome (5 min):

- 1 Give each participant a name badge or ask them to write their name on a sticker and wear it during the session.
- 2 Introduce yourself and welcome the participants to the session.
- 3 Thank the participants for coming to discuss menstrual hygiene management (MHM), noting that this is a critical but neglected issue that affects the wellbeing, dignity and productive lives of girls and women around the world.

Introductions (15 min):

- 4 Ask the group to introduce themselves one by one by saying their name and, depending on the workshop context – their organisation and role, the country that they come from, and the country that they work in.
- 5 Tell the group that we now want to know a bit more about who is in the room and what experience and expertise there is to draw on for the workshop. Ask the group to stand up and form a circle.
- 6 Give the following instructions to the group (the questions/categories can be adapted for the group):
 - Do you work for an NGO, government, the private sector, other? Ask the participants to stand in four separate groups – one for each category. Ask the people in each group to share where they work with the whole group.
 - Do you work mostly at community, sub-national (e.g. district), national or international level? Ask the participants to stand in four separate groups – one for each category.
 - Reform the circle. Ask all those with experience in water, sanitation and hygiene (WASH) to stand in the middle of the circle. Reform the circle and move onto the next category. Continue until you've covered all the categories.
 - Water, sanitation and hygiene (WASH)
 - WASH in schools
 - Technical design and construction of WASH facilities in communities
 - Technical design and construction of WASH facilities in schools
 - Child health/development



- Adolescent health/development
- Gender
- Reproductive health
- Education
- Finding out about knowledge, attitudes and practices
- Research
- Advocacy

- 7 Summarise the range of experience in the room and note that all of this will be valuable to discussing MHM – whether people have direct experience of MHM or not.
- 8 Ask the group to return to their seats.

Agenda and housekeeping (5 min):

- 9 Talk the group briefly through the agenda for the workshop.
- 10 Tell the group where the toilets are and inform them of any health and safety information, such as fire procedures.

Agreeing principles for working together (5 min):

- 11 Tell the group that many people find menstruation and menstrual hygiene a difficult topic to talk about initially but most people find that in the right environment there is no need to feel shy or embarrassed. The workshop room should be seen as a supportive space for people to talk without inhibition. While learning from the session can (and should) be shared outside, any personal stories or experiences will not be shared, unless permission is given to do so.
- 12 Outline other principles you hope the group will see as important, for example:
 - We are all here to learn from and support each other.
 - We will listen to each other and speak one at a time.
 - We will respect time-keeping. Any changes to the agenda/timings will be agreed by the group.
 - No mobile phones to be used in the room. If people have urgent calls they should be taken outside.
- 13 Ask if the group agree with these or would like to add anything.
- 14 Optional: Write the principles on flipchart paper and display them during the workshop.





Session plan 2

Session	Johari Window
Purpose	<ol style="list-style-type: none"> For the group to think about how different people, or groups, feel about talking about menstruation and menstrual hygiene For the group to consider how this might affect how we talk to people about menstrual hygiene when designing a menstrual hygiene programme An ice-breaker to help the group start talking about menstrual hygiene together
Key learning	<ul style="list-style-type: none"> The importance of breaking the silence on menstrual hygiene The need to consider how open or closed different people are to talking about menstrual hygiene and how creating the right setting can enable people to talk about menstrual hygiene more easily
Time allowed	45-60 min
Tips for room layout	This exercise requires the group to stand around a board/display, so enough space needs to be created for everyone to see
Materials	<ul style="list-style-type: none"> 2-4 large sheets of paper (e.g. flipchart paper) and means for fixing to wall/board Pens Sticky notes in 4 different colours
Methodologies	<ul style="list-style-type: none"> Facilitated group discussion
Session outline	<ul style="list-style-type: none"> Exercise – developing the Johari Window (15-20 min) Discussion (20-30 min) Summing up (5-10 min)
Key messages	<ul style="list-style-type: none"> There is a diversity of cultural/social perspectives that determine whether issues are considered open or secret. We may not all share the same values. This is particularly important to understand when dealing with sensitive issues such as menstruation Taboos around menstruation and menstrual hygiene result in misinformation, fear, stigma and exclusion We should consider how we can encourage people to be more open through creating safe spaces for talking about menstruation and menstrual hygiene
Notes and references	The Johari Window technique was created in 1955 in the USA by Joseph Luft and Harrington Ingham, to help people better understand themselves and their relationship with others. It has been adapted here to consider how people feel talking about menstrual hygiene



Facilitation note 2

Johari Window

Session walkthrough

Preparation:

- 1 Before the session starts, create a large chart, divided into four sections, with headings as below. This needs to be stuck on a wall or board.

Open	Private
Open secret	Secret

Tip: For a group of approximately 25, each of the four boxes needs to be big enough to put 20-30 sticky notes in it. Two sheets of standard flip chart paper should do.

Exercise – developing the Johari Window (15-20 min):

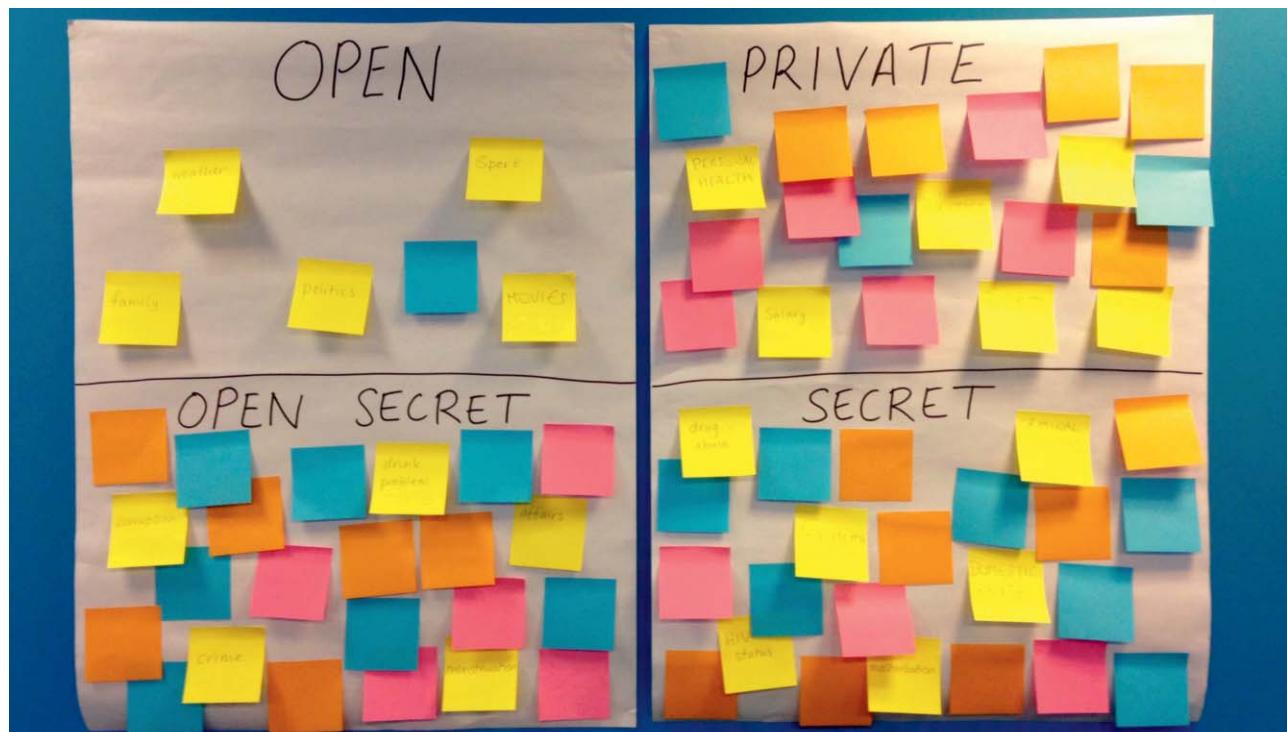
- 2 Ask the group to stand up and gather around the chart.
- 3 Explain to the group what each of the headings mean:
 - **Open:** Something you would easily talk about in public, with anyone.
 - **Private:** Something you would talk about confidentially with specific people.
 - **Open secret:** Something people know about but do not talk about.
 - **Secret:** Something people do not share or talk about with anyone.
- 4 Give all the participants four sticky notes of **one colour**. Ask them to write on the sticky notes an example of a topic for each of the boxes and to place their sticky notes in the relevant box.



Tip: Give the participants some time to think about the exercise. If they are unclear, some examples may be given, such as:

- Open – the weather
- Open secret – corruption
- Private – a personal health issue
- Secret – HIV status

- 5 Invite one participant to come up and read some of the examples from each of the boxes.
- 6 Next, give all the participants one sticky note of a **second colour**. Ask them to come and place the sticky note in the box where they think communities they work with would put talking about menstruation and menstrual hygiene.
- 7 Give all the participants one sticky note of a **third colour**. Ask them to place the sticky note in the box where they think girls would put talking about menstruation and menstrual hygiene.
- 8 Now give all the participants one sticky note of a **fourth colour**. Ask them to place the sticky note in the box that matches how they feel about talking about menstruation and menstrual hygiene.



General examples
for each category

Perceived status of
communities on
talking about MHM

Perceived status of girls
from communities on
talking about MHM

Workshop participants'
status on talking
about MHM



9 Ask the group to reflect on the chart. Do they have any observations?

Discussion (20-30 min):

Tip: Let the group have some time to think. Responses may be slow at first but the discussion usually gets going. If you think there is too much hesitation then the questions below may help to prompt the discussion. However, often these points are raised by the group themselves.

