

# Providing Sustainable Sanitation Services for All in WASH Interventions through a Menstrual Hygiene Management Approach

## Summary

A gender-inclusive approach to sanitation through Menstrual Hygiene Management (MHM) is needed to ensure that the benefits of sanitation and hygiene are truly universal. The key takeaways from this brief are: (1) the need to do contextual research before proposing an intervention, ideally by working with a gender specialist; and (2) the value of working through Water, Sanitation, and Hygiene (WASH) interventions to integrate the key pillars of MHM (box 1).



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## Background

With support from the Water Partnership Program (WPP), the Rural Water Supply and Sanitation Thematic Group (Rural WSS TG) organized a learning event on integrating gender in rural sanitation and hygiene through a Menstrual Hygiene Management

(MHM) approach.<sup>1</sup> This note presents some of the knowledge gained through this event and some recent research findings on the topic. As MHM cuts across many development sectors, it aims to be relevant to development practitioners looking for practical resources to integrate this approach into interventions

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### BOX 1. What Is Menstrual Hygiene Management (MHM)?

Various components are considered essential to MHM. The first is that women and adolescent girls be able to use clean materials to absorb or collect menstrual blood, and to change them in privacy as often as necessary throughout their menstrual period. MHM also involves being able to use soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. Further, women and girls must have access to basic information about the menstrual cycle and how to manage it with dignity and without discomfort or fear.

Source: WHO/UNICEF 2012.

in the water sector, but also in health, education, social protection, community development, and other related development programs.

In recent years, issues deriving from the lack of adequate MHM have been coming to the fore in the WASH sector, particularly in relation to girls reportedly missing school because of poor MHM. Improved MHM is directly linked to fulfilling several of the proposed Sustainable Development Goals, including Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all), Goal 5 (Achieve gender equality and empower all women and girls), and Goal 6 (Ensure availability and sustainable management of water and sanitation for all) (United Nations Department of Economic and Social Affairs 2015).

The extent to which women and girls' activities are affected by menstruation varies, depending on the context, but remains significant throughout their life, particularly in low-income countries.

#### Economic and Social Impacts

Many studies argue that inadequate MHM forces many girls to miss class or drop out of school altogether (Sahin et al. 2015; WSSCC/UN Women 2015). When asked about the reasons for not attending school or work, girls and women point out the following factors:

- The lack of gender-friendly and private sanitation and hygiene facilities;
- The unavailability of menstrual materials;

- Social and cultural norms that lead to women and girls' exclusion during menstruation; these norms vary widely between and within countries, and may range from not being allowed to touch water and plants, cook, clean, socialize, or sleep in one's own bed while having their period (Sumpter and Torondel 2013).
- The lack of a suitable space for washing, changing, and disposing of materials used during their menstruation;
- Being afraid of being made fun of.

However, while there is plenty of evidence that girls tend to miss school during or after the onset of menstruation, there is a lack of research linking menstruation *directly* to school absenteeism; similarly, no evidence could be found that directly associated MHM with a decrease in labor productivity in later years (Sumpter and Torondel 2013). Yet the onset of menstruation may be an *indirect* cause of school absenteeism: in many cultures, menstruation is considered a rite of passage from childhood into womanhood, signaling that girls are ready for marriage (Joshi, Buit, and Gonzalez-Botero 2015). This may result in girls quitting school early: data from Tanzania and South Sudan indicate that early marriage and pregnancy are the main causes of girls dropping out of school, not MHM issues per se (Sahin et al. 2015). Even so, girls are directly or indirectly affected by menstruation to varying degrees, depending on the specific context (Sahin et al. 2015).

## Health Impacts

Many reports link the use of unsuitable absorption materials to health issues: for instance, when girls and women don't dry materials properly, this can lead to infections (Wateraid 2012). However, the research to support this link remains poor (Sumpter and Torondel 2013). The health impacts of menstruation can also affect girls indirectly: early marriages and pregnancies sometimes have a profound impact on the girls' health and that of their babies (WHO 2014) (Williamson 2013).

The link between sexual health and MHM is complex but of the utmost importance (Joshi, Buit, and Gonzalez-Botero 2015). Surveys conducted in several countries revealed that schoolgirls can be involved in sexual activities with males during school to generate income for meeting their basic needs, including sanitary items; in all countries surveyed, it was believed that having sex would end the pain associated with menstruation. This further raised the girls' risks of unwanted early pregnancy, various health issues, and leaving school early (Sahin et al. 2015).

