



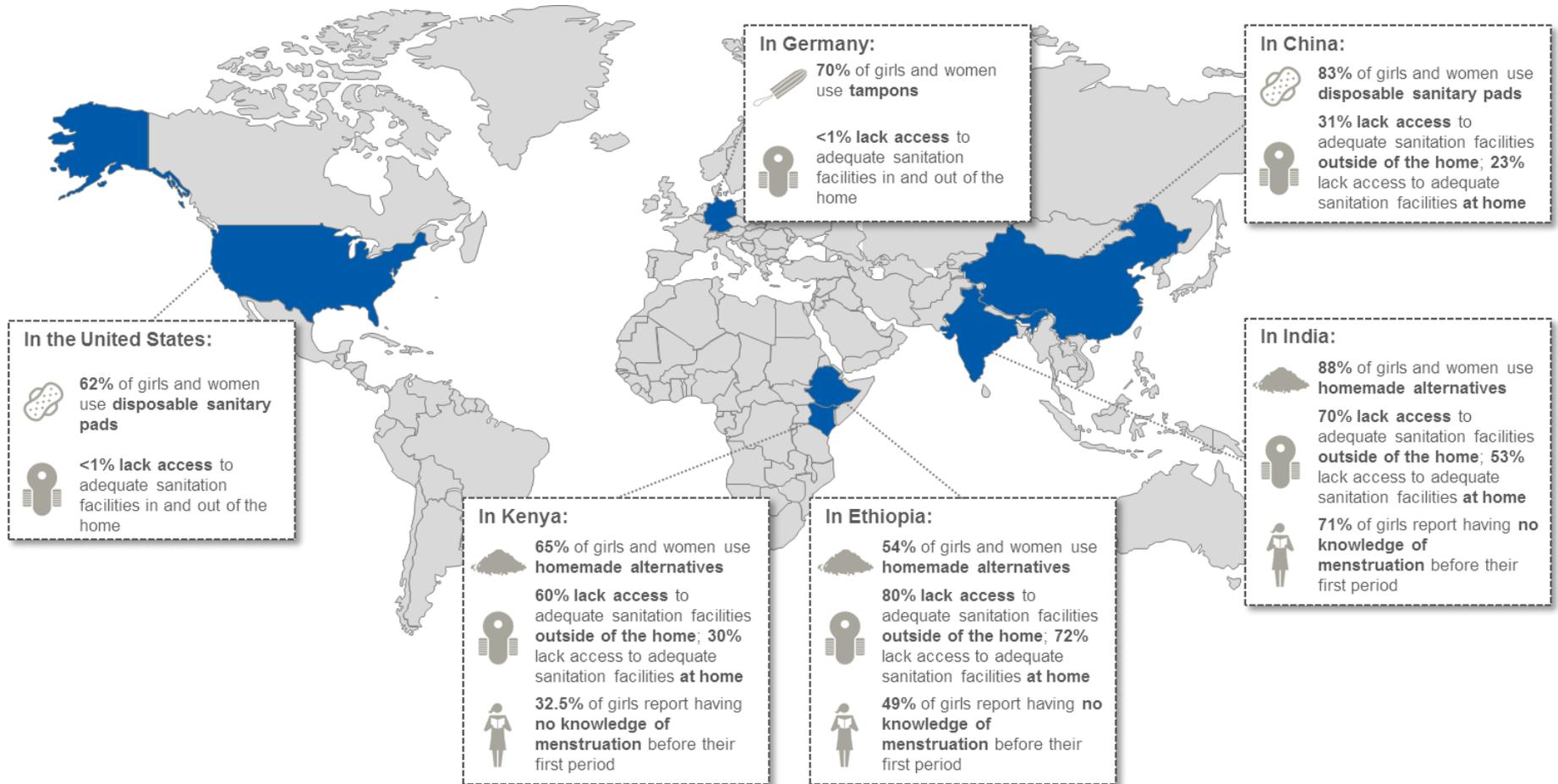
# Advancing Gender Equity by Improving Menstrual Health

