



Menstrual Hygiene Management (MHM) in Schools – A neglected issue

A Thematic Discussion Series hosted by GIZ and SuSanA

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1 MHM and SDG indicators

Menstruation is defined as the periodic discharge of blood and mucosal tissue from the uterus, occurring approximately monthly from puberty to menopause in non-pregnant women. Girls usually menstruate for the first time between the age of 10 and 15. Learning about menstruation is thus vital for secondary school students, but it is not too early to raise awareness in elementary school.

Menstrual Hygiene Management (MHM) refers to the way in which women and girls deal with their menstruation. In 2012, JMP defined MHM as follows: "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."

About 52% of the female population is of reproductive age and most of them are menstruating every month. Thus, "menstruation is an integral and normal part of human life, indeed of human existence, and menstrual hygiene is fundamental to the dignity and well-being of women and girls and an important part of the basic hygiene, sanitation and reproductive health services to which every woman and girl has a right," the UN Special Rapporteur on the human right to safe drinking water and sanitation has declared ([#21053](#)).

The [Sustainable Sanitation Alliance \(SuSanA\)](#) is an open international alliance with members who share a common vision on sustainable sanitation and are dedicated to understanding viable and sustainable sanitation solutions.

It links on the ground experiences with an engaged community made up of practitioners, policy makers, researchers, and academics from different levels with the aim of promoting innovation and best practices in policy, programming and implementation.

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Yet the reality on the ground – particularly in rural and economically deprived areas – often looks very different. Women and girls are frequently ashamed and embarrassed about their menstruation, do not want others to discover menstrual blood and are concerned about leakages and stains on their clothing. These fears are aggravated by a lack of proper sanitation facilities and materials that result in poor MHM practices which in turn have health related outcomes like increased stress and social outcomes, such as potentially interrupted engagement in the classroom.

Given the number of people affected by MHM in some way or another, it is striking that the topic has widely been neglected until recently. With the adoption of the Sustainable Development Goals (SDGs) in 2015, MHM as part of the broader topic of WASH in Schools (WinS) plays a role for the achievement of several of the declared goals. MHM is implicitly addressed in SDGs 4 and 6, as well as being an essential element for the attainment of several other goals, including SDG3 (health and well-being) and SDG5 (gender equality). Furthermore, MHM can contribute to the achievement of two out of the three goals of the Global Partnership for Education strategy, specifically Goal 1 on improved and more equitable learning outcomes, and Goal 2 on increased equity, gender equality, and inclusion. Experts agree that the education sector has a lead role to play in promoting non-discriminatory gender roles as well as intersectoral collaboration with the health sector (reproductive health) and the water sector, to make access to MHM a universal service available for all girls.

The JMP service ladders for monitoring WASH in Schools (WinS) in the SDGs place MHM at the level of advanced service (both for the area of sanitation and hygiene), while basic services include elements for good MHM practices as well (e.g. sex-separated toilets, (hand)washing facilities with soap). Both MHM facilities and MHM education and products provided are to be defined at the national level.

2 MHM and SuSanA's Working Group 7

SuSanA's working group 7 "WASH in Institutions (with gender and social aspects)" has the declared goal of raising general awareness for WASH beyond the household level, with a special focus on schools, by creating discussion fora and enhancing networking opportunities. In its work, the group always addresses the specific needs of both girls and boys. MHM in schools thus forms one of the issues that lie at the heart of WG7's work.

Led by Claudia Wendland (WECF) and Belinda Abraham (UNICEF), one of the important aspects of WG7's work is to show the link between improved school sanitation and academic performance particularly for the education of girls. WG7 operates on the premise that in sanitation, gender aspects have to be taken into account, as these are essential for sustainable sanitation and hygiene. Yet in many societies, women's views – as opposed to those of men - are systematically under-represented in decision-making bodies. This can have especially dire consequences for girls particularly at and after puberty who might miss school (particularly when they are menstruating) or even drop out altogether due to the lack of sanitary facilities, and/or the absence of separate girls' and boys' toilets.

Among the materials provided on the WG7's website are "[Factsheet 7a – Sustainable Sanitation for Schools](#)" and "[Factsheet 7b – Gender perspective in sustainable sanitation](#)." Furthermore, the working group hosted a meeting on the topic of WASH in schools at the Stockholm World Water Week 2016 which was followed by a two-week discussion on SuSanA's online forum (see synthesis [here](#)). During the meeting in Stockholm, facilitators Belinda Abraham and Bella Monse presented [Volumes I](#) and [II](#) of the recent publication "Making WASH in Schools more Sustainable" which showcase various approaches, both practical and innovative, to providing sustainable WASH solutions in schools around the world.

Four case stories deal with MHM in particular:

Case 5 India, Kenya, Bangladesh - Raising Awareness on Menstrual Hygiene Management / WASH United

Case 6 Uganda - Promotion of Locally Made Washable Pads / Days for Girls

Case 7 Tajikistan - Ecological Sanitation for Rural Tajikistan / ASDP Nau & WECF

Case 8 Kenya - Menstrual Cup Distribution and Health Education Program / Ruby Cup & Golden Girls Foundation.

More stories can be found on WG7's [wiki](#), which contains a collection of sustainable WASH in schools stories, among others.

In addition, in 2016, the Sector Programme Sustainable Sanitation of the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) presented a (non-exhaustive) overview of the global MHM landscape, comprised of academic studies and other publications, main actors and debates on the issue. The preliminary results were made more comprehensive through discussions with members of the Sustainable Sanitation Alliance (SuSanA) working group 7. The final product "WASH in Schools MHM Link Collection" – available for download [here](#) – is intended to serve all SuSanA partners and beyond as an overview of important information on MHM.

