

How can the international development sector effectively address menstrual hygiene management?

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This month, two billion women will menstruate. In most parts of the world menstruation is a taboo topic, which leads to shame, fear and secrecy. Taboos and socio-cultural practices include food restrictions, segregation from the household and place restrictions on daily activities such as washing, cooking and involvement in religious and social activities. Such beliefs and practices drive a culture of secrecy and silence and reinforce gender inequality.

The social stigma is compounded by poor knowledge and understanding of menstruation and menstrual hygiene management (MHM), particularly among girls in low and middle income countries. Menstruation can adversely impact women's and girls' health, education, daily quality of life and psychosocial outcomes.

Safe, hygienic and dignified management of menstruation requires:

- access to accurate and appropriate information on menstruation;
- access to clean materials for managing menstrual flow;
- private and appropriate facilities that support women's and girls' washing and sanitation needs to change menstrual materials and clean themselves; and
- facilities to clean reusable materials or dispose of menstrual materials safely.

Transforming development responses to MHM

While menstrual hygiene management has started to receive global recognition, in low and middle income countries it has traditionally been addressed through water, sanitation and hygiene (WASH) efforts. These efforts have focused on toilet facilities being MHM friendly, education sessions for school-aged girls and to a lesser extent availability of sanitary products. Addressing the menstrual needs of women and girls has been largely framed as a hygiene issue, which remains critical and essential. However, hygiene is only one dimension.

Alarming, these efforts often neglect the gender inequality dimension of harmful practices in managing menstruation. In addition, current and past WASH initiatives may have missed the adolescent health aspects of menstrual hygiene, or failed to address the underlying causes of shame, secrecy and taboo. Psychosocial impacts of menstrual hygiene management have also been neglected in sexual and reproductive health and rights (SRHR) programs and research. The limited SRHR literature on MHM focuses on the medicalisation of menstrual disorders rather than supporting safe and appropriate MHM as part of broader SRHR approaches.

The way in which development actors currently respond to MHM should lead us to ask whether the development

sector is equipped to address the underlying cultural factors that result in silence, secrecy and shame surrounding menstruation. Current approaches to MHM suggest that a paradigm shift in framing the issue is required to take MHM beyond the 'technical' realm of being solely a water, sanitation and hygiene issue. Joint thinking and action across multiple sectors including WASH, SRHR, gender, education, private sector, and social protection will be essential.

Two areas of expertise that have a crucial role to play in transforming current approaches to menstrual hygiene management are: gender equality and women's empowerment; and sexual reproductive health and rights. Accelerating action across these sectors while continuing technical WASH approaches to MHM will provide the foundation for sustainable, effective and comprehensive approaches to menstrual hygiene management.

Strategic and practical approaches to MHM contributes to gender equality

For women and girls to be able manage menstruation safely and with dignity, the development community must adopt gender-transformative approaches, not simply 'technical' solutions. Gender-transformative approaches create opportunities for individuals and communities to actively challenge gender norms, promote positions of social and political influence for women in communities, and address power inequities between persons of different genders.

Recent global advocacy efforts have made impressive gains to bring visibility to the issue of MHM: menstrual hygiene management featured in negotiations of the post-2015 agenda; on May 28 each year the globe celebrates Menstrual Hygiene Day; and UNICEF last year launched a 10-year global campaign 'MHM in Ten' calling for MHM to be addressed in all schools. In these global dialogues, menstrual hygiene management is commonly framed as a hygiene and sanitation issue, as that is where the most improvements and impact have been made. What is less clear in global dialogue and action, is how MHM can be addressed by various sectors as fundamental to achieving gender equality. Doing so would require new approaches to address the cultural and socially imposed gender norms underpinning menstruation, which exacerbate women's and girls' experiences of silence, secrecy and shame. These new approaches require more concerted efforts from gender equality specialists.

Since the mid-1980s, gender and development practitioners have distinguished between 'strategic' gender needs (those identified through an analysis of women's relationships to men) and 'practical' gender needs (those usually linked to immediate necessities) (Moser 1989). Winkler and Roaf (2015) argue that *both* practical and

strategic interests of women and girls in relation to menstruation have not been achieved:

Low priority and lack of attention at all levels—from international policy-making to the private sphere—has devastating impacts on women and girls' lives. It prevents women from reaching their full potential and achieving gender equality.

The WASH sector has made efforts to address the practical menstrual hygiene needs of women and girls, such as through improved access to safe and hygienic toilets in schools. However, sanitation solutions alone will not address all MHM issues. Nor will all menstrual hygiene management issues be holistically addressed if MHM efforts focus exclusively on school settings. While adolescent girls are a vulnerable and often overlooked group in health programming, targeting only adolescent girls in MHM could lead to a generational gap in knowledge, attitudes and practices of older women and men.

Less attention has been paid by the development sector on how to address women's and girls' strategic gender interests in relation to menstruation and its hygienic and dignified management. These would include a focus on shifting harmful cultural practices, with MHM and the rights of women and girls being seen as a critical issue by those with decision-making power and changing power dynamics by changing harmful attitudes of men and boys. In Carrard et al.'s (2013) conceptual framework, gender outcomes in WASH (in terms of roles and relationships) are identified and categorised into private and public spheres. The authors propose when WASH programming leads to the 'shifting of restrictive/harmful social attitudes, practices, exclusion or taboos associated with menstruation and childbirth,' a change in the public sphere occurs.

