WASH Field Note FN/17/2022

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Menstrual Health and Hygiene - Leave No One Behind in South Asia
#WeAreCommitted

SUMMARY

"Achieving menstrual health requires access to information about the menstrual cycle and self-care, materials, water and sanitation facilities and services to care for the body during menstruation, access to timely diagnosis, care and treatment for menstrual discomforts and disorders, a positive and respectful environment free from stigma, and the freedom to participate in all spheres of life throughout the menstrual cycle" (Hennegan et al, 2021)

Remarkable positive changes in Menstrual Health and Hygiene (MHH) have been achieved in recent years. But it is still the case that many women and girls are not being reached; transgender men and nonbinary persons face even greater challenges accessing needed resources, infrastructure, and support. And even in those communities that have seen such changes, we know that ongoing effort and attention is needed if the changes are to be sustained. The 2022 Menstrual Hygiene Day celebrations encouraged the world to redouble our commitment to ensure no one is left behind with MHH services because of who they are or where they live. The interventions described in this note illustrate how UNICEF programmes in South Asia have reached women and girls at risk of being left behind in MHH programmes, including those whose interests are systematically overlooked. Those denied the opportunity to realize their full potential or to share in progress, include out-of-school girls (Afghanistan), children with disabilities (Bhutan), people living in vulnerable settings (Cox's Bazaar, Bangladesh), hard to reach places (the Maldives), ethnic minority people and scheduled tribes (India) and gender-based violence linked to taboos and norms regarding menstruation (Sri Lanka).

Introduction

Menstrual health and hygiene (MHH) are integral to the realization of rights of girls and women and equality between all genders. Achieving MHH requires access to WASH (Water Sanitation and Hygiene) facilities and services, as well as access to appropriate menstrual absorbents, and relevant information and support around the menstrual cycle and self-care. It also requires an environment that allows girls and women to participate in all aspects of life. However, we know that in many contexts, women and girls do not have access to this information and infrastructure and are confronted with cultural and social barriers to their participation in society while menstruating. Thus, menstruation can disadvantage some people more than others.

Description of Intervention

The global Goals for Sustainable Development include a commitment to ensure no one is left behind. To realize this opportunity means addressing the interests of the most vulnerable and disadvantaged people and those people who are at risk of violence and discrimination. Achieving the SDG (Sustainable Development Goal) target 6.2, "Access to adequate and equitable sanitation and hygiene for all … paying special attention to the needs of women and girls and those in vulnerable situations" can only be achieved if programme design and delivery reach those who face specific vulnerabilities in relation to MHH.

The following interventions illustrate how UNICEF and partner programmes in South Asia have reached women and girls at risk of being left behind on MHH, including those whose interests are systematically overlooked such as: out-of-school girls (Afghanistan, pre-2021), children with disabilities (Bhutan), people living in vulnerable settings (Cox's Bazaar), hard to reach places (the Maldives), remote rural women (India) and gender-based violence linked to MHH taboos and norms (Sri Lanka). This note provides examples of strategies to reach these specific populations. It is informed by our experiences in the field so far and focused on generating evidence for effective programming.

Reaching Out-of-school adolescent girls in Afghanistan

Context: Menstruation is an extremely taboo topic in Afghanistan. A UNICEF KAP (Knowledge Attitudes and Practices) study (2010) found that over half of the girls in Afghanistan did not know about menstruation before their first period, leaving them shocked and frightened when it occurs. Pre-2021, 60% of out-of-school children were girls. Only 16% of Afghanistan's schools were girls-only, and many lacked proper sanitation facilities, which further hindered school attendance. Certain sociocultural factors and traditional beliefs also undermined girls' education. Girls married young – 17% before their 15th birthday, about 10% of women aged 15–19 had already given birth. Kuchi (nomadic communities) as well as returnees and IDPs (Internally Displaced Persons) are often unable to enroll in school. In some parts of the country, a shortage of schools and insufficient transportation were the main obstacles to education. Geographical barriers, especially in mountainous areas, also make it hard for children to reach the classroom. Community Based Education has proved to be a successful approach to reach out-of-school children, particularly girls, in hard-to-reach areas and conflict zones of Afghanistan.