3 SuSanA Thematic Discussion on MHM in Schools

From March 27 to April 21, 2017, SuSanA, in partnership with Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) hosted a thematic discussion on the topic of Menstrual Hygiene Management (MHM). The four-week discussion took place on SuSanA's online forum and was entitled "Menstrual Hygiene Management in Schools – A neglected issue" and focused on two themes in particular:

THEME 1: Breaking the taboo around MHM (Thematic Lead: Dr. Marni Sommer)

THEME 2: Infrastructural barriers and how to monitor MHM (Thematic Lead: Thérèse Mahon)

As the two themes already highlight, the topic of (successful) menstrual hygiene management touches upon a variety of factors that have to be considered. Taboos, grounded in cultural and religious beliefs, have to be addressed as much as questions of how to provide appropriate facilities and sanitation materials as well as how to establish a functioning monitoring system on MHM in order to reliably track progress, and shortcomings, respectively.

Thus, in order to be successfully tackled, the topic has to be approached from multiple angles.



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This is supported by Thérèse Mahon who emphasizes that good MHM in schools requires a comprehensive approach including three main components: (1) providing pragmatic and accurate information and spaces where people can speak openly about menstruation, (2) availability of effective and affordable menstrual hygiene materials, (3) safe and private water, sanitation and hygiene facilities that are suitable for washing hands and

bodies, and for changing, washing and disposing of menstrual hygiene materials as often as required.

While Theme I of the thematic discussion focuses on the first – and to some extent on the second – of these components, Theme II addresses the third component of infrastructure and how to monitor MHM in Schools ([#21093](#)), including questions such as how do we ensure basic sanitation in schools to support MHM? What further improvements are essential to meet the MHM needs of all menstruating students and staff? How can these be addressed in resource constrained settings? ([#21093](#))

In fact, schools form a vital place for addressing menstrual hygiene management. Schools are by definition places of learning and education and thus an ideal environment to reach girls and young women and to provide them with accurate information on the menstruation cycle and



reproductive health, hygiene and sanitation in general. Schools are thus also an ideal place to address taboos and misconceptions that exist globally around menstruation. Yet, as taboos are always grounded in a culture's belief system, it is important to address them in a culturally sensitive way. Therefore, the thematic discussion (also) aimed at discussing what such a culturally sensitive manner could look like in the case of MHM.

In the following, this report will provide a summary of the discussion on MHM, the main issues addressed as well as recommendations made. Experiences shared from different countries will be listed under the respective countries. The synthesis does not necessarily express all the standpoints that came up in the discussion nor can it take up all the issues raised during the course of the debate. If you are interested in participants' postings in closer detail, please refer to the individual posts as referenced by the post number.

Shortcomings and barriers to successful MHM to date

As Marni Sommer highlights in her opening post to Theme 1 ([#21022](#)), there exist to date several shortcomings with regard to MHM signified by various "gaps":

(1) A gap in menstruation-related information

This is also supported by Bernard Miti's experience in Zambia where a lack of understanding among girls on the biological process of menstruation exists and many girls have no formal information on menstruation prior to menarche ([#21108](#)).

Similarly, Joy Lynn Alegarbes from Huru International writes: As we all well know, studies show that limited information and resources for menstrual hygiene management result in significant educational consequences for African girls, including poor academic performance and grade repetition. Coupled with the range of persistent social taboos surrounding menstruation in the region, this dramatically increases a girl's vulnerability to early sexual debut; unplanned pregnancy; child marriage; and sexually transmitted infections, including HIV ([#21092](#)).

(2) A gap in the provision of menstruation supplies

As Bernard Miti writes with regard to Zambia, there is limited access to affordable hygienic menstrual management materials; most girls from low-income households are not able to buy disposable sanitary pads and instead use pieces of old cloth or "chitenge"/"kitenge". In fact, 58% prefer to re-use old pieces of cloth because of their availability and affordability ([#21108](#)). While using cloth is not per se negative (considering there are many different types of cloth), it might not be as easy to use and manage, Marni Sommer comments.

(3) A gap in toilet facilities that meet menstruating girls and female teachers' needs in low and middle-income contexts ([#21022](#))

47% of girls in rural areas in Zambia, for instance, don't go to school when they are menstruating because of poor sanitation and a lack of sanitary materials, among other reasons ([#21108](#)).

What continues to prevent the closing of these gaps are barriers that for the most part do not have their origin in a general lack of information on MHM, or menstruation supplies or appropriate toilet facilities (even this is also the case), but

in what Marni Sommer refers to as a "culture of silence" around menstruation in many contexts ([#21022](#)). What we oftentimes experience is people's discomfort about exploring and openly talking about girls' (and women's) actual experiences with managing menstruation. This discomfort, which prevents women and girls from speaking out on the topic in turn hinders successfully addressing the challenges they face and coming up with potential solutions. Yet, why is there so much discomfort?

"A Culture of Silence": Identifying existing taboos

As the stories from many participants from different countries show, menstruation is a topic that – to a greater or lesser extent – is regarded as a taboo subject almost globally. Taboo is understood as a prohibition to approach or mention something regarded improper or unacceptable. Taboos result from social and other conventions and differ among different cultures and communities. Still, these differences yield a common outcome in the case of menstruation: a discomfort or even unwillingness to address the issue openly.

Given this, it is useful to try to identify the beliefs around menstruation with the respective societies in order to adjust one's communication accordingly and ultimately to attempt to break the taboo(s). Needless to say, this might be easier said than done considering how such belief systems are strongly and deeply grounded in a culture and passed on from generation to generation. Still, identifying and understanding cultural beliefs around MHM (and being respectful about their existence) can provide insights into why girls may be more or less comfortable talking openly about menstruation, their knowledge about managing their monthly blood flow, and its impact on their school experiences. As Marni Sommer stresses, being respectful of the existence of such beliefs and taboos in each new context is essential for devising solutions together with girls to help overcome the silence they may experience around the topic, and the barriers that hinder interventions being implemented in their schools and communities ([#21022](#)).