For strategic gender outcomes related to MHM to be achieved there is a need for intentional, concerted collaboration between gender specialists and other sectors, particularly the WASH sector. It is fundamental that WASH efforts align and leverage gender equality efforts to lift the cultural and power issues underlying menstrual hygiene management. This can only be achieved by improved collaboration between WASH experts and gender specialists.

Embedding MHM into SRHR policies and practice

The Cairo Programme of Action (UN 1995) on reproductive health and rights outlines that access to appropriate and accurate information, counselling and education on human sexuality and reproductive health are central to realising sexual and reproductive health and rights. It defines reproductive health as:

...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes (ibid:40).

These statements recognise that preventive and promotive health and the maintenance of wellbeing are fundamental to

sexual and reproductive health and rights, and thus, ensuring the safe management of menstruation should be a fundamental component of SRHR activities.

Despite the commitments and comprehensive reproductive health definition, the Programme of Action does not mention menstrual hygiene management. The absence of MHM in global SRHR and adolescent health sectors has persisted since 1994 with subsequent major SRHR and adolescent frameworks, operational guidance and strategies overlooking the inclusion of menstruation and related hygiene management (see UN 2014; UNFPA 2013; UNFPA 2014; WHO 2010). Neglecting menstrual hygiene management in sexual and reproductive health and rights activities compromises the quality and accuracy of information women and girls receive on MHM and is a missed opportunity for safely supporting a vital element of women's and girls' development and reproductive health.

Existing WASH efforts have addressed both infrastructure requirements for MHM alongside information and education for women and girls on managing menstruation safely. However, discussing taboo and sensitive topics often falls outside the expertise of WASH sector actors. WASH practitioners are ill-equipped to address broader sexual and reproductive health issues that arise when MHM is raised with women and girls.

The SRHR sectors have extensive experience in working in areas of taboo and high risk topics for women and girls, yet there often exists a lack of integration or collaboration between WASH and SRHR actors and the delivery of menstrual hygiene management activities in sexual and reproductive health and rights programs. Furthermore, SRHR programs may reach marginalised and stigmatised groups that WASH programs may miss or find challenging to involve in their traditional programming efforts.

Benefits of coordinating WASH and SRHR efforts

Greater cross-sectoral collaboration provides the opportunity for WASH and SRHR sectors to complement their expertise to meet women's and girls' needs during menstruation and accelerate the realisation of each sector's respective targets and goals. For SRHR actors, complementing menstrual hygiene management activities with WASH efforts in schools and communities can provide an entry point for accessing sexual and reproductive health information and services, particularly in sensitive religious or cultural environments and schools. Additionally, improving the quality and appropriate delivery of information and education on menstruation with women and girls (as well as men and boys) by sexual and reproductive health and rights practitioners, can assist in addressing taboos and harmful socio-cultural beliefs and practices associated with menstruation and reproductive health. Beyond menarche and adolescent health, breaking the taboo of MHM can allow similarly neglected areas of women's health such as post-abortion and post-delivery care to be addressed.

Fortunately, the intersectoral action that Resolution 70/1 of the Sustainable Development Goals (UN 2015)

and the Global Strategy for Women's, Children's and Adolescents' Health (Every Woman Every Child 2015) demand, provides the impetus required for SRHR actors to embed MHM within their activities and collaborate effectively with the WASH sector moving forward. Including targeted efforts to address menstruation and its hygienic management within adolescent and sexual and reproductive health and rights frameworks, curriculums and programs, is essential to ensuring women and girls globally can safely manage their menstruation and reproductive health.

A call to action: Cross collaboration on MHM for WASH, gender equality and SRHR

Comprehensively addressing MHM will require gender, SRHR and WASH actors to challenge their traditional ways of working and co-develop joint ways of working and taking action. Outlined below are initial actions all actors can take to step towards improved, collective menstrual hygiene management efforts.

1. Ensure women's and girls' voices and participation are central in all global, national and sub-national efforts to address MHM.
2. Identify shared goals and targets across sectors and developing cross-sectoral platforms, plans and financial structures to jointly address MHM.
3. Include indicators and targets for access to WASH and MHM in accountability frameworks for women's empowerment, SRHR and adolescent health.
4. Embed menstruation and MHM in all relevant human sexuality and reproductive health information, education and counselling.
5. Establish menstruation and MHM as a core business to progressing the rights of women and girls in all advocacy, policy and program efforts by gender equality and women's empowerment actors.
6. Establish environmental and social determinants of health as core business of SRHR strategies and actions, particularly for the delivery of the Global Strategy for Women's Children's and Adolescent's Health.
7. Joint research initiatives by gender, WASH and SRHR experts to build an evidence base to more effectively address the harmful cultural, social and religious taboos of MHM
8. MHM programming adopts gender-transformative approaches which address both practical and strategic gender interests

Menstruation and its dignified and hygienic management can no longer be siloed and led solely by technical solutions. It must be central to all development efforts to sustainably and meaningfully address the underlying cultural factors that lead to silence, secrecy and shame around menstruation for women and girls globally. In order to achieve this, we call for a paradigm shift in how we think and talk about MHM towards a gender-transformative dialogue, which empowers women and girls and changes the attitudes and actions of men and boys. We also call for collective and joint action across multiple sectors including WASH, SRHR, gender, education, private sector, and social protection. MHM is central to achieving outcomes in all development efforts, particularly WASH, gender equality and sexual reproductive health and rights. Now that there is visibility of menstrual hygiene management, it is time to take action.

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