

# Frontiers of CLTS: Innovations and Insights



## Breaking the Next Taboo: Menstrual Hygiene within CLTS

Sharon Roose and Tom Rankin, Plan International and  
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CLTS Knowledge Hub at



[www.communityledtotalsanitation.org](http://www.communityledtotalsanitation.org)



## About the CLTS Knowledge Hub

IDS has been working in support of Community-Led Total Sanitation (CLTS) since its beginnings. CLTS has now become an international movement for which IDS is the recognised knowledge hub.

The Knowledge Hub is dedicated to understanding the on-the-ground realities of CLTS practice and to learn about, share and promote good practices, ideas and innovations that lead to sustainability and scale. We seek to keep the CLTS community well connected and informed and to provide space for reflection, continuous learning and knowledge exchange. We work in collaboration with practitioners, policy-makers, researchers and others working in the development, sanitation and related communities.

Ultimately, the Hub's overarching aim is to contribute to the dignity, health and wellbeing of children, women and men in the developing world who currently suffer the consequences of inadequate or no sanitation and poor hygiene.

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### Front cover

A SCHOOL IN TORORO DISTRICT, UGANDA

CREDIT: PLAN INTERNATIONAL

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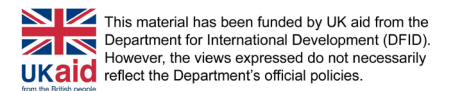
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## Breaking the Next Taboo: Menstrual Hygiene within CLTS

*Menstruation, Menstruation, Menstruation!!!  
The flow of blood in all women.....every month You come!  
You are God-given.*

*Menstruation, Menstruation, Menstruation!!!  
You have kept on disturbing women: you are the pride of all women,  
However beautiful or ugly they may be: you come every month!*

*Menstruation, Menstruation, Menstruation!!!  
Even the poor and the rich, you come to them alike  
You need soap, you need water, pads, cotton wool and knickers:  
for one to be safe,  
Your command is one: Cleanliness!!!*

Schoolgirl at Akadot Primary School, Uganda, Plan International 2015

### Introduction

Most adolescent girls and women menstruate. This means that for five to seven days each month they bleed through their vagina. This monthly bleeding is often accompanied by abdominal cramps, headaches, mood changes and general lethargy all of which can be exacerbated by social stigma, myths and a lack of requisite infrastructure to manage menstruation safely, privately and hygienically. The accumulated impact of these issues have significant implications for women and girls and the potential to limit their opportunity for education, equality, income generation and societal participation, all of which hamper self-worth and confidence.

This edition of *Frontiers of CLTS* illustrates how CLTS programmes can be expanded to address menstrual hygiene management (MHM) in schools and communities to alleviate these stresses on women and girls.

Its specific objectives are to:

- Increase the awareness of policy-makers and practitioners on MHM.
- Engender change by highlighting the synergies between MHM and CLTS programmes.
- Share examples of how MHM interventions have been incorporated into CLTS and School-Led Total Sanitation (SLTS) programmes, drawing on the innovations and experiences of several organisations.
- Summarise what can be done to improve MHM through CLTS programmes.

### What is menstruation and menstrual hygiene management?

**‘Menstruation’** is a biological process in women and girls of reproductive age, generally starting between the ages of 10 and 19, and continuing at regular (average 28 day) cycles until menopause, usually somewhere between age 45 and 55. Menstruation is the discharge of blood and tissue from the inner lining of the uterus through the vagina.

**‘Menstrual hygiene management’** is the way in which women and adolescent girls deal with their menstruation. (Good) MHM requires a minimum level of knowledge and awareness in women and adolescent girls to manage their menstruation effectively and hygienically by using a clean material to absorb or collect menstrual blood, by practicing good hygiene and personal care during their period, and by having access to facilities to wash or dispose of used menstrual management materials with dignity and in an environmentally responsible manner. MHM is not just about the management of the menstrual period but also the need to address societal beliefs and taboos surrounding the issue. Sufficient knowledge, guidance and support for girls and women in preparation for and during menstruation is also part of the definition.

### Myths and secrets

Rather than being celebrated as a healthy, normal and vital process, menstruation is often associated with shame, disgust and taboo. Maintaining the silence on menstruation forces women and girls to:

- Conceal menstruation in case the sight or smell of blood results in embarrassment, humiliation, teasing, shame or criticism.
- Hide the use of menstrual products e.g. how they are acquired, carried, washed, stored and disposed of. Girls or women without their own resources to acquire sanitary materials may improvise with unsafe materials (i.e. paper, rags, leaves, bark or mud).
- Keep intimate hygiene practices private, sometimes leading to unhygienic or unsafe behaviours, or unsafe situations.
- Avoid speaking about menstruation even in private, so that false information goes uncorrected and myths persist.
- Adhere to unreasonable social restrictions during their menstruation.