During the discussion participants listed several taboos. Recounting experiences from Malawi, Zambia, Bolivia, Nepal and Kenya, participants highlighted the following (behavioural) restrictions imposed on women during menstruation:

- Girls/Women are generally regarded as impure
- Girls/Women are concerned about the potential for others to use their menstrual blood or used cloths to perform acts of witchcraft on them (Malawi, [#21053](#)). Similarly, some regard the distribution of MHM materials at school to be an act of Satanism and blood on the pads is believed to be used for ritual purposes. There are also rumours that girls who use pads go mad and die.
- Girls should avoid playing with males (Zambia, [#21108](#)).
- Girls/Women are forced to abstain from cooking and other household chores (Zambia, [#21108](#)).
- Girls/Women face restrictions on movement (including going to school in some instances) (Zambia, [#21108](#)).
- Girls/Women are not allowed to be around babies and children (Zambia, [#21108](#)).
- Girls/Women are not allowed to pray (Zambia [#21108](#)).
- Women should not touch plants and crops or harvest fruit, as plants will die (Bolivia, [#21126](#); Kenya, [#21066](#)).

- Seclusion practices: women and girls are banished to a so-called Chauhut because it is believed they are “impure” (Nepal, [#21066](#)).
- Girls/Women face restrictions on washing and socializing (Malawi, [#21053](#)).
- No male should see menstruation blood (Pakistan, [#21136](#)).

Moreover, menstruation carries associations of being ready for marriage. Furthermore, girls are often absent from school during menstruation for fear of being noticed and ridiculed by other pupils, especially boys ([#21108](#)). Also, girls are ashamed about their absorbent products; they do not like to admit that they use cloth, for example ([#21126](#)).

As participant Hina stresses, it is important to identify the exact taboo and not to impose one’s own perception on the situation. This is a big danger when collecting data on MHM, which distorts results. Consequently, the collected data does not capture the exact taboos in place in a specific location but feeds into the creation of some “universal taboo” around MHM. Similarly, awareness raising methods should be precisely targeted at the respective community settings instead of employing a kind of “standard”. All in all, such changes take time and this time should be granted ([#21160](#)).

Finally, Bella Monse also highlights the difficulty of addressing taboos around MHM. She suggests that addressing (uncontroversial) infrastructural barriers first and then, only in a next step addressing access to information on MHM might be best ([#21165](#)).

MHM Stakeholders

Addressing MHM raises the question of stakeholders and whom to talk to in order to improve MHM in schools. Who might be the best people to address in a given country who can provide insights on existing taboos and the level of knowledge girls generally have about the monthly blood flow, among others? ([#21022](#))

Discussion participants agreed that there are numerous stakeholders/focus groups that have to be engaged and that there are different levels of stakeholders (government, school administrators, communities, etc.), which have to be addressed in different ways ([#21059](#)). Among those are (1) technical authorities and authorities from the relevant sectors (sanitation, education, hygiene, etc.) ([#21059](#)) that are responsible for providing adequate facilities; (2) the direct users of sanitary products, i.e. the girls in school; (3) community stakeholders that can help provide girls with the menstrual supplies that they need; (4) parents/families who support (or don’t support) girls and provide (or don’t provide information) ; (5) school teachers and headmasters who support (or don’t support) girls and provide (or don’t provide information); (6) local community-based organizations ([#21034](#)); (7) local media; (8) community leaders/authorities like religious/spiritual leaders ([#21204](#)).

As Rachel from Transformation Textiles emphasizes, all of these are potential MHM champions and change agents. They need to be effectively activated and given easy access to replicate tools ([#21034](#)). Tere raises another important point. She writes that in order to break the silence it is necessary to look at MHM in a socio-ecological manner. That means that it is not sufficient to just address girls and adolescents but the greater community – as highlighted by

the various stakeholders mentioned above – if feasible change with regard to MHM is to be attained ([#21037](#)).

“Breaking the Taboo”: A Note on methods, materials and engaging stakeholders

What are the best ways to approach the identified stakeholders? How can key stakeholders who influence girls’ school-going and their everyday lives be engaged so that collective solutions can be devised? ([#21022](#))

And how have people/organizations in various cultural and social (and economic) contexts around the world approached the topic? ([#21059](#))

During the discussion, various suggestions have been made on the methods (the ‘how’) to be used to promote MHM as well as on the topics that should be of particular importance (the ‘what’). In addition, several participants have provided examples from their respective countries.

Methods

(1) Participatory approaches (target group: girls)

Marni Sommer suggests that participatory approaches are a good way for girls to open up. Spaces where girls can write or draw freely without their names being attached to their work can help increase the level of comfort with sharing personal experiences ([#21022](#)). These approaches are also a good way to learn about girls’ perceptions. If the aim is to engage girls, puberty books are a good approach, for instance. They are simple to use and not expensive.

(2) Audiovisual testimonies (target groups: adults, such as technicians, authorities, parents)

Tere writes that in her experience audiovisual testimonies are an effective way to engage adults, i.e. technicians, authorities and parents, on MHM due to the value and credibility attributed to such a testimony ([#21037](#)).

(3) Animated audiovisuals (target group: kids, adolescents)

For adolescents, Tere suggests that animated audiovisuals on MHM are better suited as individuals are not shown and the animation makes it more playful and entertaining for young people. This helps them to loosen up on such a sensitive topic ([#21037](#)).

(4) ‘Edutainment’ (target group: children and young adults)

If children and young adults are to be engaged in MHM, producing material that is both educational AND entertaining for them is key ([#21037](#)).

(5) Embracing what’s there (target group: girls, also whole community)

Brenda Mbaja suggests that the right approach to countering taboos and the culture of silence is to ‘embrace’ what the community thinks and try to work with it. This includes ‘embracing’ the sanitary materials that are in use. No one should feel ashamed about what absorbent they use. Only then will girls and women feel comfortable talking about MHM. Overall, approaches should be adopted that do not sound like they are fighting against the local culture and consider the existing taboos as backwards but that are inclusive of the cultures ([#21066](#), [#21077](#)).