Description of intervention: An MHM (Menstrual Hygiene Management) talking book was developed for the Community Health Workers (CHW) and Family Health Action Groups (FHAGs) to promote menstrual hygiene during house-to-

Figure 1: MHM book for CHWs

house visits in provinces with low-female school enrolment. It aimed to break taboos and raise awareness on the importance of safe menstrual hygiene management for out of school adolescent girls and young women. Each book consists of colourful illustrations along with straightforward and easy to understand text. The books also have buttons that can be pushed to activate a recording of the text. Thus, the information can be seen, read, and heard. The content includes the: emotional and physical changes at puberty, the menstrual cycle, the role of mothers and teachers in managing menstruation, the importance of caring for menstrual health and hygiene and keeping menstruation cloths clean and safe disposal.

Outcomes: Field testing of the MHM talking book revealed that it was particularly beneficial for children and communities with low levels of literacy and helped increase awareness of MHH in most rural areas. The overall feedback from the target audience was positive, the content is based on the need and the messages are inspiring. The books were available to School Management Shuras (consultative councils), parents, community members, decision-makers, and children themselves. Extenders and social workers helped identify who needs to receive the books, managed the distribution of speaking books, and supported the use of MHM talking book.

Supporting girls with disabilities in Bhutan

Context: Girls with disabilities (including physical, psychosocial, communication, visual or hearing impairments) face a range of MHH barriers in terms of discrimination and social stigma, and the lack of services to support them. In Bhutan, the KAP study on Menstrual Hygiene Management of Adolescent School Girls and Nuns (2018) revealed that the girls-to-toilet ratio stands at 66:1 and that children with disabilities do not have a separate toilet. In a focus group held for this study, one teacher said that they advise concerned parents of children with disabilities to keep them at home during their menses. Other participants agreed with this advice because the school lacks the capabilities to help children with disabilities.

Description of intervention: Vulnerable / resource deprived households have been targeted, such as girls with disabilities (and their caregivers). For instance, the technical working group of the annual MH Day committee includes: SNV, Bhutan Nuns Foundation, Religion and Health Project, and Disabled Peoples' Organisations (DPOs), such as Ability Bhutan Society. In 2020, a girl with visual impairments is represented in the Red Bracelet Campaign video and activities have also reached schools for the blind and deaf (see image).

Figure 2: The Red Dot Campaign in Bhutan

Source: SNV, Red Dot Campaign, Bhutan

In 2021, MHH interventions were implemented in schools to address discriminatory social norms, cultural taboos, poverty issues, and the lack of basic services that hinder menstrual health and hygiene needs of girls and women, including persons with disabilities. The "Red Dot" campaign, representing empowerment, hope, love, care, and solidarity to create menstrual health hygiene awareness, was launched by the Patron of the campaign, Her Royal Highness Euphelma Choden Wangchuck. Menstrual

hygiene messages were disseminated through social/mass media platforms to create awareness, considering disabilities during message development and aiming for accessible formats. Menstrual hygiene supplies were distributed to 139 schools to safeguard the health and well-being of 2,700 adolescent girls as well as support their learning without having to experience stress, shame, or unnecessary barrier.

An inclusive toilet design for the physical accessibility of facilities by child monks and nuns with disabilities was developed. 173 child monks and nuns in three monastic institutions now have inclusive toilets following principles of Universal Design that provide safe drinking water, handwashing facilities, proper lighting, and water heating systems as well as arrangements for washing or disposal of sanitary absorbents. Planners and architects have been informed about the construction guidelines for persons with disabilities.

Furthermore, UNICEF in collaboration with the School Health and Nutrition Division (SHND), the Special Educational Needs Programme and School Infrastructure and Development (SIDD) has completed the preparation of inclusive toilet designs for all 5 planned schools which includes detailed architectural and structural drawings. Construction will commence soon. The construction works for 2 of the targeted schools (Changangkha Middle Secondary School and Khuruthang Middle Secondary School) were recently awarded to the contractors who have started to gather the necessary materials. The construction of 5 inclusive toilets, including provisions to enable hygienic menstrual management, is expected to benefit 3,879 children (1,994 F) including 140 (55 F) children with disabilities. The construction is projected to be completed by end of October 2023.

Outcomes: To sustain positive behaviour, four cohorts of Health Coordinators for schools and monastic institutions are skilled annually to coordinate WASH services, which includes MHH management. The Health Coordinators are also capacitated on how to support children with disabilities during their menstrual periods.

Addressing the needs of those in vulnerable situations in Bangladesh

Context: MHH is a key area of intervention for WASH programming in the 34 camps in Cox's Bazar district. More than half of the 923,179 (February 2022) Rohingya refugees in the camps are women and girls, who face additional challenges to managing menstruation such as the loss of their usual menstruation materials or products and the lack of a place to wash, dry or dispose them off, reduced privacy in their living arrangements, or lack of control over finances. Lack of adequate MHH facilities and services can reinforce taboos and shame associated with menstruation.

