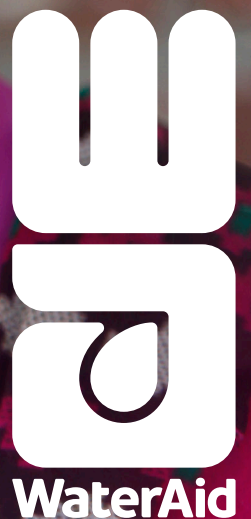


# Where's the Bloody Queen?

WaterAid/Sailendra Kharel

**A Policy Brief  
on Menstrual Health  
from WaterAid**



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**Published in 2024 for the campaign, “Where’s the Bloody Queen,” in Sweden.** The campaign is created by WaterAid and the PR agency Obeya. It is designed to raise awareness about menstrual health and hygiene, particularly in regions where menstrual health is stigmatised and where women and girls lack access to clean water, sanitation, and hygiene. As part of the campaign, we developed five uniquely-designed chessboards, all of which had in common the absence of the queen, symbolising women’s absence from society. By illustrating the challenge of winning in chess without the queen, we aimed to draw attention to the wider impact - and loss - for entire societies, when women are forced to be absent from various facets of life.

### A note on terminology

Not all women and girls menstruate, and not all people who menstruate are women. The term ‘girls and women’ is used as a shorthand term to increase readability, but refers to all people who menstruate, including girls, women, transgender, and non-binary persons.

● **Cover photo:** Prabha Gimire, 36, is a teacher at Shree Lekhnath School. She is pictured standing outside the school building, in Malhanma, Lahan-24, Nepal, in April 2021. According to the principal, 15% of girls’ absences are due to menstruation. However, the girls are not comfortable talking about it.

Prabha says **“The conditions for maintaining menstrual management are critical. Being absent during menstruation is a huge problem, as there are more girls than boys in this school. This really affects the girls’ studies, as they are deprived of lots of knowledge when they miss a single class; often they are compelled to miss 4-5 days a month here. They fall behind due to this natural process.”**

And when they do stay in school, Rabha explains the situation the girls face: **“Girls face difficulties during their period since there are no facilities for disposing of pads here. They go to the jungle or sugarcane fields to change their pads. They fear that others will find out about their period. The mental pressure also means they aren’t able to concentrate.”**

Rabha shares what the girls need to be able to remain in school and participate fully: **“To solve the problem there needs to be a changing room with pad facilities and disposal bins. Once this is fulfilled, the girls can maintain menstrual hygiene and would not have to miss any classes. Besides that, there should also be soap and water continuously available for cleaning the toilet and washing hands. Moreover, we should provide awareness regarding menstrual management, sanitation, and hygiene to all male and female students. Boys also need such orientation and knowledge, as female students are their sisters. It would be easier for girls if boys also knew about menstruation.”**

### Acronyms and glossary

GDP	Gross Domestic Product
GNP	Gross National Product
JMP	Joint Monitoring Programme for water, sanitation, and hygiene
Menarche	Menarche is defined as the first menstrual period in an adolescent. Menarche typically occurs between the ages of 10 and 16.
MH	Menstrual Health
MHH	Menstrual Health and Hygiene
RMG	Ready-Made Garment
Sida	Swedish International Development Agency
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
UNFPA	United Nations’ Population Fund
UNICEF	United Nations’ Children’s Fund
WHO	World Health Organisation
WASH	Water, Sanitation, and Hygiene



# Introduction

Menstruation is a natural fact of life and a monthly occurrence for most of the 2 billion adolescent girls and women of reproductive age. Yet millions of menstruators across the world are denied the right to information about their reproductive health and menstrual cycle, including how to take care of their menstruation in a hygienic and healthy way.<sup>1</sup>

**It is estimated that 500 million women and girls globally face constraints in their needs to manage their menstruation well, which is almost a quarter of the global female population of reproductive age.** In Ethiopia, over 70 percent of women report they do not have everything they need to manage their menstruation.<sup>2</sup>

People who menstruate can face barriers in all domains of society, that determine their menstrual health (MH) and wellbeing. Transgender men and non-binary persons who menstruate often face double discrimination due to their gender identity, which prevents them from accessing the materials and facilities that they need. Persons with disabilities face additional stigma and accessibility barriers to facilities and information.

