



Celebrating Womanhood: Menstrual Hygiene Management

8th March 2013, United Nations Palais, Geneva, Switzerland



Highlights Report





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If men could menstruate...menstruation would be an enviable, boast-worthy, masculine event: Men would brag about how long and how much---Gloria Steinem

I asked when we would be talking about menstrual hygiene. The tutor answered, "I can't address every tiny issue in sanitation." --Anonymous student, London School of Hygiene & Tropical Medicine

SUMMARY

This meeting on Menstrual Hygiene Management, convened by the Water Supply and Sanitation Collaboration Council (WSSCC), was unique in both breadth and depth. Not just because of the calibre of attendees - all of whom chose to attend over many other competing events on International Women's Day - but also because of the wide array and variety of interests, specialisms, background, expertise. This was the first time that professionals from sectors as diverse as education, marketing, health, academia, engineering and WASH met to discuss what has long been neglected as not only a sub-topic within WASH, but as a Human Rights issue as well. By the end of a rich morning of discussions, interactions and the making of connections, enthusiasm about new possibilities, avenues of research, interactions and partnerships around MHM was palpable. It was an exciting, rewarding event, and a great success both in itself and as a step towards further discussion and partnerships.

THE INVISIBLE ISSUE

"Taboo," "stigma," "silence": These words were first heard in the opening speech by Chris Williams of WSSCC. They were swiftly repeated by Dr. Jyoti Sanghera of the Office of the High Commissioner for Human Rights (OHCHR), who urged us to pull our dirty linen out of the closet. Sanghera said:"How can a normal, natural function be associated with shame, stigma, distaste, untouchability, taboo?" Sanghera also outlined the Human Rights aspect of MHM, stating: "Stigma is an extreme and acute form of discrimination which normalizes exclusion, otherness, ostracism, and often confinement and incarceration. We know that in many communities women are sequestered in solitary and confining spaces during their menstrual cycle." Sanghera urged that accountability was one of many responses that needed to be addressed in regards to stigma surrounding MHM.

High-level meetings or attention on the issue of menstrual hygiene management, it was agreed, have been strikingly absent from the discourse in the both the public and private sectors. Participants from WHO, UNESCO and others all pointed to the lack of attention from their agencies on the subject, even though they focus on hygiene, education, adolescent health, all areas

with which menstrual hygiene should interact and sit in. A meeting in South Africa on menstrual hygiene was attended by 80 South African organizations, but in terms of a high-level meeting representing an unprecedented conference of diverse interests and specialisms, this WSSCC event was unique.

THE NEED

Panelists offered both compelling research and anecdotes revealing the level of stigma that is both externally applied and internalized by many girls and women, in both low-income countries but also in middle income nations. Archana Patkar of WSSCC presented data from the Menstrual Hygiene Management Lab, a private space for women and girls to learn and discuss the topic, which was part of the Nirmal Bharat Yatra, a travelling WASH carnival that journeyed through five states in India over 51 days. 12,000 girls and women attended the lab, and 747 completed surveys. Of those, a third of girls and women had known nothing about menstruation before starting their periods. 73% of them said menstrual blood was "dirty blood." Patkar stated: "Two billion women and girls worldwide menstruate, and 350 million women are menstruating at any one time. Women menstruate for 3,500 days on average in their lifetimes."

The consequences of this are wide-ranging, taking in education, health and the workplace. Taboos can lead to real physical harm, as Dr. Charles Senessie of the Afro-European Medical and Research Network pointed out. Dirty cloths are dried under beds out of shame, leading to poor hygiene, and serious medical consequences such as infections, infertility and bilateral tube blockages. Dr. Chandra-Mouli Venkatraman of the World Health Organization pointed to a widespread reluctance amongst the medical profession to teach or confront the issue of menstrual hygiene head-on. He was never taught about menstrual hygiene during his own medical training: "I bluffed my way through it", he said. This has led his group within WHO to be instrumental in producing a tools guide that will help medical and educational professionals to deal better with puberty and adolescence.