There are many myths associated with menstruation: it might be believed for example that if a menstruating girl touches a cow it will stop producing milk, if she touches plants they will die, or if a woman bathes during her period she will become infertile or sick. Some cultures place restrictions on women and girls during menstruation, preventing them from cooking, playing sports, sharing the same water resources and sanitation facilities

or even sleeping in the house. A study of 478 girls in Haryana, India (Goel and Mittal 2011) found that 75 per cent did not worship during menstruation, 45 per cent were not allowed in the kitchen and nearly 25 per cent followed dietary restrictions. More than 16 per cent thought menstruation to be a sign of onset of a disease and 7 per cent thought it to be a curse. In Nepal, the *chhaupadi* practice is a social tradition that prevents women from participating in normal family or communal activities during menstruation as they are considered impure. In 2005, Nepal's Supreme Court declared the practice illegal, however in the remote Far-West, many adolescent girls and women are confined in a small hut ('chhau hut') or livestock quarters (George 2014). Exclusion from the house can also leave women vulnerable to violence (see *Frontiers of CLTS* issue 5). Exclusion from toilets results in open defecation, so a community cannot be considered open defecation free (ODF) whilst this practice continues. Beliefs that girls are ready for marriage at menarche (the first period), creates additional pressure on girls to drop out of school to marry, or help at home, and the myth that sex cures painful menstruation can result in teenage pregnancies. These myths and restrictions can have significant impacts on their health, self-esteem, opportunities and lives of women and girls.

## WHAT'S IT LIKE FOR GIRLS TO GET THEIR PERIOD *around the world?*

**MYTH:** if you walk over a garden during your period, the plants will die

**FACT:** poor menstrual hygiene affects every aspect of a girl's life: education, general health and life opportunities

**STAT:** girls miss out on up to 20% of school due to their period (embarrassment, pain, poor hygiene)

**MYTH:** sex cures period pain

**FACT:** some girls resort to using old cloths, banana leaves or newspapers which can lead to infection

1 in 10 girls drop out of school altogether

**FACT:** Plan is providing Ugandan girls with education and reusable pads to help them manage their periods better.

## *Girls' Health:* A BLOODY SERIOUS BUSINESS

PLAN.ORG.AU



Credit: Plan International

## Why consider MHM in CLTS programmes?

1. Sanitation and hygiene are political as well as public health issues. CLTS may reinforce gender inequalities if (CLTS) facilitators do not consider who is included and who is not.
2. CLTS does not necessarily have explicit gender equality objectives: this may have both positive and negative outcomes for women. Including MHM has the potential to increase women's participation in CLTS and to promote the MHM-specific sanitation and hygiene needs of women, by women, for women. In doing this, it can contribute to improving gender equality within the community.
3. Consideration of MHM within CLTS programmes can increase practical outcomes for women (e.g. more privacy, convenience, safety, and comfort), as well as strategic outcomes (e.g. increased empowerment, confidence and inclusion of women alongside improvements in men's awareness of MHM issues).
4. Similar to 'shitting', menstruation suffers from social stigma and taboo. The ability for CLTS to break down barriers with respect to sanitation provides a great opportunity to address menstruation. Good MHM practices are within the means of all households provided they are aware of and committed to addressing barriers and social stigmas.
5. Including MHM in CLTS programming will encourage households to consider different gender needs when constructing toilets, for example to help women manage menstruation in a comfortable and discreet manner. Women and girls are more likely to:
  - Use the toilet more frequently when menstruating (diarrhoea, constipation and nausea are associated with the hormones released during menstruation).
  - Be in the toilet for longer (to change sanitary materials and wash).
  - Need a means for discrete disposal and/or washing of sanitary materials or stained clothing within or near the toilet.
  - Require more space within a latrine to manage their menstruation and wash pads and themselves.
  - Want water available in the latrine for washing and bathing during menstruation.
6. Poor menstrual hygiene practices themselves can have health implications for women and girls. Taboos around menstruation mean menstrual materials are kept in secret places, which may be damp or unhygienic. To minimise urinary or reproductive tract infections, reusable materials should be washed with soap and clean water, dried in sunlight and open air and then kept in a clean and dry place.

## 7. The condition and the cleanliness of a toilet matters for MHM:

### Health impacts of MHM

A hospital-based case-control study was conducted in 2014 at Odisha, India to test 486 women for bacterial vaginosis (BV), urinary tract infections (UTI) and symptoms of urogenital infections. BV is a condition in which the balance of bacteria inside the vagina becomes disrupted causing a vaginal discharge, often with a noticeable smell.

The findings demonstrate that important factors to consider for MHM to avoid urogenital infections include:

- The type of pad used. Women who used reusable absorbent pads were more likely to have symptoms or diagnosis of at least one urogenital infection (BV or UTI), than women using disposable pads.
- Having a private and comfortable space where they can change without stress. A woman changing her menstrual absorbent outdoors is more prone to have BV than if she can change in a clean and private place.
- Having access to facilities close to home, with water and other hygienic materials.

Source: Belen Torondel and Padma Das, LSHTM (2014)