**All of this has far-reaching negativity impacts on the lives of those who menstruate – restricting their mobility, freedom and choices, affecting attendance and participation in school and at work, compromising their safety, and causing stress and anxiety.**<sup>3</sup> Menstruation affects many aspects of life – education, gender, water, sanitation, workforce, health, and other issues affecting women and girls.

Women's economic empowerment is seen as one of the most important factors contributing to equality between women and men. According to The Swedish International Development Cooperation Agency (Sida), putting in place measures to keep girls in

school beyond primary (5-11 years' old) should be a priority for education interventions. Higher levels of education increase women's chances of formal employment, and gender inequality in wages is reduced for those with higher levels of education. Once they enter the workforce, exploitative and discriminatory working conditions and restricted mobility are examples of factors that limit women's ability to access and enjoy the returns on their work. Lower labour force participation by women also results in lower output and, hence, lower GDP. Furthermore, lower productivity and earnings due to discrimination and inequalities reduce the value of production and thus have a negative impact on GDP. The economic empowerment of women is a human rights and social justice issue, but it also reduces poverty, and strengthens economic growth and development.<sup>4</sup>

According to the World Bank, **lower earnings for women in adulthood due to low educational attainment lead to losses in human capital wealth**, defined as the present value of the future earnings of the labour force, at an estimated level between US\$ 15 trillion to US\$ 30 trillion globally.<sup>5</sup>

GNP per capita is lower in countries where there is significant gender inequality in education.<sup>6</sup> Women's economic empowerment reduces poverty and strengthens economic growth and sustainable development.<sup>7</sup>

**Menstruation is often considered something private, but when there are societal barriers to participation, society is responsible for the discrimination that results.**

This policy brief aims to give an overview of the linkages between menstrual health and women and girls' barriers to participation in school and at work, as fundamental dimensions of women's economic empowerment, and shed a light on society's responsibility. The report is based on WaterAid's and our partners' experience working with menstrual health. Additional studies and research have been reviewed and are presented to provide a more comprehensive picture.

● Bridget, 17, standing in front of the toilet for girls at her school in Nkeyema District, Zambia, February 2022. **"When I am on my period, I don't feel safe changing sanitary pads in there [toilet]. It is embarrassing to deal with menses in those toilets while at school. I opt to stay home on some days as it is not easy to stay without changing during my periods."**



WaterAid/Chileshe Chanda

# Global Overview



**500 million women and girls** globally face constraints in their needs to manage their menstruation well, which is almost a quarter of the global female population of reproductive age.<sup>8</sup>



Globally, over **a quarter of schools** don't even have a basic sanitation service.<sup>9</sup>



In sub-Saharan Africa, over **half of schools** don't even have a basic water service.<sup>10</sup>



In sub-Saharan Africa, almost **three quarters of schools** don't have a basic hygiene service.<sup>11</sup>

## Human Rights and Sustainable Development Goals

**Good menstrual health enables women and girls to exercise and enjoy human rights.** While menstrual health is not a human right in and of itself, it is intricately connected to people's ability to exercise their rights, including the rights to education, work, water, sanitation, and health.<sup>12</sup> In 2021, the UN Human Rights Council, for the first time ever, adopted a resolution focusing on menstrual health, gender equality and human rights. Among other actions, the resolution calls upon states to ensure that women and girls have access to adequate facilities, information, and products for optimal and effective menstrual hygiene management.<sup>13</sup>

**Menstrual health also relates to several of the Sustainable Development Goals (SDGs).** Especially goal 6 as it is a component of gender-responsive water, sanitation, and hygiene (WASH) services. It also pertains to education (Goal 4), as girls may be absent from school during menstruation, or absent from work, affecting economic opportunities (Goal 8).

