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 (%)

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

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.

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

VYAs (pre- and early menstruation)

- VYA girls and boys do not understand their changing bodies (incl. menstruation)
- Lack of appropriate, in-school comprehensive sexuality education (CSE)
- Limited or incorrect knowledge shared by key influencers
- Exclusion of out-of-school VYAs
- Perpetuates stigma and harmful gender norms

Adolescents

- Adolescents drop out of health and education systems during critical time
- Insufficient and fragmented services targeting adolescents
- Exclusion of out-of-school adolescents

Young & adult women

- Young and adult women do not understand links between MHH and SRH
- Lack of user-centric approach to contraceptive product choice and uptake
- Siloed healthcare focus on treatment rather than on prevention and well-being
- Low and disempowered contraceptive uptake

71% of girls in India do not know what their menstruation is the first time they have their period

80% of teens who are out of school feel shame when menstruating

Bleeding preferences vary significantly by country

Access points and key influencers play a critical role
Disparities in menstrual product access reflect market failures for commercial products

<table>
<thead>
<tr>
<th>PRODUCT INNOVATION</th>
<th>RAW MATERIALS</th>
<th>MANUFACTURING</th>
<th>DISTRIBUTION &amp; RETAIL</th>
<th>CUSTOMER AGENCY &amp; ABILITY TO PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Product design not been driven by needs of <strong>low-income consumers</strong></td>
<td>• Raw materials are expensive for disposables and can be subject to <strong>import tariffs</strong> (e.g., 7-20% in Nepal)</td>
<td>• Expensive machinery ($1M+) and central manufacturing for high volumes</td>
<td>• Retail stores in rural areas tend to be run by men; limited selection or do not carry sanitary pads</td>
<td>• Willingness to pay (WTP) is below current market prices (40% of females age 13-29 in rural India had WTP of ₹3.7 per pad, lower than market prices of ₹4-8)</td>
</tr>
<tr>
<td>• Low historical focus on <strong>environmental impact</strong> of disposable products</td>
<td>• Use of <strong>local materials</strong> (e.g., banana fiber) has not yet matched quality of traditional products, but could lower product prices (e.g., ~20% in India)</td>
<td>• Decentralized, local manufacturing suffers from poor quality and inefficiency</td>
<td>• Distribution from central plants adds significant cost (~60% in rural India)</td>
<td>• WTP higher for previous product users</td>
</tr>
<tr>
<td>• Current MH products demonstrate high levels of <strong>safety, efficacy, and acceptability</strong></td>
<td>• Poor <strong>quality standards</strong> have led to proliferation of low-quality and counterfeit products</td>
<td>• Decentralized manufacturers reach rural areas but lack scale</td>
<td>• <strong>Taxation</strong> of MH products (10-15% of total price) limits affordability</td>
<td>• Influencers play key role</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Limited need to create new products</strong></th>
<th><strong>Moderate need to reduce tariffs</strong></th>
<th><strong>Significant need to break trade-off between cost and quality for rural populations</strong></th>
<th><strong>Significant need for sustainable markets</strong></th>
</tr>
</thead>
</table>

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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 (%)

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

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

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

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

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

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

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

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

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Melinda Gates @melindagates

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

<table>
<thead>
<tr>
<th>Narrow Focus</th>
<th>Pivot</th>
<th>Broader Focus</th>
<th>Today’s Dilemma</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus on School Absenteeism:</strong></td>
<td><strong>Evidence Indicates Need to Evolve:</strong></td>
<td><strong>Emerging Work on Broader Outcomes:</strong></td>
<td><strong>Continued Open Question:</strong></td>
</tr>
<tr>
<td>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.</td>
<td>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.</td>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>
How can we improve MHH?
Six opportunities for action to improve MHH

- **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

- **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

- **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

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*How could Covid-19 be leveraged to fast-track progress on MHH?*
Advancing Gender Equity by Improving Menstrual Health

OPPORTUNITIES IN MENSTRUAL HEALTH AND HYGIENE

LAURA AMAYA, JACLYN MARCATILI, NEERAJA BHVARAJU