OPPORTUNITIES IN MENSTRUAL HEALTH AND HYGIENE

LAURA AMAYA, JACLYN MARCATILI, NEERAJA BHAVARAJU

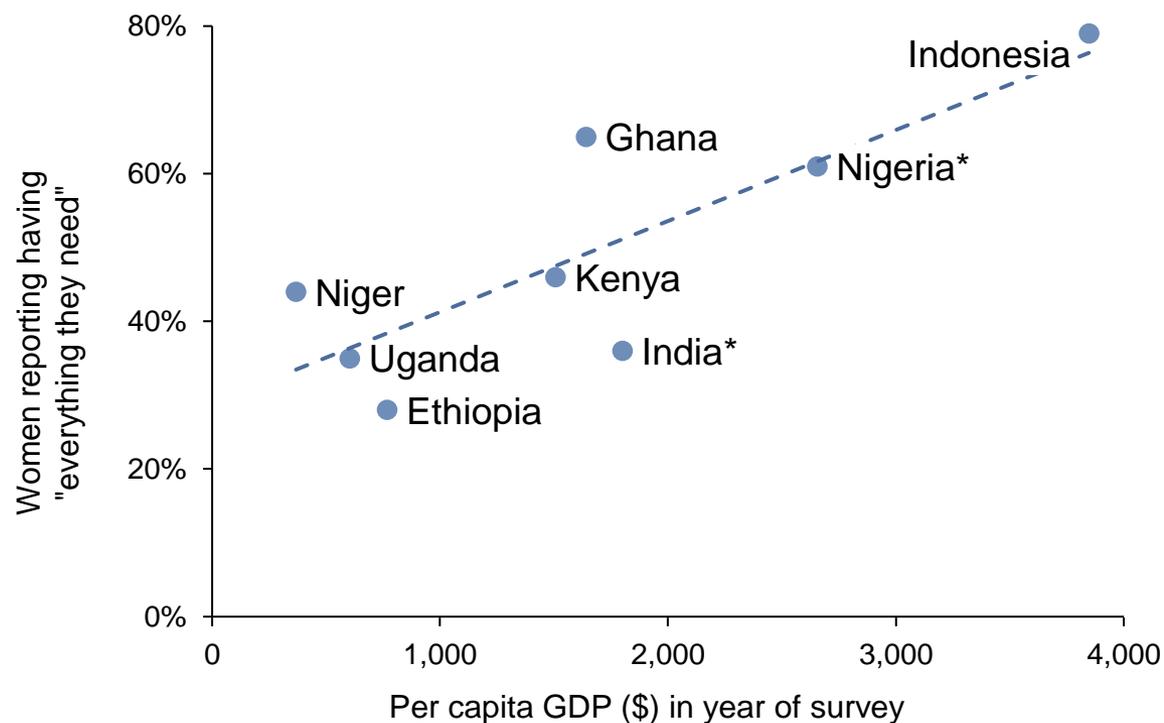
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# Over 500M women and girls around the world do not have what they need to manage their menstruation



# There is a correlation between increased economic standing and improved MHH at a population level

Proportion of menstruating women reporting having “everything they need” to manage their menstruation (%)



