MENSTRUAL HYGIENE MANAGEMENT

Menstrual Hygiene has remained a taboo subject - stigmatized even amongst practical engineering circles used to dealing with unmentionables such as excreta and shit. Women and girls make up 50% or more of users of WASH services and are de facto water and sanitation managers across the world. It seems strange then that water, sanitation and hygiene services ignore the needs of half the population that menstruate on an average for 3000 days over their lifetime---with very real, practical needs as regards water and space for washing and cleaning the body, material for absorbing menstrual blood and facilities for proper disposal of used materials so that women can manage this biological function with safety and dignity.

MHM and Human Rights

The Platform for Action developed at the United Nations Fourth World Conference on Women reaffirmed that all human rights - civil, cultural, economic, political and social, including the right to development - are universal, indivisible, interdependent and interrelated, as expressed in the Vienna Declaration and Programme of Action adopted by the World Conference on Human Rights. The Conference reaffirmed that the human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights. The full and equal enjoyment of all human rights and fundamental freedoms by women and girls is a priority for Governments and the United Nations and is essential for the advancement of women.


Why is it that these various conventions and linked action plans, elaborate on women’s sexual and reproductive rights but stop short of explicitly naming menstruation as one of the most stigmatized, silent and socially constructed silent curses that plague a third of the world’s population throughout the developed and developing world?

The recognition of difference and diversity is fundamental to guaranteeing the enjoyment of full human rights. Menstruation is the natural monthly occurrence in healthy adolescent girls (with the onset occurring anytime between the ages of 8 and 16) and pre-menopausal adult women, resulting in about 3000 days of a menstruation in an average woman’s lifetime. The neglect of menstruation and its implications for the dignity, health and safety of women is increasingly well documented.

To summarise what we have heard from women and girls across the last two decades:

- Menstruation is not something to be proud of- it is surrounded by silence, shame and social taboos that are further manifested in social practices that in many cultures restrict mobility, freedom and access to normal activities and services.
Menstruating women and girls – are considered impure, unclean, unfit for the public sphere and are often sequestered during this period. This perception is further exacerbated by the lack of washing and bathing facilities, materials and spaces that can help women and girls manage the menstrual discharge with dignity and safety.

Sanitation and hygiene facilities conception and design completely ignore this very real need of women and girls to manage menstrual discharge. Hygiene programmes ‘teach’ girls and women how to be hygienic without explicitly providing materials, spaces, water and washing agents that cater to menstruation. By ignoring disposal facilities and mechanisms for soiled materials, they reinforce the stigma and shame surrounding menstruation.

By talking about gender and user friendly design but remaining silent about menstruation, programmatic discourse reinforces stereotypes and refrains from breaking taboos and a view of the world that systematically ignores female users. WASH projects across the world focus on women because they are de facto managers and ensure proper use, maintenance and sustainability. How many of these address the menstrual water, sanitation and hygiene needs of women?

The practical dimensions are well recognized: poor menstrual hygiene is linked to lower reproductive tract infections, urinary tract infections, bacterial vaginosis, vulvovaginal cardiosis and dysmenorrhoea, also indicating linkages with higher anaemia and infertility. It is however indicative that there have been no systematic reviews of poor MHM on women’s health.

Boys and girls find menstruating girls smelly and objectionable – girls simply stay home from school in order to deal with this, to avoid staining and embarrassment. Girls fall behind in their studies, are unable to learn due to abdominal pain and MHM related stress and often eventually drop out or do not continue to secondary school as the onset of puberty and changes in their bodies are unmatched by facilities and a conducive environment.

The onus of managing menstruation is on women and girls. They are asked to do this silently and in a way in which society at large can deny the phenomenon itself. Talking about it is shameful and indecent. Research does not reveal any direct or substantive health impacts from poor or good menstrual practices. So practitioners and policy makers remain skeptical…..why bother changing taboos, perceptions and practices that are as old as the earth itself?
Menstruation is associated with puberty. For girls – this is a time of biological flowering that immediately brings with it restrictions, rules, confinement and changed expectations in many cultures. The physical manifestations of puberty and the lack of safe, dignified practices to manage menstruation have somehow created a complex, heavy silence around this important and very positive lifecycle change. The resulting restrictions in self expression, schooling, mobility, freedom and space have far reaching and deleterious impacts on girls and women globally. Thus good MHM has to be more than just facilities for washing and disposal, for addressing the practical dimensions without taking on the more strategic dimensions that surround this biological phenomenon with shame, silence and disgust will fail to bring dignity and safety to women.

How WASH can start changing this:

1. Engender the definition of acceptable water, sanitation and hygiene services to include menstrual hygiene management. MHM must be one dimension of inclusive design that caters to lifecycle needs – including users by age, puberty and limited or restricted physical access.

2. Define menstrual hygiene management holistically as the i) articulation, awareness, information and confidence to manage menstruation with safety and dignity using safe hygienic materials together with ii) adequate water and agents and spaces for washing and bathing and iii) disposal with privacy and dignity.