Questions to prompt discussion:

- Q. What is the importance of knowing which box different people may be in for our MHM intervention?
- Q. What are the consequences of people being in one box or another?
- Q. How might this affect our approaches to MHM?
- Q. Do we need to move people from one box to another?
- Q. Do we really know which box people are in?

Summing up (5-10 min):

10 Summarise some of the points raised by the group and share the key messages below.

Key messages:

Different positions

- There is a diversity of cultural/social perspectives that determine whether issues are considered open, private, open secret or secret. We may not all share the same values.
- For society and communities in general, menstruation and menstrual hygiene are usually a secret or open secret.
- People may be in different boxes depending on where they are or who they are talking to. For example, girls may talk to other girls privately, but if they are talking to a man it would be a secret.



Do we need to become more open?

- There are often different opinions about how open we need to be when talking about menstruation and menstrual hygiene. There are challenges because it is secret – this leads to misinformation, stigma, fear and exclusion. Also, if women and girls are not able to voice their needs relating to MHM, it is unlikely they will be met. We must break the silence to end this.
- We should consider how we can be more open – as professionals or with communities/girls/boys/women/men – through creating safe spaces for talking.

Key points for programming

- Just because we perceive this is where people are (open, secret etc.) it doesn't mean that we are correct. The only way to know is to find out. We need to develop ways to try and find out. Then we can work out strategies to communicate with them based on where they are. For example, if girls talk to other girls privately, we can consider peer to peer education.
- We need to de-link menstruation from sex. This is one of the reasons it is secret/open secret. Menstruation should be regarded as a vital sign of health.





Session plan 3

Session	Menstrual hygiene basics: what we need to know
Purpose	To ensure that all participants have a shared understanding of menstruation and menstrual hygiene; the key components of menstrual hygiene management (MHM); and how agencies can provide an effective cross-sector response to MHM
Key learning	<ul style="list-style-type: none"> • What are menstruation and menstrual hygiene • Challenges faced by women and girls • MHM programme components and sectors involved
Time allowed	55-60 min
Materials	<ul style="list-style-type: none"> • Boards/flip chart paper and markers • Computer, projector, screen/white wall • Menstrual hygiene matters resource book • Handouts: <ul style="list-style-type: none"> • Menstruation: the basics • Menstrual hygiene management: getting started • Menstruation and health • Presentation: Menstrual hygiene management: the basics
Methodologies	<ul style="list-style-type: none"> • PowerPoint presentation • Plenary questions and discussion
Session outline	<ul style="list-style-type: none"> • Discussion: (5-10 min) • Presentation – Menstrual hygiene management: the basics (30 min) • Summing up (20 min)



Facilitation note 3

Menstrual hygiene basics: what we need to know

Session walkthrough

Preparation:

- 1 Before the session, read the relevant modules of *Menstrual hygiene matters* (www.wateraid.org/mhm). In particular *Module 1: Menstrual hygiene – the basics* and other sections as highlighted in the presentation notes below.
- 2 Set up the PowerPoint presentation.

Discussion (5-10 min):

- 3 To start the session, ask the participants a few general questions about menstrual hygiene management (MHM) to assess the group's understanding. These could include:
 - What do you know about menstruation? What age does it start? How long does it last? Do all women menstruate? Until when?
 - In your country, what are the menstruation taboos, practices and challenges?
 - What are the local terms for menstruation?
 - What are some of the issues relating to MHM in your work?
 Take a note of the answers on flip chart paper – or ask someone else to do this for you.
- 4 Do not say whether the information is correct or not but think about what the group knows or thinks they know. Note down any questions that people ask, or if there are disagreements. If some of the points are incorrect – try to come back to them later when key information is shared in the presentation.

Presentation – Menstrual hygiene management: the basics (30 min):

- 5 Talk through the slides using the notes below. If the majority of participants seem to have a good level of understanding already, then move through the slides fairly rapidly.



Presentation notes:

Slide 2 – Overview of presentation

Explain that the purpose of the presentation is to provide the basic information about menstruation, menstrual hygiene and key components and considerations for menstrual hygiene programmes so that we all have a common level of understanding.

Slide 3 – What is menstruation?

(Reference: Menstrual hygiene matters Module 1)

Talk through the points on the slide. Menstruation starts during puberty, normally when girls are between ten and 18 years old, but they may start earlier or later. Periods may be irregular during the first few years.

Slide 4 – The menstrual cycle

(Reference: Menstrual hygiene matters Module 1)

This slide shows a typical menstrual cycle of 28 days, starting with menstruation (days one to seven). Following menstruation the walls of the uterus start to thicken again with tissue and blood to prepare for the next cycle. Ovulation – the release of an egg from an ovary – happens around days 12 to 15. Then if the egg is not fertilised by sperm, the lining starts to break down and detach until the end of the cycle, when menstruation starts again.

Slide 5 – Menstruation is a vital sign of health

(Reference: Menstrual hygiene matters Module 1)

Menstruation is a taboo subject in many cultures, and women and girls often feel shame and embarrassment. In some cultures, people believe menstrual blood is dirty and polluting and menstruation is a process of cleaning out the bad blood. But this is not true. Menstruation is a vital sign of good reproductive health. We have to promote this as a positive message. Women and girls may feel a certain amount of discomfort or pain but this is normal and not a sickness (though there are some menstrual disorders that require medical attention).

Slide 6 – Menstrual hygiene definition

There is now a working definition of MHM developed by the Joint Monitoring Programme for Water Supply and Sanitation by the World Health Organization and UNICEF. This definition focuses on the knowledge and behaviours required for good menstrual hygiene, including personal hygiene (using clean materials, being able to change them and wash when needed) and public hygiene behaviours (disposal of used materials).



Slide 7 – Challenges faced by girls and women

(Reference: Menstrual hygiene matters Module 1)

Women and girls face many challenges because MHM is neglected. Talk through the examples on the slide. These are some of the issues commonly reported relating to materials and facilities.

Slide 8 – Excluded from WASH facilities

Even though women and girls require access to water and sanitation facilities to manage their menstruation, they may be excluded from using them because of taboos and embarrassment.

Slide 9 – Challenges faced by girls and women

(Reference: Menstrual hygiene matters Module 1)

Talk through the examples on the slide. These are some of the issues commonly reported relating to a lack of knowledge, fear, shame and discomfort, all of which affect girls and women in their daily lives.

Slide 10 – Lack of knowledge, guidance and support

These quotes highlight the importance of providing information and creating a supportive environment.

Slide 11 – Excluded from home

This quote relates to a practice called Chhaupadi, which is practised in some areas of Nepal. Menstruating women and girls are excluded from the home, leaving them vulnerable to cold, dangerous animals and violence. Similar practices are followed in other cultures too.

Slide 12 – Menstrual hygiene and health

(Reference: Menstrual hygiene matters Module 1)

There are many claims that poor menstrual hygiene causes health issues, including reproductive tract infections. However, there is a lack of evidence on actual health impacts. It is plausible that there may be some risk. For example, there may be a greater risk of infection during menstruation as the cervix is open for the blood to flow. In addition, certain practices are more likely to increase the risk of infection, e.g. reusing disposable pads, using dirty or damp cloths or inserting pads into the vagina.

There is often confusion about disorders related to menstruation. Some are wrongly associated with menstrual hygiene. Also, some symptoms that are quite normal are wrongly considered to be signs of illness, e.g. white vaginal discharge.



There may also be greater health challenges for those women and girls suffering from incontinence, fistula, or those who have undergone female genital mutilation (Fistula is a hole between the vagina and rectum or bladder that is caused by prolonged obstructed labour, leaving a woman incontinent of urine or faeces, or both. Girls who give birth at a young age are more prone to fistula.).

Slide 13 – What is health?

This is the World Health Organization's definition of health.

If we consider health as physical, social and mental wellbeing, then we can see significant links with menstrual hygiene – considering issues already highlighted, such as physical discomfort from poor quality or unhygienic materials, social exclusion, fear and shame.

Slide 14 – Breaking the chain of silence

(Reference: Menstrual hygiene matters Module 1)

MHM is a neglected topic because of gender inequality and cultural taboos. As a result, women and girls do not speak out about the topic and are not involved in decision-making – for example, household decisions to build a toilet or spend money on sanitary pads – or in making decisions at community level for WASH programmes. This is compounded by a lack of knowledge and awareness – among women and girls themselves, and also among professionals such as WASH programmers, about how to address menstrual hygiene. The result is a lack of facilities and services, e.g. a lack of separate toilets for girls at schools. It also results in a lack of social support and the culture of fear, shame, embarrassment and silence, completing the circle of neglect.

Slide 15 – Menstrual hygiene requires

(Reference: Menstrual hygiene matters Module 1)

This slide outlines the components required in order to practise good menstrual hygiene. These components link with the definition already shared.

Slide 16 – Pragmatic information

(Reference: Menstrual hygiene matters Module 1)

Here are some examples of booklets and materials designed to raise awareness. These have been developed using participatory approaches to understand knowledge and practices in particular contexts and what information girls and women need, and present this information in an accessible way. It is important to also consider women and girls who are illiterate.



