



REIMAGINING SOCIAL CHANGE



Advancing Gender Equity by Improving Menstrual Health

OPPORTUNITIES IN MENSTRUAL HEALTH AND HYGIENE

LAURA AMAYA, JACLYN MARCATILI, NEERAJA BHAVARAJU

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EXECUTIVE SUMMARY

Menstruation is a monthly reality for billions of women and girls worldwide. The lack of consideration for menstruation across a range of facets—from education to sanitation—presents challenges that affect women throughout their lives. Today, FSG’s analysis suggests that every month, more than 500 million women do not possess the supports that they need to manage their menstruation.

Updates in the MHH Landscape 2016–2020

In 2016, FSG partnered with the Bill & Melinda Gates Foundation to understand the nature and scale of the challenge, outlined in a report, [An Opportunity to Address Menstrual Health and Gender Equity](#). In the years since, the menstrual health and hygiene (MHH) landscape has experienced significant changes:

Evidence base: Global datasets are starting to include MHH metrics in their surveys, but a unified, cohesive set of metrics is lacking. In response, researchers are working to consolidate metrics for tracking MHH, which will provide the field with comparative data from a broad geographic range, and understand the scale of the need. The field is also shifting to consider how MHH is linked to a range of life outcomes, going beyond the previous narrow focus on school absenteeism.

Knowledge and awareness about menstruation: There is greater awareness of the importance of puberty as a pivotal moment in a girl’s life, as well as recognition that menstruation must be further considered and integrated into the sexual and reproductive health field throughout a woman’s life. Equipping women with knowledge about their cycle and the potential impacts of different contraceptive options can support greater body literacy and contraceptive uptake.

Access to menstrual products for women and girls: Products are increasingly viewed as a component of a broader set of solutions, rather than a stand-alone fix. Actors recognize the importance of informed product choice alongside access. At the same time, environmental concerns increasingly influence the conversation about the composition, use, and disposal of menstrual products.

Water, Sanitation, and Hygiene (WASH) infrastructure: There are more efforts to integrate menstruation into sanitation system design, including disposal and waste management. However, the WASH sector is moving toward a holistic approach to WASH that also addresses social norms and education.

Social and gender norms: Society's response affects the ways in which women and girls experience menstruation. Campaigns, discourse, and community organizing have given greater visibility to menstruation and have begun to counter harmful norms. Actors in the field have also improved their understanding of how important addressing social norms is to facilitating interventions in every area related to MHH.

Policies and systems: The response of policymakers, donors, and program implementers to MHH continues to be critical to advancing progress. Funding for MHH remains limited and largely focused on sanitation, but there is movement among certain donors. In parallel, strong grassroots coalitions have emerged at the global and local levels to address MHH.

Key Opportunities for Action in MHH

Despite growing momentum, significant gaps remain. These present important opportunities for action that can be addressed by a range of different actors who can:

- A. Build the data and evidence base** by developing and disseminating evidence and metrics on MHH to improve coordination and increase resources for MHH;
- B. Improve knowledge and awareness of menstruation** for both women and men, particularly as it relates to broader sexual and reproductive health;
- C. Innovate to create a new range of menstrual products** that meet the unique needs of women and girls in different contexts, while accounting for adequate waste management;
- D. Increase menstrual product access** by fostering the development of markets for menstrual products leveraging both corporate actors and social entrepreneurs to increase affordability and access to the existing product portfolio;
- E. Account for MHH needs in the design of WASH solutions** to address issues such as menstrual blood management and product disposal and reuse; and
- F. Address stigmas and taboos related to menstruation** by supporting grassroots advocates to increase influence among local and regional champions, and improving funding and attention for MHH.

Menstrual health and hygiene is a complex topic, and there is much more to learn on the subject. As the field broadens its understanding about MHH, we encourage others to navigate these complexities and act in ways that acknowledge how menstruation is inextricably linked to a woman's life and her broader community.

INTRODUCTION

Approximately 26% of the global population are women of reproductive age.¹ Every day, an estimated 300 million² of these women are menstruating. A core function of a woman's reproductive system, menstruation is a healthy and normal occurrence in the female body. However, menstruation can—and often does—become a challenge when individuals lack access to the resources, infrastructure, and social support they need to appropriately manage it. The challenge is compounded by a range of broader systemic factors that link menstruation with health, well-being, gender, education, equity, empowerment, and human rights. This complex set of issues comprises menstrual health and hygiene (MHH), a term used throughout this report.

“Before, it seemed like there was a need to convince people that menstruation was an issue worth paying attention to. Now, they’re paying attention but they don’t know what to do with it.”

— *Bethany Caruso, Emory University*

In 2016, FSG partnered with the Bill & Melinda Gates Foundation to understand the nature and scale of the challenge, and published a report, [An Opportunity to Address Menstrual Health and Gender Equity](#), that consolidated this research for funders and practitioners. The report highlighted that challenges with menstruation extend far beyond practical management to issues affecting

girls and their role in their communities, and that menarche—the onset of menstruation—has a significant impact in shaping their future life journeys.

EVOLVING TERMINOLOGY FOR MHH

Over the past few years, the field has evolved from using “Menstrual Health Management (MHM),” the terminology used in FSG’s 2016 report, to a broader understanding of the challenge now encompassed by the term “Menstrual Health and Hygiene (MHH).” Although there is no unified definition across the field, [UNICEF](#) currently defines MHH as: “encompass[ing] both MHM and the broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment, and rights. These systematic factors have been summarised (sic) by UNESCO as accurate and timely knowledge, available, safe, and affordable materials, informed and comfortable professionals, referral and access to health services, sanitation and washing facilities, positive social norms, safe and hygienic disposal, and advocacy and policy.”

In the years that have elapsed since that report, the MHH landscape has experienced significant changes. New actors and coalitions have emerged at the grassroots level, and a growing body of research has continued to investigate links between MHH and other life outcomes. MHH now has higher visibility in global forums, becoming a priority as cross-sector actors increasingly come together to connect, plan, and promote progress on addressing the gaps that remain for millions of women and girls worldwide.

This report is an update to the 2016 publication. It captures advances made in the MHH field, and highlights areas of growing momentum, as well as some of the most critical remaining gaps. The report includes three sections:

1. Developments in the **understanding of the MHH need**
2. The **current landscape** of the MHH field, along key dimensions:
 - **Knowledge and awareness** about menstruation;
 - Access to appropriate, affordable **menstrual products** for women and girls;
 - **Water, sanitation, and hygiene infrastructure** available to women and girls during their menstruation;
 - **Social and gender norms** that affect the way in which women and girls experience menstruation; and
 - **Policies and systems** which encompass the response of policymakers, donors, and program implementers to MHH
3. **Opportunities** for further action and investment

METHODOLOGY

This report is prepared with support from the Bill & Melinda Gates Foundation, based on research conducted in 2019. It provides an update on the state of MHH and identifies opportunities for cross-sector actors to address remaining gaps affecting life outcomes for women and girls. The analysis is the result of a review of literature generated between 2016 and 2019, as well as qualitative interviews with 53 experts across different geographies. The research focused on Sub-Saharan Africa and South and Southeast Asia, priority geographies for the foundation, and was complemented by updates from other regions.

In this report, we focus on women and girls' experiences with menstruation throughout their lives. We do, however, acknowledge that people who menstruate may not only identify as women or girls, and not all women and girls menstruate. There is growing awareness of the need to understand the unique realities of how transgender, non-binary, and intersex individuals experience menstruation, as their needs are more marginalized than those of cisgender women.

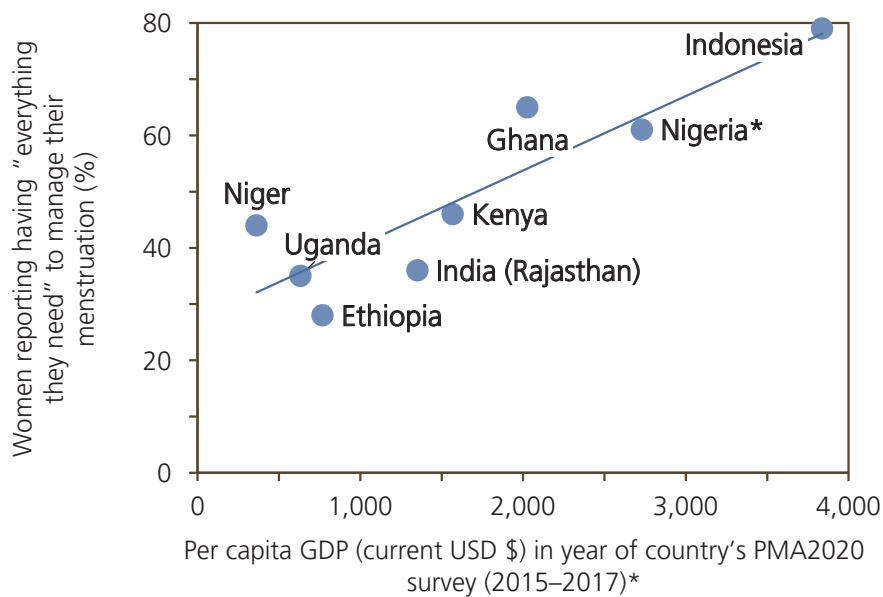
DEVELOPMENTS IN UNDERSTANDING THE MHH NEED

Poor MHH affects millions of women around the world

MHH remains a significant need for women and girls worldwide. Globally, FSG analysis suggests that more than 500 million women lack access to “everything they need” to manage their menstruation.³ That amounts to close to one-fourth of the global female population of reproductive age. The situation varies by geography, ranging from under 20% of women in Indonesia reporting they do not have “everything they need”⁴ to manage their menstruation, to over 70% in Ethiopia.⁵ (See Figure 1.)

FIGURE 1. CORRELATION BETWEEN UNMET MHH NEED AND GDP*

Analysis based on correlation drawn by [Expanding Access to Menstrual Hygiene Products in India](#) (PSI, 2018); Data from [Selected Briefs](#) (PMA2020, 2015–2017) and [GDP per capita, current US \\$](#) (World Bank).



*Average of PMA data for Kaduna and Lagos States for unmet MHH need; GDP data is for entire country of Nigeria.

Although the field lacks standard metrics and definitions for what constitutes “good” MHH, it is clear that the unmet need is significant for millions of women and girls. Beyond the specific constraints of managing menstruation through products and materials, this need manifests in minimal knowledge and awareness of menstruation, as well as poor access to adequate sanitation infrastructure. These challenges are compounded by complex social and gender norms that influence how a woman’s community responds to menstruation, and the effect that these dynamics have in her daily life.

The extent to which women and girls can pursue their daily activities during menstruation offers an opportunity to influence a broader set of outcomes. As such, menstruation is a contributing factor toward advancing gender equity. However, realizing the full potential of improved MHH needs to start by understanding the scale of the challenge and determining the evidence-based links to different life outcomes.

