



In Tanzania, Menstrual Health and Hygiene (MHH) is increasingly recognized by the government but not fully mainstreamed.

MHH CONTEXT

Summary

In Tanzania, there is clear momentum for Menstrual Health and Hygiene (MHH). The country has a vibrant MHH coalition network of over 140 members with a multi sectoral composition of key government ministries, CSOs, UN agencies, private sector, media, academia, and political leaders. MHH is also a significant component of the School Water, Sanitation and Hygiene and School Curricular. Despite this, women and girls have insufficient knowledge on MHH and face constraints accessing menstrual products, appropriate infrastructure, and supportive environments.

Absenteeism

Before menarche, girls' class performance is usually higher than boys (Okello et al., 2022). However, after menarche 16.8% of the girls miss school (NIMR, 2021). One Report showed that menstrual pain is consistently the main reason given for girls missing school, work, or social and community activities Rubli (2017). In another study, 74% of girls reported pain and discomfort, and 42% of girls reported lack of access to menstrual products, as contributing factors for them missing school or not participating fully at school. In the same study, 34% of girls reported a lack of changing rooms and having no access to clean toilets (NIMR, 2021).

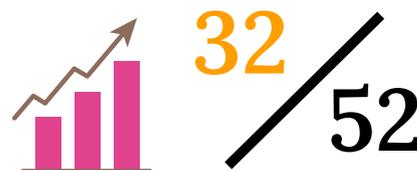
Another study showed that girls would rather miss school than suffer shame and embarrassment from leaking while at school (Abdul et al., 2018), and in one study 26% of girls feared embarrassment at school from leaking during their period (NIMR, 2021). These studies conclude that menstruation becomes a significant hindrance to learning and school performance among post menarche school adolescents.

With less stigma around menstruation in the community, menstruators have more freedom to participate in everyday activities, are less restricted, and can engage in income generating activities (Rubli, 2017). In a study carried out by Rubli (2017) it showed that after a community intervention, of provision of sanitary products, 90.1% of participants reported missing zero days of work, 72.7% did not leave work early due to menstruation, and 72.7% reported always or almost always continuing to participate in their daily activities.



of the population are women and girls

Girl Friendliness Index



Household WASH Access

- 57% have basic water
- 94% have latrine access
- 5 % have basic hygiene services



Menstrual Product Access



18% cannot afford monthly products

MHH CONTEXT

Access to Products

Approximately 18% of girls and women face challenges accessing menstrual products in Tanzania (Stoilova et al., 2022) with only 2% of school girls, mostly in urban areas, having access to disposable pads (NIMR, 2021). A baseline report by SNV (2014) revealed that most parents were comfortable purchasing disposable menstrual pads for their girls but only if the price is between Tsh. 500 to Tsh. 800 Tsh (equivalent to USD thirty cents to fifty cents), but the current price for a pack of disposable pads ranges between \$1.50 to \$2.50. Because of these high prices, a majority of women and girls are forced to make proxy menstrual products out of rags, old clothes, pieces of cardboard, and some resort to using leaves (Okello et al., 2022). Also, there still remains a significant amount of stigma and cultural sensitivity linked to buying menstrual products (Stoilova et al., 2022). For most rural schools, girls using reusable pads still face challenges accessing water (Okello et al., 2022).

Access to Education and information

Most girls in Tanzania have a basic awareness of menstruation (NIMR, 2021). One study highlights that before menarche, girls' learn about menstruation first from their mothers and that is followed by information shared from their sisters (Guya et al., 2014). However, after menarche, the same study reported that friends became the main source of information. Unfortunately, girls shared that information on menstruation was limited and inaccurate (Guya et al. 2014). NIMR (2021) further reiterates that the dominant sources for MHH information are females (e.g. mothers, other female family relatives, friends and peers, female teachers/matrons, etc.). NIMR (2021) also shared that girls and young women felt that menstruation did not concern boys or men. The mistrust between genders is a result of the secrecy constructed around MHH which reduces a fathers' responsibility over daughters menstruation needs and support (Guya, et al., 2014). Rubli (2017) found that once men and boys had accurate information about menstruation, they were open to supporting women and girls during their periods.