Slide 17 – MHM-friendly WASH facilities

(Reference: Menstrual hygiene matters Modules 1, 4, 5)

Here is an example of a community latrine with MHM-friendly design features for women in Bangladesh (though it does not have a disposal facility).

Slide 18 – MHM-friendly WASH facilities

(Reference: Menstrual hygiene matters Modules 1, 4, 5)

Here is an example of a girls latrine in a school in India. The hole in the wall at the back of the latrine is connected to an incinerator for the disposal of sanitary pads.

Slide 19 – Sanitary materials, supply and disposal

(Reference: Menstrual hygiene matters Module 3)

Here are some examples of approaches to supplying materials and disposing of them, including locally-made reusable or disposable pads and incinerators in schools.

Slide 20 – All girls are not the same

(Reference: Menstrual hygiene matters Modules 6, 7)

Although there are common core components for MHM interventions, it is important to find out the specific needs of women and girls in different contexts, considering factors such as those listed.

Slide 21 – Vulnerable and marginalised contexts

(Reference: Menstrual hygiene matters Modules 6, 7)

In emergencies, women and girls may not be able to use their normal coping mechanisms. They may also be living away from home in close proximity to men who they do not know, and have less access to facilities, services and resources.

Slide 22 – Challenges faced by girls and women with disabilities

(Reference: Menstrual hygiene matters Module 7)

There is very little information about the MHM needs of disabled women and girls. Here are some of the specific challenges they may face.

Slide 23 – Sector roles

(Reference: Menstrual hygiene matters Modules 2, 8)

Menstrual hygiene is a cross-sectoral issue. It involves the following sectors:

- Health – especially reproductive and adolescent health
- Education – facilities and curriculum
- Training – for all sectors involved



- Community development – linkages across sectors
- Social protection – vulnerable contexts
- Gender – female empowerment
- Private sector – as employers that need to provide facilities and as suppliers of materials

It is important to find out about the range of agencies that have a role in MHM in a specific context. This will help ensure that all elements are being considered in programmes and policies.

Slide 24 – Menstrual hygiene matters

This resource book was developed by a team at WaterAid with contributions from a wide range of people from around the world. It was co-published by 18 organisations and reviewed by 21 individuals and teams. The resource book includes the following 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 Menstrual hygiene in emergencies
- 7 Supporting women and girls in vulnerable, marginalised or special circumstances
- 8 Menstrual hygiene in the workplace
- 9 Research, monitoring and advocacy

Summing up (20 min):

- 6 Conclude this session by allowing some time for questions and discussion.





Session plan 4

Session	Menstrual hygiene materials: options, use and disposal
Purpose	For the group to become familiar with a range of materials that can be used for menstrual hygiene around the world, and how they are used and disposed of hygienically
Key learning	<ul style="list-style-type: none"> Learn about a range of menstrual hygiene materials available around the world and what is required to use and dispose of them hygienically Decide what criteria should be considered when choosing which menstrual hygiene materials to promote
Time allowed	60 min
Tips for room layout	Part of this exercise is done with the group standing up around a table, so there needs to be enough room for all members of the group to see the materials on the table
Materials	<ul style="list-style-type: none"> A selection of materials used for menstrual hygiene, e.g. cotton wool, tissue paper, different types of cloth, disposable sanitary pads, re-useable pads, tampons, menstrual cup, underwear Examples of aids for teaching women and girls how to use materials, e.g. leaflets, menstrual hygiene product packaging Long table Labels for the materials Flip chart and pens Computer, projector and screen/white wall Handout 4: <i>Menstrual hygiene materials: use, supply and disposal</i> Presentation: Menstrual hygiene materials
Methodologies	<ul style="list-style-type: none"> Display of menstrual hygiene materials PowerPoint presentation Plenary discussion
Session outline	<ul style="list-style-type: none"> Display and review of menstrual hygiene materials (25 min) Presentation – <i>Menstrual hygiene materials</i> (15 min) Developing checklist criteria (15 min) Summing up (5 min)
Key messages	<ul style="list-style-type: none"> The choice of menstrual hygiene materials is based on cultural acceptability and user preferences. It is also often influenced by a woman or girl's environment and access to funds, water and sanitation facilities, and affordable options It is critical that any programme aiming to support women or girls with menstrual hygiene materials involves them in the planning discussions and decisions about the materials and/or products to be supported Information and facilities should be provided to use and dispose of different materials hygienically



Facilitation note 4

Menstrual hygiene materials: options, use and disposal

Session walkthrough

Preparation:

- 1 Before the session, prepare the display. This needs to be laid out on the table, ideally with labels.
- 2 If possible, read Module 3 of *Menstrual hygiene matters* (www.wateraid.org/mhm) *Menstrual hygiene – sanitary protection materials and disposal* and the slide notes on the following pages.
- 3 Set up the PowerPoint presentation.

Tip: Make sure you have a range of different materials to make the display as interesting as possible. These could include: tissue, cotton wool, local types of material such as cotton and towelling, different types of disposable sanitary pads including commercial products and locally made products if available, reusable sanitary pads including home-made pads or commercial products (e.g. www.afripads.com), tampons, menstrual cups, underpants (to demonstrate how sanitary pads are fixed in place).



Photo: WaterAid



Display and review of menstrual hygiene materials (25 min):

- 4 Ask the group to stand up and gather around the table to look at the menstrual hygiene materials.
- 5 Encourage the group to pick up and touch the different items and to discuss them with each other.
- 6 Briefly explain to the group what each of the materials is and answer any questions they may have.
- 7 Ask the participants whether the different materials are likely to be comfortable, effective for managing menstrual blood, appropriate, affordable, available, sustainable, environmentally-friendly etc. What sort of facilities or resources would be needed for them to be used and disposed of hygienically?

Tip: Give the participants some time and space to look at the materials. Usually the participants are interested in the different items; some may have questions about specific materials. It might also be necessary to demonstrate how they work – for example, how the applicator for a tampon works.

- 8 After participants have looked at the materials, ask them to go back to their seats.

Presentation – Menstrual hygiene materials (15 min):

- 9 Talk through the slides using the notes below.

Presentation notes:

Slide 1 – Title slide

This presentation will briefly consider some of the key points we need to think about regarding supply, use and disposal of different menstrual hygiene materials.

Slide 2 – Menstrual hygiene materials

As we have seen, there are many different options for menstrual hygiene materials. There are a number of factors that might affect the choice of materials. The picture shows reusable pads that have been made by women in a refugee camp in Kenya.



Reusable pads should be washed with soap and water, and dried and stored in a clean place. Many people suggest that cloths should be dried in sunlight so that any harmful bacteria are killed. However it may not be acceptable to dry cloths where they can be seen, or possible to dry them in sunlight during the monsoon. It may be more practical to dry them with an iron or over a basket by the fireplace.

Slide 3 – Menstrual hygiene materials

These are some further factors to consider. Some projects have established small-scale production units for disposable pads. This picture shows MakaPads, disposable pads made from papyrus in Uganda. If production units are established then national safety regulations and legal requirements need to be followed.

Slide 4 – Menstrual hygiene materials

Successful small-scale businesses can involve production of pads or focus on establishing better supply of existing commercial products through distribution outlets. For example, in some countries, networks of female distributors or vendors have been established to buy sanitary pads in bulk at a cheaper price and sell them from their homes or village shops. They are also trained to provide advice to girls and women on menstrual hygiene management (MHM). Developing a successful new product requires good entrepreneurial skills and considerable effort to ensure sustainable demand and supply.

It is important for us to consider what particular factors might be most important in different contexts and consult with women and girls regarding their preferences before deciding what materials to promote in MHM interventions. If possible, women and girls should be able to make an informed choice.

Slide 5 – Waste collection containers

Bins can be used for the collection of menstrual hygiene sanitary protection material waste.

10 Ask the group which of the bins pictured they think are most suitable and why.

The issues to look at when comparing containers are:

- Are they washable?
- Do they have a lid to keep in the smell?
- Are they easy to carry to dispose of the materials?
- Are they available in the local area (where possible)?



Slide 6 – End disposal options

If disposed of in a latrine pit, the pit will fill up quicker, and will be more difficult to empty using a suction tanker. Materials cannot be disposed of in a pour flush latrine because they can cause blockages. Just including a collection container in a latrine unit is, however, not enough. There also needs to be a system for the continued collection and emptying of the containers and the end disposal of the materials. It is important that those who are responsible for collecting, transporting and disposing of menstrual waste have tools and resources so that they can do so hygienically and with dignity.

Some options for end disposal of sanitary materials:

- Open pit for burning
- Temporary incinerator
- Burying
- Small incinerator attached to a latrine block

None of the end disposal options are perfect and the choice will depend on the context. Open burning and incomplete combustion of waste can result in toxic releases both to air and groundwater. Controlled incineration does have a polluting effect and high emissions (especially the low-cost incinerator), but less so than open burning. For small volumes, temporary situations, or in areas where there is sufficient space (such as outside of high density areas), burning or incineration may still be the best option.¹ More research is needed in this area.

Developing checklist criteria (15 min):

Slide 7 – Developing criteria for selecting MHM materials

- 11 Ask the group to develop a checklist for the criteria that are most important to consider when deciding which MHM materials to promote. Write down the criteria suggested on the flip chart.

Summing up (5 min):

- 12 To conclude the session, summarise the points raised by the group and recap on the key messages from the session. Share Handout 4 with the group.