(6) Training by peers (target group: girls, also boys)

Camilla Wirseen highlights that communication is key in most situations. She points to the fact that a generational gap might exist, meaning that teachers and mothers/parents are less



suitable to talk with girls about menstruation and that trainers who are peers to the girls might be more suitable (#21052). That is why Wirseen's The Cup Foundation works with trainers who are almost peers to the girls they train (they train boys aged 13-16 in schools as well). They are all young women, 20-30 years old who have shared similar challenges to the girls they train and grown up in similar environments. This creates an understanding and trust among the trainers and the girls. The young women are fully aware of existing taboos in the community and the society (#21052). The experience that girls are not eager to speak with female teachers and/or mothers – for various reasons – is confirmed by Marni Sommer who agrees that finding contextually appropriate solutions, identified through direct exchanges with girls (along with understanding the perspectives of adults in their lives) is essential (#21058).

(7) Associate with local university

Tere from Bolivia writes that a beneficial effort to open the topic and overcome taboos has been to train local personnel and to associate with a local university. This has a double benefit: on the one hand it facilitates cultural sensitivity and specific knowledge of the context, language and symbols; on the other hand, knowledge and capacities are set up locally and are permanent (#21037).

Content

(1) Hygiene promotion as a gateway to MHM

Addressing MHM in schools, Tere recounts that in her experience the best way is to start by promoting hygiene (key practices such as hand washing, safe water consumption, etc.) and then gradually introduce MHM (#21037). Similarly, Bella Monse argues that infrastructural barriers should be addressed first, access to information on MHM second (#21165).

(2) Self-Confidence

Huru International is working with youth facilitators that strongly focus on issues related to self-esteem and self-confidence. The organization aims at having meaningful discussions about self-esteem, confidence, being assertive and the ability to make decisions (#21092).

Specific examples

(1) Mini MHM Festivals (Brighter Communities Worldwide (BCW), Transformation Textiles)

A so-called mini MHM festival was organized in celebration of Menstrual Hygiene Day 2016 on May 28 in Kenya. The event "edutained" more than 1,000 participants and used a variety of tools and games with a limited budget (\$200). For example a copy of Marni Sommer's "Grow and Know" puberty book series was printed for participants to read. Other tools and activities – which can be found [here](#) – included different stations where girls could work through their own math of how much menses cost (the math station), a station that illustrated the menstruation cycle (the biology station), and a station that taught participants how to properly take care of reusables (wash & care station) (#21034). In addition, Transformation Textiles made these resources available on a free MHM mobile app for everyone to create their own mini-MHM festival.

(2) "Girls for Girls" program (Brighter Communities Worldwide (BCW))

The program fosters health clubs in each of the schools in which they function. The girls who attend are introduced to a savings club, which provides them 3 year [Reusable Dignity Kits](#). The girls pay for a small portion of the cost of the Dignity Kit, but that value transaction is critical to empowerment, ownership and buying-in (#21034).

(3) Behaviour Change Manual (Helvetas)

F H Mughal points to a Behaviour Change Manual by Helvetas (#21225). The Manual is available for download [here](#).

Fit for School

"Fit for School" is a regional WASH in schools program implemented by Ministries of Education (MOEs) in Cambodia, Lao PDR, Indonesia and the Philippines with technical support from GIZ and SEAMEO INNOTECH (one of the Regional Centers under the Southeast Asian Ministers of Education Organization umbrella). The primary goal of the FIT program is to support MOEs to take on a leadership role in promoting WASH in schools within the context of a multi-stakeholder partnership involving ministries of health, local governments, the private sector and school communities.

As a lot of information materials regarding MHM in Schools have already been developed for various countries, the FIT program is designing a low-cost intervention package with information on existing IEC materials and appropriate infrastructure, to help government driven scale up of MHM in Schools through the existing structures of the education sector. It will be piloted in the Philippines, Cambodia, Laos and Indonesia.

For more information see <http://www.fitforschool.international/>

Operation & Maintenance

As Thérèse Mahon points out, a critical challenge for those working on WASH in Schools is ensuring facilities are kept clean and well maintained. Clean toilets are an essential prerequisite for successful MHM, as girls report not wanting to use toilets to change their sanitary materials when they are dirty or lack privacy.

Furthermore, MHM requires additional O&M procedures, specifically for the complete disposal of used materials. However, the successful expansion of services, for both disposable and reusable materials – including the provision of bins, emptying, burial or incineration – are often lacking. Moreover, there is insufficient evidence and guidance for what constitutes culturally acceptable and environmentally safe disposal; or what is needed for reusables (#21093).

This view is confirmed by Linda Lilian's experiences from Uganda, where the major focus is on how girls can get access to menstrual pads yet the management of these pads is oftentimes neglected. Commonly, there are lined latrines in schools with no provision for their emptying. Yet with disposable pads there comes the need for disposing and the latrines rank high for pad disposal and consequently fill up fast. Linda Lilian thus sees an urgency for incinerators as part of the provision for menstrual pad management.

Such incinerators, however, are not always a (good) solution either. Thérèse Mahon writes that sometimes, even though an incinerator existed, girls did not want to throw used cloths in it. Instead they took them home to wash first and sometimes brought them back to school to dispose of. The issue was about leaving something with their blood in the incinerator chamber as well as the belief that no male should see menstruation blood (#21119, #21136). Moreover, there is a lot of controversy about the adoption and use of such incinerators, Mahon notices. In Nepal, for example, incinerators for MHM in schools are being provided by NGOs and through the education department as part of the commitment towards girl-friendly toilets in schools. However, this is being criticized from the health and environment sectors (#21118). Similarly, Hina Kau and J. Pierre Muhoza reports on the environmental challenges such incinerators pose (#21136, #21152). Muhoza regards them not to be a good option for sanitary pads unless they fulfil incinerator gas emission standards (#21152).