Tracking MHH requires unified, cohesive metrics

Measuring changes in the level of unmet need for MHH across geographies is important to track progress and understand the scale of the need. However, the field still lacks a unified, global dataset that provides comparative data on menstruation and how women and girls experience it. The topic is rarely included in public health surveys, and most academic studies are geographically bound and context specific. As a result, the poor understanding of the current state of the challenge hinders the ability to compare, track, and monitor progress on MHH outcomes.

There is growing urgency to align on a set of unified, cohesive metrics for the MHH field. In the past few years, large-scale surveys such as the Demographic and Health Survey (DHS),⁶ UNICEF Multiple Indicator Cluster Surveys (MICS),⁷ Performance Monitoring and Accountability 2020 (PMA2020),⁸ and India’s National Family Health Survey⁹ have started to integrate MHH indicators (see Figure 2). The field is responding; a promising multisectoral convening hosted by the Water Supply and Sanitation Collaborative Council (WSSCC) and Columbia University in Geneva in March 2019 resulted in five recommendations for the validation, integration, and sharing of MHH metrics.

“The missing data about women and girls’ lives is so harmful ... You might even call it sexist. We like to think of data as being objective, but the answers we get are often shaped by the questions we ask.”

— Melinda Gates

FIGURE 2. A SUBSET OF EMERGING METRICS FOR MHH

- Main location used for menstrual hygiene management (MHM)
- Safety, cleanliness, and privacy of MHM location
- Types of menstrual materials used
- Disposal location or reuse of menstrual materials
- Lack of participation in social activities, school, or work due to menstruation
- Awareness about menstruation prior to first menstrual period
- Knowledge about particulars of menstruation
- Feelings regarding menstruation
- Self-efficacy or confidence

MHH is connected to life outcomes for women, but strong evidence is lacking

Menstruation is a normal reproductive process with different physiological effects for every woman. Menstrual bleeding is an important marker of different phases in a woman's life: menarche, pregnancy for some, and menopause. Changes in bleeding patterns can also signal broader health conditions. For example, vaginal bleeding before menarche can point to serious medical problems including infection, tumors, and trauma. Similarly, changes in menstrual cycles during a woman's reproductive years can indicate a range of health conditions, from undernourishment to cancer.

Beyond the physiology, menstruation is a significant factor influencing women's daily experiences at different stages of life. However, many of the links between menstruation and other aspects of a woman's life remain largely unexplored. As noted in the 2016 report, early MHH research narrowly focused on the specific question of how menstrual product access (e.g., sanitary pad provision) relates to education outcomes like school absenteeism. These studies showed mixed results, suggesting a need to pivot to explore other permutations of possible MHH-related interventions and outcomes.

Since 2016, the field has expanded the evidence base for MHH. Education-focused research is progressing beyond absenteeism, including an effort to [**create a scale to measure participation, self-efficacy, and stress in school**](#). Studies are examining links between comprehensive

sexual education programming—which includes menstruation knowledge and awareness—and sexual and reproductive health outcomes, including family planning follow-on effects. Digital tools such as period tracking apps also contribute to strengthening the evidence base for MHH by using the data collected from millions of users to understand links between menstrual cycles and other aspects of a woman’s health. The Clue app in particular has [established a number of collaborations with researchers](#) looking at issues including pain patterns and breast cancer. This expanding body of work includes studies that examine links between MHH and [contraceptive uptake](#), [work absenteeism and presenteeism](#), [low-grade stress](#), and empowerment, among others (see Figure 3).

Building on this progress, the Menstrual Health and Hygiene Collective (or MHHC—see page 31: “Grassroots Coalitions”) has started to consolidate existing evidence. In 2019, the MHHC established a working group dedicated to MHH research, which is aggregating the existing research evidence as a way to synthesize a set of key MHH research priorities to be shared with academics and global funders. The Menstrual Health Hub also operates a repository of MHH-related research in its [“Knowledge Hive.”](#)

While the field is progressing, some important tensions remain. Surveys and studies have defined women and girls as the unit of change when measuring MHH, failing to capture data on the environment that shapes the experience of an individual with menstruation, including the behavior of men and boys. As a result, there is limited data tracking the evolution of MHH at the community or family levels, as well as in the broader system. In addition, the current conversation about the evidence base is largely restricted to understanding whether an MHH intervention has an immediate, causal effect on a discrete development outcome. Longitudinal studies of adolescents such as the [Global Early Adolescent Study](#) and [Gender and Adolescence: Global Evidence](#) include some dimensions of MHH in their studies and are works in progress, but not yet completed to observe links on long-term outcomes.

Evidence on the effectiveness of interventions is also limited

Compounding the inadequate data on the MHH experience is the limited evidence on the efficacy of interventions for improving MHH. The lack of an evidence base enables inconsistent and ad hoc MHH programming. Program implementers and governments recognize the MHH need, but lack an understanding of how to address it. On the flip side, the absence of a robust evidence base for MHH prevents funders from supporting innovative programming, reinforcing this dynamic. The challenge is exacerbated by how MHH interventions are fragmented in the siloes within which funders and organizations operate.

