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POLICY BRIEF
ADVANCING MENSTRUAL HEALTH AND HYGIENE PROGRAMS IN WEST AND CENTRAL AFRICA

KEY MESSAGES


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- 162 million women and girls menstruate in West and Central Africa, but they often experience their menstruation in challenging and stigmatizing environments with unsupportive social norms, and restrictions that limit their full participation in daily activities. This affects their psychological, physical, and social well-being, including their confidence and self-esteem.

- Progress has been made in building girls' and women's knowledge and skills on menstrual health and hygiene (MHH), strengthening the policy environment, and adapting water, sanitation and hygiene (WASH) facilities and services to accommodate menstruators.

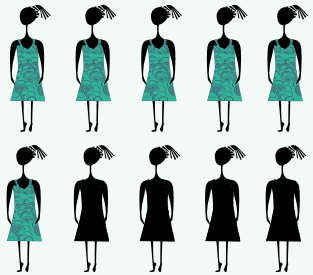
- However, gaps remain that prevent girls and women from managing their period safely and with dignity, including:
  - access to information that is age and developmentally appropriate for girls,
  - systematic delivery of MHH information in formal and non-formal education systems;
  - social norms-shifting interventions to address societal barriers;
  - standardizing MHH-friendly designs of facilities and services; and
  - access appropriate, quality, affordable materials of their choice for all women and girls.

- Action is needed from governments and partners on several aspects.
  - Explicit inclusion of MHH in national agendas for education, health, WASH and nutrition systems with MHH-specific objectives and implementation models (based on proof of effectiveness) that enable multi-sector investments.
  - Implementation of interventions to address discriminatory behaviors, non-factual beliefs, and negative attitudes related to menstruation, while reinforcing positive social norms.
  - Increasing access to MHH-friendly facilities and services (based on an agreed upon standard), and affordable, quality sanitary protection materials.

OVERVIEW IN NUMBERS

57%

of primary school-age girls and approximately 53 per cent of secondary-age girls are out of school



< 50%

of households and institutions have access to basic sanitation and hygiene services and facilities

THE CHALLENGE: MENSTRUAL HEALTH AND HYGIENE MATTERS IN WEST AND CENTRAL AFRICA

The onset of puberty for children in West and Central Africa heralds physiological, emotional, and social changes that shape girls' life paths and outcomes, which are often grounded in gender unequal systems. Girls in this region face the highest gender gaps in education worldwide, with 57 per cent of primary school-age girls and 53 per cent of secondary school-age girls out of school[1]. They also have the highest risks of early child marriage, female genital mutilation/cutting (FGM/C), and childbearing[1]. In addition, they have low rates of access to WASH services in households, institutions, and public spaces, with less than 50 per cent of households and institutions having basic sanitation and hygiene services[2].The onset of menstruation, also known as menarche, marks a point where these challenges become heightened and girls face numerous difficulties.

Menstruation affects the psychological, physical, and social well-being of girls, who report negative psychosocial experiences during this time including fear, anxiety, depression, sadness, shame, and stress. The lack of accurate and comprehensive information on menstruation before and after their first period significantly contributes to this. The limited information that is provided is often grounded in social and religious beliefs. Moreover, formal education systems offer inadequate opportunities for learning about menstruation comprehensively.

The widespread belief that menstrual blood is *"impure"* and other commonly held beliefs limits women and girls' participation in daily social and work activities, and negatively affects their confidence and self-esteem. Girls also suffer negative physical and mental health effects as a result of poor MHH services. Limited access to materials and supplies prevents girls from practicing adequate hygiene during their menstruation, which adversely affect their health. The majority of girls use pieces of reusable cloth, tissues, or absorbent cotton in the region during their period, however lack of access to soap and water prevent them from washing these materials or changing their clothes at school[3]. Girls report infections, itching, and irritations as a result of their inability to implement adequate hygiene practices. Excised girls and women also appear to be at higher risk of getting infections due to poor menstrual hygiene practices. This is noteworthy because nearly 30 per cent of girls and women

Figure 1. Framework for MHH programming (UNICEF 2019)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aged 15-49 have undergone FGM/C in West and Central Africa.[4] Many girls in the region also experience dysmenorrhea[5] during menstruation. Frequent, heavy, or prolonged bleeding also puts girls and women at risk of anemia, which is notable as many countries in the region have a high prevalence of adolescent anemia (>40 per cent of adolescent girls in some countries).