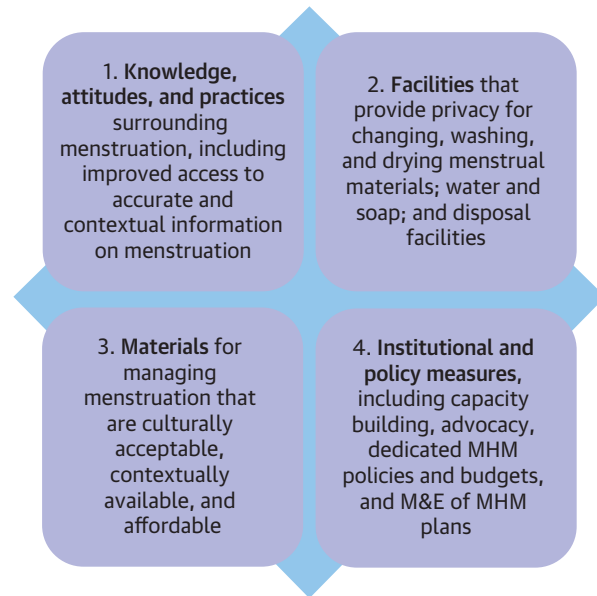
## Environmental Impacts

The lack of adequate disposal facilities for menstrual materials, particularly in public places, leads women and girls to try to dispose of their menstrual waste in secret, often causing environmental harm (WSSCC/UN Women 2015). It is worth noting that this is a significant issue in developed countries as well, where flushing menstrual waste down the toilet continues to cause costly blockages and breakage of sewerage systems.

## Approach

To better address menstrual hygiene in the development sector, it is imperative to start by building the capacity and confidence of WASH development practitioners to integrate MHM into development projects and programs. Gender and social development specialists should be the first port of call in this context, as they can provide advice on how to do so.

**FIGURE 1. The Four Pillars of a Comprehensive MHM Program, Ideally Incorporated in WASH Interventions**



Source: Based on Wateraid 2015.

Note: MHM = Menstrual Hygiene Management; M&E = monitoring and evaluation.

Ideally, a comprehensive MHM program should incorporate interventions designed around four pillars, as outlined in figure 1 (Wateraid 2015); however, it may be difficult to design and implement a stand-alone project focused on MHM practices. By contrast, WASH projects provide a unique entry point for these interventions, as they deal with the hardware (facilities and materials) as well as the software (knowledge, attitudes, and practices) while engaging at the policy and institutional level.

## Knowledge, Awareness, Attitudes, and Practices Surrounding Menstruation

Unsurprisingly, the first wish of many women and girls is for information on menstruation (Sahin et al. 2015; WSSCC/UN Women 2015). In light of the social, economic, and health impacts discussed earlier, information on menstruation may well have the largest potential impact. WASH programs, particularly WASH

in schools and health centers, are a very good entry point to provide information on MHM and initiate broader discussions on issues related to menstruation. Since WASH programs already entail the training of students and staff on sanitation and hygiene issues, education and information on menstruation and MHM can easily be made part of these efforts.

Successfully integrating MHM in WASH programs requires formative research aimed at understanding contextual knowledge, awareness, attitudes, and practices, and at defining the focus of MHM education programs. The information and materials provided to support the teaching of MHM must be tailored to local conditions, to ensure that they are truly relevant and reflect local needs. Multiple examples exist of formative research on this topic, which Task Teams can use as templates (Wateraid 2012; WSSCC/UN Women 2015).

Capacity building of teachers is also critical to ensuring the sustainability of such interventions. When done right, engaging with men and boys can contribute to changing cultural norms and breaking the taboos around menstruation (Mahon, Tripathy, and Singh 2015). However, engagement with boys and men in the context of MHM must remain cognizant of power and sexual dynamics—for instance, training male teachers to provide MHM advice to young girls may not always be appropriate (Joshi, Buit, and Gonzalez-Botero 2015).

## Facilities

A systematic review of the importance of water and sanitation in schools highlighted that insufficient water and sanitation to duly manage menstruation in schools results in discomfort and staying away from school during menstruation (Jasper, Le, and Bartram 2012). In this context, initiatives aimed at providing adequate sanitation and hygiene facilities in schools and health centers (as well as in any other public setting, if appropriate) should take into account the following criteria, in order to facilitate MHM by women and girls (Wateraid 2012):

- Basic, separate sanitation facilities that provide privacy for females;
- Soap, water, and space for washing hands, private parts, and clothes;
- Places for changing and disposing discreetly of materials used for managing menstruation.

## Materials

The choice of materials to manage menstruation is based on cultural acceptability and user preferences. Decisions will be shaped by the availability and affordability of materials; and the water and sanitation facilities that can be accessed. It is therefore critical that any program aimed at supporting women or girls with menstrual hygiene materials involve them in the planning, discussions, and decisions about the materials to be supported.

Two broad issues need to be addressed under this topic as part of MHM programs:

- Facilitating the availability of culturally appropriate and adequate materials to manage menstruation
- Facilitating the reuse or disposal of used menstrual hygiene materials.