FIGURE 3. OUTCOMES WITH POTENTIAL LINKS TO THE LEVEL OF MIHH ACROSS A WOMAN'S LIFE

Evidence exists to varying degrees for each outcome

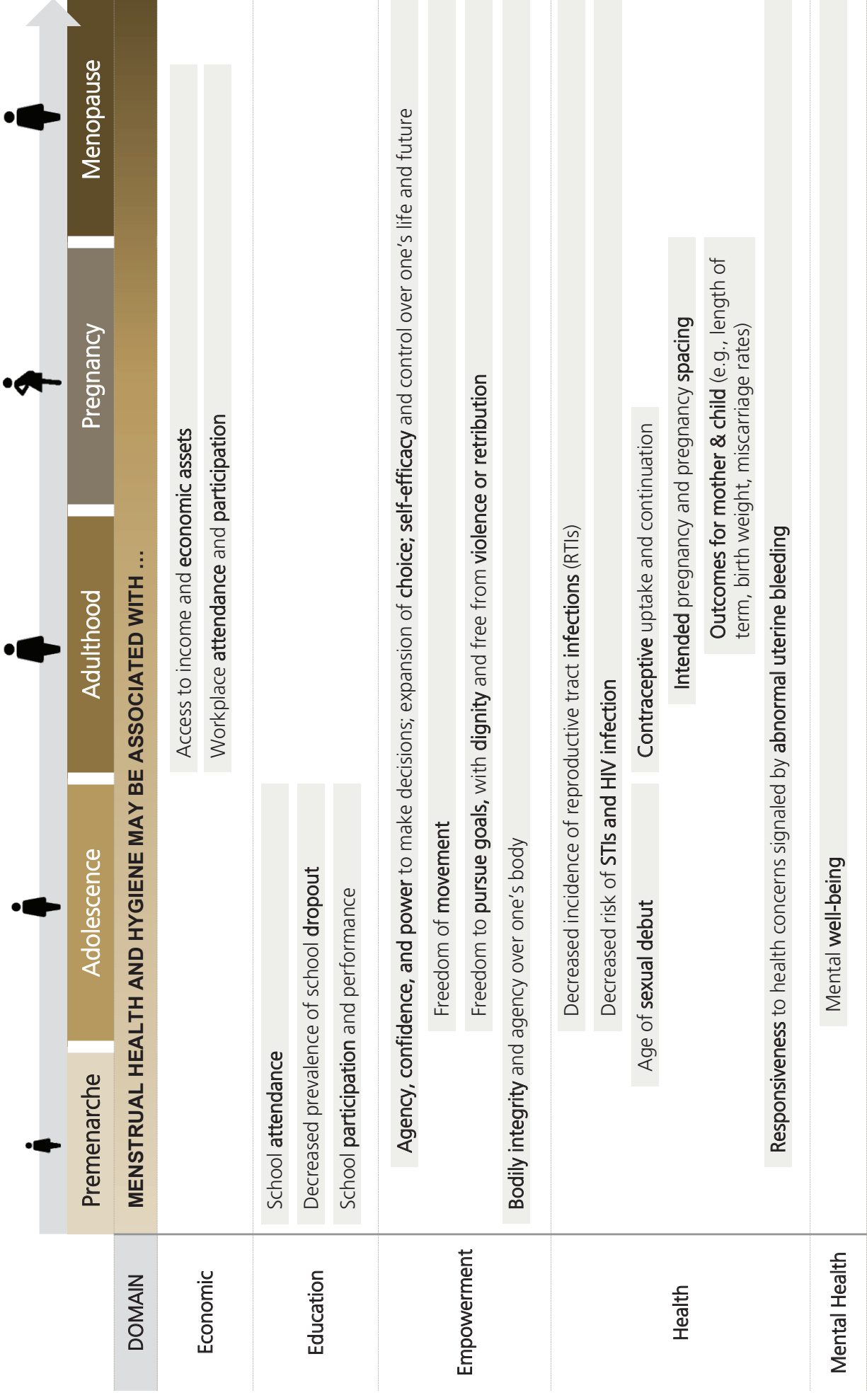


FIGURE 3 (CONT'D). SELECT ADDITIONS TO THE EVIDENCE BASE SINCE 2016

DOMAIN	SELECT STUDIES PUBLISHED 2016–2020
Economic	<ol style="list-style-type: none"> 1. Czura, Kristina, et al. Nov 2019. "Menstrual Health, Worker Productivity and Well-being among Female Bangladeshi Garment Workers." Munich: Collaborative Research Center Transregio 190. 2. Schoep, Mark E, et al. 2019. "Productivity loss due to menstruation-related symptoms: a nationwide cross-sectional survey among 32,748 women." <i>BMJ Open</i>. 3. Sommer, Marni, et al. 2016. "Managing menstruation in the workplace: an overlooked issue in low- and middle-income countries." <i>International Journal for Equity in Health</i>. 4. Forthcoming research: USAID. 2019. "U.S. Agency for International Development (USAID) Report to Congress on the Design and Implementation of Programs in Water, Sanitation, and Hygiene (WASH)." USAID.
Education	<ol style="list-style-type: none"> 1. Benschaul-Tolonen, Anja, et al. March 2019. "Pupil Absenteeism, Measurement, and Menstruation: Evidence from Western Kenya." CDEP-CGEG Working Paper. 2. Haver, Jacquelyn, et al. Dec 2018. "New Directions for Assessing Menstrual Hygiene Management (MHM) in Schools: A Bottom-Up Approach to Measuring Program Success (Dispatch)." <i>Studies in Social Justice</i>. 3. Hennegan, Julie, and Montgomery, Paul. Feb 2016. "Do Menstrual Hygiene Management Interventions Improve Education and Psychosocial Outcomes for Women and Girls in Low and Middle Income Countries? A Systematic Review." <i>PLOS One</i>. 4. Montgomery, Paul, et al. Dec 2016. "Menstruation and the Cycle of Poverty: A Cluster Quasi-Randomised Control Trial of Sanitary Pad and Puberty Education Provision in Uganda." <i>PLOS ONE</i>. 5. Muthasamy, Sivakami, et al. Dec 2018. "Effect of menstruation on girls and their schooling, and facilitators of menstrual hygiene management in schools: surveys in government schools in three states in India, 2015." <i>Journal of Global Health</i>. 6. Muthengi, Eunice, et al. 2017. "The Nia Project: Baseline Report." Nairobi: Population Council.
Empowerment	<ol style="list-style-type: none"> 1. Fulu, Emma, et al. "What gets measured matters: A methods note for measuring women and girls' empowerment." Bill & Melinda Gates Foundation. 2. Wilbur, Jane, et al. Oct 2019. "Feasibility Study of a Menstrual Hygiene Management Intervention for People with Intellectual Impairments and Their Carers in Nepal." <i>International Journal of Environmental Research and Public Health</i>.
Health	<ol style="list-style-type: none"> 1. Ibitoye, Mobalaji, et al. June 2017. "Early menarche: A systematic review of its effect on sexual and reproductive health in low- and middle-income countries." <i>PLOS One</i>. 2. Phillips-Howard, Penelope A, et al. Nov 2016. "Menstrual cups and sanitary pads to reduce school attrition, and sexually transmitted and reproductive tract infections: A cluster randomized controlled feasibility study in rural Western Kenya." <i>BMJ Open</i>. 3. Polis, Chelsea B., et al. June 2018. "There might be blood: a scoping review on women's responses to contraceptive-induced menstrual bleeding changes." <i>Reproductive Health</i>. 4. Sommer, Marni, et al. 2017. "Beyond menstrual hygiene: addressing vaginal bleeding throughout the life course in low and middle-income countries." <i>BMJ Global Health</i>. 5. Yamada, Kazuo, and Kamagata, Eiichiro. July 2017. "Reduction of quality-adjusted life years (QALYs) in patients with premenstrual dysphoric disorder (PMDD)." <i>Quality of Life Research</i>.
Mental Health	<ol style="list-style-type: none"> 1. Caruso, Bethany A., et al. June 2018. "The association between women's sanitation experiences and mental health: A cross-sectional study in Rural, Odisha India." <i>SSM Population Health</i>. 2. Hennegan, Julie, and Montgomery, Paul. Feb 2016. "Do Menstrual Hygiene Management Interventions Improve Education and Psychosocial Outcomes for Women and Girls in Low and Middle Income Countries? A Systematic Review." <i>PLOS One</i>. 3. Hulland, Kristyna R. S., et al. Nov 2015. "Sanitation, Stress, and Life Stage: A Systematic Data Collection Study among Women in Odisha, India." <i>PLOS One</i>. 4. Sclar, GD, et al. Nov 2018. "Exploring the relationship between sanitation and mental and social well-being: A systematic review and qualitative synthesis." <i>Social Science & Medicine</i>.

Several recent efforts demonstrate promising steps to address these challenges. In 2018, United Nations Population Fund (UNFPA) published an [evidence review](#) outlining evidence for enablers and barriers to improving MHH as a way to translate existing experiences into solutions at scale. During that time, the World Health Organization also hosted a global research collaborative meeting on menstrual health in adolescents and published a report documenting the thematic areas that arose at the meeting.¹⁰ Currently, UNICEF is developing a framework for practitioners to monitor the results of MHH interventions, and an operational guide with selected indicators and suggestions for data collection that is due for publication later in 2020. As more of these efforts emerge, practitioners have expressed a need for unified, comprehensive guidance that implementers can use to effectively integrate different aspects of MHH in their programming.



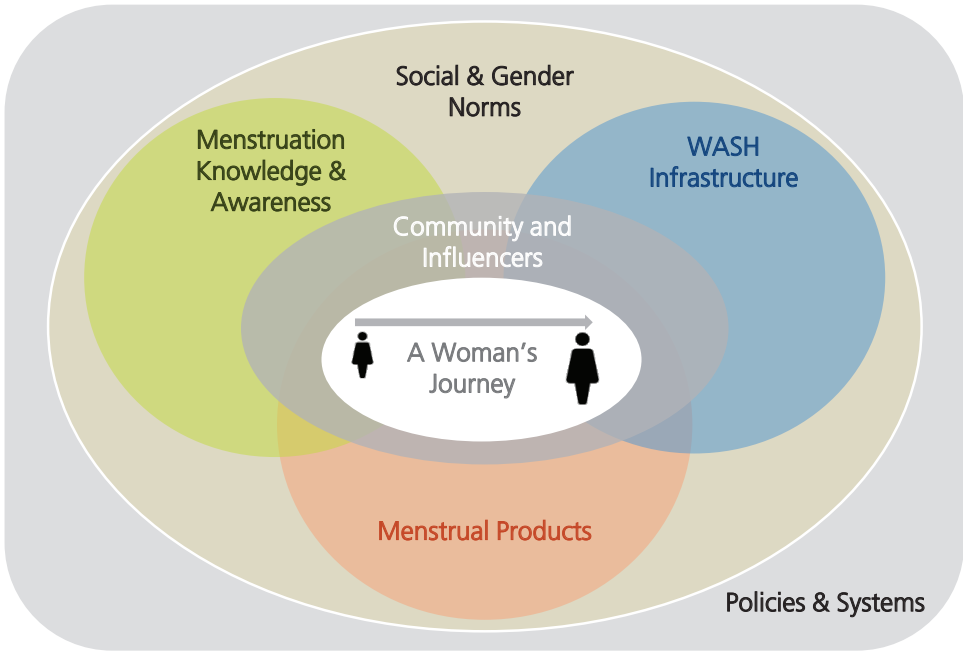
CURRENT LANDSCAPE AND EVOLUTION

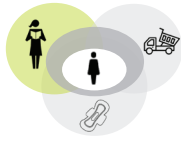
The MHH challenge is multi-faceted. It is compounded by a range of intersecting and mutually reinforcing factors that affect an individual’s experience: knowledge about menstruation, access to a range of menstrual hygiene products, appropriate sanitation facilities, and social and gender norms that ensure menstruation does not limit the daily lives and overall well-being of women and girls. The MHH Framework—introduced in the 2016 report, [An Opportunity to Address Menstrual Health and Gender Equity](#)—captures this complexity and highlights the linkages between menstruation and intersecting areas (see Figure 4).¹¹

The past several years have seen important progress to improve MHH for women and girls, but gaps remain. The following sections detail updates from the field on each component of the MHH framework.

FIGURE 4. THE MHH FRAMEWORK

Adapted from [An Opportunity to Address Menstrual Health and Gender Equity](#), FSG, 2016





Menstruation Knowledge and Awareness

In recent years, the field has recognized that education and awareness related to menstruation is important throughout a woman's life, beyond a specific focus on adolescence. Education and awareness can foster greater agency for women to manage their menstruation, improve body literacy for women to understand the relationship between menstrual cycles and health, and empower women to articulate and advocate for their needs. All of this points to MHH as a critical component of women and girls' sexual and reproductive health (SRH).

KEY UPDATES

- Awareness of **puberty as a pivotal moment** in a girl's life
- Greater recognition that menstruation needs to be further considered and **integrated into the SRH field along the full life cycle**
- Equipping women with **knowledge about their cycle** and the potential impacts of different contraceptive options can support greater **body literacy and contraceptive uptake**

PREMENARCHE AND PUBERTY: A CRITICAL INTERVENTION POINT

The 2016 report highlighted the importance of puberty education and awareness of menstruation before and after menarche—the onset of a woman's menstruation—as a critical foundation for MHH interventions. The report highlighted a need to reach schoolgirls and girls who are out of school, as well as boys and other community and family influencers at this age.

“At the end of the day, when you're talking about family planning and SRH with adolescents and throughout the life cycle, the needs and understanding of menstruation influence decision making.”

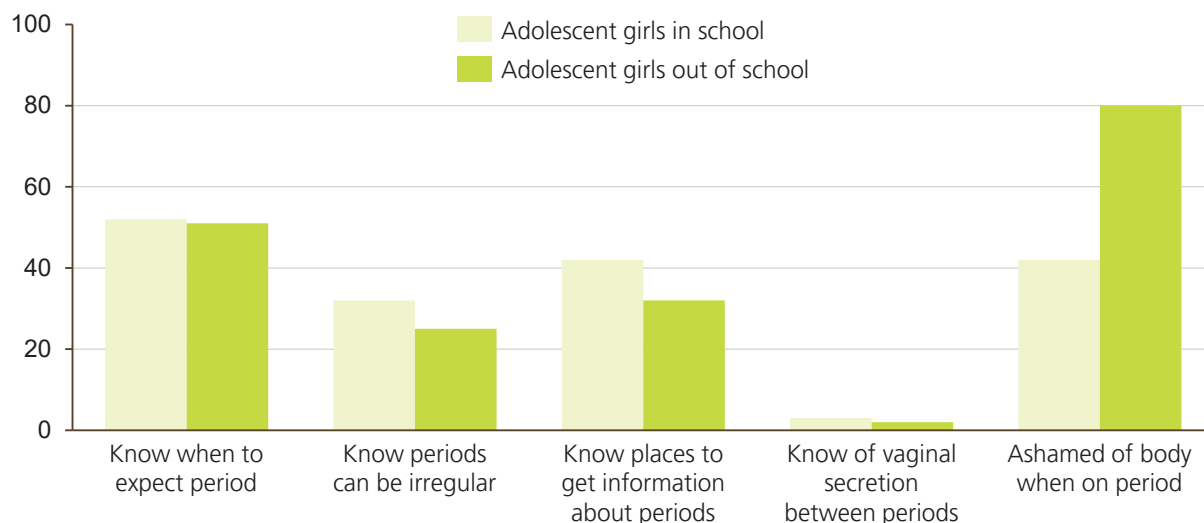
— *Maria Carmen Punzi,
Population Services International (formerly)*

Comprehensive and timely puberty education that reaches girls before menarche, engages all genders, and goes beyond the biological elements to address gender norms associated with puberty remains a critical need. In rural areas of Rajasthan, India, less than 3% of girls were aware of menstruation before menarche, leading to fears and misconceptions about its purpose, the origin of menstrual blood,

and how to safely and hygienically manage periods.¹² Similarly, a survey of adolescent girls in Kinshasa, Democratic Republic of the Congo (DRC), showed low levels of knowledge regarding various aspects of menstruation and highlighted a pervasive sense of shame about menstruation (see Figure 5). These findings complement those of additional Global Early Adolescent Study baseline reports published in [Indonesia](#), [Shanghai, China](#), and [Blantyre, Malawi](#).