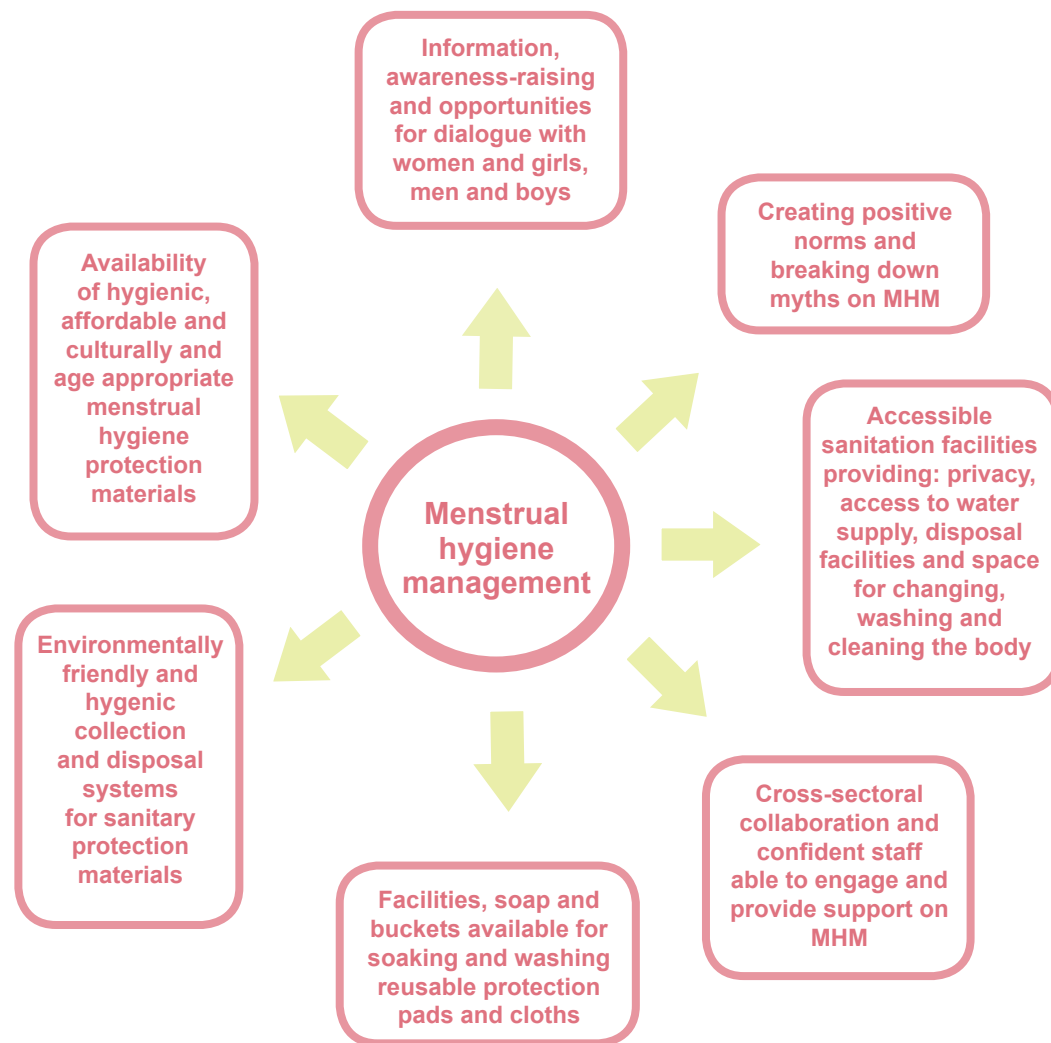
8. Improving access to sanitation can help reduce vulnerabilities to gender based violence. While WASH is not the root cause of violence, WASH programmes and services which do not consider the safety of the users can increase the vulnerabilities of women and girls. By ignoring MHM in sanitation infrastructure and hygiene awareness programmes, women and girls may be put at risk of gender based violence. This is discussed further in *Frontiers of CLTS* issue 5.

9. Lack of WASH facilities and sanitary materials in schools can be critical for menstruating girls and female teachers who may miss one or more days if they are not able to manage their period at school. Lack of access to sanitary materials can create anxiety about leaking, staining clothes or offensive smells which may induce ridicule, bullying and feelings of humiliation or shame. Encouraging school communities to consider MHM, through CLTS and SLTS programmes, when designing, constructing, maintaining and cleaning school latrines can improve the comfort, participation and attendance of girls in school, and improve female teacher retention.

Having adequate sanitation facilities is key for providing means and sufficient privacy for good MHM. For these reasons and more, menstruation should be acknowledged and designed for in CLTS programmes.

## Elements of MHM

The following diagram provides an overview of the key elements that are needed for effective MHM.



Source: Adapted from House, Mahon and Cavill (2011)

## MHM in CLTS: Experiences and innovations

Very little has been documented on how MHM programming has been integrated or combined with CLTS interventions. Although CLTS programme staff may have some awareness of MHM, there are very few examples of MHM components within CLTS programmes operating at scale.

Care must be taken when introducing the topic of MHM within a community discussion to avoid offending or isolating community members. Initial discussions may be more appropriate with women and girl-only groups to understand the cultural context before involving the whole community. It is also important not to hinder CLTS triggering with supplementary messaging, potentially diminishing the intensity of the 'we are eating each other's shit' trigger point and the drive for immediate action to stop OD.

The section below documents and explores some experiences, with reference to key elements used for effective MHM intervention, and suggests entry points for CLTS programming. The elements all interlink and support each other.

### Information, awareness-raising and opportunities for dialogue with women and girls, men and boys

*Given the prevalence of myths, stigma and misunderstanding surrounding MHM, disseminating factual information and facilitating discussions is critical to improving MHM.*

Examples of what has been done:

- In Uganda, Plan International has used a range of approaches to engage school children as peer educators for MHM, sharing poems and 'change' stories with other girls. Village Health Teams and other community members have performed drama sessions on the myths and taboos of menstruation, portrayed effective use of pads, and include MHM in the hygiene awareness sessions held in CLTS post-triggering.
- WaterAid Zambia and partners have supported MHM awareness-raising in schools through School Health and Nutrition Coordinators, School Health



Leader of a School Hygiene Club hosts a weekly meeting in Eastern Uganda.  
*Credit: Plan International*

- Clubs, Mother's Support Groups, Parent Teacher Associations (PTAs), peer learning and focus group discussions to provide a supportive environment for girls and boys to learn about MHM.
- In Mulanje, Malawi, Plan International have been encouraging school-based Mothers Groups to engage village leaders to organise community-level discussions (involving men, women, boys and girls) on MHM to break down existing taboos and myths. Existing school Sanitation Clubs, strengthened through SLTS, have also proved receptive and motivated to engage with MHM.