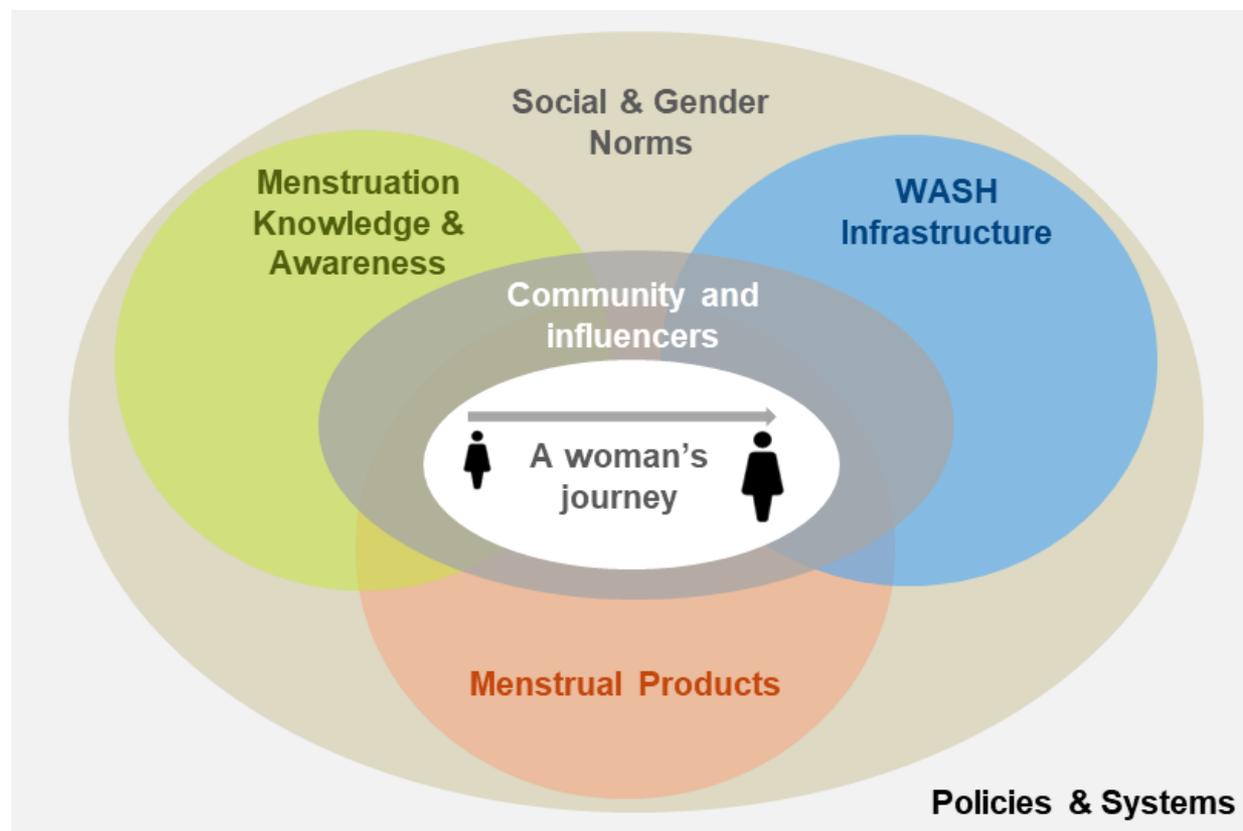
*In some countries there is less participation for those in richest quintile while in others there is less participation by the poorest*

**Stigma and cultural norms** are a distinct factor affecting MHH, and are **not necessarily correlated to wealth**

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

**Source:** Selected country briefs, “Menstrual Hygiene Management,” PMA 2020, 2015-2017, accessed 27 June 2019, <https://www.pma2020.org/mhm-briefs>