FIGURE 5. PROPORTION OF ADOLESCENT GIRLS REPORTING A SPECIFIC SET OF KNOWLEDGE OR FEELING REGARDING MENSTRUATION (%)

Adapted from *Growing Up GREAT! Kinshasa (DRC) Baseline Report*, GEAS, 2018



Given the importance of this critical time as a girl transitions into adulthood, MHH is now increasingly included into comprehensive sex and puberty education (CSE) in public schools and through school-based NGO programs. However, it has largely remained biology-focused and the effectiveness of these curricula depends on appropriate delivery and messaging by instructors and teachers. As a way to refine programming, organizations like [Be Girl](#) have begun exploring the links between CSE and young people’s understanding of reproductive health and attitudes toward family planning. Programs such as [Growing Up GREAT!](#) focus on teacher training to improve effectiveness, while [Act With Her](#) adopts a “near peer” mentor model. However, widespread adoption of these practices is needed.

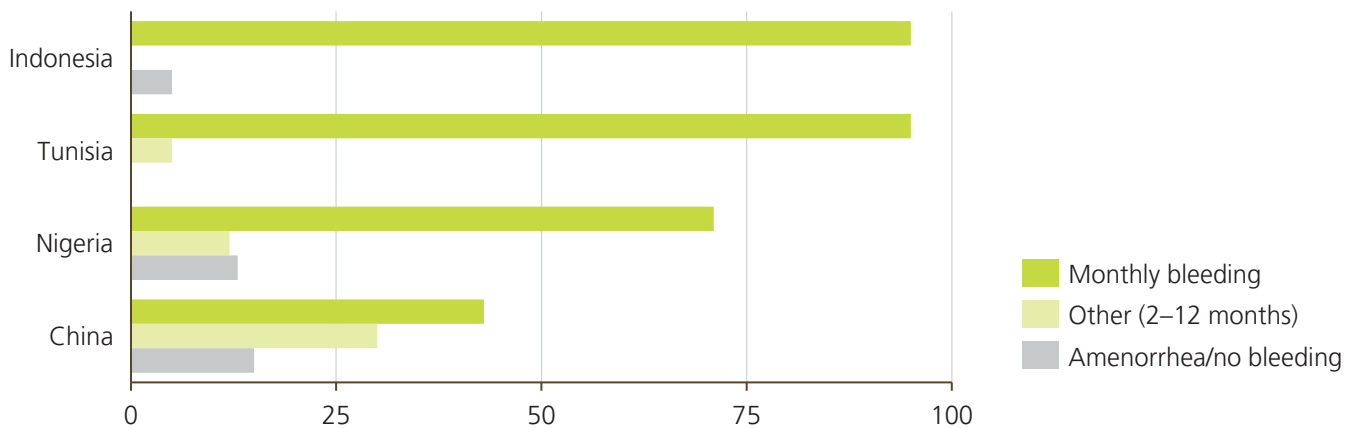
ADOLESCENCE ONWARD: AN OPPORTUNITY TO INTEGRATE WITH SRH

Women around the world are increasingly using mobile platforms and smartphone apps to support MHH. Mobile platforms like [Menstrupedia](#) in India and [Ready For Red](#) in Austria provide safe spaces for girls to ask questions regarding menstruation to their peers or instructors. Similarly, period tracking apps, like *Flo* and *Period Tracker*, are among the top 10 most-downloaded health and fitness apps in Nigeria, Kenya, and Ghana.

There is a growing recognition that women and girls seek knowledge about their menstrual cycle, especially in line with contraceptive use. Recent research has shown that contraceptive-induced menstrual bleeding changes are a significant factor in women’s decisions to use contraception, and noted how critical it is that researchers, medical providers, and contraceptive product developers consider these dynamics (see Figure 6).

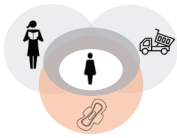
FIGURE 6. WOMEN'S PREFERENCES FOR BLEEDING PATTERNS (% OF WOMEN)

Adapted from *There Might Be Blood: A Scoping Review on Women's Responses to Contraceptive-Induced Menstrual Bleeding Changes*, Polis, C., et al. *Reproductive Health*, 2018



Individual actors have started to produce guidelines and recommendations at the intersection of menstruation with SRH. The [NORMAL job aid](#), developed by FHI 360 and PSI in March 2019, provides guidance for health care providers to counsel family-planning clients on bleeding changes related to contraception as a way to reduce the discontinuation and nonuse of contraceptive methods. PSI also developed a [technical brief](#) for how practitioners can integrate MHH and SRH; the brief includes suggestions for service provision, integrated family planning and HIV counseling, post-abortion counseling, self-care, community outreach, and behavior change campaigns.

Beyond contraceptive uptake, equipping women to understand how menstruation is impacted by events such as contraceptive use, pregnancy, miscarriage, abortion, and childbirth can lead to better health outcomes. Knowledge of menstruation can also help [identify broader health problems](#), as abnormal bleeding can be a signal of potential complications.



Menstrual Products

While menstrual products are only one aspect of what is needed to achieve good MHH, access to adequate products can help prevent the disruption of daily life, education, livelihood, and mental health for women and girls during their menstrual periods. They include reusable and disposable products used to catch menstrual flow, such as pads, tampons, cups, and cloths. More recently, [organizations](#) and [companies](#) have begun to consider additional supportive items like body and laundry soap, underwear, and pain relief items as part of the MHH product set.

KEY UPDATES

- Products are **increasingly viewed as a component** of the solution rather than a stand-alone fix
- It is critical to **combine informed product choice with access**
- **Environmental concerns** are increasingly influencing the conversation about product composition, use, and disposal

WOMEN LACK ACCESS TO MENSTRUAL HYGIENE PRODUCTS OF THEIR CHOICE

Access to menstrual products has increased in some regions, but women and girls in many low- and middle-income countries continue to lack access to and agency over the acquisition of high-quality, affordable menstrual products of their choice. Disparities are exacerbated in rural areas. In Indonesia, a country where women in urban areas use sanitary pads almost universally, close to 50% of those in rural areas use cloths to manage their menstruation. Ethiopia has a similar dynamic, with around 25% of women in rural areas using sanitary pads, as compared to over 75% in urban areas. (See Figure 7.)

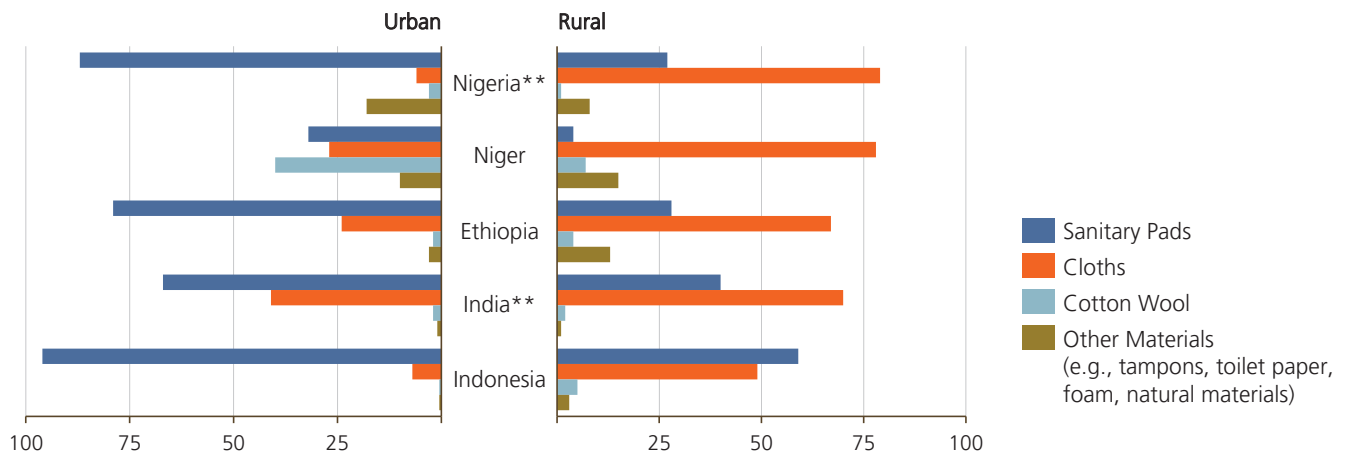
The 2016 report highlighted factors related to both supply and demand that constrain access to women and girls' preferred products. On the supply side, constraints include import duties and taxes, absence or inconsistent enforcement of product standards, and the challenges of last-mile distribution. On the demand side, access is constrained by a lack of familiarity with the range of available products, poor knowledge on their correct usage, a lack of agency over the allocation of household resources toward menstrual products, and product pricing.

"It's a disservice to girls to think that just a product—whether putting it in their hands or removing a tax—would solve all the barriers in their life. But I also want to caution us not to ignore it. It should be part of the package, but it's not a silver bullet."

— Karen Austrian, Population Council

FIGURE 7. TYPES OF MENSTRUAL PRODUCTS AND MATERIALS USED (% OF WOMEN)*

Adapted from *Selected Briefs—PMA 2020, 2015–2017*



* Women select all types of absorbents they use

** Data only available at the state level; reflects average of data for Kaduna and Lagos States for Nigeria and data for Rajasthan State for India

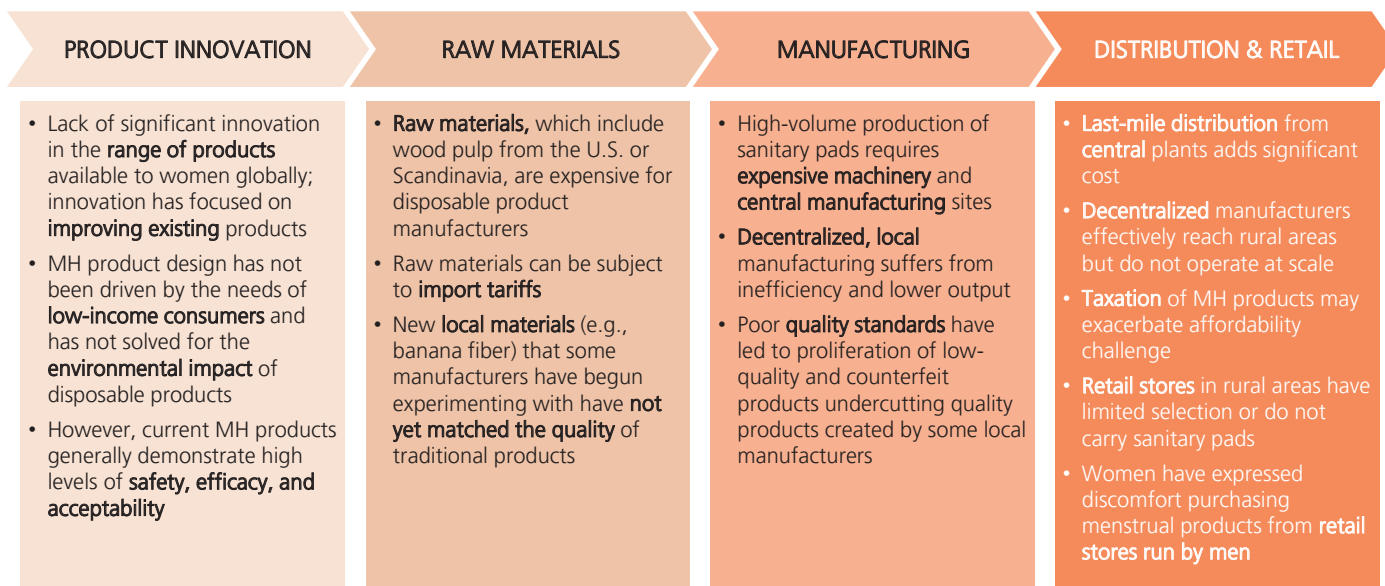
The distance traveled to acquire menstrual products, and a woman’s comfort with the gender of the salesperson at point of sale, are also demand-side constraints.