Further exacerbating these negative health effects are barriers faced by women and girls attempting to access care for menstruation-related illnesses, who can face discrimination based on their age, marital status, geographical location, economic status, and prevailing gender norms. Menstrual disorders are often considered normal, and girls and women (sometimes even health workers) are not always able to differentiate normal vaginal bleeding from abnormal bleeding. Girls and women also cite the negative attitudes of health workers when approached with reproductive health concerns as a key barrier to accessing health services.

The interplay of the challenges listed above result in many girls skipping school during menstruation. These repeated absences can represent significant losses in attendance that is hard to recover from. During class, girls also report being anxious about leakages and odors; they are less focused, shy, and tend to withdraw, all of which affects their learning.

For the many displaced girls and women in the region, disruptions in their daily activities and changes in their physical and social environment make the challenges faced during menstruation even more acute. More often than not, their safety and privacy are compromised as well as their access to WASH facilities and services.

1 UNICEF West and Central Africa. *"Adolescent Girls in West and Central Africa Data Brief."* UNICEF DATA, 8 Jan. 2020, data.unicef.org/resources/adolescent-girls-in-west-and-central-africa-data-brief.

2 WHO/ UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene. World Health Organization & UNICEF, washdata.org/data. Accessed 21 May 2021.

3 Less than 50 per cent of schools in the region had access to basic drinking water and sanitation, and handwashing services. Source: WHO/ UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene. World Health Organization & UNICEF, washdata.org/data. Accessed 21 May 2021.

4 Burkina Faso, Gambia, Guinea, Guinea-Bissau Mali, Mauritania, Nigeria, Senegal. Source: UNFPA. *"Female Genital Mutilation (FGM) Frequently Asked Questions."* United Nations Population Fund, 2020, www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions.

5 i.e. negative physical sensations and emotions and various physical pains

PROGRESS TO DATE

In the past decade, UNICEF and other organizations conducted research and documentation on MHH in the region which served as the foundation for programming along various areas of work.

1. **Social support** to change attitudes and social norms around menstruation

2. **Knowledge and skills building** for girls to safely manage their menstruation

3. **MHH friendly facilities and services** to provide basic WASH services adapted for girls and women in all settings (schools, households, and health facilities)

4. **Menstrual materials and supplies** for affordable and appropriate menstrual materials

5. **Strengthening the enabling environment** including policy, monitoring, capacity-building, and finance, amongst others.

SOCIAL SUPPORT

MHH programming on social support to date focused on understanding the societal context in which girls experience menstruation through formative research. The results of these research have been used to inform advocacy strategies and build programs addressing the social stigma and silence around MHH, particularly through existing WASH in schools programs. Nevertheless, the effect of current programming on attitudes, beliefs, and behaviors in the communities within which girls live is unclear. Current interventions are often training-based and typically involve girls and teachers. This type of programming focuses on changing individual knowledge, attitudes, and behaviors through a one-off event, without facilitating social change beyond the individual. Such programs noticeably lack differentiated strategies for engaging various groups at the individual, family, community, policy, and societal levels.

KNOWLEDGE AND SKILLS BUILDING

Programming in MHH in the region on knowledge and skills building has focused on the production of education materials and toolkits for girls, boys, teachers, and (at times) parents. Most of these interventions are school-based. However, many out-of-school children in the region require a complementary approach to enable equitable access to MHH services. While several programs targeted a range of influencers as a secondary audience for knowledge and skills building on MHH, engagement of parents and other key community members is not systematic. It is also unclear whether the information that girls and boys receive through current programs is timely and evolves according to the age, development and needs of children. Studies have shown that comprehensive MHH education is often not included in curricula across the region and when it is, it is introduced to students well after the onset of their period. This is further complicated by the fact that educators, most of which are male, report being uncomfortable to address MHH.