# Improving MHH requires an **interdisciplinary and cross-sectoral approach**

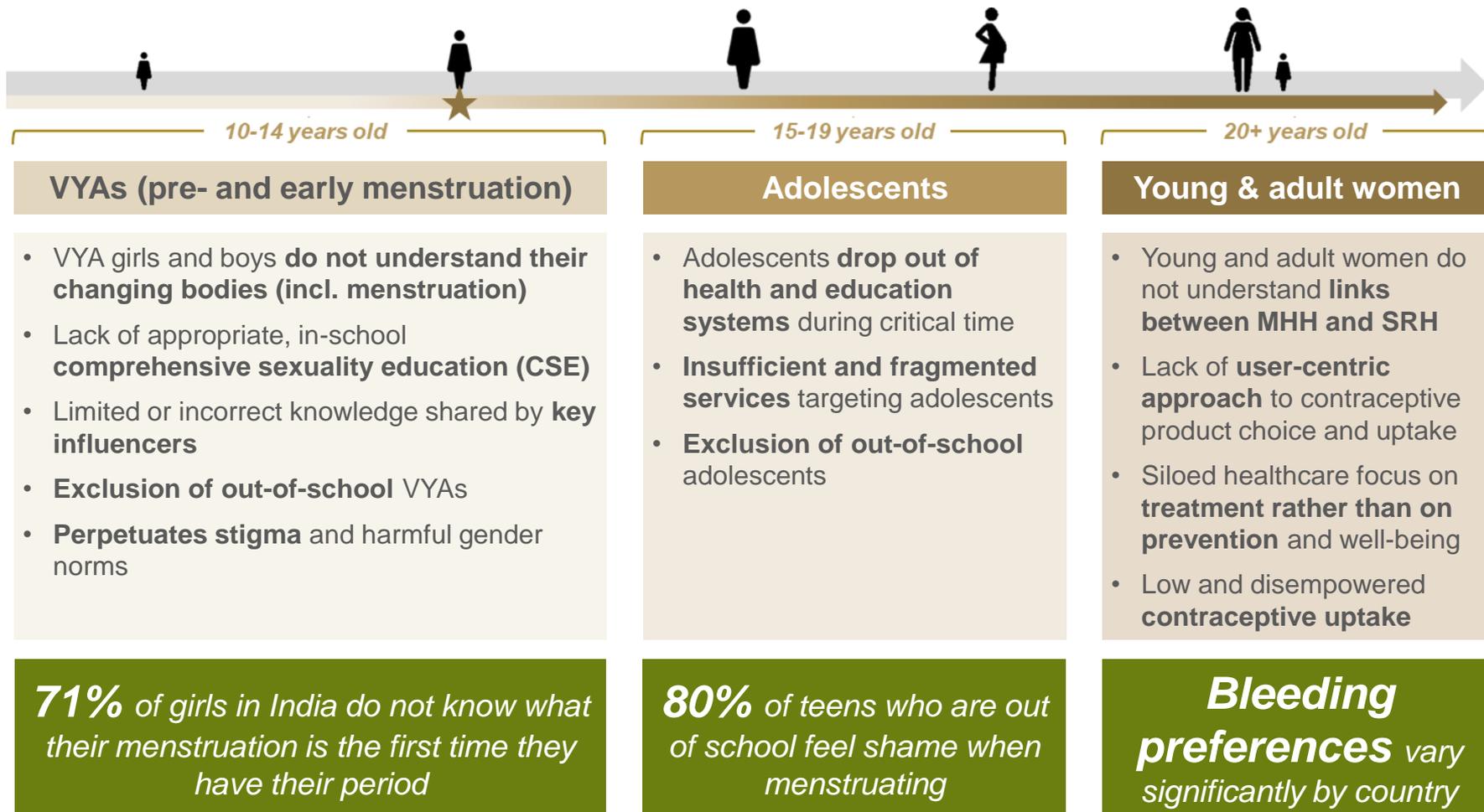


- Though menstruation is a normal, physiological process, **a woman's journey** with menstruation is impacted by a range of factors surrounding it
- **Knowledge, WASH Infrastructure, Products** are enablers that comprise the immediate environment shaping a woman's experience
- **Social & Gender Norms and Policy & Systems** shape how society responds to and treats menstruation, and sit at the root of most poor MHH outcomes

<https://www.fsg.org/publications/advancing-gender-equity-improving-menstrual-health>



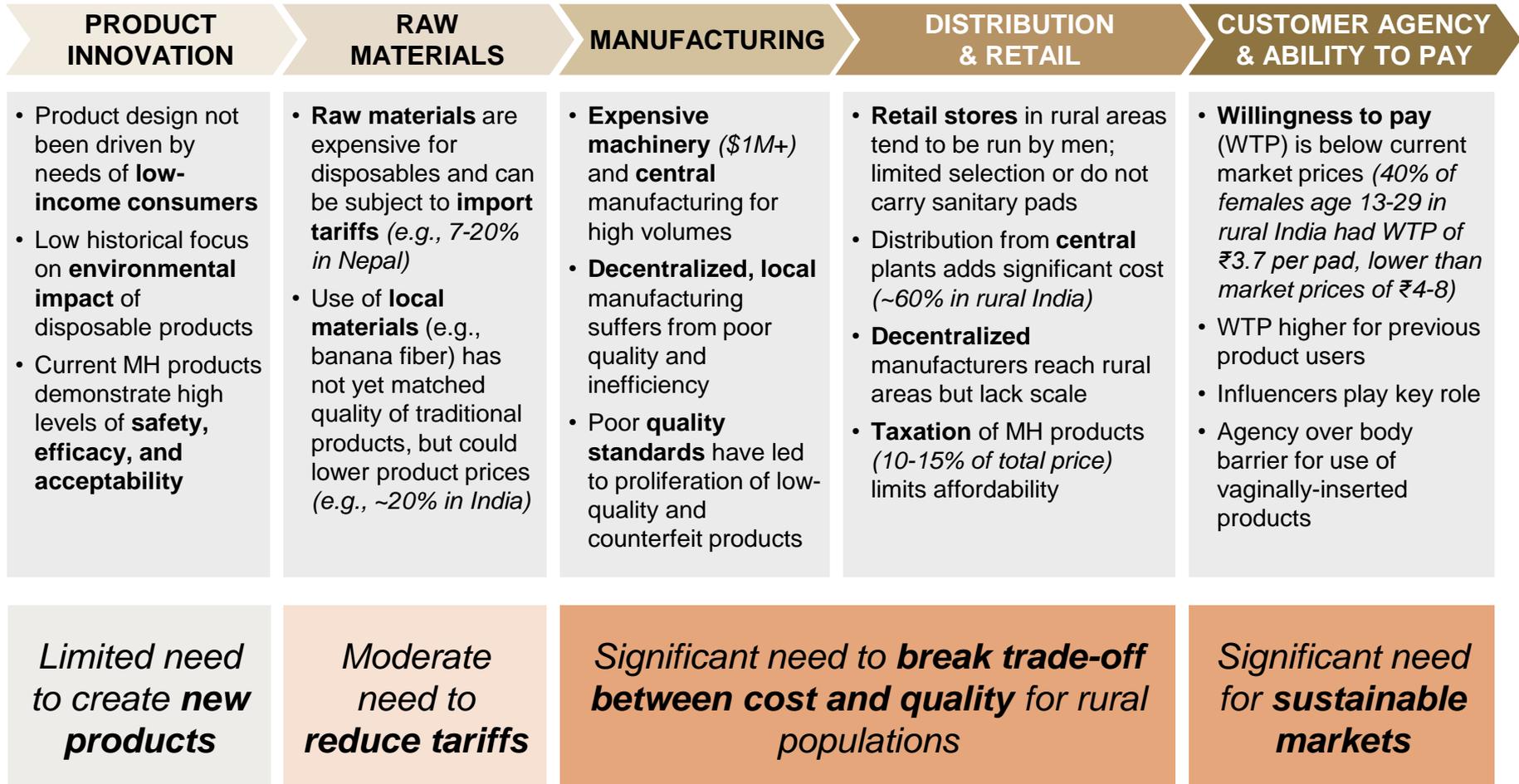
# Limited knowledge of menstruation and links to SRH hinder empowered healthcare choices