Both practitioners and product manufacturers increasingly understand that there is no one ideal product solution and that different products work best for different women. There is also increased acknowledgment that women and girls may choose to use multiple products. Recent efforts have moved toward **elevating informed product choice** as a driving force for improving MHH, reinforcing the importance of agency in addition to product access. Moving from isolated examples to achieve informed product choice at scale requires practitioners to go beyond product provision to implement complementary programming that improves factors like education and awareness, sanitation infrastructure, and the social norms surrounding menstruation.

SUPPLY-SIDE CONSTRAINTS

Achieving a consistent supply of products that are affordable and high quality in every market is difficult. Products that are more affordable tend to be of lower quality, while higher quality products are typically unaffordable for most women and girls. This challenge stems from a number of compounding barriers across the value chain (see Figure 8). However, the past several years have seen actors respond to these barriers in innovative ways.

FIGURE 8. SUPPLY BARRIERS TO ACCESSIBLE MENSTRUAL PRODUCTS



Multinational corporations producing menstrual products have historically focused on consumers in high-income markets. As these markets reach saturation, companies are increasingly considering how to reach new customers—including in low-income countries or regions. Despite this ambition, large corporations are wary of entering new markets with disposable products that may overwhelm inadequate waste and sanitation systems, and lead to reputational tests and customer pressure. As first steps to respond to this challenge, Kimberly-Clark Corporation has invested in [Thinx](#) and Procter & Gamble has recently launched a reusable product, the [Tampax Cup](#), which it has only distributed in high-income markets thus far.

A number of start-ups have also sprung up in developed markets to offer a range of reusable, recyclable, compostable, and biodegradable options. However, in addition to being more expensive, many of these products depend on specific composting or recycling infrastructure, as well as appropriate user practices to ensure their correct use and disposal. Given the lack of a unified definition and standard of what constitutes adequate quality and compostability, actors in the field have expressed concerns that the claims of compostability of sanitary pads and other new alternatives require further exploration.

A range of social enterprises from grassroots organizations to small and medium-sized enterprises (SMEs) in middle- and low-income countries focus on a spectrum of products and prioritize last-mile distribution. Most of the decentralized, grassroots manufacturers can effectively reach rural areas, but are unable to operate at scale. They lack expensive machinery to manufacture high volumes of disposable sanitary pads, and the quality of these products

is often inconsistent. Some local SMEs have managed to overcome this hurdle, reaching sales volumes that allow for economies of scale in the manufacturing process. Enterprises like [AFRIpads](#) and [Saral Designs](#) have managed to expand beyond the borders of their original footprint, the former across East Africa and the latter in South Asia. Another notable enterprise is the e-commerce company [Kasha](#), operating in Rwanda and Kenya, which improves access for a range of SRH products by distributing products via direct delivery.

Government distribution programs in schools, highlighted in the 2016 report, solve the affordability challenge, but often provide substandard products to contain program costs. The programs rarely [align with SRH education](#), experience [poor distribution and delivery](#) to reach those in greatest need, and see corruption in the tender and delivery process, resulting in a lack of overall sustainability. Governments in several countries have also expressed concerns about the negative impacts of free product provision programs on waste management systems. To address this issue, countries like England now offer reusable products alongside disposable options, and [Scotland has become the first country to commit to providing a range of menstrual products](#)—including reusable options—to all women who need them.

The product landscape has also been influenced by policy, specifically product standards and taxes (see Figures 9 and 10). In recent years, there has been movement on standards, with countries like Uganda serving as an example for others in the region. An East Africa standard for washable menstrual products is also in progress, which would apply across countries in the region. An ongoing series cohosted by the Reproductive Health Supplies Coalition and its partners is conducting deep dives into product standards, including those for [disposable sanitary pads](#). In addition to standards, there has also been significant advocacy for changes in the taxation of menstrual products in a number of regions. The impact of tax removal on product affordability [may not be significant](#), but experts note that it can serve as an important signal to combat the stigma of menstruation and create momentum for additional change.

DEMAND-SIDE CONSTRAINTS

Along with addressing supply barriers, considering demand-side constraints is critical to designing successful interventions to improve MHH. Appropriate knowledge and understanding of a broad range of menstrual products can help women and girls choose those that best suit their needs. For example, anecdotal evidence suggests that concern about the use of insertable products such as tampons impacting virginity may keep certain individuals from using products that would otherwise suit their needs and lifestyle.

Affordability also affects the ability to purchase menstrual products, especially when weighing trade-offs for other household necessities. Recent evidence corroborates that individuals' willingness to pay is below current market prices in several regions, reinforcing the need to

FIGURE 9. MENSTRUAL PRODUCT TAX ADVOCACY LANDSCAPE IN AFRICA AND SOUTH ASIA (SELECT COUNTRIES)

Adapted from *MH Day Policy Landscape Document*, WASH United, 2019; supplemented by FSG interviews

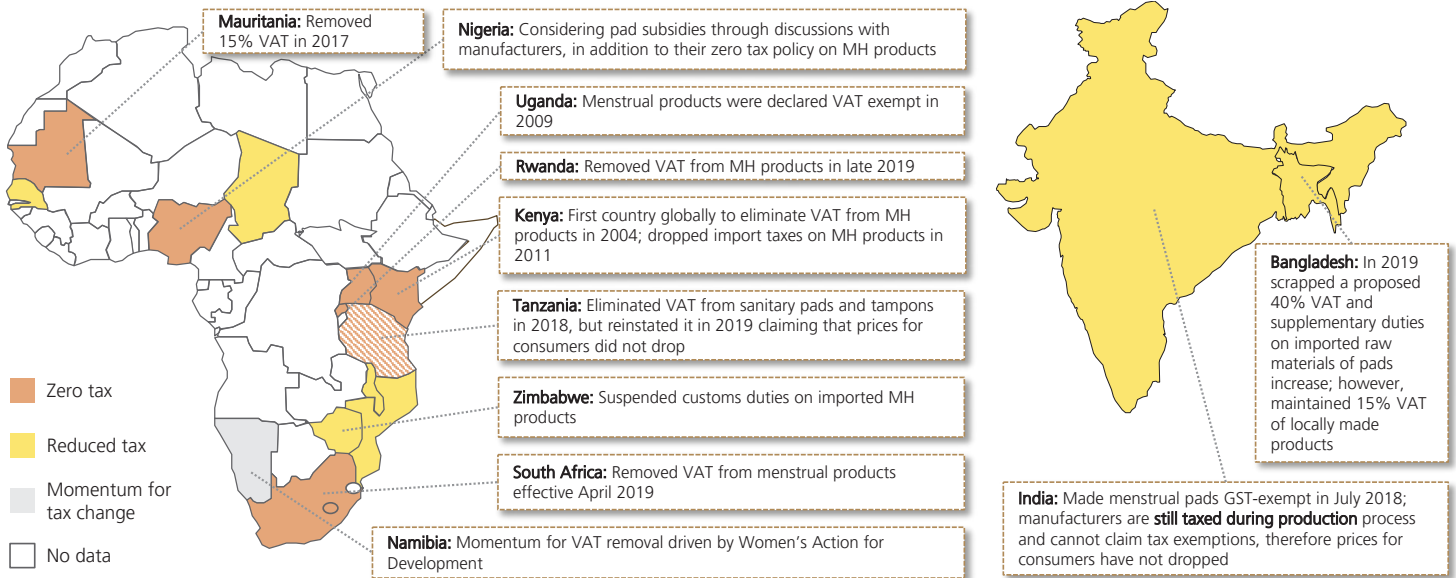
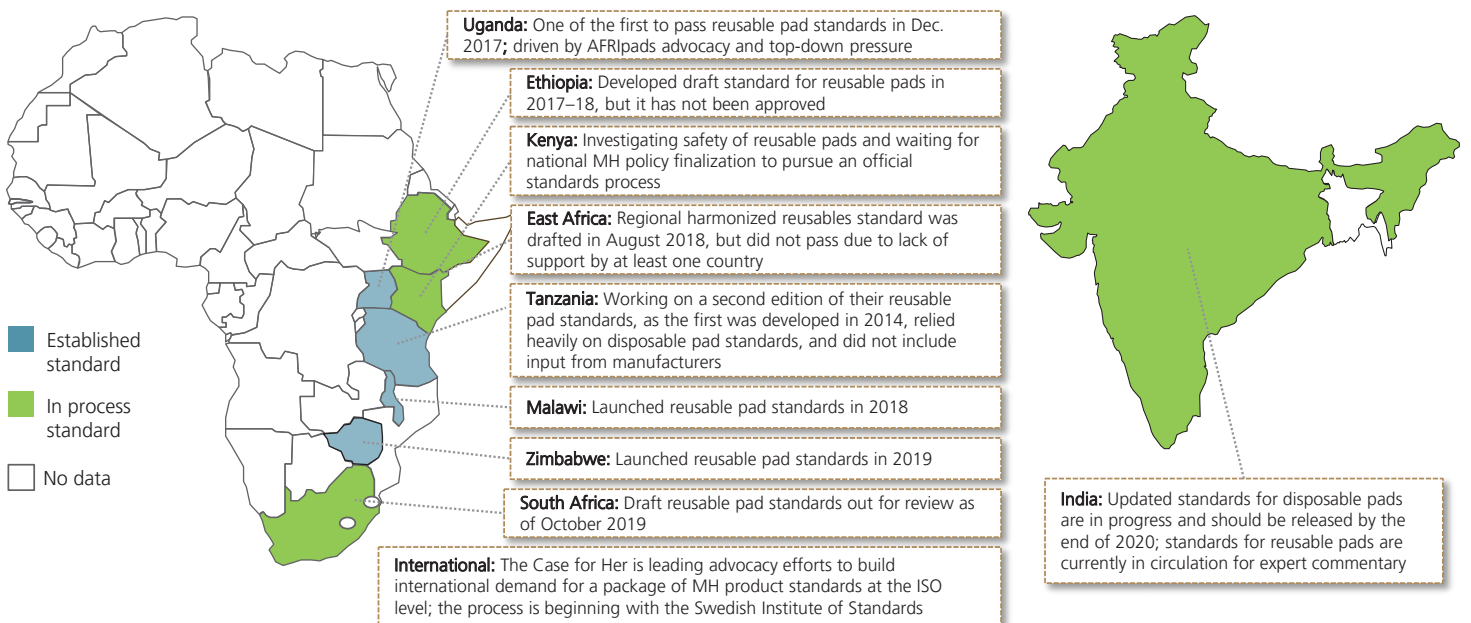


FIGURE 10. MENSTRUAL PRODUCT STANDARDS ADVOCACY LANDSCAPE IN AFRICA AND SOUTH ASIA (SELECT COUNTRIES)

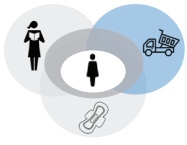
Source: FSG interviews



address supply-side barriers, as well as social norms. In rural India, 40% of women aged 13–29 expressed an average willingness to pay of \$US0.05 per pad, close to 50% below the average market price for sanitary pads.¹³ Similarly, in Ethiopia nearly 30% of women were not willing to pay the average market price for a typical packet of pads.¹⁴ However, both studies also show that women prioritize some indicators of quality (e.g., shape, stickiness, or absorbency) as greater factors for product choice than price.