Key messages:

- The choice of sanitary protection is based on cultural acceptability and user preferences. It is also often influenced by a woman or girl's environment and access to funds, water and sanitation facilities, 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.
- Information should be provided on how to use different materials hygienically.
- Consideration also needs to be given to the disposal chain for menstrual hygiene materials from point of collection to final end disposal.

¹ <http://answers.practicalaction.org/our-resources/collection/low-cost-incinerator-for-urban-5>



Session plan 5

Session	Barrier analysis: critical gaps
Purpose	To identify and analyse the barriers that create challenges for women and girls to practise good menstrual hygiene
Key learning	<ul style="list-style-type: none"> How to analyse the range of barriers that women and girls face in relation to menstrual hygiene in a given context
Time allowed	60-80 min
Tips for room layout	<ul style="list-style-type: none"> Tables to be arranged in café style (groups of around 6-8 people) if possible There needs to be a large wall/board space to display the barriers identified by the group
Materials	<ul style="list-style-type: none"> Optional film: <i>Adolescent school girls in Bangladesh on managing menstruation</i> Computer, projector and speakers (if using film) Coloured cards or sticky notes Wall or board for displaying cards/notes Marker pens
Methodologies	<ul style="list-style-type: none"> Group work
Session outline	<ul style="list-style-type: none"> Introduction (5 min) Film – <i>Adolescent school girls in Bangladesh on managing menstruation</i> / case studies / reflection (5-10 min) Group exercise (30-40 min) Discussion (15-20 min) Summing up (5 min)
Key messages	<ul style="list-style-type: none"> Women and girls face a range of barriers in managing menstrual hygiene and we need to find out what these are in the particular context where we are working.
Notes and references	<p>This session is adapted from equity and inclusion resources developed by WEDC in collaboration with WaterAid. The original documents can be accessed at: http://wedge.lboro.ac.uk/resources/learning/EI_AS2_Identifying_barriers_v2.pdf</p> <p>If most of the group have some experience of working with communities, schools or other groups on water, sanitation and hygiene (WASH) including menstrual hygiene management (MHM) they can base this exercise on their own experience and context. If the group does not have much experience the suggested resources can be used.</p> <p>The film suggested for this session was directed and edited by Sara Liza Baumann of Old Fan Films. It can be accessed on YouTube at: www.youtube.com/watch?v=ST683CWXIzw. If it is not possible to show the film (e.g. due to the technology available) then a range of case studies about MHM experiences and challenges faced by women and girls could be used. Extra time may be needed for the participants to read through the case studies. There are a number of case studies in the Menstrual hygiene matters resource book at www.wateraid.org/mhm</p>



Facilitation note 5

Barrier analysis: critical gaps

Session walkthrough

Preparation:

- 1 Before the session starts, if using the film, make sure that the film is loaded and that the projector and speakers are working. If using case studies, print out copies for each group.

Tip: There are three types of resources that can be used in this session from which to identify the barriers. Which resources to use for the session will depend on the time available, technology available, and the participants in the group. The three options, which can also be combined, are:

- Short film (10 min) on girls' experiences of MHM in Bangladesh.
- Case studies on women and girls' experiences of MHM from around the world. These can be taken from the Menstrual hygiene matters resource book – or from other documents and case studies available.
- The participants' own experiences of working with communities or schools on MHM.

- 2 On a wall or pin board put up four headings: knowledge and attitudes, facilities, materials, institutional/policy.

Introduction (5 min):

- 3 Explain to the group that they are going to look at the barriers that girls and women face in being able to practise good menstrual hygiene. These barriers may be at different levels – personal, household, community, school etc. – and may relate to different components of menstrual hygiene management (MHM) – knowledge, awareness, facilities, materials and attitudes.
- 4 If using the film, tell the group that they are going to watch a film about girls' experiences of menstrual hygiene in Bangladesh. During the film, the participants should note down all the challenges that are mentioned by girls, their teachers etc.



If using case studies, distribute the case studies among the groups and ask them to read the case studies and note down the challenges that are mentioned.

If drawing on the participants' own experiences, ask them to reflect on the challenges that they are aware of. Remind them that these barriers may be at different levels – personal, household, community, school etc. – and may relate to different components of MHM – knowledge, awareness, facilities, materials and attitudes. These may also include barriers that organisations and institutions face when attempting to implement MHM programmes.

Film/case studies/reflection (5-10 min):

- 5 Show the film.
- Read the case studies.
- Reflect and note down own experiences.

Group exercise – Barrier analysis (30-40 min):

- 6 Ask the participants to work in groups of around 6-8 people. Give each group pieces of card/paper or sticky notes and marker pens.
- 7 The groups should discuss the barriers that each member has identified from the film, case studies or own experience. Each barrier should be written on a separate piece of card/paper or sticky note. Give the groups around 15-20 minutes for this.
- 8 Next, ask the groups to try to categorise the barriers as per the example below:

Type of barrier	Examples
1 Knowledge and attitudes	<ul style="list-style-type: none"> • Awareness of menstrual cycle • Women and girls should not touch the waterpoint during menstruation • Teachers do not want to talk or teach about menstruation to students
2 Facilities	<ul style="list-style-type: none"> • Latrine doors do not have locks so are not private • Water is not available inside the latrine for washing • Latrine bins are not emptied



Type of barrier	Examples
3 Materials	<ul style="list-style-type: none"> • Sanitary pads are not affordable for most girls • Soap is not available for washing cloths
4 Institutional/policy	<ul style="list-style-type: none"> • No teacher training on MHM – so they do not know how to teach the topic or provide support • There is a tax on sanitary pads

- 9 To help the groups get started, in plenary, ask for a few examples of barriers and discuss with the group which category they would best fit into.
- 10 Give the groups another 10-15 minutes to decide which categories the barriers they have listed fit into.
- 11 Now ask groups to put their barriers on the board under the relevant heading.
- 12 Group barriers that are similar together and if there are two or more that are the same, remove the additional cards so that each barrier is mentioned only once. The grouping may be done by the facilitator – or the facilitator may ask some of the participants to do this.

Discussion (15-20 min):

- 13 Ask the group if they have any reflections on what is presented.

Summing up (5 min):

- 14 Summarise the findings and share the key messages. Tell the group they will return to the exercise in the next session to think about solutions.

Key messages:

- Women and girls face a range of barriers in managing menstrual hygiene and we need to find out what these are in the particular context where we are working.



Session plan 6

Session	Solutions analysis: addressing barriers
Purpose	To identify solutions to remove or reduce the barriers to menstrual hygiene management (MHM) identified in the barrier analysis
Key learning	How to identify a range of solutions that can be included in a menstrual hygiene intervention and the importance of developing a comprehensive approach relevant to the context
Time allowed	70-80 min
Tips for room layout	<ul style="list-style-type: none"> Tables to be arranged in café style (groups of around 4-6) if possible There needs to be large wall/board space to display the solutions identified by the group
Materials	<ul style="list-style-type: none"> Coloured cards or sticky notes Wall or board for displaying cards/notes Marker pens
Methodologies	<ul style="list-style-type: none"> Group work
Session outline	<ul style="list-style-type: none"> Introduction (5 min) Group exercise – Solutions analysis (30-40 min) Discussion (30 min) Summing up (5 min)
Key messages	<ul style="list-style-type: none"> Tackling the barriers to menstrual hygiene requires a comprehensive approach that incorporates awareness raising, provision of facilities and materials, capacity development and policy. This means working in collaboration across different sectors including water, sanitation and hygiene (WASH), health and education.
Notes and references	<p>This session should be run after Session 5 – Barrier analysis.</p> <p>This session is adapted from equity and inclusion resources developed by WEDC in collaboration with WaterAid. The original documents can be accessed at: http://wecd.lboro.ac.uk/resources/learning/EI_AS3_Identifying_solutions_v2.pdf</p> <p>The film referred to in this session was directed and edited by Sara Liza Baumann of Old Fan Films. It can be accessed on YouTube at: www.youtube.com/watch?v=ST683CWXIzw</p>



Facilitation note 6

Solution analysis

Session walkthrough

Preparation:

- 1 Before the session, prepare four pieces of flipchart paper – one for each of the groups of barriers in the barrier analysis in Session 5. The categories are:
 1. Knowledge, awareness and attitudes;
 2. Facilities;
 3. Materials;
 4. Institutional/policy.
 You may need more than one piece of flipchart paper if there were a lot of barriers listed under the group. On each piece of flipchart paper draw a table like the example for knowledge, awareness and attitudes below. Collect the cards from Session 5, with the barriers identified for each of the categories and place them with the relevant flipchart:

1. Knowledge, awareness and attitudes	
Barriers	Solutions

Introduction (5 min):

- 2 Ask the participants to work in four groups – one for each category of barriers. Give each group one of the flipcharts, the barrier cards and more blank pieces of card/paper or sticky notes, and marker pens.

Group exercise – Solutions analysis (30-40 min):

- 3 Explain to the group that they are now going to look for solutions to the barriers that girls and women face in being able to practise good menstrual hygiene. The solutions will be categorised by key components of menstrual hygiene management (MHM) programmes – knowledge and awareness, facilities, materials, policy. Capacity development should also be considered for each.



- 4 The groups should discuss the possible solutions to the barriers. Encourage them to share solutions from their own experience or try to remember some of the solutions mentioned in the Bangladesh film or the earlier presentations/sessions. The groups should write the solutions on sticky notes or cards and organise them on the grid.