Primary School girls in Lira, Northern Uganda, learning from their teacher about MHM.  
*Credit: Plan International*



Trainer explaining how to use sanitary pads, Uttar Pradesh, India.  
*Credit: Plan International*

### Girl's puberty book

The Tanzania girl's puberty book was developed in 2009 by Dr. Marni Sommer through careful participatory research conducted with adolescent girls, and with the adults in their lives, such as parents and teachers. The book received approval from the Tanzanian Ministry of Education (MoE) in 2010, and subsequently been adapted and approved in Ghana, Ethiopia and Cambodia.

The books provide colourful, meaningful content on early puberty and MHM, including menstrual stories written by adolescent girls. The books are targeted at girls aged 10-14 years old.

They can be downloaded at [www.growandknow.org/books.html](http://www.growandknow.org/books.html)

*Source:* Dr Marni Sommer, Columbia University. *Photo:* Girls in Cambodia with 'Growth and Changes' book. *Credit:* Susan Connolly/ Grow and Know



## Entry points for CLTS programming:

*Include MHM components in post-triggering activities of CLTS and SLTS*

Post-triggering is an opportunity to discuss knowledge, attitudes and practices relating to menstruation and menstrual hygiene within a community and to highlight the challenges faced by women and girls in the particular context. This could be done in open community dialogues or gender separated groups. Involving boys and men can reduce teasing of girls by boys and help fathers to be more supportive of their daughters and wives by acknowledging the issues, exposing myths and stigma and providing a platform for discussion.



Women from the management committee meet with community members to discuss hygiene and sanitation education, Kalshi Takar Baa slum, Dhaka, Bangladesh, 2011. Credit: WaterAid/GMB Akash/Panos

SLTS is potentially a key way of introducing MHM into schools, with both children and their teachers encouraged to discuss, share knowledge and experiences. Teachers should be trained in reproductive health and MHM to ensure good facilitation and dissemination of factual information.

### Pakistan Approach to Total Sanitation (PATS) programme

In Pakistan, strong cultural sensitivities around MHM provides a challenging environment for the rollout of MHM programme activities. WASH Clubs in schools where triggering had happened provided a successful entry point for MHM interventions. Under PATS programmes, dialogues are held with the community during pre-triggering to understand social norms in the community. Formative research showed that schoolgirls shared MHM communication material and messages with their sisters, close friends and sometimes mothers. This finding was harnessed through the PATS programme, which targeted schoolgirls, who have subsequently taken the MHM related message to the wider community triggered by CLTS.

Source: Kamran Naeem, WASH Specialist, UNICEF Pakistan

## Challenging taboos around menstruation

*Creating positive norms and breaking down myths on MHM*

As with achieving ODF status in CLTS, improving MHM requires community-wide attitudinal changes. Involving men in MHM is essential so that they can support their daughters and wives both emotionally and financially in taking care of their MHM needs.

Examples of what has been done:

- In Bangladesh, WaterAid has been working with adolescent girls living at Madhabpur Tea Garden to break the silence on menstruation through football <https://www.youtube.com/watch?v=JTnhNgT5XaY>.
- WASH United has developed an innovative MHM curriculum. One of the popular games is 'Bowl Out the Myths', which teaches students that there are common myths and taboos around MHM and that together, we can question and confront them. The goal is to knock down ten empty bottles which each represent a menstrual taboo or myth. The players bowl down the bottles as a sign of gained knowledge and confidence, and 'free' themselves and the group from menstrual taboos and myths. Having fun while playing games is beneficial, as it creates a positive atmosphere around a topic traditionally shrouded in silence and shame (WASH United [www.wash-united.org/](http://www.wash-united.org/)).
- Celebrations and global promotions such as Menstrual Hygiene Day on May 28th (initiated by WASH United, [www.menstrualhygieneday.org](http://www.menstrualhygieneday.org)) create a united and strong voice for women and girls around the world and help to raise the issue up the political and social agenda.



Schoolgirls in Bangladesh play an ice-breaker game during training on MHM designed by the charity WASH United. Credit: WASH United



Trainers teach girls about the safe use of sanitary napkins during the Great WASH Yatra, a menstrual hygiene awareness campaign that journeyed through five Indian states over 51 days. Credit: Ina Jurga/ WSSCC



## WSSCC and MHM

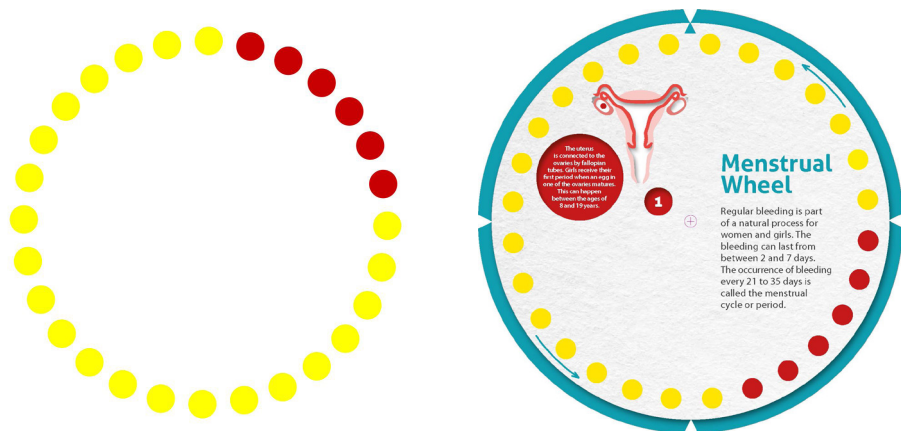
The Water Supply and Sanitation Collaborative Council (WSSCC) considers women and girl's ability to manage their menstruation every month with dignity and safety as an integral part of their human right to safe and adequate water and sanitation, health, education, decent conditions of work, shelter and wellbeing.

