

# Menstrual hygiene management

This briefing note is intended to raise awareness and promote discussion around the neglected issue of menstrual hygiene management – which has far-reaching implications for health, education and gender in developing countries. Through its circulation, we aim to raise additional voices towards increasing commitment and linked actions.

In November 2010, WaterAid, with support from the research consortium SHARE, brought together 16 practitioners and researchers with expertise in water, sanitation and hygiene (WASH), health, equity and inclusion, education and gender to share knowledge and experiences and develop a research programme for menstrual hygiene management (MHM).

The group comprised individuals<sup>1</sup> who have worked to raise awareness and generate evidence around the issue and who have sought to address the practical ramifications of menstrual management in sanitation and hygiene programmes in developing countries. Participants brought experiences and updates from Tanzania, India, Nepal and Bangladesh and sought to take stock of the situation in order to establish *what we now know*, followed by structured brainstorming to define key questions based on *what we feel we need to know*, together with *what we need to do better and more of* in order to both understand and respond to the MHM challenge for girls and women in developing countries.

## Purpose of the roundtable

The roundtable was convened to bring together a multi-disciplinary group of experts on MHM in order to:

- 1 Assess the state of knowledge on MHM.
- 2 Identify key research questions for policy and practice.
- 3 Build on this first meeting to establish a community of practice of individuals and institutions passionate about this issue; to share, work, influence and therefore respond to the strategic and practical challenges of women and girls regarding MHM.

## Capturing the spirit and sentiments of the roundtable

“Menstrual hygiene management is fundamental to the dignity of women and girls and an integral part of basic sanitation and hygiene services for which every woman and girl has a right. Menstrual hygiene management needs to be seen also within the overall equity and inclusion paradigm as a neglected issue. It cuts across other vulnerabilities such as disability, location, poverty, class, caste and religion according to the context.”

<sup>1</sup>Detailed list of participants at end of this briefing note.

## Process and deliberations

### Agenda day 1:

#### Assessing the state of our knowledge

- Review the current state of knowledge and evidence on MHM and its impacts on women and girls.
- Understand the equity and inclusion issues linked to MHM.
- Understand key policies and programmes in Asia and other regions relating to provision of menstrual hygiene services.
- Learn from experiences and initiatives in Bangladesh, India, Nepal and Tanzania.

### Conclusions:

#### What we know

#### Voice

- Menstruation is a big issue for women and girls globally but remains largely silent and forgotten.
- Men and boys need to be more aware of the issues and involved in programmes.
- Women are happy to talk about MHM when we raise the topic.
- Patriarchy, culture and tradition are key determinants of how different aspects of the issue play out and subsequently the ease or difficulty of articulation and response.

#### Policy

- Sanitation, health and education policies largely ignore the issue.
- MHM is explicit in the national sanitation policy in India and in the new national water and sanitation policy in Tanzania. It is not articulated in other sanitation policies.

### Practice

- There is some good practice but many operational questions in Tanzania, Nepal, Bangladesh and India.
- There is a lot of piloting but no user satisfaction surveys, systematic evaluation or scaling-up.
- Projects are using various indicators to measure the effectiveness of MHM interventions – some of which may not be realistic or valid (eg reduction in urinary tract infections).

### Evidence

- Research on the issue is scattered and most evidence is from anthropological or health-related studies.
- Some unsubstantiated and possibly exaggerated links with health are often made.

**MHM is complex and needs to be addressed holistically and in context as a package of services that includes voice and space to talk about the issue, adequate water, privacy, facilities for washing and disposal and, most importantly, increased awareness amongst men, women, boys and girls.**

## Agenda day 2:

### Designing research methodology

- Assess the strengths and weaknesses of different methodological approaches to measuring the impacts of MHM interventions on a) health and b) education outcomes. How can these be implemented in different social, cultural, economic and geographical contexts and programmes?
- Develop a research approach that would combine rigorous testing and more qualitative learning.

### Research issues

- What is the length of a study needed to show the contribution or impact of MHM interventions?
- Consider also the need for sufficient time for the study given that adolescent girls have irregular periods.
- There is little work done on the links between MHM and harmful impacts on health or education – this is important for advocacy.
- In many countries there is consensus around the importance of MHM, but big questions around how to implement it from practitioners/policy-makers alike.
- Should we consider introducing menarche as an element in DHSS/DSS surveys?
- Longitudinal studies may be useful to assess and analyse long-term outcomes of improved MHM on health, learning and livelihoods.
- Are randomised control trials of MHM packages of interventions in schools worth doing given the high costs?
- There is a need to strike a balance between the quantitative and qualitative evidence we want to generate for advocacy purposes.

- Remember that there is an immediate and strong demand for practical action research on the various aspects of voice, social marketing, hygiene practices, material disposal, pit emptying etc.

### Key research priorities and suggested actions that emerged

- Synthesise existing literature.
- Develop clear MHM intervention related indicators for monitoring implementation and effectiveness.
- Integrate MHM into existing health and WASH surveillance systems.
- Understand better the potential health risks of existing MHM practices.
- Understand better the impact of improved MHM on educational retention and achievement.
- Understand what should be the minimum/basic ‘package of interventions’ to be promoted as a solution to MHM and the institutional arrangements required (involving WASH, education and reproductive health sectors).

### Ideas for collaborative action

- Keep in touch as a group and collectively catalyse and develop visibility, action and responses on the issue.
- Make the case for systematic articulation of the issue and make it an agenda item for any advocacy work in the sector.
- Build a community of practice that supports action and exchange on the issue.
- More specifically support research including SHARE initiatives on MHM.

# Briefing note

## Participants

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