As for the educational damage done by poor menstrual hygiene management, Catherine Dolan of Saïd Business School at Oxford University presented data from a small-



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scale study carried out in Ghana. 120 girls were given 12 pads per month. Absenteeism was cut by half, and 6.6 days per term were retrieved. Sanitary pads reduced the barriers to girls staying in school, which were multiple: fear of soiling, fear of odour, and even when there were WASH facilities at school, fear of leaving visible blood in the latrine or toilet. Dolan is launching a larger scale study in Uganda with a sample of 560 girls to verify these results.

The linkage between education and poor menstrual hygiene management is under-researched, but not as much as the damage done to workplaces and business productivity, a relatively new line of research and enquiry. Jennifer Schappert of HerProject and Business for Society (BSR) shared findings from Bangladesh, where 80% of factory workers are women. 60% were using rags from the factory floor for menstrual cloths.

These, said Schappert, "are highly chemically charged and often freshly dyed." Infections are common, leading to 73% of women missing work for on average six days a month. Women had no safe place either to purchase cloth or pads or to change/dispose of them. When women are paid by piece, this is a huge economic damage to them and to the business supply chain. As David Wofford of Meridian Group International said, "menstrual hygiene management means better production". When subsidised pads were offered in the Bangladeshi factories, only 3% of women then were absent from work.

In short, the damage of taboo and stigma is widespread, leading to losses in many areas such as education (because girls don't go to school), interpersonal growth (girls stigmatized routinely for five days a month lose confidence), income generation (factory workers, often women, fail to come to work), health and fertility.

MENSTRUAL HYGIENE, HUMAN RIGHT

Poor menstrual hygiene is a dereliction of many human rights. Dr. Jyoti Sanghera of OHCHR listed them: dignity, equality, health, privacy, freedom from inhumane and degrading treatment, abuse and violence. However, even when these rights are supposedly in place, things can go awry. Bethany Caruso of Emory University, who works on the WASH in Schools programme at UNICEF, offered the example of Rwanda, where girls have rest-rooms, i.e. rooms where they can rest. When this model works well, the girls appoint a key-holder from their classmates, who holds the key to the rest room, and who is also delegated to fetch sanitary pads for any girl who needs them, reducing the embarrassment of having to ask for pads. Caruso gave the example of a girl whose mother had made an arrangement with the local kiosk so that she could get sanitary pads when she needed, and her mother settled the bill at the end of the month.

Anita Koroma of the Girl Child Network offered a personal anecdote along a similar theme: "In my grandfather's shop in Sierra Leone, women didn't dare ask for pads so they asked for bread instead."

Messaging and education came up in the work presented by Audrey Kettaneh of UNESCO and Faiza Lahliou of Proctor & Gamble, who have been working in collaboration on MHM in Africa and elsewhere. P&G serves 10 percent of the world's menstruating women and girls, and has rolled out several online campaigns as well as TV advertising. P&G's new TV ad in Africa was aired: its message was to reduce girls' fear of soiling or staining, with the tag-line, "No stain anyhow you move." This kind of marketing is useful when, as Kettaneh said, "Teachers are not comfortable discussing MHM or don't have the materials. South Africa does teach girls but only from the age 13 and that is too late." Generally, she said, MHM is taught late or not at all. "If it's not monitored, it won't be taught. Teachers find it a difficult topic. They prefer softer topics." But lessons can be learned from sexual health education. One important lesson: include men and boys.

PADS, CUPS, CLOTHS

The choice of which menstrual hygiene options to use came up in several presentations and interventions. Sanitary pads were proposed as an important resource, although of the participants in WSSCC's MHM lab at the Nirmal Bharat Yatra, 80% said they were happy with using cloth, even when they had tried pads. Also, said Catherine Dolan, social restrictions on girls - from not being allowed in the kitchen to being banned from washing - are a sign to the community that a girl is menstruating and thus can lead to social control. This leads to girls being considered sexually available, leading to parents withdrawing money for school fees, and girls being forced to work or to find a boyfriend who can pay. Appropriate sanitary materials allow girls more secrecy and thus can be resisted by a community.