WSSCC's approach to MHM combines policy change at national and regional levels with training to create a cadre of skilled practitioners, facilities adapted for MHM, innovations on management and disposal and action research to fill evidence gaps and influence more holistic and sensitive global action across sectors.

The three pillars of this approach are i. Breaking the silence; ii Safe and adequate menstrual hygiene management reflected in minimum standards of public facilities for example iii. Safe disposal that protects the dignity of women while safeguarding the environment.

Imagery is important in conveying these ideas. The Menstrual Hygiene Management Ring is used as a bracelet. Its circles and colours represent the menstruation cycle and the ring helps to emphasise that menstruation is something to be proud of each month and something to be talked about.

Source: WSSCC, [www.wsscc.org/topics/hygiene/menstrual-hygiene-management](http://www.wsscc.org/topics/hygiene/menstrual-hygiene-management)



Menstrual Hygiene Management bracelet and wheel printed courtesy of WSSCC. For more information contact [www.wsscc.org](http://www.wsscc.org)

## Entry points for CLTS programming:

### *Inclusion of MHM in trainers programmes*

If well facilitated, CLTS can rapidly break down taboos and silence. CLTS facilitators are desensitised to the taboos and stigma of discussing sanitation publicly. This coupled with an ability to facilitate understanding and encourage open discussion are important skills in improving MHM in communities. Communities, partners and staff may have limited knowledge on menstruation and menstrual hygiene practices, so will need training on this. Facilitated questions could include:

- Asking men:
  - o Where their wives conduct MHM?
  - o Would it be simpler and safer in a latrine?
  - o Can you consider these needs in the latrine design and construction?
- Or asking women and girls:
  - o Where do you currently conduct MHM?
  - o How do you feel about your MHM?
  - o What would help you improve your MHM?
  - o What aspects of a latrine would help you improve your MHM?

Undertaking qualitative research can also help to better understand practices and taboos surrounding menstruation and menstrual hygiene and is encouraged prior to implementing.

## Cross-sectoral collaboration and confident staff able to engage and provide support on MHM

*Use existing community actors/structures for on-going promotion of MHM.*

### Examples of what has been done:

- In Timor Leste, WaterAid has focused on better integrating MHM in the national school WASH guidelines and is working closely with the MoE and Ministry of Health (MoH) and local implementing partners by providing training on MHM.
- WaterAid Ethiopia has initiated the development of a National MHM Guideline by the MoH and a School WASH Strategy. These will be a breakthrough in mainstreaming MHM countrywide.
- In Nigeria, school sanitation is part of the national criteria for ODF declaration/certification and MHM is incorporated into school WASH processes in CLTS communities.

## USAID/SPLASH integrates MHM into the education system

SPLASH (Schools Promoting Learning Achievement through Sanitation and Hygiene) is a four-year USAID-funded school WASH program within the MoE of the Government of Zambia. SPLASH achievements include:

- SPLASH project advocacy led to the adoption of a girls' washroom as part of the official provincial MOE school latrine design.
- MHM indicators are now included in the MOE School Monitoring Instrument for the Eastern Province.
- A successful MHM Mini Exhibition for pupils and teachers was held in one district and is being replicated in the other three SPLASH districts and demonstrated that boys are eager for involvement in MHM activities.
- SPLASH developed a set of teacher support materials for learning about and teaching MHM and making schools MHM friendly.
- Branded MHM activities and materials established a recognizable identity that helps raise the visibility of MHM for advocacy purposes.
- SPLASH forged a partnership with YASH Pharmaceutical Company for reusable pad production and microenterprise development that will eventually cover the country.



### Men as menstrual hygiene or gender champions

Having male staff within the organisation directly working on MHM can help break barriers and taboos. Male community members and leaders will be encouraged and influenced by male MHM facilitators who will provide an accessible entry point for such a gender specific issue. Male facilitators can engage government staff, who are still majority male, to consider MHM within policy and community services. Male community, traditional leaders and teachers can also be effective MHM champions. Plan International in Uganda has dedicated male and female field staff working on MHM.

Local men playing a menstrual hygiene awareness card game, Uttar Pradesh, India, April 2014. Credit: WaterAid/Poulomi Basu

This makes it easier to discuss barriers and taboos in the community. Men have also been encouraged to become AFRIPad sellers who can create an open environment to discuss MHM with men and women in the community while challenging social norms.

### Role modelling women's participation in WASH programming

Similar to the benefits of including men in CLTS and MHM programming, the benefits of including women are numerous. Given MHM has such significant impacts on women, the involvement of women as programme managers, implementers and advocates is essential to provide examples of gender equity, women's professional ability and is the obvious entry point to accessing women and girls in communities whose voices are often neglected. Development agencies should lead by example and consider gender compositions in teams, particularly when advocating MHM and implementing activities in committees (practice what we preach!).