Given these difficulties with the disposal of such pads – in addition to the difficulties of achieving behavioural change from using re-usable options (i.e. cloth) – Sahrari argues that reusable options should be seen as a good (better?) option, if the possibility for regular change, cleaning and if necessary drying of such options are provided at school (#21095). This in turn raised the question whether drying spaces at the schools are actually needed, i.e. whether girls will actually use them to hang their washed reusable pads. Thérèse Mahon, for instance, points to some of WaterAid's earlier projects where rails for hanging washed reusable cloths to dry were provided but girls did not want to leave their cloths in a space used by others (#21119). Brenda Mbaja raises a similar concern: she thinks that most girls would feel very uncomfortable hanging used clothes in a public space. In some places, as for example in her community in Kenya, it is a taboo for men and boys to see a girl's undergarments (#21137). The same is true for Nigeria as Danny Ogwo writes. Most girls and women will spread their underwear in the bathroom or toilet as it is regarded uncultured to have one's underwear seen in public (#21139).

Finally, Danny Ogwo writes that to ensure basic sanitation facilities to support MHM in schools, the education supervisory boards should have an active role in inspecting sanitary facilities in schools as part of monitoring and supervising indicators (#21120). He also sees the need for community participation and the integration of the parents and teachers association (#21120). Furthermore, he writes that successful approaches to infrastructure maintenance understand MHM as multisectoral in its approach. Head teachers, mechanics, waste management officers, health personnel, the media, traditional and religious leaders – they all play a role in successful MHM (#21120). Being responsible for keeping sanitation facilities clean cannot be the task of the students (#21139).

Monitoring

As attention to MHM in schools has grown, due to the efforts of many individuals and organizations around the world, Thérèse Mahon writes that it is also essential that we have appropriate monitoring processes in place to understand what works and what does not, to target resources and track progress and also to generate evidence on the outcomes of

MHM interventions to advocate for giving greater priority to MHM in schools (#21093).

In this regard, it is also important to point to the 2016 WASH in Schools International Learning Exchange (ILE) in Jakarta, which included a thematic session on MHM, led by Thérèse Mahon. For more information, see the [Outcome Document of the ILE](#).

WinS International Learning Exchange (ILE) 2016

MHM: Key Learnings

- Addressing MHM in Schools can contribute towards transforming gender roles and improving education outcomes for girls; it is therefore an important element of WASH in Schools and proxy indicator of progress in gender equality in education;
- The SDG definition for basic sanitation (including gender-separate toilets) and hygiene (including hand-washing facilities with water and soap) can support basic menstrual hygiene needs and must be part of minimum standards;
- The expanded SDG indicators for WinS include specific questions to support MHM-related data collection in EMIS;
- All opportunities for monitoring MHM services as part of WinS, as well as strengthening the evidence for improvements in knowledge, attitudes and practices should be used to ensure MHM is achieving its desired goals.

Source: ILE Jakarta Outcome Document

At the global level SDG4 on education includes WASH in Schools and recent guidance has been produced on targets and indicators for this, including indicators indirectly and directly related to MHM in Schools (see <https://washdata.org/>).

The Global Task Team for Monitoring WASH in Schools in the SDGs, convened by the JMP, developed a framework for monitoring WinS in the SDGs. While MHM is not directly addressed in the SDG WinS core indicators, certain core indicators can be used as proxies for girls' ability to manage their menstruation at school. The expanded indicators and questions, however, explicitly address MHM and countries are encouraged to use them.

The expanded questions are suggestions for advanced national monitoring systems but the JMP will not report on them annually. In case expanded indicators are to be included in an advanced national WinS monitoring system, MHM will be a priority. However, there are also other national survey opportunities where aspects of MHM may be included. Generally, outcomes of MHM (as well as WASH-related outcomes), such as improved confidence or empowerment, are difficult to measure and report on nationally/globally and were thus not included in the JMP monitoring framework.



Core indicators	Expanded indicators	
Core indicators related to MHM	Expanded indicators specific for MHM	Expanded indicators related to MHM
<ul style="list-style-type: none"> S3. Are the toilets/latrines separate for girls and boys? H1. Are there handwashing facilities at the school? H2. Are both soap and water currently available at the handwashing facilities? 	<ul style="list-style-type: none"> XS1. Is water and soap available in the girls' toilet cubicles for menstrual hygiene management? XS2. Are there covered bins for disposal of menstrual hygiene materials in girls' toilets? XS3. Are there disposal mechanisms for menstrual hygiene waste at the school? XH6. Which of the following provisions for menstrual hygiene management (MHM) are available at the school? <ul style="list-style-type: none"> Bathing areas MHM materials (pads, etc.) MHM education Other (specify) 	<ul style="list-style-type: none"> XS4/XS5. Cleanliness of toilets XS6-XS8. Accessibility and location of toilets XS9. When students are allowed to use toilets XS11. Functional lighting in toilets XH7. Solid waste management XH6. Bathing spaces in boarding schools

Fig. 1: Suggested SDG WinS core and expanded indicators for monitoring MHM under the SDGs

Country Reports

Bolivia

Discussion participant Tere reports from Bolivia where the introduction of MHM is a slow process. Silence around menstruation exists not only within communities, but also among the institutions, authorities and sectorial technicians that should be promoting information and knowledge ([#21037](#)).

Eastern Europe and the Caucasus

As Claudia Wendland from WECF reports, there is a big lack of awareness and information about MHM among school girls in Eastern Europe and the Caucasus. WECF provides a Train the Teachers manual, which provides guidance to teachers on how to realize an interactive education on water and sanitation and how to turn children into change agents ([#21032](#) – see bibliography). In their work, WECF generally targets youth between 12-16 years old. The organization conducted a survey in rural schools in Eastern Europe, the Caucasus and Central Asia, including questions on MHM. 50% of the girls replied that they skip school during menstruation when there are pit latrines (and 30% in case of ecosan school toilets) ([#21062](#)).