### Facilitating the Availability of Menstrual Hygiene Materials

Some initiatives (box 3) have invested in facilitating the production of sanitary pads, which can be grouped in three broad categories (Wateraid 2015):

1. Handmade, reusable sanitary pads (Wateraid 2012)
2. Sanitary pads made for commercial sale by small-scale enterprises (box 2)
3. Sanitary pads or other menstruation materials commercially produced on a large-scale.

While the provision of menstrual materials may seem like a logical way to improve MHM, it is worth highlighting that even in a context where girls stated that they missed school because of

### BOX 2. Key Resources for Integrating MHM in the WASH Sector

The *Menstrual Hygiene Matters* resource book and training guide toolkit are the most comprehensive resources on MHM in developing countries (Wateraid 2012, 2015). The 2015 **WSSCC/UN Women Initiative on MHM** is an excellent example of documenting knowledge, attitudes, and practices on menstruation. Finally, a special issue of *Waterlines* dedicated to MHM provides additional reference material showcasing MHM initiatives in different contexts (Shahin 2015).

### BOX 3. Providing Menstrual Hygiene Materials to Girls and Women: The Experience of Sustainable Health Enterprises in Rwanda

Ms. Julian Kayibanda of Sustainable Health Enterprises (SHE) was the guest speaker for the learning event organized by the Rural Water Supply and Sanitation Thematic Group (RWSS TG) with the support of the WPP on integrating gender in rural sanitation services through a MHM approach. SHE is a social enterprise dedicated to improving MHM for women and girls in Rwanda, and focuses on the following activities: (1) providing education and information on menstruation, aimed at debunking stereotypes; (2) reclaiming local resources—that is, banana fiber—to produce low-cost sanitary pads; and (3) investing in and empowering local entrepreneurs to produce low-cost sanitary pads.

According to SHE, 18 percent of women and girls in Rwanda miss out on work or school every year because they cannot afford to buy menstrual pads. Apart from the larger issues of health and dignity, this represents a potential Gross Domestic Product (GDP) loss of \$215 per woman per year in Rwanda (i.e., \$115 million in potential loss of GDP per year). SHE therefore aims to help women jumpstart social businesses to manufacture and distribute affordable menstrual pads, as well as to provide health education and advocacy for improved MHM.

One of the main takeaways from Julian's speech was that implementing such a comprehensive MHM program takes time: SHE was established in 2007, but did not start producing pads on a commercial scale until 2013. SHE also had to review its branding and marketing strategy to better appeal to their target group. Empowering school teachers to educate girls about MHM was considered essential to the mission of the organization.

*Source:* Kayibanda 2013.

menstruation, providing free menstrual materials did not greatly improve girls' school attendance (Montgomery et al. 2012; Oster and Thornton 2011; Sumpter and Torondel 2013). This highlights the need to conduct formative research into the broader

knowledge, attitudes, and practices surrounding menstruation. For the WASH sector, the parallels with sanitation marketing are obvious: programs must truly understand the needs and preferences of the users to ensure uptake.

## Facilitating the Reuse or Disposal of Used Menstrual Hygiene Materials

When making reusable or disposable sanitary pads available, it is important to ensure girls and women have facilities at their disposal to wash and dry those pads (Wateraid 2012) or dispose of them. In South Sudan, students who used sanitary pads stated that they used the nearby forest or the existing latrine to dispose of the used pads; 47 percent of the girls threw used pads in the dry pit latrine, 16 percent flushed them down the toilet, and the remaining 37 percent threw them away in the forest (Sahin et al. 2015).

## Policy and Institutions

At the policy and institutional level, efforts to improve MHM may include the following activities:

- Building the capacity of staff working in the WASH, education, and health sectors, to ensure that gender-friendly infrastructure design is considered (Wateraid 2015).
- Advocating a change in school curriculum so that menstruation is taught alongside sexual education, to ensure that male and female schoolchildren have a better understanding of the biological process at puberty and beyond.
- Calling for dedicated MHM policies and ring-fenced budgets for their implementation.
- Developing specific monitoring and evaluation (M&E) systems to monitor the outcomes of policies and budget allocations, including gender-specific data.

## Conclusion and Next Steps

The WASH sector provides a unique entry point for advancing the MHM agenda, given its potential for the development of girls and women. This brief highlights the complexity of MHM and the need to integrate the expertise of the gender sector and conduct more

contextual research through WASH investment lending and Technical Assistance.

## Note

1. The Rural WSS TG would like to thank the guest speaker for this event, Ms. Julian Kayibanda, for sharing her insights on MHM in Rwanda. Ms. Julian Kayibanda is the former Chief Operating Officer of SHE (<http://sheinnovates.com>), a social enterprise dedicated to improving MHM for women and girls in Rwanda.

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