Discussion (30 min):

- 5 In plenary, ask each group to share their solutions with all the participants and then invite others to comment and make suggestions.
- 6 Once all the groups have shared their feedback, if there is time, ask if there are any reflections from the group. Ask the group questions – Who is responsible for implementing these solutions? What are the priorities?

Summing up (5 min):

- 7 Conclude the session with the key messages.

Key messages:

- Tackling the barriers to menstrual hygiene requires a comprehensive approach that incorporates awareness raising, provision of facilities and materials, capacity development and policy.
- This means working in collaboration across different sectors including water, sanitation and hygiene (WASH), health and education.





Session plan 7

Session	Communicating confidently
Purpose	<ol style="list-style-type: none"> 1 To discuss the stigma surrounding menstrual hygiene management (MHM) in order to break the silence and build confidence to talk about sensitive and embarrassing issues 2 Build capacity for participants to take an active role in building MHM into water, sanitation and hygiene (WASH) programmes and policies
Key learning	<ul style="list-style-type: none"> • The importance of communicating with men and boys on MHM as well as women and girls • How to build confidence and capacity to speak about MHM
Time allowed	85-105 min
Tips for room layout	This exercise is done in small groups around tables (café style)
Materials	<ul style="list-style-type: none"> • Computer, projector and speakers • Film: <i>Making the invisible visible</i> • Paper, cards or sticky notes • Flip chart and pens
Methodologies	<ul style="list-style-type: none"> • A short film on reaching men and boys about MHM in India • Plenary discussion • Group work • Roleplays
Session outline	<ul style="list-style-type: none"> • Film – <i>Making invisible, the visible</i> (8 min) • Discussion (7 min) • Exercise – Discussing embarrassing topics (20-30 min) • Group work (30-40 min) • Discussion (15 min) • Summing up (5 min)
Key messages	<ul style="list-style-type: none"> • Discussing embarrassing topics gets easier the more you do it. • We may use communication tools to help us – for example, dolls to demonstrate use of materials, diagrams and picture books to explain the menstrual cycle. We can also create spaces where it is easier to talk. • Within the sector we need to build capacity and confidence to talk about MHM.
Notes and references	<p>The film <i>Making invisible, the visible</i> was produced by Vatsalya in India: http://vatsalya.org.in/</p> <p>The participatory session is adapted from International HIV/AIDS Alliance (2006) TOOLS TOGETHER NOW! 100 participatory tools to mobilise communities for HIV/AIDS</p>



Facilitation note 7

Communicating confidently

Session walkthrough

Preparation:

- 1 Before the session starts, if using the film, make sure that the film is loaded and that the projector and speakers are working.

Film: *Making the invisible visible* (8 min):

- 2 Show the film on reaching men and boys about menstrual hygiene in India.

Discussion (7 min):

- 3 Ask the group if they have any reflections on the film.

Exercise – Discussing embarrassing topics (20-30 min):

- 4 Tell the group that menstrual hygiene management (MHM) is often hard to talk about.
- 5 Explain that no one is expected to be an expert and that this is just a chance to discuss the issue and learn more from each other.
- 6 Give the group pieces of paper or card or sticky notes, and pens.
- 7 Ask the group to write down on separate cards or notes some of the topics that may be embarrassing for them – or the people that they work with (including colleagues, government officials, teachers, communities, girls etc.) – to talk about in relation to MHM. For example, in situations where they may be trying to find out about issues around MHM and practices from people in the communities, or topics they need to cover when promoting MHM, or questions they may be asked by others. If they are not sure you may think of some examples. Topics that have come up in other groups include:
 - Explaining the reproductive system and cycle
 - Answering questions such as whether it is OK to have sex during menstruation
 - Discussing how to actually use menstrual hygiene materials
 - Issues relating to smell of menstrual materials and blood
- 8 After 10 minutes ask the group to come and put the notes on the board or wall. Read out the notes as they go up.



- 9 Identify three or four groupings of sensitive topics – e.g. MHM practices, reproductive health issues, taboos etc. – and ask participants to break into smaller groups to look at one of these groupings.

Group work (30-40 min):

- 10 Ask each group to discuss their sensitive topic:
- What might make it hard to ask questions or talk about it?
 - What would be good questions to ask?
 - What approaches could be used – e.g. use of tools, creating enabling spaces – to make it easier to discuss these topics?
- 11 Then ask each group to practise their suggestions in roleplays.
- 12 If time allows, and the participants are willing, ask them to perform their roleplay – or a few minutes of it – to the rest of the group.

Tip: The purpose of the roleplay is to provide the opportunity for practitioners to try out techniques for talking about MHM. Encourage them to set up encounters/scenarios that are as realistic as possible. Encourage participants to reverse roles (e.g. see what it would be like for a man to roleplay a teenage girl).

Discussion (15 min):

- 13 Bring the groups back together to discuss what was learned about asking questions about and discussing sensitive subjects.
- 14 Encourage all participants to discuss their ideas and concerns, even if they feel awkward about them.
- 15 Ask participants to note how they feel talking about MHM. Would they be uncomfortable talking about the issue with colleagues? Implementing partners? Policy-makers? Discuss what was challenging and how it could be eased.
- 16 Write down key points on the flip chart.
- 17 **Summing up (5 min):** Summarise the points raised and recap on the key messages.



Key messages:

- Discussing embarrassing topics gets easier and less embarrassing the more you do it.
- We may use communication tools to help us – for example, dolls to demonstrate use of materials, diagrams and picture books to explain the menstrual cycle. We can also create spaces where it is easier to talk.
- Within the sector we need to build capacity and confidence to talk about MHM.



Session plan 8

Session	Designing a menstrual hygiene intervention
Purpose	For participants to apply learning from the workshop to develop a menstrual hygiene management (MHM) project outline.
Key learning	<ul style="list-style-type: none"> How to develop an MHM intervention for a specific context. Consider which elements of a comprehensive MHM approach to prioritise in a project setting.
Time allowed	65-80 min
Tips for room layout	This exercise is done in small groups around tables (café style)
Materials	<ul style="list-style-type: none"> Case studies Flip chart and pens
Methodologies	<ul style="list-style-type: none"> Group exercise
Session outline	<ul style="list-style-type: none"> Exercise – Designing an MHM intervention (40-45 min) Discussion (20-30 min) Summing up (5 min)
Key messages	<ul style="list-style-type: none"> A comprehensive MHM intervention should incorporate knowledge and awareness raising, water and sanitation facilities, and menstrual hygiene materials supply and disposal. While these are the key components of MHM programming, MHM interventions should be based on the specific context and designed through identifying existing resources, opportunities and gaps to prioritise project components.
Notes and references	Participants need to have some awareness of MHM programming to undertake this session successfully. If the group does not have any prior knowledge and experience of MHM then it is recommended to combine this session with others in this guide. Session 3: Menstrual hygiene basics: what we need to know and, if there is time, Session 4: Menstrual hygiene materials: options, hygienic use, supply and disposal will be particularly useful to run before this session.



Facilitation note 8

Designing a menstrual hygiene intervention

Session walkthrough

Preparation:

- 1 Before the session starts, print out the case studies. There are four case studies that have been written based on some typical settings. They are not real situations. Two case studies are set in a rural context and include a community setting and a school setting. The other two case studies are set in an urban context and include a community setting and a school setting. Depending on the size of the group and the types of participants you may want to use all or only one or two of the case studies.
- 2 The exercise is best undertaken with small groups of around 6-8 people. So decide how you are going to divide the group into small groups. Each group will work with one case study. It is OK if the groups all have the same case study or each group could have a different one.
- 3 Make sure there are enough copies of each case study for all the members of the group to have a copy of the case study they are working on.

Exercise – Designing an MHM intervention (40-45 min):

- 4 Divide the group up into smaller groups.
- 5 Give each group copies of the case study they will be working on for each person in the group.
- 6 Give each group pieces of flip chart paper and pens.
- 7 Ask the groups to first read through their case study individually. Once they have all had time to read the case study they should discuss it and design a menstrual hygiene management (MHM) project for the scenario. They should write a brief outline of their intervention on the flip chart paper to present to the rest of the group.
- 8 Inform the groups that there are some questions provided at the end of the case studies to help them decide how to design their scenario.

Tip: If this session is being run as part of a larger workshop and the group has undertaken the barrier and solutions analysis, then they may want to use this approach to develop their project plan.



9 Remind the groups to think about all the key components of MHM in their project design:

- Knowledge and awareness
- MHM facilities
- Menstrual hygiene materials supply and disposal

And also to consider the following aspects:

- Research and analysis
- Capacity development
- Service delivery
- Advocacy
- Sustainability

Discussion (20-30 min):

- Bring the groups back together and ask each group to present their project intervention. Give each group five minutes to present and then allow two to three minutes for questions from the rest of the group.
- If you have a large group and do not have enough time for each group to present their project to the whole group, put all the groups into pairs of groups and ask them to present their projects to each other.
- Ask the group to share any reflections they have on the exercise. This may also include what further information they need to design the project and would have to find out.
- If you have any reflections on the project designs give some feedback to the group.

Summing up (5 min):

- Summarise some of the points raised by the group and share the key messages below.

Key messages:

- A comprehensive MHM intervention should incorporate knowledge, and awareness raising, water and sanitation facilities, and menstrual hygiene materials supply and disposal.
- While these are the key components of MHM programming, MHM interventions should be based on the specific context and designed by identifying existing resources, opportunities and gaps to prioritise project components.