Description of intervention: A range of efforts have been made by WASH actors to address such needs including by ensuring girls and women have access to a) materials and supplies including underwear and reusable cloth; b) information including menstrual hygiene promotion and health education through group awareness sessions; and c) MHH supportive facilities (such as inclusive access to toilets and washing spaces and arrangements for disposal, laundry facilities).

MHM Facilitator Groups (formed at the sub-block level) raise awareness about safe MHH practices with a pamphlet (IEC/BCC materials) based on the "Story of Nur Ana". The MHM Facilitators Group members themselves are also considered change-makers at the camp level, which are contributing to achieve improved MHH practices at the camps and engaging men and boys. Women and girls are also monitoring MHH practice through the participatory Clean Camp Campaign – People Led Total Hygiene (CCC-PLTH). To reach women and girls with disabilities, MHM facilitator group (with the support and Community Based Volunteers and NGO staff)

make house to house visits to conduct consultation and use a combination of participatory methods to identify what type of assistance is needed.

Figure 3: MHM in Cox' Bazar

Source: UNICEF Cox's Bazar

Outcomes: Group members report increased knowledge about the health risk of not using properly washed, dried, and stored menstrual cloths; they feel proud when they managed properly (washing, drying, storing, and disposing); have plans about where, how, and when to manage their menstrual cloths; and feel positive about using safely managed menstrual cloth. Community change-makers have a vital role in reducing shame around menstruation by normalizing discourse around MHH. The Mid-Term Evaluation Report on Accessible Latrine Pilot (PWD) programming in Cox's Bazar, November 2019 implemented by UNICEF and CAREfound that the introduction of an accessible latrine did not have a significant impact on the independence of women and girls with disabilities to hygienically manage their menstruation. Programmatic adaptations are underway to address this finding.

Reaching hard to reach places in Maldives

Context: Difficulties in ensuring equity and access to MHH information for girls in remote and inaccessible places can lead to geographical disparity. The Maldives is a Small Island Developing State (SIDS) and a geographically fragmented country spread across 188 inhabited islands with small populations, making it one of the world's most geographically dispersed countries. Internet coverage has reached every inhabited island – though not every house - and most households have a mobile phone. SIDS have vulnerabilities, including broad range of impacts from climate change and potentially more frequent and intense natural disasters.

Figure 4, schoolgirls in the Maldives talking about MHH

Source: UNICEF Maldives, © UNICEF/UNI45968

Description of intervention: Girls living on the remote, outer atolls lack MHH information and sustained supply of menstrual absorbents. To address this, the Maldives has taken advantage of high mobile phone and internet coverage across the country to disseminate awareness on MHH. UNFPA (United Nations Fund for Population Activities) in collaboration with UNICEF piloted the Cupvert project through Safe Space Sessions organized jointly with Society for Health Education (SHE). The on-line Safe Space sessions provide information on human anatomy as well as MHH and created awareness about reusable menstrual cups to avoid waste. The Maldives Girl Guides Association supported the endeavour by raising awareness of the sessions among students and parents.

Outcomes: The high use of technology and social media among young people in the Maldives creates new platforms and opportunities that can

promote engagement on MHH. Internet-based learning provides a medium for girls to talk openly, ask questions, receive relevant information and act on MHH.

Supporting remote, rural women in Self Help Groups (SHGs) in India

Context: When women and girls are not aware of options to manage menstruation, they face many difficulties and challenges at home, school and in their workplaces. In Bihar, UNICEF and partners reached the most marginalized through SHGs. In Chhattisgarh, UNICEF supported MHH for women and girls from Scheduled Castes[1] and Scheduled Tribes[2] with interactive sessions on MHH.