The menstrual cup was discussed after Vivian Hoffman of Maryland University reported that 80% of women in Durban had preferred menstrual cups over sanitary pads. They are considered cheaper and more efficient; they can be left inserted all day, for example, and leave no solid waste stream like sanitary pads. However, asked



8th March 2013, United Nations Palais, Geneva, Switzerland

Isabelle Pugh of SHARE, "how do we deal with the fact that cups can be messy?" They require water for rinsing and privacy. Also, acceptability around the issue of insertion arise, which is why Vivian Hoffman's study in Bihar, India offered menstrual cups only to married women. Tampons were mentioned only in passing during the day's discussion: Dr. Varina Tjon a Ten of The Hague University talked of a girl who wanted to use a tampon because she wanted to go swimming. "Her grandmother said she wasn't having such a thing in the house." Audrey Kettaneh of UNESCO best summed up the discussions around cups, pads, and cloths, by saying, "The choice needs to be there. It is not up to us to dictate."

DOWNSTREAM

Supply and demand were widely discussed, but so were their after-effects. The management of menstrual hygiene should also include safe and sustainable disposal. This can be difficult because of cultural stigma: even women who have WASH facilities at home throw their used cloths and pads out in the open, because they don't want "dirty waste" in the house.

Vivian Hoffman of the University of Maryland and Madeleine Fogde of SEI both presented compellingly on the enormous burden that commercial sanitary pads put on wastewater systems and also on on-site sanitation such as pit latrines. Commercial pads contain super-absorbent polymers that remain super-absorbent in a sewer or pit latrine, leading to blockages and system failures. Menstrual waste blockages, said Hoffman, can block a city sewer system - particularly a water-stressed one - for a whole day. Incinerators are usually offered as an option, but if only one cubicle has the incinerator at school, for example, then girls can be reluctant to use it in case it signals that they are menstruating.

FUTURE CONNECTIONS & POSSIBILITIES

Business, business and business. This meeting brought together profit and non-profit and there was palpable excitement at the potential for great partnerships. That business has a powerful role to play in amplifying and alleviating the crisis of poor menstrual hygiene management was unquestioned throughout the day. David Wofford of Meridian Group International called for a more systemic approach: rather than just seeing business as funding partners, he wanted them to be seen as powerful, global systems that reach millions of people. If a global business wanted to supply subsidised sanitary pads to its workforce, it could do so relatively easily. "Good menstrual hygiene management," he said, "is improved income for business."

As Gib Bulloch of Accenture Development Partnerships pointed out, there are other potential partnerships as well as profit/non-profit. "Menstrual hygiene should be

seen as a pre-competitive, pre-commercial issue," he said. "Business could work with other business, such as pharmaceutical companies interested in selling painkillers." Paul Bloem of WHO presented the possibility of linking menstrual hygiene management education with the roll-out of the HPV vaccine, due to reach 30 million girls over the next decade. Not just girls: The program "also targets all women for screening who are the mothers or the grandmothers of the children. So these are the target audience." Wilma Doedens of UNFPA suggested including menstrual hygiene information and materials with emergency hygiene and dignity kits that are already handed out to women and girls in emergency and disaster situations. In fact, she said, she couldn't think why they hadn't thought of that before, nor why they couldn't include simple pictorial kits about MHM in the kits. This chimed with feeling expressed by many participants, that they had been exposed during these few hours to innovations and connections that hadn't occurred to them before now, and were grateful for the facilitation and committed to furthering connections made.

In terms of policy changes, many avenues were opened up, from including menstrual hygiene as an indicator in post-2015 planning, to better evidence-building between academia and other partners, to better understanding who the practitioners are, to broadening and deepening the evidence base through improved collaboration across sectors, silos and specialisms.

IN THE WINGS

Conversations flowed during coffee and lunch breaks. Adebisi Adebayo from the Inter-African Committee on Traditional Practices was struck by the potential close links between addressing a taboo issue such as female genital mutilation and menstrual hygiene although she had never made such links before. She said, "it's a natural process so why should the policy makers have any problems making this easy, making the lives of women and girls easy? I mean we don't want to paralyze 4, 5 days of the week because you have your period. Please, come off it, it's ridiculous." She congratulated WSSCC for convening such a fascinating and exciting meeting.