Case study 1: Urban community

Saronda is a slum built at the side of a road with some buildings constructed on reclaimed land at the edges of Capital City's lake. It is informal but has been in existence for 20 years. Around one third of the families have lived there for ten to 15 years. Others come and go more frequently. In the past four years the community has grown by 50%. It is now home to 800 households, 4,800 people, of which 1,200 are women and 400 are girls between eight and 18 years old.

Families live in one or two room houses that are very close together. There are ten hanging latrines that are makeshift structures emptying directly into the lake. Women and girls often wait until night to use the latrines or go together. Water is taken either from the lake or bought from water sellers. Women use the lake water to wash their menstrual cloths and because of local taboos have to hide them in the house roof.

Most of the men are day labourers and a few others run small shops within the slum, selling household goods. The women are mainly involved in informal businesses, making and selling baskets and running small-scale business such as vegetable selling. Others, including some girls between 12 and 16 years old, work as domestic maids in the nearby middle class houses.

Saronda Development Organisation (SDO) is a community-based organisation within the community. It has programmes for micro-credit and child health (mainly vaccines and neo-natal care) with support from a voluntary health worker. There is a committee that runs SDO, headed by one of the male shop owners with eight men and four women.

Group work:

- Design a community-based menstrual hygiene intervention for Saronda slum.
- What are the key issues/challenges that will be addressed?
- Identify the key components and the stakeholders that need to be involved for the different components. If other stakeholders need to be included in the project, consider who needs to be engaged.
- Prepare an outline of your project to present to the rest of the group.

Time allowed: 40-45 min



Case study 2: Urban school

Many of the children of Saronda slum in Capital City attend a primary school across the road from their community. The school has 800 pupils – about half of these are girls. Although it is a primary school, the children who attend the school are up to 14 years old because some of them did not start school until they were older or did not complete all classes in time. The school has ten teachers (one female). Half the children attend in the morning and half in the afternoon. The School Management Committee is headed by the male head teacher. He struggles to engage parents in the running of the school but a few parents, including a local politician, are active on the committee.

The school has three toilets. They are situated at the back of the school along an uneven and rubbish-strewn pathway. One of the latrines is kept locked for teachers and the others are not kept clean. The doors to the latrines are not secure and have holes in them. The school has a water tank but it is in a different part of the school compound. No soap is provided as it will ‘grow legs and run away’. The school struggles to provide books. The Ministry of Education has developed a School Health Policy that says schools should provide puberty education and water, sanitation and hygiene (WASH) facilities.

Recently, the school was included in a programme run by a sanitary pad company to support puberty education in school and promote their sanitary pads. The girls at the school all participated in a 45 minute session where they received basic information about puberty and menstruation, different types of sanitary materials and were given a free pack of pads. These pads are available in the market but are too expensive for most of the girls.

Group work:

- Design a school-based menstrual hygiene intervention for Saronda school.
- What are the key issues/challenges that will be addressed?
- Identify the key components and the stakeholders that need to be involved for the different components. If other stakeholders need to be included in the project, consider who needs to be engaged.
- Prepare an outline of your project to present to the rest of the group.

Time allowed: 40-45 min



Case study 3: Rural community

Mandizi village is in the drought-prone Western District. It is 40km from Town and connected by a dirt road. There are 80 households in Mandizi, comprising 110 men, 130 women, 123 boys and 117 girls (of whom 60 are between eight and 18 years old).

Most families make a living by small-scale agriculture, though some men work in Town and return home once or twice a month. There is one school that has four classes, teaching mixed-age groups up to 16 years old.

Sanitation coverage in the village is 40%, with the remaining families practising open defecation. Those households with latrines have built pits as a result of an NGO programme. However, the programme is struggling, as people are still embarrassed to be seen going to the latrine and some believe that using latrines puts you at risk of being possessed by demons. There is very little water for hygiene for eight months of the year. A few farmers who have a cooperative have been supported by a development organisation to construct composting double-pit latrines. They have adopted the technology with enthusiasm.

Traditional beliefs are widely held. These include initiation rituals at puberty in which girls must spend their first period isolated from the house in a hut. There is also a belief that if someone sees a woman's menstrual cloth the woman will be cursed. There is a male traditional healer in the village. The nearest primary health post is 10km away but a female health worker comes to the village once a month.

Group work:

- Design a community-based menstrual hygiene intervention for Mandizi village.
- Identify the key components and the stakeholders that need to be involved for the different components. If other stakeholders need to be included in the project, consider who needs to be engaged.
- Prepare an outline of your project to present to the rest of the group.

Time allowed: 40-45 min



Case study 4: Rural school

Mandizi School is at the centre of the community in this rural, drought-prone village. 144 children (80 boys and 64 girls) attend the school. The students are aged five to 18. 28 of the girls are aged between 12 and 18. The school has four teachers and two assistant teachers. One of the assistants is female and the rest of the staff are male.

Most of the villagers practise open defecation at home, though 40% do have latrines. At the school there is one pit latrine but no materials are provided for hygiene. Children have to bring water to school.

When girls in Mandizi start to menstruate, many families, who hold traditional beliefs, see this as a sign that the girls are ready for marriage. They also believe that the girls may be at risk from sexual attack and then bring shame on the family. So some adolescent girls are withdrawn from school once they reach puberty. This is also because families are unable to afford school materials and prioritise boys' education.

Those girls who do attend school after menstruation have complained to the female assistant that boys tease them if they get blood stains on their clothes during their menstrual periods. But the teacher told them that it is shameful to be seen with blood on your clothes and people will think they are dirty. They do not have access to sanitary pads and most girls use old pieces of cloth.

The school does not provide any puberty education. A female health worker visits every month or so as part of de-worming programme sponsored by an international agency.

Group work:

- Design a school-based menstrual hygiene intervention for Mandizi School.
- Identify the key components and the stakeholders that need to be involved for the different components. If other stakeholders need to be included in the project, consider who needs to be engaged.
- Prepare an outline of your project to present to the rest of the group.

Time allowed: 40-45 min





Handout 1

Menstruation – the basics

This handout will cover:

- 1 What is menstruation?
- 2 At what age does menstruation start and end?
- 3 The female reproductive system and the menstrual cycle
- 4 Menstruation is a normal, healthy process

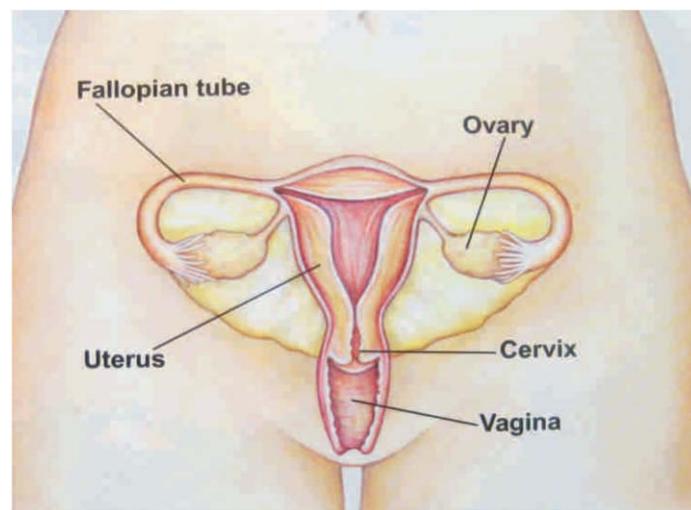
1 What is menstruation?

Menstruation is a natural bodily function for the reproductive health of women and adolescent girls. It results in bleeding from the womb (uterus) being lost through the vagina. Menstruation usually occurs monthly for two to seven days. The average amount of blood lost during a menstrual period is 30-40ml. Women and girls generally experience some lighter flow and some heavier flow days during their menstrual period.

2 At what age does menstruation start and end?

Girls typically start to menstruate during puberty or adolescence, usually between the ages of ten and 19. 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 40s and 50s. Menstruation is also sometimes known as ‘menses’ or described as a ‘menstrual period’. There are also local terms for menstruation.

3 The female reproductive system and the menstrual cycle



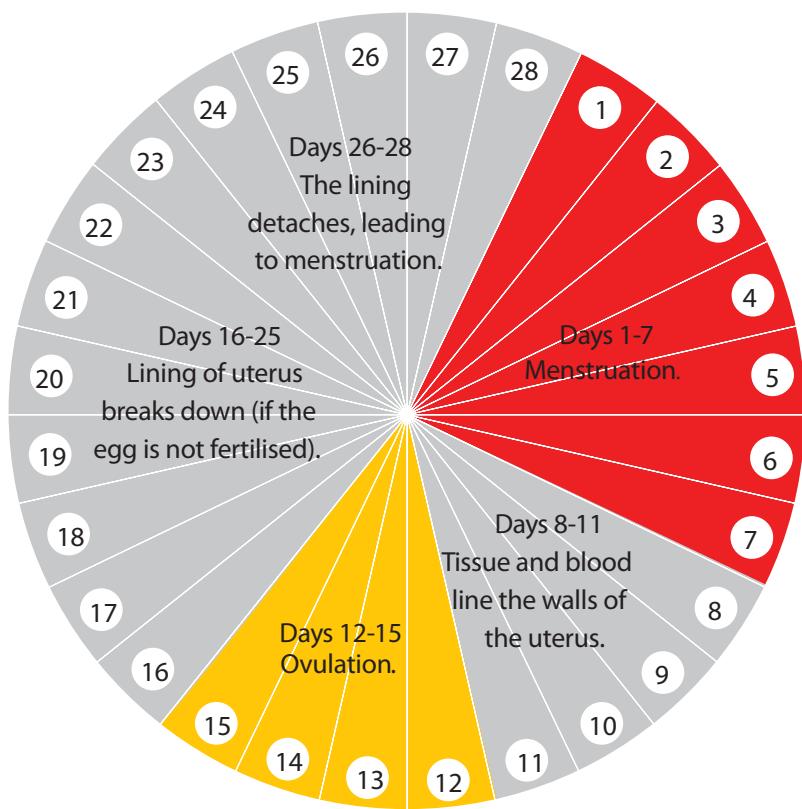
Picture taken from: Kanyemba A (2011) *Growing up at school, a guide to menstrual management for school girls*. Zimbabwe: Water Research Commission, South Africa.