Germany

Elisabeth von Münch notes that in general, girls and young women are well-informed. They learn about menstruation in school (starting from age 9). Overall, the taboo about menstruation as such is as relatively low. Girls and women all have access to hygiene products. While there are few general taboos there is still huge embarrassment if one leaks and blood stains become visible. Most men are OK with knowing when their girlfriend or wife is menstruating. ([#21168](#)).

India

In her TED talk quoted in the discussion, Aditi Gupta talks about taboos around menstruation in India. She lists the following social restrictions that were imposed upon her: She was not allowed to touch or eat pickles, she was not allowed to sit on the sofa or other family members' beds, she had to wash her bed sheets after every period even if they were not stained, she was considered impure and forbidden from

worshipping or touching any object of religious importance. She also points out, that – ironically – it is often older women who impose such restrictions on younger women, having grown accustomed to the taboos and thus accepting them as norms. “Menstrupedia Comic” came out of her research to educate girls ([#21074](#)).

Kenya

Camilla Wirseen reports that in Kenya students are often afraid of their teachers and mothers. Many times, mothers don't even know that their daughters have started their menarche. That is why, Wirseen's The Cup Foundation works with trainers who are almost peers to the girls (i.e. young women between 20-30 years old) ([#21052](#)).

MHM in refugee camps

Kakuma Refugee Camp

Rachel from Transformation Textiles reports on the organization's pilot in Kakuma Refugee Camp, Kenya. She stresses the refugees' incredible resilience and entrepreneurship. Despite them having the least access to water, to WASH facilities, and to schools, they are gathering together in women's groups, market to each other, educate each other and everything with the few tools that Transformation Textiles provided.

Rachel suggests that the entrepreneurship of the refugees should be supported by international partners by buying low cost underwear and cheap disposable pads from them. Yet trying to navigate systems of procurement seems very difficult, Rachel reports. ([#21064](#)).

Brenda Mbaja tells about her own village, a small village on the border of West-Pokot, where she has heard over and over again girls cautioning each other not to try farming or get vegetables from the farm or touch any crops because the crops will dry. As Brenda recounts, her community considers any menstruating woman impure and no one talks about menses. In fact, these beliefs are so strong, that even after being informed, people will still refrain from religious practices, for example ([#21066](#)).

Joy Lynn Alegarbes reports on the work of Huru International in Kenya (#21092). The organization provides vulnerable girls with reusable sanitary pad kits and life skills education with the aim to reduce school absenteeism. Since 2008 Huru International has reached over 140,000 girls in resource-constrained settings with Huru Kits. The organization also works extensively with boys, men, families and the broader community.

Huru International

Huru International conducted a survey in Kenya and 100% of the girls indicated that they had missed school for at least one day due to menstruation related challenges. 73% of these girls reported missing three days or more per month due to lack of access to sanitary protection which amounts to approx. 24 school days each year per girl (#21092). 40% of girls surveyed reported “embarrassment” as a menstruation-related factor that contributes to absenteeism, demonstrating the ongoing need for life skills education to build confidence and self-esteem.

The provision of Huru Kits and life skills education reduces menstruation-related school absenteeism by as much as 85 percent. It also translates to financial relief for families, who no longer have to set aside money to purchase sanitary pads every month (#21092).

For more information on the work of Huru International see <https://huruinternational.org/>.

Malawi

In his post, F H Mughal highlights the research on Malawi from SHARE’s policy brief on MHM. Challenges and barriers related to menstrual hygiene management for school girls in Malawi include poor sanitation facilities and infrastructure, cultural beliefs around menstruation and a lack of knowledge and education around menstruation. SHARE’s research found that girls in Malawi could be absent from school 12-36 days per year due to MHM issues (#21053).

Mali

Mamadou Lamine Diarra shares some lessons from WaterAid’s Mali MHM project in schools. Mamadou talks about a difficult shift towards MHM in schools in Mali but also writes that schools accept and understand MHM as a component of life skills such as HIV/Aids education and reproductive health education. Yet to successfully implement MHM in schools, cultural and pedagogical approaches are needed as well as the provision of WASH services and MHM kits in order to build schools’ capacities. Within the context of the decentralization of the education in Mali and ambient poverty, this, however, is not always the case. In fact, the current capacities of public schools in Mali with regard to MHM are weak: the subject is still taboo, teachers are insufficiently trained and there are insufficient teaching materials, there is a lack of sanitary equipment and sanitary infrastructure, among others.

However, over the course of the past two years, some schools in Bamako district and Kati (a small town near Bamako) have taken up the challenge of MHM in schools supported by the country program and its partners (#21335). The approach chosen works first of all with an MHM teacher

at school, who is a peer-appointed female teacher. This is necessary to develop a relationship of trust and confidentiality between pupils and the teacher and it is regarded as pivotal. This teacher plays an important role in school leadership to address the taboo of MHM at school.

Second of all, the selected schools employ artistic expression, such as drama, to facilitate breaking the silence during training sessions.

As classroom sessions in four primary schools in the district of Bamako und Kati showed, most of the menstruating girls still use pieces of old cloth during their menstruation (for its availability without cost) and they seldomly talk to their so-called aunt n’terini about their intimacy or their absence during the menstruation period. This shows how important it is to build a relationship of trust.

Finally, he reports that hygiene in schools still suffers from some bad practices due to poor governance of WASH in schools. This is due to the malfunctioning of the main governing bodies of WASH in schools: school management committees, hygiene clubs, pupils’ parents and/or mothers organizations. Also, there is a bad relationship between local authorities, communities and schools (#21335).