Product choice can also be hindered by poor sanitation infrastructure, which prevents women from using different alternatives. For instance, facilities that have inadequate disposal mechanisms may discourage women from using sanitary pads and tampons. Similarly, limited access to clean water may prevent women from adequately cleaning reusable products like the menstrual cup. Lack of privacy may also amplify the effect of stigmas and taboos related to menstruation, with women and girls hesitant to use reusable pads partly due to the shame of drying them in the open air, which is required for proper sanitation.





Water, Sanitation, and Hygiene (WASH) Infrastructure

The 2016 report highlighted the challenge of poor access to improved sanitation, including access to clean water, sanitation systems, and hygienic premises. Today, two billion people still lack access to basic sanitation facilities such as toilets or latrines, leading to negative health outcomes.¹⁵ Research is now underway to better understand how poor sanitation impacts MHH, as well as women's safety and empowerment, but critical gaps remain in how the field addresses this issue.

A lack of consideration for menstruation in existing sanitation solutions contributes to the MHH challenge. Surveys conducted by PMA2020 in a range of countries found that sanitation facilities often fail to meet the needs of women and girls during menstruation. For instance, while most women felt that sanitation facilities were relatively safe, women across Sub-Saharan Africa reported a lack of clean water and soap, which prevents them from using reusable menstrual products safely (see Figure 11).

While there has been progress to incorporate MHH considerations into school-based sanitation facilities, menstruation is not sufficiently considered in sanitation solutions for public or household use. This presents a number of challenges. Inadequate sanitation facilities at the workplace **may lead to poor outcomes on the work productivity and retention of women**, though the evidence base is still weak. In the household, gender plays a significant role in the experience of sanitation access. For example, **a study of women in Odisha, India**, found that menstruation is on average their most stressful and restricted sanitation activity.

Integrating MHH considerations into WASH infrastructure requires accounting for privacy and access to clean water in the home, at school and work, and in public places. Insufficient sanitation infrastructure can limit menstrual product choice, with women choosing to avoid reusable and disposable products if their context is not conducive to their use. Women may not opt for reusable pads and menstrual cups due to a lack of clean water to wash products in a private space.

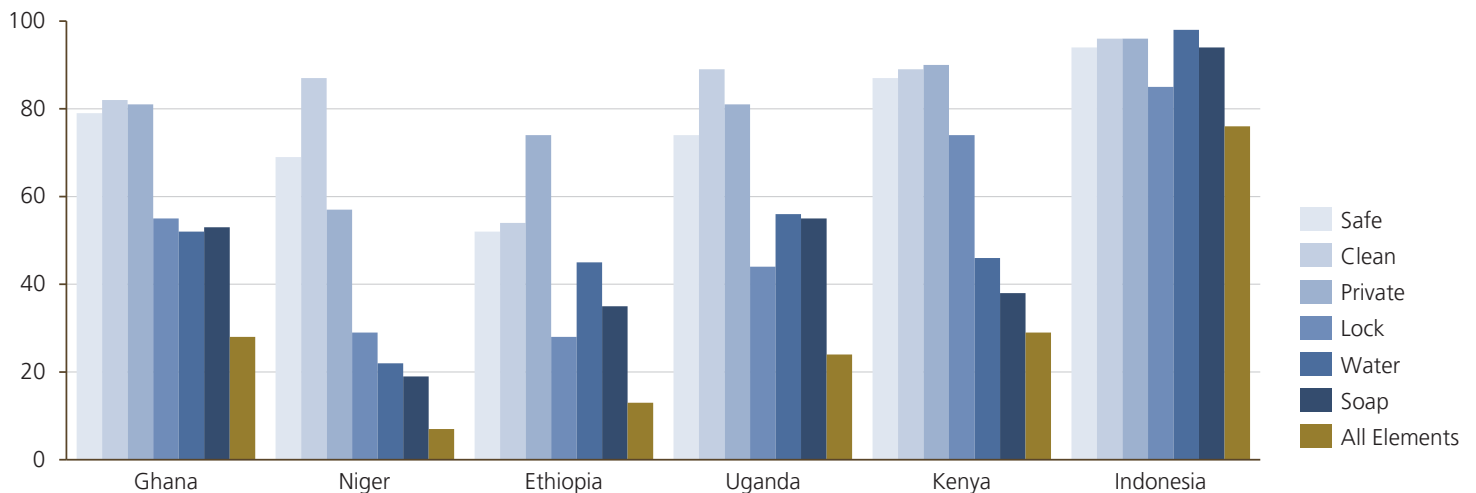
Considering the disposal and management of both menstrual products and blood is another important part of integrating MHH into WASH infrastructure. Inadequate waste management infrastructure can lead to inconsistent use of sanitation facilities due to the stigma and shame associated with the collection and disposal of menstrual waste. **Research conducted by FSG**

KEY UPDATES

- Increasing efforts to integrate menstruation into sanitation system design, including **disposal and waste management**
- Move toward a holistic approach to WASH that also addresses **education and social norms**

FIGURE 11. ASSESSMENT OF SANITATION FACILITY CONDITIONS, AS REPORTED BY WOMEN WHO USE THEM AS THE MAIN PLACE TO WASH AND CHANGE MENSTRUAL PRODUCTS AND MATERIALS (% OF WOMEN)

Adapted from [Progress on household drinking water, sanitation, and hygiene 2000–2017: Special focus on inequalities](#) depiction of [select PMA2020 survey data](#), Joint Monitoring Programme, 2019



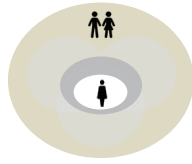
in partnership with the Bill & Melinda Gates Foundation found evidence that, during their menstruation, women in Kenya did not use improved in-home toilets that required weekly emptying due to embarrassment that toilet servicing staff would see their menstrual products and blood.

Beyond affecting the degree to which women use sanitation facilities, not considering menstruation in WASH infrastructure can also result in the failure of waste management systems, estimates in eastern Kenya suggest that [menstrual pads alone constitute 40% of the material cleared from blocked sewers](#). While innovations like the [Safe Hygiene for Everyone \(S.H.E.\) incinerator](#) for sanitary products have expanded the frontier for waste disposal technology development, governments in many low- and middle-income countries remain concerned about the impact of free sanitary product provision programs on their waste management systems. In response, sanitary pad producer Procter & Gamble is partnering with waste management programs to [pilot the segregation of sanitary waste](#) from other garbage, paving the way for more initiatives of this kind.

Leading organizations in the sector also call for a holistic approach to WASH that addresses education and social and gender norms, in addition to infrastructure and product components. The Sanitation and Hygiene Applied Research for Equity (SHARE) consortium and WaterAid

produced a [training guide](#) for development practitioners that includes exercises to help them understand menstruation needs throughout the WASH value chain. To better address the needs of diverse groups, WaterAid specifically noted considerations for people with disabilities. The International Rescue Committee published a [toolkit](#) specifically on addressing MHH needs in humanitarian response settings. These represent initial steps; however, much more work must be done to understand the diverse menstrual needs of women and girls.





Social and Gender Norms

Though menstruation itself is a normal bodily function, the way in which society responds to and treats the topic of menstruation creates a negative association with the process and reflects broader issues of gender inequity. These norms stem from entrenched stigmas and taboos that perpetuate the idea that women and girls should hide menstruation. They also create a sense of shame, impurity, devaluation, and 'othering' that affects women throughout their lifetimes. In fact, stigma drives behaviors that can lead to most other negative outcomes associated with MHH.

Stigma related to menstruation is pervasive across geographies. At the same time, it is highly contextualized to each culture. Recent results from UNICEF's [MICS6 survey](#) show that a high proportion of women do not participate in social activities, school, or work due to menstruation (see Figure 12). Interestingly, participation is not directly correlated with wealth. In some of the countries surveyed by MICS6, there is less participation in social or productive activities by women in the richest quintile, whereas in other countries there is less participation by the poorest women. This may be driven by multiple factors, but it is likely that social and gender norms, along with stigma, are at the root of the societal exclusion of women and self-exclusion, such as women choosing not to participate in activities due to discomfort or shame.

"Interventions will let you down if you don't address stigma at its root. Stigma is actually what makes menstruation difficult for most people. The concealment of menstruation is part of a larger system of telling girls that there is something wrong with them, and they need to 'fix' it."