### Creating male champions

In India, WaterAid and Vatsalya established groups for boys, youths, and married males to assess the existing knowledge, attitudes and practices around MHM through community meetings. Men and boys were involved through different innovative approaches, including games and a film made with the communities. Information, education, and communication materials were used to share information on menstruation and menstrual hygiene. At the preliminary stage it was very difficult to discuss MHM with men due to prejudices, embarrassment, myths and misconceptions surrounding the issue, but through regular meetings and inter-personal communication this started changing.

Male masons were engaged and their capacity was developed to design and construct incinerators (for safe disposal of sanitary wares) and household and school latrines.

Male members of school management committees were also involved through training and awareness-raising sessions to provide supportive environments for effective MHM in schools and to inspire men to become change agents.

As a result of the initiative, men and boys have begun to talk about menstruation more freely and are better able to support the MHM needs of women and girls within the household, community and school.

Source: Mahon et al, 2015



Children at a MHM presentation, Uganda. Credit: Plan International

'I think it's great that we're learning about our bodies,' says Samuel (14). 'So we know what will change as we get older, and we learn to stay clean and healthy... We learn that it's important to wash our hands with soap so we don't become ill... And we talk about periods at the club. It's normal, nothing to ridicule someone about. That's something I also tell the other boys in the class... and the children in the neighbourhood. I tell the girls next door that they don't have to be afraid when they get their period. That it's not abnormal but just a part of life. My sisters are still too young, but I'll help them when they're older... Some boys laugh at me because I help girls. Well, I just tell them that I'll keep doing it anyway. It's good for me and good for the girls.'

Source: Plan International in Uganda, 2014

### Entry points for CLTS programming

The participatory approach of CLTS has been effective in improving levels of knowledge around sanitation and hygiene and empowering communities to take collective action. Community actors including village health workers, WASH or health committees, Village Savings and Loans Associations (VSLAs), School Health Clubs, traditional puberty educators, grandmothers, and Natural Leaders could all be engaged in the promotion of MHM alongside their promotion of ODF and associated hygiene practices. Female CLTS facilitators can also play a key role in discussing MHM after the triggering process.



Pooja Bharti, 24, a community leader, discusses cleanliness and hygiene with Sarita, 24, who is disabled, Kanpur, India. She is a member of the Water User Group and sells sanitary napkins from her home. She takes an active role in approaching WASH sector institutions for services in her community.  
*Credit: WaterAid/ Poulomi Basu*

Further, the topic of MHM can provide an entry point to discussing other critical topics for women's health including nutrition, sexually transmitted infections, pregnancy, HIV/AIDS, female genital mutilation, gender based violence and child marriage. In this way, MHM could be linked and discussed through existing structures related to these extended topics.

MHM should also be integrated into the existing school system through government advocacy, teacher training, teaching materials, MHM activities in WASH clubs, and events for boys and girls.

### **Promote the design of toilets and hygiene facilities to meet the needs of menstruating girls and women**

*Accessible sanitation facilities providing: privacy, access to water supply, waste disposal facilities and space for pad changing and washing, and cleaning the body are critical for MHM.*

Toilet and washing facilities are more likely to be MHM-friendly if the users are involved in their siting and design. The following lists common MHM design elements recommended by users:

- Ensure that toilets provide a safe and private space including: locks on the inside of the unit, gender-segregation in public or school latrines, locations where women and girls feel safe to use them and where

there are lights for use at night.

- Improve accessibility with handrails and seats, and adequate space for the girl or woman to move to clean and wash herself.
- Easy access to water supply (ideally within latrine).
- Features such as mirrors, hooks, plastic washing bowls, and somewhere to put soap off the floor.
- Providing covered bins and/or incinerators for discrete disposal of menstrual waste within the washroom / toilets / facility.

These elements all make the facility more accessible, hygienic, pleasant and easier to use. Facility management and maintenance including cleaning and incineration or safe disposal of waste are critical supplements to a good design as are facilities supporting good handwashing practices before and after changing menstrual materials.

### *Inclusion of people with disabilities*

The barriers women and girls with a disability face and the varied nature of their needs must also be considered in relation to the accessibility and inclusive nature of MHM information and infrastructure. An accessibility and safety audit of existing WASH facilities with a group of women and men, girls and boys, including disabled people with different impairments, is an excellent way to increase practitioners' understanding of the barriers related to technical design and their impact on some users (WEDC and WaterAid 2014). Participatory barrier analysis with community members raises awareness of the barriers that people face and how the community can address those challenges (see *Frontiers of CLTS* issue 3). Specifics for MHM should be considered to ensure a disability inclusive latrine considers the MHM needs of female users. If visual media are used, ensure that they are described verbally to those with difficulty seeing, and that verbal presentations are supplemented with visuals for those with difficulty hearing.



Toilet block with a specific toilet with handrails and level path.  
*Credit: Plan International*

### Entry points for CLTS programming:

As CLTS aims to motivate communities and schools into constructing latrines to achieve ODF status it is logical to ensure the needs of menstruating women and girls are considered in latrine construction from the beginning rather than retrospectively. MHM could be included as criteria in higher levels of ODF verification and certification as households

and communities move up the sanitation ladder (for example in schemes like ODF+). School performance indicators and assessment tools could also include MHM. This emphasises that sanitation and hygiene are as critical as latrine ownership.

### Facilities available for soaking, washing and drying reusable protection pads and cloths

Where women use reusable sanitary wares (commercial or improvised) to absorb their menstrual blood, washing with soap and water, and an open (potentially private) space to dry these items, can improve users' health.