Description of intervention: Bihar Rural Livelihood Promotion Society (BRLPS) - Jeevika - is the largest women's Self Help Group (SHG) Network in Bihar. A total of 1,065,600 SHGs have been formed across the State with a membership of around 12.5 million women, covering 38 Districts, 8,132 Gram Panchayats, and 35,035 revenue villages. These SHGs are further federated into 69,165 village organizations (VOs) and 1,392 cluster level federations (CLFs) across the State. Although health, nutrition and sanitation are priority areas of the Jeevika programme, MHH is often left off the agenda of SHG meetings because of shame and stigma around MHH. The UNICEF Bihar Field Office initiated a pilot project in partnership with Nav Astitwa Foundation (NAF) to work with Jeevika in selected Districts/Blocks (Sitamarhi and Purnea) to reach SHG members with information around menstruation through their weekly/monthly meetings. All those with a role in facilitating the SHG meetings in each implementing district - Community Mobilisers (300 members), CLF representatives (100 members) have been through a 3-day training program on MHH. Sessions were designed to explain the physiology of menstruation, myths, and taboos around MHH, hygiene practices, nutrition intake, a range of menstrual products, and skills to facilitate the MHH agenda in SHG meetings. This intervention has built the confidence among the SHG members to speak on MHH without hesitancy and dispel myths and taboos around menstruation. Different options for sanitary absorbents that are available on the market have been explained to the rural women so that they can choose accordingly. Mothers sensitize their daughters on MHH to prepare them for the onset of puberty.

Outcomes: A total of 300 Community Mobilizers were capacitated in the intensive Blocks of Sitamarhi and Purnea Districts. These Community Mobilizers reached out to 47,182 rural women and 94,364 adolescent girls and boys. SHG members report changing their MHH behaviour after the intervention. The learnings from this intervention will be shared with the State Jeevika authorities to advocate for scaling up efforts so that every rural SHG women is aware of safe menstrual hygiene practices, as the outreach of the SHGs is huge, potentially reaching, 12.5 million rural women.

Figure 5: MHH Training Session

Source: UNICEF, India, © UNICEF/UN0593818

[1] *An official designation for a group of people that are among the most disadvantaged socio-economic groups in India. Scheduled Castes are sometimes referred to as Dalit.*

[2] *Refers to specific indigenous peoples whose status is acknowledged to some formal degree by national legislation*

Description of intervention: Chhattisgarh is primarily a rural state with only 20% of the population living in urban areas. The total Scheduled Tribes population is around 8 million, which is 31% of the total state's population, in comparison to the national average of 9%. A total of 19 districts out of 28 are scheduled regions, while a total of 16 districts are categorized under civil strife (with 8 highly affected) and 10 districts were termed aspirational districts in 2018 (these are the most underdeveloped districts out of 112 in India) by NITI Aayog (National Institution for Transforming India). In this context multiple strategies are required to address MHH programming in the State. As per National Family Health Survey (NFHS 5, 2020-21), 69% of women (83% of urban, 65% of rural) between the age group of 15 – 24 years use hygienic management techniques during their menstrual period in Chhattisgarh. UNICEF Chhattisgarh is providing MHH training to build the capacity of government state and district front-line workers from a range of departments including Women and Child Development, Panchayat & Rural Development, School Education, Health, and Family Welfare Department. The Department of Panchayat and Rural Development, Chhattisgarh, trains Self Help Groups (Swachagrahis- around 11,000 in State) to educate households on menstrual hygiene.

Outcomes: 198 Master Trainers and 800 Swachhata Sakhi (volunteers) were trained with the support of UNICEF in the Raigarh District in 2021. Raigarh District is implementing 'Pawna' scheme to reach targeted groups with information and availability of sanitary absorbents including biodegradable pads. Similarly, in Bastar districts around 150 Youths (Yuvoday) cluster coordinators have been trained as Master Trainers to create awareness among 3,000 Yuvoday volunteers on MHH in their respective clusters in 2022.

Addressing gender-based violence in Sri Lanka

Context: The United Nations (1993) defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. The 2019 Women's Wellbeing Survey found that one in four Sri Lankan women has experienced physical or sexual violence since the age of 15. To date the links between MHH and physical, sexual, emotional and/or economic violence and/or controlling behaviours have been under-researched. Girls attending school while menstruating can experience psychological and emotional abuse such as bullying and harassment from male and female classmates, particularly if they stain their clothing or even just if their menstruation status is known (WoMena, 2020).

Figure 6: Sketch on worries girls might have while menstruating

Source: UNICEF Sri Lanka

There are a range of harmful traditional practices and restrictions associated with menstruation. Women and girls' autonomy is often restricted by family members, husbands, and in-laws. Women and girls who are menstruating require more frequent use of public

toilets also putting them at increased risk of physical or sexual harassment, assault, and rape. The consequences might include reducing frequency of changing pads/cloths or not bathing/washing properly. Experiencing shame and fear related to menstruation can diminish girls' self-confidence and has implications for their health and well-being into adulthood and educational achievements (WoMena, 2020).