**Access points and key influencers play a critical role**



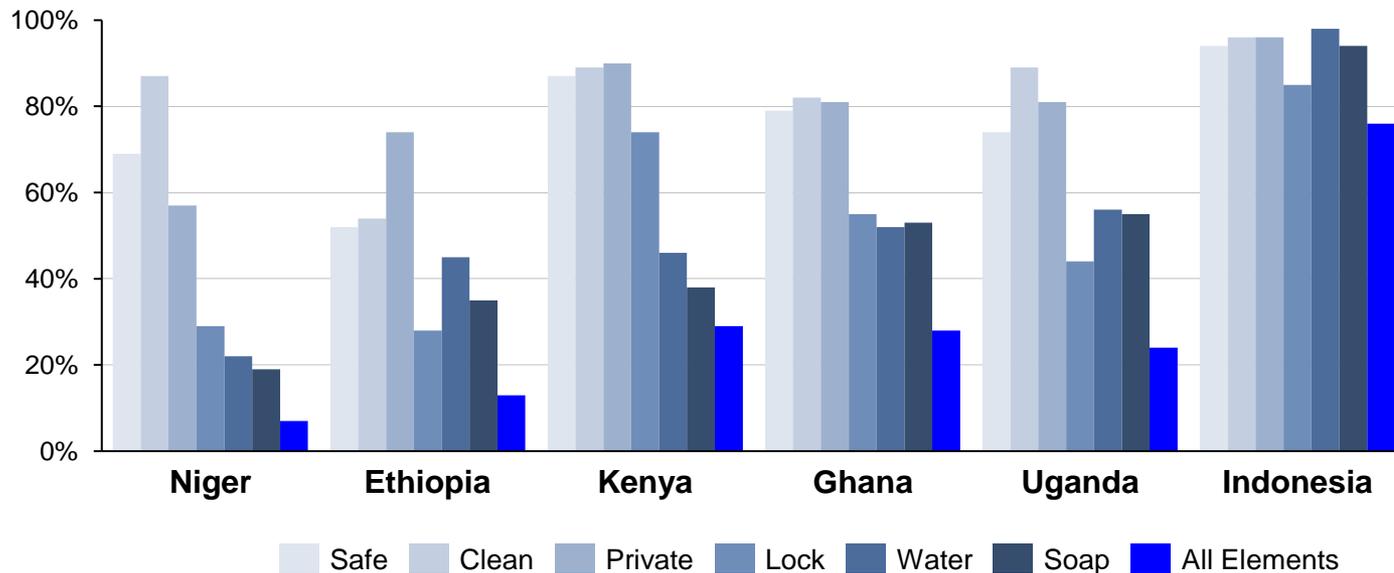
# Disparities in menstrual product access reflect market failures for commercial products