Anita Koroma runs the Girl Child Network in Sierra Leone. The organization now has 50 Girls' Clubs, where



8th March 2013, United Nations Palais, Geneva, Switzerland

girls come together to discuss issues that affect their lives. Obviously menstrual hygiene facilities feature highly, as Koroma knew from her own childhood growing up in rural Sierra Leone. "Me and my sisters all hid our sanitary cloths under the bed to dry, out of shame." Koroma had to work for her older cousin to be able to earn money for commercial sanitary pads. She now regularly sends sanitary pads to her girl clubs, despite a lack of funds and means. "I'm just meeting friends in the UK, and beg them to buy (pads), and they donate, even they give us money and we buy boxes and send them." She sounded excited to have learned of other possibilities for the programme, such as linking with the private sector.

Chantal Heutink, meanwhile, of the Afri-Can Foundation, already promotes the use of washable, reusable sanitary pads. "We came up with I-Care pads. It's one (reusable) package and you can use it for a whole year." She reports that girls no longer have a psychological barrier about buying pads in public, and because they buy the package, a sense of ownership is encouraged and dependency discouraged. I-Care pads cost only 25 Kenyan shillings compared to 80 shillings for a regular commercial pad. Heutink clearly felt strongly about the issue and its importance, having had both personal and professional experience, like many female participants. "I also experienced that there are a lot of taboos surrounding menstruation, so it's very good to be here and share knowledge about how you can address those taboos. [We need to] talk about that so girls don't feel ashamed anymore and can go to school because that is the basis of women empowerment."

Adu Adjai offered a fascinating perspective on how participants have come to the issue of menstrual hygiene and been convinced by its importance. He works with ACRO Ghana, an association that encourages sport as a means of reducing crime and increasing confidence in young people. Girls and boys are both encouraged to play football, but ACRO noticed that menstruating girls didn't want to play on the sports field without "the right kind of dress." The lack of proper sanitary materials was impeding girls from reaching their potential, and from being empowered through sport. "I am very happy such a conference is being held," said Adu, "so I could share my experience and learn from others. Because you know, sport is health!"

On a policy level, Rolf Luyendijk of UNICEF Joint Monitoring Programme on Water and Sanitation sounded positive about the chances of including menstrual hygiene management as an indicator in the

post-2015 goals and targets. "As you know, it's very difficult to get politicians to talk about this, but if we get that adopted for post-2015 it becomes much easier to put menstrual hygiene on the map and make it an issue."

THE ROAD AHEAD

Connections made, research shared, thoughts provoked. There is no doubt that the day left powerful impressions on its participants. Many expressed the conviction that a shift has occurred in thinking that could lead to significant changes in policy and practice.

There was widespread agreement that the right kind of data is still missing. There are many small-scale research and pilot studies which Archana Patkar called "little islands of excellence," but proper monitoring and peer-reviewed research is still a missing link. There needs to be more larger-scale studies, more information sharing, more collaboration, more dragging the taboo out of the dirty linen closet. The urgency of the need makes thinking in a sectoral mindset a real limitation to change. "Girls and women don't think in sectors like we do," said Patkar. "They just have to deal with this on their own every month." Politicians don't like this issue because it's not sexy, said Dr. Varina Tjon A Ten, a former parliamentarian in the Netherlands. So it needs to be linked to issues that they do like: girl child education, girl empowerment, health. All those are getting considerable attention and funding. Clever piggybacking is going to be key.

The sense though at the end of the day was one of possibility and change, and excitement at new avenues of research, possibilities and partnerships around the previously neglected topic of menstrual hygiene management. As Audrey Kettaneh said, improving MHM "is not about reinventing the wheel, but about bringing lessons to the forum." In the words of Dr. Charles Senessie: "It's eye opening and it's amazing how much work has been done which has not been shared in the greater scientific community and how many people are passionate about improving the menstrual hygiene. I was very much inspired, and I'd like to go back and pool resources and networks behind this initiative." To judge from his comments, and many other similar ones expressed during the lunch break following the day's sessions, the process of learning, sharing and innovating around the "dirty linen" of MHM has already begun.