MHH–FRIENDLY FACILITIES AND SERVICES

Programming support for MHH-friendly facilities and services in the region consists of advocacy for the inclusion of MHH in national norms, standards, and guidelines for WASH in Schools, and the construction of WASH facilities adapted for MHH in schools. Although countries in the region report increased adoption of MHH-friendly designs for WASH in schools infrastructure, the definition of what is considered an MHH-friendly design is unclear and varied, leading to a disparate array of interventions. Programming has also traditionally focused on facilities and services in school settings given the clear entry point that WASH in Schools programs provided for MHH. However, its integration in WASH service delivery in communities and healthcare facilities can be further improved.

MENSTRUAL MATERIALS AND SUPPLIES

Programming on menstrual materials and supplies is a nascent area of work in the region. It consists of the provision of MHH materials in development and humanitarian contexts. Country programs in Burkina Faso, Nigeria and Senegal have supported the local manufacture and use of reusable pads but the scale of these initiatives remains limited. Current programming can improve on integrating user-informed and market-based approaches to improve affordability, choice and access to menstrual materials and supplies. Considerations are also needed to strengthen access to supplies that support the hygienic management of menstruation - items such as underwear, soap, basins for washing, waste management systems, and pain management supplies.

THE ENABLING ENVIRONMENT FOR MENSTRUAL HEALTH AND HYGIENE

Building sustainable, at-scale action for MHH requires a strong enabling environment, including policies and strategies that support MHH, institutional arrangements such as coordination between sectors, planning and monitoring, financing, and capacity development. Most of the information available on the enabling environment for MHH is on policy and institutional arrangements. Reviews of sector policies in Togo, Senegal, and Cameroon conducted prior to 2017 revealed that MHH appears in neither public policy documents nor in policy implementation tools. Since then, some countries have progressed in strengthening the policy environment, particularly integration of MHH in national WASH in schools policies. In Mali, the government has even validated a roadmap for MHH with specific areas for action. Progress in MHH in many countries has been spearheaded by national MHH working groups, which provide a coordination mechanism for baseline assessments, program planning, and scale-up. In the region, Burkina Faso, Ghana, Mali, and Niger have recently developed these working groups. They usually involve ministries including but not limited to water and sanitation, health, education, and environment. Other policy actions in the region include tax exemptions and facilities regulation. In Nigeria, a campaign for tax exemption on menstrual materials has been successful and in Ghana, an ongoing period tax campaign is gaining ground[6]. Despite these advancements in several aspects of the enabling environment, financing for program activities remain limited.

6 More information on the global campaign available at *www.periodtax.org*

RECOMMENDATIONS FOR ACTION


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Investment in holistic, multi-pronged interventions that are sustainable and provide a pathway to scale is essential to adequately respond to menstruators' needs. Building theories of change that consider the individual and contextual determinants of MHH and that explicitly incorporate cross-sectoral outcomes is needed. Particular attention is also needed to generate evidence on girls faced with overlaying vulnerabilities including out-of-school girls, girls and women with disabilities, and girls and women in fragile contexts. Recommended actions for key stakeholders are outlined below[7].

1. NATIONAL AND INTERNATIONAL POLICIES AND STRATEGIES

National governments

- More clear and explicit inclusion of MHH in national agendas and monitoring systems for education, sexual and reproductive health, school health and nutrition, WASH, and gender equality; provide MHH-specific objectives, implementation models (based on proof of effectiveness), and enable multi-sector investments.
- Reinforce national and/or sub-national MHH thematic groups with members from education, health, and water and sanitation ministries, implementing partners, civil society, and define the roles of each actor. In countries with existing national coordination mechanisms, support decentralization for field level actions.

Partners

- Leverage existing relationships within national governments and donor coordination platforms to bring MHH to the forefront of discussions on adolescent health and well-being, gender equality and women's empowerment, WASH facilities and services, and quality education.
- Strengthen advocacy to build the regional evidence on MHH using global standard indicators for results measurement[8].

2. EDUCATION AND HEALTH SYSTEMS HAVE THE CAPACITY TO DELIVER MHH PROGRAMS

National governments

- Integrate MHH in standard pre-service and in-service training programs in education and health systems; institute the early introduction of comprehensive puberty education in curricula (at primary level) with nationally recognized standards.

Partners

- Model, cost and evaluate holistic and cross-sectoral programs integrating MHH in education and health initiatives. Costing of key interventions will support advocacy for the allocation of national and donor resources from various sectors for MHH in different settings.