The menstrual cycle is usually around 28 days but can vary from 21 to 35 days. The days of the cycle start with menstruation. Following menstruation, tissue and blood start to line the walls of the uterus to prepare the uterus for receiving a fertilised egg. Around day 14 of each cycle an egg is released from one of the ovaries (ovulation) and moves into the uterus through the fallopian tubes. If the egg is not fertilised, the lining of the uterus then detaches and 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 menstrual cycle:

Days	Process
1-7:	menstruation
8-11:	tissue and blood line the walls of the uterus
12-15:	ovulation
16-25:	lining of uterus breaks down (if the egg is not fertilised)
26-28:	the lining detaches, leading to menstruation



Based on: UNICEF (no date) Flow with it, babe! Let's talk about feminine hygiene. East Africa.

A calendar is a useful tool to track how long your period lasts, the duration between one period and the next and days when you are vulnerable to cramps, light flow, heavy flow.



4 A natural, healthy process

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

It is normal for most women and girls to 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.

References: This handout is based on material from House S, Mahon T and Cavill S (2012) *Menstrual hygiene matters: a resource for improving menstrual hygiene around the world*. Available at: www.wateraid.org/mhm





Handout 2

Menstrual hygiene management – getting started

This handout will cover:

- 1 What is menstrual hygiene?
- 2 MHM challenges faced by women and girls
- 3 MHM – a comprehensive approach
- 4 Roles and responsibilities for MHM

1 What is menstrual hygiene?

The WHO/Unicef Joint Monitoring Programme (JMP) hygiene working group defines menstrual hygiene as:

Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear.

This definition encompasses the knowledge, facilities, services and behaviours required for good menstrual hygiene to be practised at a personal level (safe use and disposal of menstrual materials, changing and washing) and public level (end disposal of menstrual materials).

To manage menstruation hygienically, it is essential that women and girls have access to safe water and sanitation. They need somewhere private to change sanitary cloths or pads, clean water and soap for washing their hands and used cloths, and facilities for safely disposing of used materials or a place to dry them if reusable. They also need information, advice and support.

2 MHM challenges faced by women and girls

The practical challenges of menstrual hygiene management (MHM) are made even more difficult by various socio-cultural factors. Women and girls are often excluded from decision-making and management in development and emergency



relief programmes. At the household level, they have less control over whether they have access to a private latrine or money to spend on sanitary materials. Most people, men in particular, find menstrual hygiene a difficult subject to talk about, so these needs are not discussed. As a result, water, sanitation and hygiene (WASH) interventions often fail to address the needs of women and girls.

Many schools do not support adolescent girls or female teachers in managing menstrual hygiene with dignity. Inadequate water and sanitation facilities at school make it very difficult to change materials and keep clean, and poor sanitary protection materials can result in bloodstained clothes, causing stress and embarrassment. Girls have also reported being teased by other students. Teachers (and male members of staff in particular) can be unaware of girls' needs, in some cases refusing to let them visit the latrine during class. As a result, girls have been reported to miss school during their menstrual periods, or even drop out completely.

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 have a negative impact on the lives of women and girls, and reinforce gender inequities and exclusion. Myths and social norms make their daily lives difficult and limit their freedom and participation in society. 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).

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 and teachers 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.

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. Women and girls in other marginalised circumstances, 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. 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.

3 MHM – a comprehensive approach

MHM requires a comprehensive approach that includes:

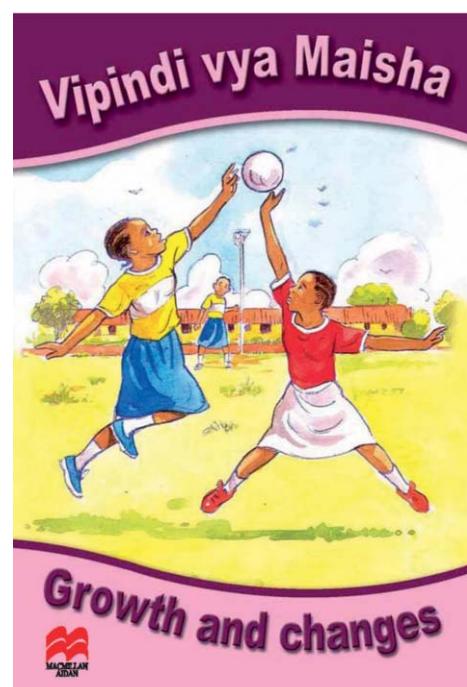
- Access to accurate and pragmatic information
- Access to menstrual hygiene materials
- Access to facilities that provide privacy for changing materials and washing and drying menstrual cloths
- Access to water and soap within a place that provides an adequate level of privacy for washing body, cloths and clothes
- Access to disposal facilities and services for used menstrual materials (from point of collection to final disposal)

Pragmatic information: Making factual information available is vital to counter negative menstruation myths. This can be done through the use of booklets for girls and women, and menstrual hygiene promotion. Information should also be available for boys and men. It should be accessible, practical and context-specific.

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 coherent information to be used across programmes.

Accessible information for disabled women and girls, and those who are illiterate, also needs to be available.

Right: *Growth and changes*. Dr Marni Sommer has developed puberty booklets for girls through participatory research in Tanzania, Ghana and Cambodia.



Menstrual hygiene materials:

The choice of sanitary protection is based on cultural acceptability and user preferences. It is also often influenced by a woman or girl's environment and access to funds, WASH facilities, 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.



Above:
AFRIpads – reusable sanitary pads made in Uganda
Photo: Sarah House



Facilities for changing, washing and disposal:

Basic MHM facilities for public or institutional settings (e.g. sanitation facilities in a community, school or health centre) are defined as: basic separated sanitation facilities for females that provide privacy; soap, water and space for washing hands, private parts and clothes; and places for changing and disposing of materials used for managing menstruation. At household level, gender-separated facilities are not usually required but considerations need to be given for safety, privacy, washing and changing.

Left: School latrine in India with attached incinerator
Photo: WaterAid/Thérèse Mahon



4 Roles and responsibilities for MHM

Menstrual hygiene issues cut across a number of different development sectors and sub-sectors. The table below 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 coordination and collaboration between (and within) these sectors.

Sector	Link with menstrual hygiene	Key responsibilities
WASH (Water, sanitation and hygiene)	<p>Menstrual hygiene requires access to:</p> <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. 	<p>Incorporate menstrual hygiene:</p> <ul style="list-style-type: none"> • At different levels, including service delivery, capacity development and policy. • Within approaches to WASH – e.g. community-led total sanitation, social marketing, WASH in schools, participatory hygiene and sanitation transformation.
Health	<ul style="list-style-type: none"> • Menstruation is a biological process of the female reproductive system. There are health risks associated with poor menstrual hygiene. • Women and girls who have menstrual disorders and other medical conditions may have additional needs for menstrual hygiene. 	<ul style="list-style-type: none"> • Provide accurate and user-friendly information on the biological facts about menstruation and menstrual health and hygiene. • 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.



Sector	Link with menstrual hygiene	Key responsibilities
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 institutions for teachers.
Training	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Incorporate reproductive health and menstrual hygiene into the curriculum in professional training institutions for all relevant sectors (e.g. WASH, protection, health, community development).
Community development	<ul style="list-style-type: none"> • Community development actors have linkages at the local level across development 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 low-cost sanitary protection materials. • Provide menstrual hygiene information to community organisations.



Sector	Link with menstrual hygiene	Key responsibilities
Social protection	<ul style="list-style-type: none"> Women and girls in particularly vulnerable contexts are likely to face further challenges in managing menstrual hygiene. The social protection sector 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.
Gender	<ul style="list-style-type: none"> 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.
Private sector entrepreneurs and businesses	<ul style="list-style-type: none"> 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.



Sector	Link with menstrual hygiene	Key responsibilities
Employers and labour departments	<ul style="list-style-type: none"> Women require access to menstrual hygiene facilities at work or their dignity and livelihood opportunities may be reduced. 	<ul style="list-style-type: none"> Ensure a menstrual hygiene-friendly environment in the workplace.

References: This handout is based on material from House S, Mahon T and Cavill S (2012) *Menstrual hygiene matters: a resource for improving menstrual hygiene around the world*. Available at: www.wateraid.org/mhm



Handout 3

Menstruation and health

This handout will cover:

- 1 Health and menstruation
- 2 Potential risks of poor menstrual hygiene management
- 3 Health risks from sanitary products and materials used for menstruation
- 4 How women and girls can stay healthy during their menstrual period

1 Health and menstruation

This handout considers the health issues associated with menstruation as well as the potential risks to health of poor menstrual hygiene management (MHM). 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.