— Chris Bobel, University of Massachusetts Boston

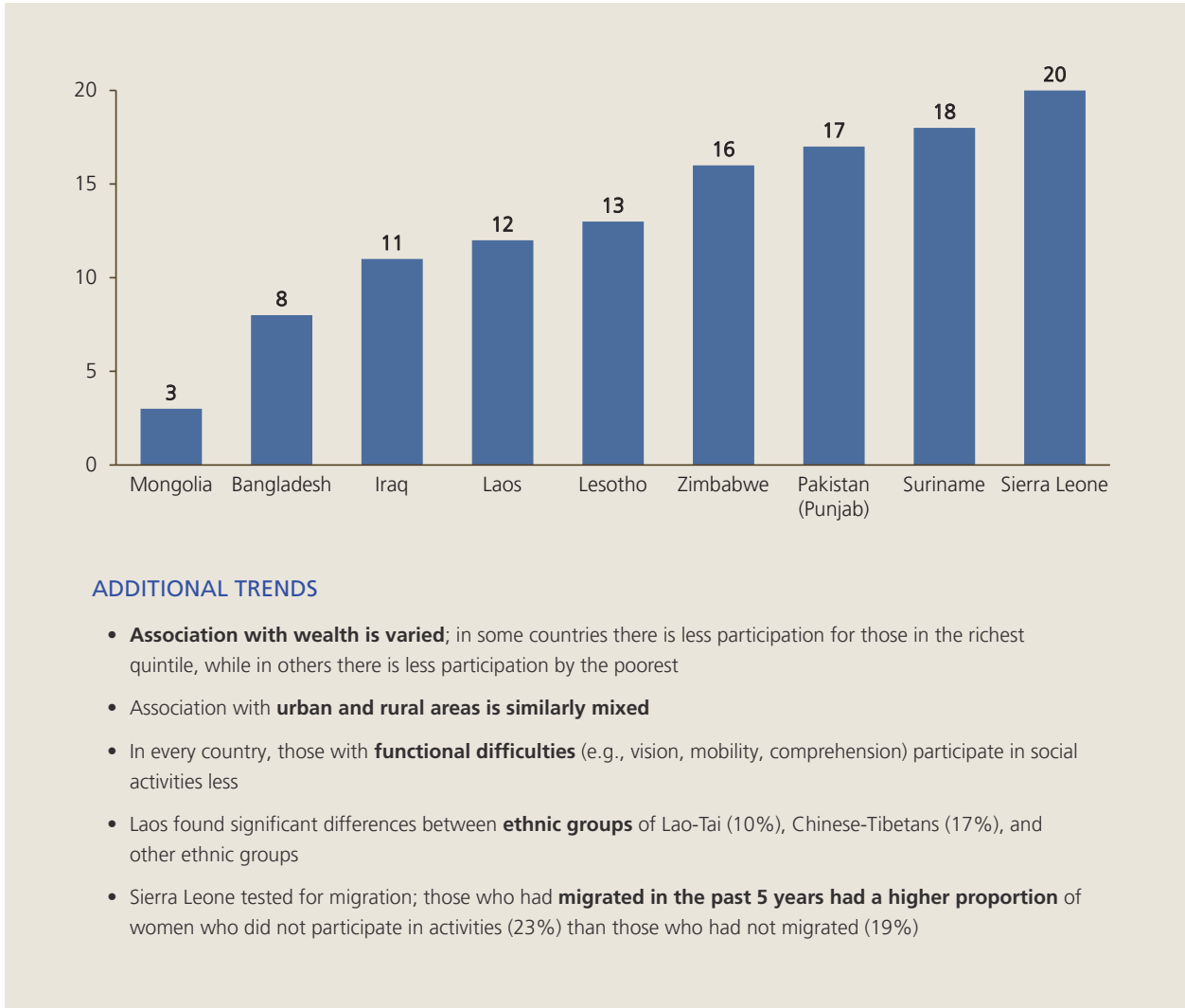
KEY UPDATES

- Greater **visibility of menstruation** (through campaigns, discourse, and organizing) is starting to counter harmful norms
- Improved **understanding that addressing social norms is critical** to facilitating interventions in every area related to MHH

These harmful social norms are reinforced at multiple levels: in the broader system and the institutions that shape them, within local communities, and internalized by individuals. The presence of stigmas and taboos across these levels compounds its negative effects, ultimately inhibiting progress toward MHH.

FIGURE 12. PROPORTION OF MENSTRUATING WOMEN WHO DID NOT PARTICIPATE IN SOCIAL ACTIVITIES, SCHOOL, OR WORK BECAUSE OF THEIR LAST MENSTRUATION IN THE PAST 12 MONTHS (% OF WOMEN)

Adapted from *Survey Results, MICS6, 2017–2019*



BROADER SYSTEMS: STIGMAS AND TABOOS ARE PRESENT AT THE SYSTEMIC AND INSTITUTIONAL LEVEL

Menstruation is largely absent from media, public discourse, and policy, perpetuating the topic as a taboo. The New York Municipal Transit Authority [removed advertisements for Thinx period underwear](#), but approved erectile dysfunction advertisements; in China, [sanitary](#)

[pad advertisements were banned](#) during prime-time television programming because they were deemed to be inappropriate. Government, bilateral, and other policy-making bodies consistently overlook MHH due to existing notions related to menstruation and gender norms. In many states within the United States, for example, Viagra is classified as a tax-exempt health product, while sanitary products are classified as luxury goods and taxed at the highest rate.

Across the board, the lack of female representation in decision-making roles perpetuates this challenge. In 2020, Global Health 50/50 reported that [70% of the leadership in the global health sector is male](#), a number that is concerning not least given the field's overlap with MHH. While there has been an increasing focus on women's health in recent years, such imbalance at the leadership levels limits the understanding that the field can have of menstruation and other issues specific to women and girls.

A growing number of organizations have begun to address the stigma associated with menstruation through a range of approaches. In March 2019, seven UN rights experts [issued a call to break menstrual health taboos](#). Later that year, the annual [Menstrual Hygiene Day](#) campaign doubled in size compared with 2018 in terms of social media contributions and mass media coverage, reaching over 260 million people. Menstruation also featured on the big and small screen: [Period. End of Sentence](#) won an Academy Award for Best Short Documentary in 2019, and [Bollywood film Pad Man](#) was a hit in Indian theaters in 2018. Global Citizen's *It's Bloody Time* campaign, supported by local activists and by Procter & Gamble's *Always* period brand, led to the inclusion of a budget line item for sanitation products and the replacement of pit latrines in schools, an effort highlighted in a documentary produced by National Geographic and Procter & Gamble. Kimberly-Clark became the first major brand to use red fluid in marketing, rather than the ubiquitous blue, in a 2020 [Kotex ad for Ultra-Thin Pads posted on Instagram](#).

COMMUNITIES: BELIEFS ABOUT MENSTRUATION MANIFEST AT THE COMMUNITY LEVEL

At the community level, cultural, religious, and social norms result in men and women of all ages holding harmful beliefs about menstruation. The 2016 report highlighted the important role of community influencers, including mothers and grandmothers, in shaping biases for boys and girls that ultimately affect MHH. These biases may be subconscious, such as the perception that menstruation is dirty and better hidden from view and conversation. In extreme circumstances, stigma related to menstruation can result in severe harm to women and girls. In December 2019, the death of a woman in Nepal due to smoke inhalation while in an isolation hut [led to the first arrest connected to *chhaupadi*](#), the illegal practice of exiling women to sleep in an isolated hut while menstruating.

Some see the arrest as a step forward, after the government declared the practice illegal in 2005 and assigned criminal penalties to it in 2017. In a different behavior change approach, the chairman of a rural western province in Nepal announced a cash incentive—approximately \$45, almost double the potential fine related to *chhaupadi*—to women who reject the use of the sheds. However, field actors acknowledge that practices like *chhaupadi* are a single manifestation of social norms related to menstruation and that changing attitudes will be a more difficult task.

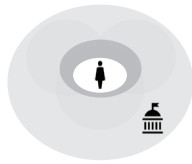
INDIVIDUALS: SHAME AND SELF-STIGMA IS INGRAINED AT THE INDIVIDUAL LEVEL

Persistent external narratives can reinforce the shame and self-stigma associated with menstruation. Women and girls are conditioned to adjust their behaviors at work, school, and home to hide their menstruation, even when fighting pain and discomfort.

Isolated cases of women [discussing their menstruation](#) and its effects on their daily life have created space for open dialogue about social norms at the individual level. In 2015, American musician Kiran Gandhi ran the London marathon without using a menstrual product, staining her legs with menstrual blood for over 26 miles. A year later, Chinese swimmer Fu Yuanhui [discussed having her period while competing for the Olympics](#), causing a viral reaction globally. In 2019, Diane Shaibu's [post about menstrual stigma](#) went viral on Twitter, sparking a dialogue about how society shapes women's experience with menstruation.

During the past five years, there has been a significant effort from individuals across different geographies to expose how social norms related to MHH affect women and girls. Freweini Mebrahtu, the founder of Ethiopian pad manufacturer Mariam Seba Products Factory, was awarded the [2019 CNN Hero of the Year award](#) for her work to remove the stigma of menstruation. Nadya Okamoto founded PERIOD.org at age 16, a platform that is gaining momentum as the [largest youth-run nonprofit in women's health](#). In the United Kingdom, Amika George received a Bill & Melinda Gates Foundation Goalkeepers Award for her work on the [#FreePeriods](#) campaign.

Beyond isolated efforts, addressing stigma at these different levels is important to ensure that menstruation becomes more widely accepted, acknowledged, and supported throughout society as a natural process of the female body that should not spur exclusion, embarrassment, or shame. The field has started acknowledging that social norms sit at the core of women's experience with menstruation, and that any intervention that does not consider them will fail to address the root causes of poor MHH.



Policies and Systems

In recent years, momentum has grown across a range of actors addressing menstrual health as a more systemic problem. The field is shifting from advocating for a focus on MHH to understanding how to improve MHH for women and girls. However, the task is challenging because making progress on MHH requires engagement across sectors—public and private—and within a number of disciplines.

Currently, the field remains fragmented, limiting the ability of actors interested in MHH to make progress. Donors lack clarity on what to fund and how, researchers do not have a consolidated evidence base, and program implementers lack clarity on the full MHH landscape, leading to duplication of efforts in some areas and gaps in others. These challenges are interrelated and mutually reinforcing. Researchers lack funding to solidify the evidence base, while funders lack evidence on what programs to fund, and implementers have a limited ability to experiment with innovative programming. Despite these barriers, key stakeholders in the field are eager to take advantage of this moment to continue progressing toward delivering universal MHH.

KEY UPDATES

- **Funding for MHH remains limited** and largely focused on sanitation
- Emergence of strong **grassroots coalitions** at the global and local levels to address MHH

NATIONAL GOVERNMENTS

National governments are key to improving MHH given their responsibility for programming in schools, product access programs, and tax and product policy. A successful role for governments includes collaboration across ministries and other internal bodies, and taking a multi-pronged approach that addresses both policy and integrated programming. In Kenya, the national government launched a program in 2017 to **distribute free sanitary pads and disposal systems to girls in public schools**. Part of the success of this effort resulted from the collaboration among government departments that was driven by the Ministries of Education and Health, the State Department for Gender Affairs, and the County First Ladies Association. It was also supported by pre-existing history of leadership for MHH, including the 2004 elimination of taxes on sanitary pads and consistent budgeting for government-provided pads since 2014.

A similar effort to develop India's national MHM Guidelines was launched in 2015, and included a focus on awareness, behavior, change, and sanitation facilities. The program was implemented through collaboration among six different government ministries, and momentum

generated by the “*Swachh Bharat*” (Clean India) Mission led by the country’s Prime Minister. Similarly, the [Zambian government published MHH Guidelines](#) in 2017, with the support of partners including UNICEF and the Government of Canada. That same year, Zambia also approved a law that allows women to take time off work because of painful menstrual periods, a move also adopted in China and Japan, [among other countries](#).

Multiministry coordination is essential to effective programming for MHH. However, successful examples remain few and far between. Adding to this challenge is the fact that, despite the adoption of national guidelines in many regions, few countries have dedicated significant resources to the issue of MHH.