3. Menstrual hygiene management is not the production and distribution of sanitary pads or hygiene education on its own. The combination of all three dimensions is essential for ensuring that girls and women are able to break taboos and demand adequate facilities for MHM that suit their needs. Doing one or the other will be like reproducing failed latrine building programmes – which by ignoring the central element in all this –an informed client and user who is able to demand appropriate services, will continue trying to achieve sanitation, one latrine at a time….not so very successfully. Instead – let’s think of bring MHM out of the closet – putting it on everyone’s lips – so that women and girls demand their rights….and facilities’ design, appropriate and affordable sanitary pads for different users and safe private disposal facilities all follow suit.

4. For this to happen at scale, MHM as a theme must resonate across health, education, adolescent and youth development and life skills programmes and of course WASH, and must be resourced and monitored across all these sectors.
Global and National Targets

- MHM is a part of all national WASH policies by 2025
- WASH studies, policies and research include MHM in mainstream discourse.
- By 2050 all public facilities, schools, institutions, transport hubs, markets provide latrines with water, soap and disposal facilities for menstrual materials.
- By 2025 all rural and urban household sanitation programmes include MHM in hygiene promotion, innovative latrine design and promotion and linked disposal facilities.
- By 2025, 80% of community sanitation programmes in urban slums include adequate and appropriate MHM facilities in public sanitation blocks.
- By 2025 all schools include MHM in hygiene education for girls and boys.
- By 2050 all schools have adequate and appropriate sanitary facilities for washing and change management and disposal of menstrual waste. These facilities must offer privacy, safety and dignity to menstruating girls and lady teachers.
- MHM is explicitly articulated in reproductive health and education targets. (UNFPA, UNWomen, UNAIDs, UNESCO)

- MHM is a key issue for adolescent girls and needs to be reflected in targets for adolescent health and development (Department of Child and Adolescent Health, WHO).

**Draft List of Detailed Indicators**

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<th>Global &amp; National Indicators</th>
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| • MHM is clearly articulated and properly defined in national WASH, Health and Education, policies by 2025 | • National Water policy clearly mentions water for washing linked to MHM.  
• % of countries backing the policy on MHM with an investment plan  
• MHM is always part of WASH in schools, reproductive health and inclusive WASH services policy and practice  
• National sanitation policy states that spaces for washing, materials for managing menstruation and mechanisms for safe disposal are all part of national plan.  
• Health and Education SWAPs and investment plans clearly resource MHM | |
| • By 2050 all public facilities, schools, institutions, transport hubs, markets provide latrines with water, soap and disposal facilities for menstrual materials. | • Building norms and standards mandate attention to MHM  
• No new schools obtain building certifications without adequate, functioning facilities  
• Latrines for girls in old secondary school buildings are renovated to adequate levels | |
| • By 2025, x % of urban and rural household sanitation programmes include MHM in hygiene promotion, innovative latrine design and linked disposal facilities. | • Indigenous latrine designs and production include MHM  
• Sanitation marketing initiatives include MHM  
• Rewards schemes for ODF include disposal of menstrual waste at community level on verification checklists | |
| • By 2025 80 % of community sanitation programmes in urban slums include adequate and appropriate MHM | • WASH services in slums are client centered and reflect different needs by age, gender and physical ability. | |
| Facilities in Public Sanitation Blocks | • Environmentally friendly and cost effective models for disposal of menstrual waste are available and widely adopted for community based and shared solutions  
• Community owned and financed models for WASH include MHM in participatory assessments of need, designs and services on the ground (for MHM enough space, water, privacy for washing and disposal, etc.) |
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| By 2025 all schools include MHM in hygiene education for girls and boys and teachers. | • Standard school curricula include MHM in environmental hygiene or other hygiene  
• Teachers, particularly in upper primary and secondary schools are required to undergo MHM training with an emphasis on counseling, linkages with reproductive health and life skills. |
| By 2050 all schools, colleges have adequate and appropriate sanitary facilities for washing and changing, management and disposal of menstrual waste. These facilities must offer privacy, safety and dignity to menstruating girls and lady teachers. | • Separate functional latrines for girls, away from boys latrines with adequate space, water and soap for washing  
• Schools have functional, environmentally friendly disposal facilities  
• Facilities are used, well maintained, clean and functional.  
• Girls and lady teachers report that facilities meet their MHM needs with adequate privacy and dignity |

**References**

Hygiene Centre at the London School of Hygiene and Tropical Medicine, The International Resource Centre for Water and Sanitation and the International Centre for Diarrhoeal Disease Research, Bangladesh under contract to USAID April, 2012: `Background Paper on Measuring WASH and Food Hygiene Practices – Definition of Goals to be Tackled Post 2015 by the Joint Monitoring Programme`

Diverse resources on menstrual hygiene at [http://www.wsscc.org/resources?page=5&s=menstrual%20hygiene](http://www.wsscc.org/resources?page=5&s=menstrual%20hygiene)

WaterAid "Menstrual Hygiene Matters’ First Draft


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Keerti Jogdand, Pravin Yerpude, 3 January, 2011, Indian Journal on maternal and Child health, A Community-based Study on menstrual hygiene among adolescent girls - India

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