Nepal

Brenda Mbaja reports from a desk study for GIZ to Explore MHM Approaches and Initiatives in Nepal that she is currently conducting (#21066). In the far-western Nepal region the major challenge is the seclusion practices (Chhaupadi). Here, menstruating women and girls are banished to a Chauhut because it is believed they are ‘impure’. There are many risks that the banished girls and women face and there have been incidences of deaths as well. Despite the many efforts to fight this taboo, for example declaring Chhaupadi illegal by the government and demolishing Chauhuts, cases of seclusion practices are still on-going. She even reports of cases where women themselves are displeased with the idea of demolishing the huts because they are worried that the ‘gods will be angered’. (#21066).

Marni Sommer also points to the current (or just completed) landscaping of MHM work in Nepal by PSI and also points to WaterAid’s and NFCC’s work on MHM in Nepal (#21082).

Niger

F H Mugal points to a publication by UN Women and WSSCC from January 2017 entitled “Menstrual Hygiene Management: the experience of nomadic and sedentary populations in Niger”. He points to the study’s findings that if better informed, women and girls can fully participate in society and the economy and lead active lives in school, work and leisure. Consequently, MHM must be clearly articulated in public policies and national strategies with associated budgets and monitoring systems. The capacity to implement such policies is as essential as the services that women and girls can use with total confidence. F H Mugal emphasizes the importance of effective advocacy. (#21213).

Nigeria

Iroegbu Daniel Ifegwu from Nigeria, founder of the Daniel Iroegbu Global Health Foundation reports on his organization’s project “Breaking the Silence on Menstruation” in schools. The project engages the education sector and professionals in media, traditional rulers/councils/community leaders and older women (women’s groups) on menstrual hygiene management using cloth. He observes that cooperation from the schools, older women and the



professional engagement are essential to achieving SDG6 and its targets on water and sanitation. He also reports that his organization has reached over 25,000 girls and boys by entering into a partnership with the Universal Basic Education Board of Enugu State Government to reach over 1,223 primary schools and over 1,000 junior primary schools with MHM and reproductive health education. He regards the issue of engaging boys and school teachers in breaking the silence on menstruation in schools as one of the major challenges. Boys would tease girls if, e.g., they see stains on their dresses which led many girls not to return to school ([#21085](#)).

Iroegbu's organization also engages women in journalism to raise public awareness on the challenges faced by these young women and girls in school. On the level of the education sector, he partnered with the Post-Primary School Management Board (PPSMB) and he paid visits to the Special Advisors to the Chairman of the Board, Ministry Commissioner, Special Adviser to the Governor on Youth and other actors/stakeholders to report on the challenges of girls with regard to MHM. The organization also intends to engage the traditional rulers' councils as well as healthcare professionals and religious groups ([#21091](#)).

The organization engages kids between the ages of 7-10 (boys and girls), i.e. before menstruation sets in and teenagers 11-19 to teach them about sanitary materials and sexual and reproductive health, among others. The organization also organizes community education nights to educate the community about public health issues, MHM and WASH. The major challenge identified is inactive participation and involvement of men during these nights ([#21091](#)). Yet there is hope that this will change within the next generations as there is good attendance among boys.

Pakistan

As F H Mughal writes, Pakistan is a Muslim country and people shy away from the topic of menstruation. Due to Muslim traditions, men are simply out of the topic – meaning that they simply cannot talk to women about the topic as it will be considered offensive. Also, female teachers in school, probably due to a lack of effective advocacy, do not talk to girl students about this topic ([#21053](#)).

Muhammad Waseem writes that while it is good to raise body awareness, particularly regarding MHM, one needs to remember that parents will not allow their daughters to talk about MHM in schools and thus providing MHM awareness in schools would add fuel to the fire. Parents already think that a Western agenda is taught in schools and MHM awareness would be considered a part of the Western agenda as talking about menstruation is considered against religious and social norms. In Pakistan, even mothers are not supposed to talk to their daughters about menstruation. Girls talking about MHM, even amongst themselves, are considered as liberal western girls who face hurdles in getting arranged marriages ([#21133](#)).

Tanzania

Marni Sommer tells about the piloting of an MHM in Emergencies toolkit in NW Tanzania, a collaborative effort by Columbia University and the International Rescue Committee. She writes that it is essential to understand the perspective of different cultural groups in each emergency context. Many emergency response staff feel discomfort engaging on the topic directly with adolescent girls and

women. They are eager to address the issue, but also eager to have guidance on appropriate ways to approach such a sensitive topic ([#21059](#)).

Uganda

Linda Lilian talks about Uganda where the major focus is on how girls can get access to menstrual pads yet it is oftentimes neglected how these pads are to be managed. Commonly, there are lined latrines in schools with no provision for emptying. Yet with disposable pads there comes the need for disposing and the latrines rank high for pad disposal and consequently fill up fast ([#21060](#)).

UK

Susannah Clemence reports on MHM-related problems in the UK, including extreme poverty hidden inside homes, disposal of pads and especially tampons which clog drains and litter beaches, social taboos which inhibit adaptive change and encourage young women towards hormone treatments to minimize or stop menstruation ([#21161](#)).

USA

Elisabeth von Münch shares the story that in the US it is now reasonably common to take hormone pills that have a dual purpose: contraception and also menstrual suppression. The thinking is that if there is no medical evidence of negative effects of not menstruating then why go through the hassle if one is on hormonal birth control anyway. So apparently, lots of women in the US, and probably other countries, do away with the monthly issues of menstruation and live without menstruating ([#21168](#)).

Marni Sommer also points to a new publication of hers in the Journal of Adolescent Health which is a systematic review of the evidence on the experiences of girls in low-income contexts in the US around puberty/menstruation. Although there is insufficient research on this issue, there does appear to be a gap in information and support, and many of the challenges we find in other countries such as not receiving adequate, practical guidance are present in the US as well ([#21176](#)).