Access to WASH, Including Schools

Access to WASH facilities is also a challenge in Tanzania. On average, only 57% of households have access to drinking water, and 25% have safely managed sanitation services (Stoilova et al., 2022). Abdul et al., (2018) reported that 69% of schools have drinking water, and 66% have basic sanitation facilities, but unfortunately, only 6% of Tanzania's schools are accessible to students with limited mobility. Another study by Okello et al. (2022), reported that 62% of children with disabilities are not attending school because of structural issues that prevent them from accessing classrooms, toilets, and teachers' offices. In a study conducted by Mouli et al., (2017), inadequate WASH infrastructure is a barrier for girls trying to manage their menstruation, in privacy, while at school, and over half of girls' school latrines in Tanzania did not have doors, which may lead to girls feeling unsafe. Studies by Guya et al., (2014), Mouli et.al., (2017), and NIMR(2021) reported that MHH facilities in private schools were better than in government schools, with 15.8% of girls from private schools versus 20.4% of girls at government schools reporting missing days from school during their period. In addition, Abdul et al., (2018) reported 10% of girls in Tanzania miss school during menstruation because most latrines have no options for disposing of soiled menstrual pads and no changing rooms. Access to school WASH facilities is a national priority in Tanzania and a cornerstone of the National Sanitation Campaign (Okello et al., 2022), but if school WASH facilities aren't designed equitably, they won't have the desired impacts on health and education. WASH facilities continue to be a major barrier to women's ability to work especially for women working in the informal sector and this forces them to either not report to work or leave early, because of fear of leaking or being shamed (Femme, 2017). When these women menstruate, their workplaces present specific challenges for them to manage their menstruation with dignity. For example, the lack of sanitation facilities, the location of the facility, and/or the facilities lack of privacy makes it difficult for them (Sommer et al., 2016).

MHH CONTEXT

Myths and Taboos

According to Stoilova et al., (2022) in Tanzania, menstrual myths and taboos still exist, and in most communities, menstrual blood is believed to be a private matter that is often associated with impurity. Some communities believe girls and women can spread misfortune during menstruation (Stoilova et al., 2022). Cultural beliefs also impact how women and girls dispose of soiled menstrual products. For example, in some communities women burn their soiled sanitary napkins to avoid cursing nature or animals, and in other communities, burning soiled menstrual products is believed to cause infertility (Okello et al., 2022). Some communities further believe that menstrual products should be buried to avoid attracting evil spirits. Cultural stigmas concerning menstruation often prevent girls from fetching water, washing dishes, touching plants and passing-through planted farms in rural places (Abdul et al., 2018).

Stigma & Taboo

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(Abdul et al., 2018).



Other aspects, such as Health

Rubli (2017) showed that education was effective at improving MHH practices regardless of what menstrual product menstruators used. Beneficiaries in Rubli's (2017) study were more confident and exhibited less menstrual-related shame. Further, they were 1.5 times less likely to report two or more symptoms of RTIs, urinary tract infections, and sexually transmitted infections associated with poor MHH practices. Following menarche, various myths restrict women from daily activities like the following: touching water, attending religious ceremonies, cooking, entering the kitchen, participation in sport activities, cleaning, socializing, or sleeping in one's own home or bed (Veleshala et al., 2019). The above restrictions hamper women from being healthy during menstruation (Rubli, 2017).

MHH POLICY LANDSCAPE

Tax on menstrual materials was removed in 2018 and was re-introduced in 2019 as the cost for menstrual products did not reduce for consumers at retail level as expected. Instead, the government placed some financial incentives for companies interested to invest in building production sites in Tanzania (www.periodtax.org).

Tanzania's MHH Coalition has been actively advocating for MHH since 2018, working closely with the following ministries: (1) Ministry of Health, (2) Ministry of Trade and Industry, (3) Ministry of Water, (4) Ministry of Education Science and Technology (5) The President's Office, and Regional Administration and Local Government. These ministries participate in the coalition's regular meetings. The coalition was involved in advocating for the removal of the period tax in 2018. Institutions for Inclusive Development helped grow the coalition's membership and the coalition is currently Co-Chaired by the government (Ministry of Health) and Non-governmental stakeholder (World Vision). Today, the coalition comprises over 140 members.

VAT on Products

0%
since 2019



MHH POLICY LANDSCAPE

Policies including MHH

Tanzania has no stand-alone MH Policy, but in 2019 the Ministry of Health incorporated Menstrual Health and Hygiene (MHH) as a specific policy issue in the revised National Health Policy. This policy guides prioritization for health-related resources. The policy also commits the government to continue to mobilize health policy reform and commit resources towards menstrual hygiene issues into the future (SNV, 2020).

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Product Standards

- Disposables
- Washable Pads
- Cups

Key Government Actors

- Ministry of Health
- Ministry of Education Science and Technology
- Ministry of Industry, Trade, and Investment
- Ministry of Water
- President's Office-Regional Administration and Local Government

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AUTHORS & KEY CONTRIBUTORS

Halima Lila, UNFPA ESARO

Bridgit Kurgat, Days for Girls

Jennifer Rubli, Femme International

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