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 lead to certain medical conditions.

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 (dysmenorrhoea) often has no underlying medical explanation and studies report varying prevalence.



2 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 likely.

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*). The risk of passing on, or in some cases contracting, blood-borne diseases (e.g. 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 secretions.

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.

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 types of discharge could be abnormal and 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.



3 Health risks from sanitary products and materials used for menstruation

Sanitary materials manufactured by large international companies 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.

Using old, rough, damp or non-absorbent cloth, or not changing sanitary pads frequently enough when they become soaked with blood, can cause skin irritation in the vaginal area or thighs. If the skin becomes broken this may lead to infection.

Toxic Shock Syndrome is caused by a toxin produced by the bacterium *Staphylococcus aureus*. 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 intravaginal contraceptive devices in women, but it also occurs as a complication of skin abscesses, surgery and post-partum. It is linked to the management of menstruation in about 50% of cases.



4 Health conditions that are not linked to menstrual hygiene

The following are sometimes wrongly thought to be caused by poor menstrual hygiene:

- **Endometriosis** is a condition in which small pieces of the uterus lining (known as the endometrium) are found outside the uterus, e.g. 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. It is associated with menstruation but not menstrual hygiene.
- **Uterine fibroids** are benign growths in the uterus that occur in 30-40% of women. Most fibroids do not cause any problems 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. Uterine fibroids can cause heavy bleeding but they are not associated with menstrual hygiene.
- **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. 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, a result of the reduction in ovulation with these activities. Ovarian cancer is believed to be associated with menstruation but **not** menstrual hygiene.
- **Pubic lice** are typically found attached to hair in the pubic area but sometimes are found on coarse hair elsewhere on the body (e.g. 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.
- **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. Scabies is not caused by poor menstrual hygiene.



5 How women and girls can stay healthy during their menstrual period

'How to' questions	Good practice guidance for girls and women
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 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 at school, tell the matron, female teacher or 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 into a plastic bag until you can wash it with hot water and soap and dry in the sunshine or iron. • 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 disposed with other rubbish or burnt later. • Do not drop pads or cloth in the latrine pit as this can cause problems with emptying the pit and if it is a water seal pour flush pan it could easily become blocked.



'How to' questions	Good practice guidance for girls and women
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, 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"> • Put a bottle with hot water on your stomach area when resting. • Try to do some exercises and keep your body active. • You can take painkillers every four to six hours on most painful days. Seek advice from a doctor or pharmacist.

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

This handout is based on material from House S, Mahon T and Cavill S (2012) *Menstrual hygiene matters: a resource for improving menstrual hygiene around the world*. Available at: www.wateraid.org/mhm

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Handout 4

Menstrual hygiene materials: use, supply and disposal



This handout will cover:

- 1 Comparing menstrual hygiene materials
- 2 Supply and demand for materials
- 3 Hygienic use and disposal



1 Comparing menstrual hygiene materials

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

Programme considerations when choosing which materials to support:

- Cultural acceptability of the product/traditional practices
- Affordability
- 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
- 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?



Advantages and disadvantages of different menstrual hygiene materials used by women and girls

Option	Advantages	Disadvantages
Natural materials (e.g. mud, cow dung, leaves)	<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 at 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 reusable • More environmentally friendly than non-degradable 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"> • Same as above 	<ul style="list-style-type: none"> • Not always absorbent enough or the correct shape for higher flow days



Option	Advantages	Disadvantages
Commercial re-usable pads	<ul style="list-style-type: none"> Cost-effective as are reusable More environmentally friendly than disposable pads 	<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
Commercial 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
Tampons	<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 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 handwashing are particularly important, as need to be inserted into the vagina



Option	Advantages	Disadvantages
Menstrual cups	<ul style="list-style-type: none"> • Re-usable • Only need emptying, washing and drying 	<ul style="list-style-type: none"> • Not available in many contexts • May not be culturally appropriate, 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

Different types of sanitary pads



Left to right: AFRIpads kit – reusable pads made in Uganda, commercially-made disposable pads, MakaPads – biodegradeable, paypus pads made in Uganda
Photos: S House



2 Supply and demand for menstrual hygiene materials

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

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

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

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

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

Questions to consider for supply and demand of sanitary protection materials

Supply	Demand
<ul style="list-style-type: none"> • 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? 	<ul style="list-style-type: none"> • 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 size packets will people be able to afford? • How will they know about the product?



3 Hygienic use and disposal

Most women and girls in developing country contexts use sanitary pads or cloth.

Good advice for women and girls regarding use of menstrual hygiene materials:

- Place a cloth or pad on your underwear, or attach to a belt or cord round your waist.
- Never insert the material inside your vagina.
- Change the cloth or pad every two to six hours, depending on the blood flow, or more frequently if the blood flow is heavy.
- 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 dry if possible.
- If you are using a pad, 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 disposed of with other rubbish or burnt (if there is an incinerator at school) later.
- Do not drop pads or cloth in the latrine pit as this can cause problems with emptying the pit and if it is a water seal pour flush pan it could easily become blocked.

The waste disposal chain

When thinking of disposal, it is often only the user's disposal 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, in which sanitary materials can temporarily be stored.
- 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:

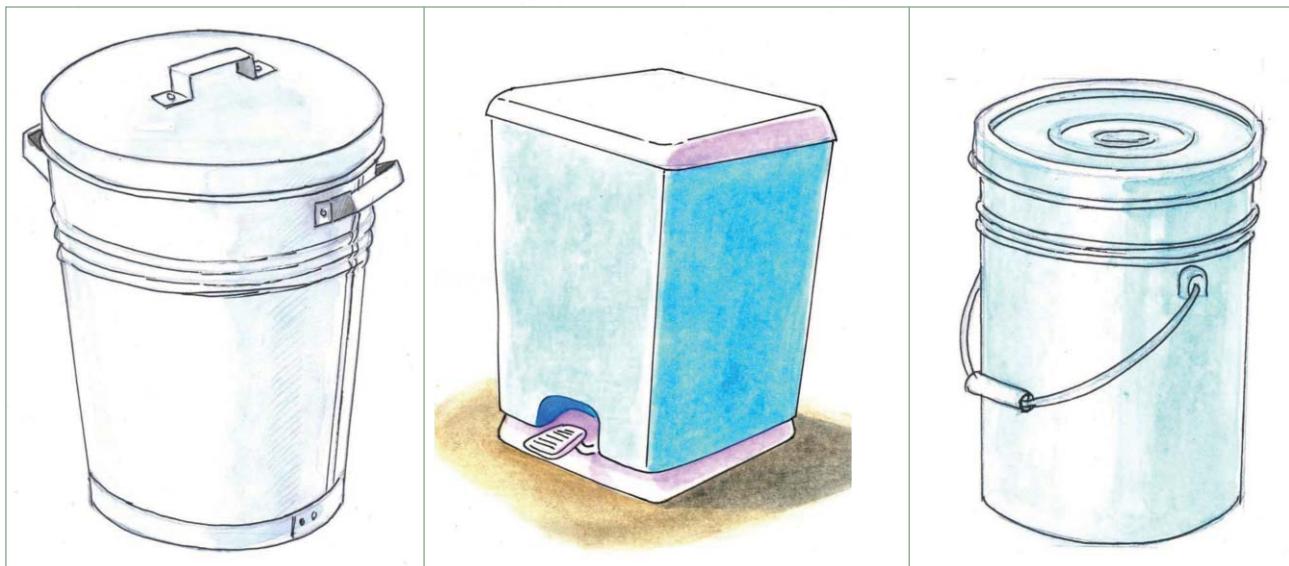
- A sustainable management system is required, with people responsible for operating each stage.
- Each stage must be discrete and not cause embarrassment to the users.
- The waste chain should be hygienic and not cause risks to those responsible for operating it.
- Those who operate the waste chain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



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- The user's 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.

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.



Pictures: Government of the United Republic of Tanzania/Rashid Mbago



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.
- Composting (for biodegradable sanitary materials).

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 and 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.

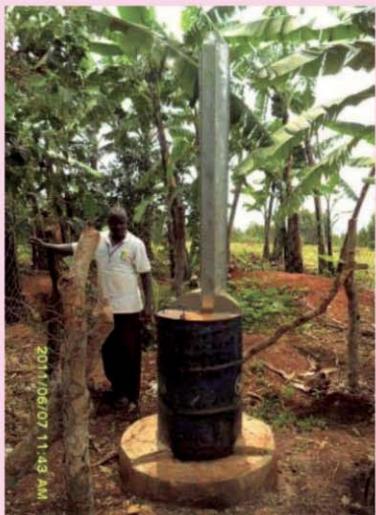
None of the end disposal options are perfect and the choice will depend on the context. Open burning and incomplete combustion of waste can result in toxic releases both to air and groundwater. Controlled incineration does have a polluting effect and high emissions (especially the low-cost incinerator), but less so than open burning.¹ For small volumes, temporary situations, or in areas where there is sufficient space (such as outside of high-density areas), burning or incineration may still be the best option. More research is needed in this area.

¹ <http://answers.practicalaction.org/our-resources/collection/low-cost-incinerator-for-urban-5>



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.



(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.



Notes



Notes





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