Zambia

Dan Campbell mentions the so-called SPLASH Menstrual Hygiene Management Toolkit designed by the USAID WASHplus project with the goal of helping teachers, school health and nutrition (SHN) coordinators, and other school personnel in Zambian primary schools to carry out MHM programs or activities in their schools. The toolkit is organized into three sections: (1) basic information on puberty, menstruation, and MHM; (2) a checklist for schools to use to ensure that they have all the elements needed for a good MHM program; (3) interactive games and activities that will engage students to learn about MHM, including an activity that shows students how they can make their own pads or sanitary towels.

Bernard Miti from the Zambia WASH Advocacy Network writes that a pilot study was carried out in 2013 in rural parts of eastern Luapula, Zambia's northern central province and it was estimated that girls missed up to 36 days per year with the majority (81% of girls who were interviewed) missing school for the entire period of their menstruation ([#21108](#)). He sees three main shortcomings as being responsible for this trend: limited knowledge of MHM (girls e.g. have no formal information on menstruation prior to menarche), viewing menstruation as a taboo and thus having lots of myths and

misconceptions surrounding it as well as lack of access to suitable facilities and adequate materials which make MHM difficult (#21108).

He mentions the following infrastructural barriers:

- There is insufficient access to safe and private toilets; toilets may be dirty and smell; there is a lack of water and soap for personal hygiene.
- Some schools do not have separate toilets for girls and boys, and most do not have changing or washing rooms.
- Girls do not have appropriate facilities for disposing of used menstrual management materials; therefore most (77%) girls used pit latrines as a means of disposal.
- Lack of washing tabs/basins, lack of water, lack of pads at school (#21109).

Recommendations

(1) Identify existing taboos and be respectful of such beliefs

It is essential to understand the perspective of the different cultural groups (#21059). However, be aware of “researcher’s bias” when identifying taboos. Make sure to exactly outline and understand the taboo so that your behaviour change campaign is spot-on/tailor-made instead of following a generic standard (#21160). Also, approaches should be inclusive of the target cultures. Do not fight against the culture or consider their taboos as backwards (#21066).

(2) Identify the right stakeholders/ spokespersons who are able to break existing taboos

Do not only focus on girls. Including the surrounding community members (boys, parents, teachers, elders/informal leaders) is essential to fight the taboos around menstruation (#21052, #21092). Beware of the saying “You do not need to be a woman to champion women’s issues.” Create information materials that can also be used by boys, for example (an inspiration can be the two boys’ puberty books available here: www.growandknow.org/books.html).

(3) Both hardware (i.e. providing pads or other absorbents; improving sanitation facilities) and software are important

(4) Communication is key

Girls need to start talking about menstruation and the related problems in order to break the taboo (#21032). Moreover, good communication includes effective advocacy (#21213): MHM must be clearly articulated in public policies and national strategies with associated budgets and monitoring systems. Also, good communication means being very sensitive to how we define issues in the communities. Simply employing the term MHM might raise suspicion that some kind of western idea is being imposed on said community with no respect or value for its culture. Instead, by looking at issues from the community’s point of view and understanding the angle of the issues is very beneficial to efforts aimed at eradicating such taboos and practices.

(5) Information is key

Only when school children know about their rights, e.g. on adequate school sanitation, can they claim them (#21032). Only when school children know about their own bodies and the changes of puberty, can they feel confident in their bodies. This includes making informational materials appealing to

children and teenagers (#21037). Moreover, women need to be educated/informed about safe, low-cost MHM materials (#21053).

(6) Train local human resources to overcome taboos (#21037)

This will increase their empowerment and can also foster entrepreneurship around MHM (#21064).

(7) Use issues of (general) hygiene (hand washing, safe water consumption, etc.) as an entry point for addressing MHM (#21037).

(8) Trainers who are almost peers might be more suitable than adults.

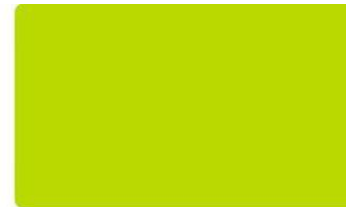
Girls need to be able to relate to someone in order to build trust. This is oftentimes easier with (almost) peers (#21052). Generally, find contextually appropriate solutions, identified through direct exchanges with girls! (#21059).

(9) Sanitation facilities have to be designed in a way that is sensitive to the needs of all of their users (#21053).

Solutions should be provided that are based on what people have. Not everyone can afford reusable pads or non-reusable pads. Advice should be given on how to keep the respective absorbent a women uses clean, be it a rag, a cloth or something else (#21066). Put differently, it is not only about providing sanitary materials to girls and women but helping them get local, sustainable solutions where necessary (#21077). This increases empowerment. Make women and girls feel good about whatever method they are using. Make them feel empowered about managing their menstruation successfully, including how to wash/dry their materials (#21082).

(10) Strengthening the capacity of schools is an indispensable prerequisite for successful MHM: teacher training, school facilities (latrines separated, drinking water), MHM first help kits (sanitary protection products/towel, pharmacy) (#21335).

Address infrastructural barriers first; access to information on MHM second. The more girls and women are able to manage their menses in a dignified manner the more they will feel comfortable discussing a subject that is often associated with shame and embarrassment. Moreover, given how difficult it can be to touch on the MHM taboos (as awareness-raising and discussion on MHM is not wanted or appreciated), addressing infrastructural barriers which are not controversial might be best, i.e. cleanliness, access to privacy, water, soap, trash bins. MHM would therefore be approached as a subsequent step. It is best provided by the Ministry of Education, which has the mandate and the opportunity to take the topic forward in a culturally sensitive manner and reach the youth. The distribution of culturally appropriate brochures or booklets supports girls and boys understanding of their puberty and the same booklets help teachers (and parents) to gain knowledge and find words and a language to communicate about MHM (#21165).



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