Description of intervention: In Sri Lanka 83% of schools have basic water services and 96% of schools have basic sanitation (JMP (Joint Monitoring Programme) washdata.org, 2019). The WHO (World Health Organization) Jaffna Healthy City Project focuses on solid waste management, comprehensive WASH management at schools and physical activities, implemented by the University of Jaffna. UNICEF leads the work on WASH in schools, including MHH training to support teachers and girls to develop a school based MHH Action Plan. During the 16 days of the annual #OrangeTheWorld campaign (from 25 November, the International Day for the Elimination of Violence against Women, until 10 December, Human Rights Day) the topic of SGBV (Sexual and Gender Based Violence) was also included in the training to increase awareness of the school community. The aims were to "Let's allow girls to make their own life choices & teach boys to break free from harmful stereotypes." The message to parents was to "Be a daughter's hero; Allowing daughters to make their own life choices & Raise boys to break free from harmful stereotypes".

The training was provided by the University of Jaffna, WHO, UNICEF, Social Organizations Networking for Development (SOND) and the Health Division of Provincial Department of Education. In the training, sessions were held on the importance of girls making their own life choices and boys breaking free from harmful stereotypes. Teachers and girls developed the following logos on how they thought girls could be protected from SGBV as well as shame and stigma: (1) Violence could be stopped through education; (2) Violence could be stopped through bravery; (3) A forthright gaze in all actions will give strength to fight against SGBV (as illustrated by this image titled Education empowerment is the best tool to protect against SGBV).

Outcomes: Around 60 schools in the Northern Province have developed school MHH Action Plans. Plans include the distribution of educational materials, holding awareness sessions, building WASH facilities including functional girls' toilets with a menstrual waste disposal mechanism and sessions to address violence, stigma, discrimination, and harassment faced by girls.

Lessons Learned

No one should be denied the opportunity to realize their full potential or to share in progress. The following lessons emerge from the interventions described in the earlier section:

Listening and responding to the voices of those left furthest behind: The exclusions in this note refer to age, location, religion, and disability. So far unaddressed at scale are the issues around supporting transgender men, non-binary, and intersex individuals with menstruation. These people are often marginalized and face exclusion, stigma, and violence that prevents them from accessing WASH services. Transgender men using men's toilets do not usually have access to the disposal services or absorbents found in women's toilets. And in school, transgender boys may not be able to access MHH information or absorbents.

Creating agents of change: Young people are often more likely to want to challenge the social and gender norms that deny people opportunity and limit their potential. Similarly, empowering women to be agents of change can enable their voices to be heard and acted upon to challenge discrimination and harmful norms on MHH.

Focus on intersectionality: In seeking to strengthen the quality of programmes and provide inclusive solutions, more attention is required to interacting forms of exclusion rather than focusing on one group or one form of exclusion.

Working towards gender equality: MHH can be a starting point for wider action to build inclusive societies that put the furthest behind first and sustainably address the root causes of exclusion. Within MHH interventions there is an important opportunity to address gender norms and stereotypes, prioritize the empowerment of girls and women and end violence against girls and women.

Supporting an MHH data revolution: Our commitment to 'leave no one behind' needs to be backed up with a quantified analysis of who is being left behind, who is benefiting from MHH interventions, and the impact of these efforts. We need disaggregated data to assess whether targets are being met for all segments of society to inform decisions and continue to build evidence of what works for MHH, when and for whom in different contexts.

Next Steps

It is in all our interest to leave no one behind and to ensure MHH services for all, now and for the future. MHH is a growing programme area for UNICEF and we have the commitment to facilitate change for the most vulnerable, particularly those populations that are hardest to reach. We will do this by supporting inclusive MHH services, providing advocacy or opportunity to facilitate upstream dialogue, continuing an evidence-based approach to shape knowledge generation, maintaining strategic partnerships with national actors including the private sector and working collaboratively with colleagues across functional areas within UNICEF to overcome siloed thinking and working practices.

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UNICEF's water, sanitation and hygiene (WASH) country teams work inclusively with governments, civil society partners and donors, to improve WASH services for children and adolescents, and the families and caregivers who support them. UNICEF works in over 100 countries worldwide to improve water and sanitation services, as well as basic hygiene practices. This publication is part of the UNICEF WASH Learning Series, designed to contribute to knowledge of good practice across UNICEF's WASH programming. In this series:

Discussion Papers explore the significance of new and emerging topics with limited evidence or understanding, and the options for action and further exploration.

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