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3. GIRLS, WOMEN, BOYS, AND MEN IMPROVE INDIVIDUAL KNOWLEDGE AND ATTITUDES ON MHH AND RELATED LIFE-SKILLS

Governments

- Model positive social norms around menstruation through public commitment and leadership on MHH from diverse government staff at all levels.
- Work with national and local administrations to include MHH interventions on knowledge and skills building and behavior change in WASH programs in communities and healthcare facilities.
- Integrate knowledge, skills-building and behavior change interventions for MHH in non-formal education systems; design these interventions with consideration for people in fragile contexts and persons with disabilities.

Partners

- Generate evidence on drivers of negative social norms, provide coherent guidance on social norms programming, and invest in long-term, norms-shifting interventions that address discriminatory beliefs held by oneself and societies, and negative attitudes and behaviors related to menstruation.

4. GIRLS AND WOMEN ACCESS MHH-SUPPORTIVE FACILITIES, SERVICES, MATERIALS AND SUPPLIES

Governments

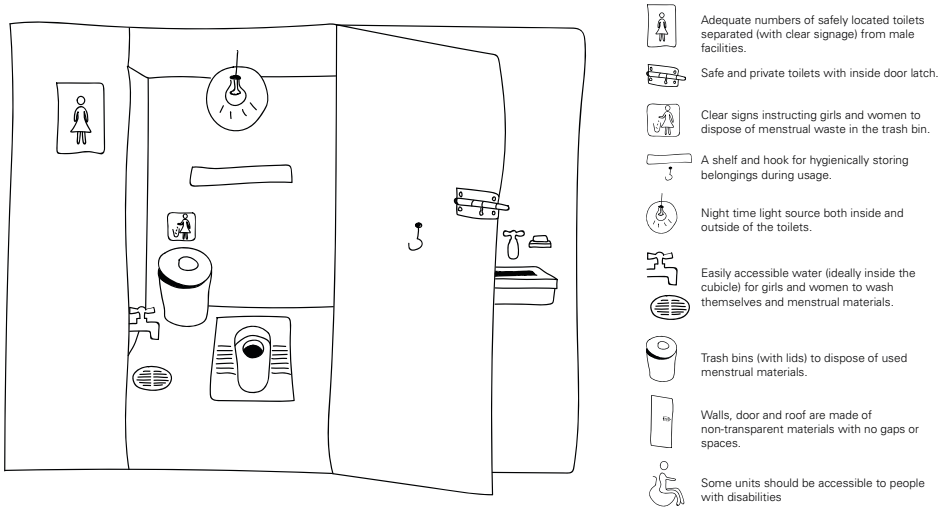
- With the support of partners, establish and ensure compliance to minimum standards for MHH-friendly, disability-inclusive, WASH facilities and services in all settings while increasing budgets for facility operation and maintenance to support sustainability. Minimum standards and quality assurance processes and regulations should also be developed for all menstrual product manufacturers, retailers, and distributors.
- Encourage the availability of low-cost, quality sanitary protection materials by addressing the bottlenecks faced by the private sector and/or social enterprises, especially in hard to reach areas.

Partners

- Convene government, private sector networks, and public sector actors to advocate and support market development for MHH products and services so that all girls and women have sustainable access to a range of affordable, appropriate, and quality materials of their choice.

7 Adapted from Dutta, Devashish, et al. *"Supporting the Rights of Girls and Women through Menstrual Hygiene Management (MHM) in the East Asia and Pacific Region: Realities, Progress and Opportunities."* Bangkok, Thailand: UNICEF East Asia and Pacific Regional Office (EAPRO) (2016).
8 UNICEF. *"Guidance for Monitoring Menstrual Health and Hygiene."* UNICEF, 2019, www.unicef.org/documents/guidance-monitoring-menstrual-health-and-hygiene.
9 International Rescue Committee (IRC) and Columbia University's Mailman School of Public Health. *"Menstrual Hygiene Management (MHM) in Emergencies Toolkit."* International Rescue Committee (IRC), 10 Sept. 2020, www.rescue.org/resource/menstrual-hygiene-management-mhm-emergencies-toolkit.

Figure 2. What are MHH-friendly WASH facilities and services[9] ?



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