GLOBAL FUNDERS

Menstrual health and hygiene funding is inconsistent. While some established private foundations appear to have decreased their funding for MHH since 2016, other donors support a range of investments that intersect with MHH. In 2018, the Children’s Investment Fund Foundation [invested \\$20 million in Splash](#), a nonprofit that has focused on improving sanitation facilities in schools in a way that incorporates MHH considerations. The Bill & Melinda Gates Foundation has also funded efforts related to MHH: considering menstruation in the design of sanitation infrastructure, supporting curriculum and toolkits for integrating comprehensive sexuality education in family planning programming, and the [2020 Global Grand Challenge focusing on menstrual product innovations](#). Bilateral funders including USAID, DFID, and SIDA provide some funding for MHH programming largely focused on sanitation, family planning, and education for Very Young Adolescents (VYAs). Multilateral organizations such as the United Nations Population Fund (UNFPA) and UNICEF have a similar focus. New funders like [The Case for Her](#) are more risk-tolerant and take innovative approaches to funding. However, they remain a minor part of overall MHH funding. Although field actors including NGOs, social entrepreneurs, and advocacy organizations have continued to emphasize the [need for more funding dedicated to MHH](#) and better coordination across existing funders, a significant resource gap exists in the sector.

GRASSROOTS COALITIONS

The field has also witnessed strong growth of grassroots coalitions unifying around MHH over the past several years. New collaborative efforts have emerged at the global, regional, and national levels to support advocacy, evidence, and resource development.

- Created in March 2019, the **Menstrual Health and Hygiene Collective (MHHC)** brings actors together at a global level, with six voluntary action groups focused on evidence, definitions, advocacy, the investment case, mobilizing narrative, and the organization’s strategy.

Supported by WSSCC and WaterAid, the coalition engages key stakeholders in MHH and adjacent issues (e.g., sanitation and SRH) from a range of organizations, including United Nations agencies, youth platforms, and interfaith alliances.

- The **African Coalition for Menstrual Health Management** operates throughout Southern and East Africa and has been funded by the UNFPA since May 2018. Focused on collective evidence and coordinating actors, it facilitates dialogue, knowledge sharing, and partnerships among grassroots practitioners, national governments, multilaterals, corporations, social entrepreneurs, and regional development bodies.
- At the national level, organizations like the **Menstrual Health Alliance India** focus on joint advocacy, knowledge generation and sharing, and action in priority areas like waste management, product standards, and informed product choice. With no explicit funding, it is sustained through the voluntary efforts of individuals and organizations including WaterAid India, PATH, WSSCC, and WASH United India, among others.

Most coalitions rely on voluntary time investment from staff and have minimal dedicated resources. Coordination among actors remains a challenge for building comprehensive and integrated approaches to menstruation, and this is an area that the field should prioritize to mitigate the critical gaps that hinder the improvement of MHH.



OPPORTUNITIES FOR ACTION

The momentum that has grown around MHH from 2016 to date is encouraging. However, significant challenges remain and present important opportunities for a range of actors with complementary capacity and expertise. This section outlines opportunities that respond to the field's most pressing needs.

(A) BUILD THE DATA AND EVIDENCE BASE

Develop and disseminate evidence and metrics on MHH to improve coordination and increase resources for MHH.

The limited amount of existing data and evidence on menstruation restricts knowledge of women's health and negatively impacts development outcomes. Taking an integrated approach to building the evidence base presents an important opportunity to improve MHH by understanding the experience of women and girls with menstruation, as well as the broader environment that shapes this experience. Three primary opportunities exist in response to salient gaps:

- Aligning on a priority set of metrics that captures the experiences of women and men with menstruation, and including them in national and global datasets;
- Consolidating the existing evidence on MHH and conducting new research, including longitudinal studies and randomized control trials to fill salient gaps; and
- Translating the evidence base into practical guidance by evaluating MHH interventions and disseminating best practices for implementers.

(B) IMPROVE KNOWLEDGE AND AWARENESS OF MENSTRUATION

Improve knowledge and awareness of menstruation for women and men, particularly as it relates to broader sexual and reproductive health.

Understanding menstruation and its relationship with sexual and reproductive health (SRH) is critical for women. However, knowledge gaps and misperceptions exist throughout a woman's life, reinforcing the social and gender norms that affect her experience with menstruation:

- Addressing the needs of **very young adolescents (VYAs)** requires national policy change for comprehensive sexuality education for boys and girls, technical assistance on curriculum development and teacher training, and evaluation to understand the impact of education efforts on improving SRH outcomes. It also requires targeting children who are out of school through programming that includes peer education and digital tools, depending on context.
- Using digital platforms in innovative ways can target **adolescents and adults** in urban areas by uncovering gaps in awareness related to menstruation, and providing safe, private access to information and support for women and their male partners.
- Meeting the needs of **young and adult women** also requires understanding bleeding preferences and the effects of shifting menstrual patterns, including how menstruation preferences link to SRH in aspects like contraceptive product innovation, distribution, and demand generation.

(C) INNOVATE TO CREATE A NEW RANGE OF MENSTRUAL PRODUCTS

Catalyze innovation to create new menstrual products to meet the unique needs of women and girls in different contexts, while accounting for adequate waste management.

Barring some recent exceptions, the design of menstrual products has not been driven by the needs of low-income consumers and has not solved for the environmental impact of disposal. This oversight has limited uptake and prevented private sector players from entering new markets that they see as less profitable for their current product base. Product innovations can meet the needs of women in a more effective way, and cater to their environments and price points. Among the breadth of potential innovations, the core opportunity today lies in designing menstrual products for low-resource settings. Independent researchers, multinational companies, and social enterprises are well positioned to lead these efforts while addressing critical gaps in disposal solutions to reduce the environmental impact of menstrual products, and the development of products that utilize local or alternative materials to improve affordability for end users.

(D) INCREASE MENSTRUAL PRODUCT ACCESS

Foster the development of markets for menstrual products leveraging both corporate actors and social entrepreneurs to increase access to the existing product portfolio.

Beyond product innovation, other barriers along the value chain result in limited access to existing menstrual products for women and girls in rural or low-income settings. Addressing these

challenges and building effective markets for menstrual products, including adequate regulatory frameworks, can drive significant improvements in MHH. Creative partnerships will be needed to solve these challenges. Multinational companies could partner with other institutions to de-risk entry into new markets, while local SMEs may seek support for their scale-up. Foundations and other donors should provide grants or catalytic capital to incentivize businesses to test new geographies or customer segments. NGOs and implementers can provide technical assistance and knowledge on the MHH landscape for companies engaging with particular contexts. Similarly, governments could reduce the risk profile of these ventures by subsidizing products for end users to increase affordability. Local and global coalitions also have an important role to play in advocating for better product standards and the elimination of menstrual product taxes, aimed at catalyzing market development and increasing product access.

(E) ACCOUNT FOR MHH NEEDS IN THE DESIGN OF WASH SOLUTIONS

Integrate MHH considerations into WASH infrastructure to address issues such as menstrual blood management, and product disposal and reuse.

Sanitation facilities often fail to meet the MHH needs of women and girls. Resolving this challenge requires a holistic approach to understanding the WASH value chain because key opportunities for action lie at different points on it. At one end, schools, workplaces, and public facilities should focus on providing safe and hygienic infrastructure that integrates the needs of menstruating girls and women. This requires designing for privacy and providing clean water and soap for handwashing and cleaning reusable products. At the other end, WASH solutions must accommodate for adequate blood and menstrual product disposal to prevent blockages and clogging of broader waste management systems.

(F) ADDRESS STIGMAS AND TABOOS RELATED TO MENSTRUATION

Support grassroots advocates to increase influence among local and regional champions, and improve funding and attention for MHH.

Stigmas and taboos related to menstruation are pervasive and inhibit progress toward improved MHH. These harmful social norms are present within communities and at a systems level, and they contribute to shame and ignorance related to menstruation. Addressing stigma at the systems level is a strong opportunity for action toward improving MHH for women and girls. Actors with significant global influence can be critical in disseminating evidence-based messages about MHH through social media platforms and advertising campaigns. Local actors also have a strong role to play in combatting stigmas and taboos in their communities. Elevating the work of local advocates, including youth-led campaigns, can complement global efforts.

CONCLUSION

FSG began this research as a way to understand the changes in the MHH landscape since the 2016 report was published. As we conclude this process, we hope that we have highlighted those significant changes and shown how actors have unified to address menstruation in a more integrated and effective manner.

The imperative is clear: more than 500 million women worldwide do not have what they need to manage their menstruation. MHH is central to advancing gender equity, and building on what currently exists will help multisectoral actors leverage their core assets to continue driving progress—be it through advocacy, research, innovation, or implementation.

Funders and academics can catalyze change by building the data and evidence base to understand the nature of the challenge and the links to other life outcomes. Practitioners, program implementers, and policymakers can maximize their impact by bridging across siloes to integrate different aspects critical to MHH: knowledge and awareness of menstruation, access to menstrual products, improved WASH infrastructure, and changes in social and gender norms.

At FSG, we remain committed to advancing gender equity, and we will continue to explore how advancing menstrual health and hygiene can support this. We are grateful for the time and wisdom others in the field have afforded us to apply our collective energy and wisdom to this important work, and we hope to continue this collaboration moving forward.

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3. Mapping PMA2020 data with per capita GDP figures for surveyed countries suggests some correlation between increased economic standing and self-reported improved ability to manage menstruation at a population level (see Figure 1). This aligns with evidence from China, where economic development has supported the uptake of menstrual products in recent years. Assuming a correlation between GDP and unmet need for MHH, FSG analysis estimates that more than 500 million women globally lack access to “everything they need” to manage their menstruation.
4. PMA2020’s survey question was: “Is there anything else that would help you manage your menstrual period that you do not usually have?” Enumerators would not read options aloud, but respondents could name additional desires such as resources, materials, changes to their environments, etc. Those who responded, “I have all I need,” were counted as having everything they need. See final page of PMA2020’s [Kenya questionnaire](#) as an example.
5. Selected country briefs. 2016–2017. “[Menstrual Hygiene Management](#).” PMA2020.
6. DHS included five new questions on MHH in their [most recent questionnaire](#) (DHS 8) in 2019.
7. MICS started including MHH indicators in their [most recent survey tools and standards](#) (MICS6), rolled out in 2017.
8. [PMA2020 surveys](#) collected responses of women’s experiences with menstruation in 2016 and 2017, including asking for a self-assessment of whether women have “everything they need” to manage their menstruation; however, funding for MHH data collection from the Bill & Melinda Gates Foundation has concluded.
9. India included indicators related to menstrual hygiene product use for the first time in its [National Family Health Survey](#) in 2015–2016, and has continued to include them in subsequent versions of the survey.

10. Chandra-Mouli, et al. 2018. *Global research collaborative meeting on menstrual health in adolescents*. Geneva: World Health Organization.
11. As the field has evolved from the term 'Menstrual Hygiene Management' that featured in FSG's 2016 report, actors now understand menstruation as an issue that intersects with different areas beyond water, sanitation, and hygiene. The term 'Menstrual Health and Hygiene (MHH)' is the most widely-acknowledged terminology in the field at the time of writing.
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AUTHORS

Laura Amaya, Associate Director

Jaclyn Marcatili, Consultant

Neeraja Bhavaraju, Former Director

Contact: laura.amaya@fsg.org

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