AFRIpads kits in Uganda include: a holder, pads and a waterproof storage bag to store soiled pads. In Kenya, Eliminate Poverty NOW added a bucket, mesh drying bag, and underpants to their packs since many girls don't have these critical items. The TOM Box (Time of the Month box) was developed as part of the Engineers Without Borders Australia Challenge and addresses difficulties that Nepali women and girls face in discretely drying their reusable pads.

AFRIpads drying at a home in Eastern Uganda. Credit: Plan International

### Environmentally friendly and hygienic collection and disposal systems for sanitary protection materials

Public silence around MHM has led to the design of collection and disposal systems being largely neglected. Without designated and appropriate means of disposal (discrete and separate), girls might dispose of their sanitary protection materials into pit latrines, Ecosan toilets and septic tanks increasing blockages and filling rates which leads to higher emptying costs or increased frequency of redigging/building and spoiling of humanure. Alternatively, sanitary materials are thrown into the open environment, exposed to animals and humans in rubbish piles or washed into water sources, contaminating the environment.

In Malawi, Plan International have been constructing school WASH facilities with specific changing rooms for MHM and an inbuilt deposit box which guides the used pads into an external incinerator providing a dignified, environmentally friendly and hygienic method of disposal.

### Sustainability and availability of hygienic, affordable and culturally and age appropriate menstrual hygiene protection materials

Support sustainable chains for the ongoing production and/or supply of sanitary protection materials to all women and girls

Improved access to and use of sanitary products can reduce women and girls' fear of leaking, allowing them to participate freely in society during menstruation.

- SPLASH have introduced sewing of reusable pads in WASH clubs, teacher training and school PTA meetings using used cotton fabrics (e.g. old towels, sheets, pyjamas) and following an instruction booklet.
- WaterAid Zambia supported the School Health Club and the Mother's Support Group to make pads in Lubunda School and exhibit them at agricultural and commercial shows in the region.

Anita, an adolescent girl at St. John's Primary School (Zambia), said this about the mothers group's work on MHM: *'there is a group of mothers who started teaching us how to produce simple pads. They teach us how to dress, sit and clean up during menstrual periods.'* Anita's experience was echoed by Yamikani: *'Before the intervention, we used to suffer shame; boys used to laugh at us and we sometimes avoided attending classes just to get over the experience. But now our privacy and dignity has been restored,'* said Yamikani. In the rural programme, Liudzi Primary School in Nkhotakota district has re-enrolled seven adolescent girls who dropped out of school as a result of lack of knowledge on how to manage menstruation whilst in school. They learnt about the MHM intervention and construction of new toilet facilities at their school and decided to go back to school (WaterAid 2014).

- At Dilela School, Ethiopia, WaterAid and their implementing partner, Progynist, have set up a workshop that manufactures affordable and reusable sanitary napkins which are four times cheaper than an ordinary use-and-throw sanitary napkin. Appropriate toilet facilities have also been built for students and teachers.



Women sew reusable sanitary napkins at their workshop at Dilela High School, Oromia, Ethiopia, May 2015. Credit: WaterAid/ Behailu Shiferaw

## Plan International in Uganda

Plan launched a multi-year MHM programme in Uganda in July 2012 building on the work of previous school WASH and CLTS projects. Previous projects also developed VSLAs within communities, which have been linked to the MHM project, to assist interested community members to start a business selling pads, but also creating interest from community members to buy the pads. Partnerships have been developed at all levels of the programme, with district and national governments, schools, the wider community and with AFRIPads Uganda Ltd, a social enterprise that produces, markets and sells hygienic, reusable, menstrual hygiene products.

The programme works on improving MHM related knowledge, attitudes and practices among rural women, girls, men and boys; increasing access to affordable and hygienic pads. It also works to improve the income generation capacity for women who are encouraged to sell AFRIPads after training on relevant MHM knowledge and business skills.

To see an example some of the programmes impacts, check out Christine's Most Significant Change story:

<https://www.youtube.com/watch?v=1ACVYsZbo1A>



Teddy and Sylvia stitching winged AFRIPads in Uganda. Credit: Plan International

## Entry points for CLTS programming

In line with CLTS principles, communities can be empowered to take control of their MHM. With the current adoption of sanitation marketing to supplement CLTS activities, communities can be encouraged to use commercial products available for MHM. Where these materials are cost prohibitive, encouraging (even teaching) people how to make improved sanitary materials for women and girls is a sustainable alternative. Community-based sales systems and use of VSLAs can provide a sustainable solution for the distribution of sanitary protection materials, such as low-cost reusable pads.

In a bid to make pads as accessible and affordable as possible, many organisations are promoting 'homemade' pads. Some key design requirements of such products include:

- Water-proof base to prevent leaking/staining to clothes.
- Ability to secure the pad to underwear where underwear is worn and available.
- Alternative method of securing (e.g. via cloth belt) to enable use without underwear.
- Capability to be unfolded into unobvious shapes which reduces embarrassment or shame when washing or drying the pad.
- Adequate absorption capacity to minimise leaks.



Bidyavati Singh, a shopkeeper, selling sanitary napkins to Aradhna, Uttar Pradesh, India. Credit: WaterAid/ Poulomi Basu

## Concluding thoughts

Breaking the taboo and negativity surrounding menstruation and establishing a new social norm where women and girls can celebrate and be proud of their bodies should be an integral part of CLTS in order to achieve equity and inclusion for all. CLTS can be a powerful way of challenging existing social norms, myths and mindsets; the openness brought about through the triggering process can help to create an environment where communities are able to talk freely about menstruation.