# Sanitation facilities fail to meet menstruation needs for women and girls

Assessment of conditions, reported by menstruating women who use sanitation facilities as main place to wash and change menstrual materials (%)



*Disposal  
not included  
in survey*

MNCs hesitant to enter markets without **appropriate sanitation infrastructure & waste management systems** to handle disposed products



# Menstrual stigma is pervasive across levels and inhibits progress on MHH

**SYSTEMIC:** Menstruation is absent from media, public discourse, and policy

**Example:** Sanitary pad advertisements banned during prime time television programming in China

**INSTITUTIONAL:** Leadership and decision-making bodies ignore MHH due to taboos and/or lack of female representation

**Example:** In many US states, Viagra is classified as a tax-exempt health product while sanitary products are not

**COMMUNITY:** Cultural, religious and social norms reinforce the invisibility of menstruation

**Example:** Some local customs prohibit menstruating women from participating in religious services and customs

**INDIVIDUAL:** Persistent external narratives and lack of education cause shame and self-stigma

**Example:** Women fight through pain and discomfort to hide their period, creating anxiety and stress



Melinda Gates   
@melindagates

Follow

Periods are a fact of life. Women and girls shouldn't be sidelined by them—in sports, school, or their careers. It's time to trade hushed whispers for open conversations about hygiene and health. [#NoMoreLimits](#)



# The focus on MHH has evolved from girls' education to broader considerations

## Narrow Focus

### Focus on School Absenteeism:

Field originally had an **almost singular focus on school absenteeism as a key life outcome of poor MHH**. Early MH programming focused on access to sanitary pads, **overemphasizing hardware**.

## Pivot

### Evidence Indicates Need to Evolve:

**Evidence is mixed that pads have a meaningful effect on school absenteeism**, suggesting a need to **pivot to explore other possible MHH and MHH-related outcomes**.

## Broader Focus

### Emerging Work on Broader Outcomes:

In addition to a continued focus on pads and absenteeism, there is **emerging work on additional ways menstruators are affected by MHH**; studies examine school participation, self-efficacy, stress, contraceptive uptake, and other nuanced indicators.

## Today's Dilemma

### Continued Open Question:

***Limited consensus in the field around which outcomes should be a priority for MHH makes it difficult for programmers to mobilize resources and for funders to make decisions on MHH investments.***

*How can we improve MHH?*

# Six opportunities for action to improve MHH

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Build the **data and evidence base** to improve coordination and increase resources for MHH



Increase **access to existing menstrual products**



Improve **knowledge and awareness** of menstruation for women and men



Account for privacy, hygiene, and waste management in the **design of WASH solutions**



Create **new menstrual products** that meet the unique needs of menstruators in different contexts



Address **stigmas and taboos** related to menstruation to improve the experience of menstruators

# The MHH landscape been affected by the Covid-19 pandemic in different ways

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- **Growing challenges in product access**
  - **School closures** limits girls' access to free, government-provided pads
  - Economic hardship leads to **households deprioritizing menstrual products**
  - **Stockpiling and manufacturing restrictions** risk menstrual product shortages
- **Disproportionate impacts on specific groups**
  - **Healthcare workers** struggle to access menstrual products, which limits their ability to perform critical work (70% nurses are female)
  - Individuals who have embarked on **precarious migration journeys** face poor MHH during their menstrual period (e.g., Venezuela, India)
- **Diverted funding and focus**
  - Foundations **diverting existing budgets** to fight Covid-19
  - MHH deemed secondary to “**more pressing**” **Covid-19 advocacy**
  - **Research and implementation on hold** due to Covid-19 emergency and restrictions

*How else is the MHH landscape affected by Covid-19?*

# The **Covid-19** pandemic also presents an important **opportunity to fast-track MHH response**

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- **Unexpected moves on MHH policy** could be seeds for change
  - CARES Act in the US – **menstrual products can be purchased tax-free** through Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs)
  - **Menstrual product manufacturing in India** – initially not considered “essential” in India, but rectified after public outcry
- **Prioritization of WASH, including clean water and soap**
  - Greater **focus on handwashing** could lead to WASH solutions that also meet the menstrual needs of women and girls
- **Opportunity to build back better**
  - Funders and implementers are framing **Covid-19 as an opportunity to have a more holistic response** to critical development challenges

***How could Covid-19 be leveraged to fast-track progress on MHH?***



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