In MHM programming, consider applying these basic CLTS principles:

- No upfront subsidy.
- No blueprint design of facilities.
- No prescriptive promotion of one kind of menstrual absorbent material.
- People first: they can do it.
- Don't lecture or teach but facilitate.
- Encourage communal action to remove taboos and change social norms.

## More information

The context and specific nature of projects makes it impossible to provide a substantive list of indicators relating to MHM. Some key indicators which should be appropriate for most MHM programming are available to view on the CLTS website here:

[www.communityledtotalsanitation.org/mhm-indicators](http://www.communityledtotalsanitation.org/mhm-indicators).

An increasingly wide range of documentation is becoming available on

the subject of menstrual hygiene management. Below are a few links for basic information:

- House, S, Mohan, T and Cavill, S (2011) *Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world*, WaterAid (co-published with 17 organisations), UK ([www.wateraid.org/mhm](http://www.wateraid.org/mhm)).
- A range of links to latest learning and activities globally can be seen at the 'Menstrual Hygiene Day' website which is managed by WASH United (<http://menstrualhygieneday.org/>).
- Crofts, T (2012) *Menstruation Hygiene Management for Schoolgirls in Low Income Countries*, Water Engineering and Development Centre, Loughborough University, UK ([http://wedc.lboro.ac.uk/resources/factsheets/FS007\\_MHM.pdf](http://wedc.lboro.ac.uk/resources/factsheets/FS007_MHM.pdf)).
- Examples of menstrual hygiene books for girls from a number of countries on the 'Grow and Know' website ([www.growandknow.org/books.html](http://www.growandknow.org/books.html)).
- WSSCC website: [www.wsscc.org/e-learning-centre/mhm](http://www.wsscc.org/e-learning-centre/mhm).
- WASHplus/SPLASH has some tools and materials at [www.washplus.org/countries/zambia](http://www.washplus.org/countries/zambia).

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- Goel, M. K. and Mittal, M. (2011) 'Psycho-Social Behaviour of Urban Indian Adolescent Girls during menstruation', *Australasian Medical Journal*, 4.1: 49–52
- House, S, Mohan, T and Cavill, S (2011) *Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world*, WaterAid, [www.wateraid.org/mhm](http://www.wateraid.org/mhm), accessed 8 July 2015
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- Torondel, B. and Das, P. (2014) 'The health impact of menstrual hygiene management on women of reproductive health and its implications for schoolgirls', pp33-36 in M. Sommer, E. Cherenack, S. Blake, M. Sahin and L. Burgers, *WASH in Schools Empowers Girls' Education: Proceedings of the Menstrual Hygiene Management in Schools Virtual Conference 2014*, United Nations Children's Fund and Columbia University, New York, [www.unicef.org/wash/schools/files/MHM\\_vConf\\_2014.pdf](http://www.unicef.org/wash/schools/files/MHM_vConf_2014.pdf),
- WaterAid Zambia (2012) 'A Review of Menstrual Hygiene Management Intervention at Two Schools in Milenge District, Zambia', Field Note, Zambia
- WEDC and WaterAid (2014) *Accessibility and Safety Audit: Latrine*, <https://wedc-knowledge.lboro.ac.uk/collections/equity-inclusion/general.html>, accessed 8 July 2015

## About the series

This is a series of short notes offering practical guidance on new methods and approaches, and thinking on broader issues. We welcome comments, ideas and suggestions, please contact us at [clts@ids.ac.uk](mailto:clts@ids.ac.uk)

## Other key resources on CLTS

These and many other resources are available at [www.communityledtotalsanitation.org/resources](http://www.communityledtotalsanitation.org/resources)

Bongartz, P., Musembi Musyoki, S., Milligan, A. and Ashley, H. (2010) *Tales of Shit: Community-Led Total Sanitation in Africa*, Participatory Learning and Action 61, London: International Institute for Environment and Development

Kar, K. (2010) *Facilitating 'Hands-on' Training Workshops for CLTS: A Trainer's Training Guide*, Geneva: WSSCC

Kar, K. with Chambers, R. (2008) *Handbook on Community-Led Total Sanitation*, Brighton and London: IDS and Plan International

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**Issue 1:** Cole, B. (2013) 'Participatory Design Development for Sanitation'

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**Issue 4:** Cavill, S. with Chambers, R. and Vernon, N. (2015) 'Sustainability and CLTS: Taking Stock'

**Issue 5:** House, S. and Cavill, S. (2015) 'Making Sanitation and Hygiene Safer: Reducing Vulnerabilities to Violence'

# Breaking the Next Taboo: Raising Awareness of Menstrual Hygiene as part of CLTS

Menstruation is a natural and healthy part of the life of women and girls, but is often a taboo subject, not easily talked about, which can lead to feelings of embarrassment and shame. It can also lead to girls losing attention at school or missing days from school. Menstruation is a core element of sanitation and hygiene which affects half of the world's population for a large proportion of their lives. This issue of *Frontiers of CLTS* illustrates how Community-led Total Sanitation (CLTS) programmes can be expanded to address menstrual hygiene management (MHM) in schools and communities to alleviate these stresses on women and girls. It shares learning, recommendations, innovations and experiences from Plan International, WaterAid, WSSCC, UNICEF, WASH United, Grow and Know and USAID/WASHplus.



Illustration by Regina Faul-Doyle



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