Gender equality (Goal 5) cannot be achieved when taboos and myths around menstruation prevail.<sup>14</sup>

The WHO/UNICEF Joint Monitoring Programme (JMP) for water has since 2021 expanded its global databases to incorporate emerging national data on menstrual health. By 2022, nationally-representative data on menstrual health and hygiene (MHH) was available for 53 countries, but not all have data on all the indicators. Three quarters of the countries are from low or lower-middle-income brackets, and only three are from Europe and North America.<sup>15</sup>

**Globally, there is not enough data to understand the scale of the challenge and the nuances across contexts.** However, a Global MHH Monitoring Group<sup>16</sup> has produced a shortlist of priority MHH indicators and supported the JMP to develop a new complementary MHH survey module for households. More MHH data is expected in the JMP progress updates on WASH in schools (2024), and on WASH in households (2025).



WaterAid/Fabeha Monir

● 16-year-old Kotha Gain is sitting inside the cattle house which was once used to keep her for three days alone when she had her first period. It is her culture's norm and religious stipulation that when a girl has her first period, she will spend three days sitting on the rug and she is not allowed to clean herself. Kotha recalls, **"I was afraid and angry. But I could do nothing. Still now I cannot touch trees or do certain other activities when I have my period. I know this is not right, but every girl has faced this. My mother, grandmother, sisters, and my friends"**. Dacope, Khulna, Bangladesh.



# Menstrual Health Definition<sup>17</sup>

**MENSTRUAL HEALTH** is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle.” Achieving menstrual health implies that women, girls and all other people who experience a menstrual cycle, throughout their life-course, are able to:



## ACCESS INFORMATION & EDUCATION

Access accurate, timely, age-appropriate information about the menstrual cycle, menstruation and changes experienced throughout the life course, as well as related self-care and hygiene practices.



## ACCESS MATERIALS, FACILITIES & SERVICES

Care for their bodies during menstruation such that their preferences, hygiene, comfort, privacy and safety are supported. This includes accessing and using effective and affordable menstrual materials and having supportive facilities and services, including water, sanitation and hygiene services, for washing the body and hands, changing menstrual materials and cleaning and/or disposing of used materials.



## CARE FOR DISCOMFORTS & DISORDERS

Access timely diagnosis, treatment and care for menstrual cycle-related discomfort and disorders, including access to appropriate health services and resources, pain relief and strategies for self-care.



## SUPPORTIVE SOCIAL ENVIRONMENT

Experience a positive and respectful environment in relation to the menstrual cycle, free from stigma and psychological distress, including the resources and support they need to confidently care for their bodies and make informed decisions about self-care throughout their menstrual cycle.



## NON-DISCRIMINATION & PARTICIPATION

Decide whether and how to participate in all spheres of life, including civil, cultural, economic, social and political, during all phases of the menstrual cycle, free from menstruation-related exclusion, restriction, discrimination, coercion and/or violence.

18

This holistic definition was developed by the **Global Menstrual Health Collective** in May 2021. The definition is now commonly used by global actors, including the Joint Monitoring Programme (UNICEF and WHO) and UNFPA. There has been a shift, and menstruation is now considered a health issue, whereas before it was usually framed solely as a hygiene issue.



WaterAid/Amindito Mukherjee

● In 2019, WaterAid, with the support of HSBC, started to work with Tannery factories in Uttar Pradesh, India. The project focuses on improving WASH facilities at the factories and conducting training sessions on menstrual health and hygiene for tannery workers. Kavita Devi works on the production line of the Kings International Tannery, where she also helps supervise the female employees and takes a lead in WaterAid's menstrual health and hygiene education sessions. Kavita said: “**There was a lot to learn. We have come a long way and have realised there is nothing to be embarrassed about with menstruation. These sessions helped us decipher some of the regular problems many of us faced, like itchiness during periods. Lack of hygiene is the most probable cause for vaginal infections and uterine problems. No absorbent, cloth, or sanitary napkin should be used for more than six hours,**” she adds. Uttar Pradesh, India, April 2022.

# Menstrual Health in Schools

Globally, the largest generation of girls in history is entering its reproductive years. However, managing menstrual health while in school is a challenge for many, because the school environment is not adapted to their needs.<sup>19</sup>

**30% of schoolgirls in Bangladesh reported missing an average of 2.5 days a month when menstruating.**<sup>20</sup>

Supporting girls' education is profoundly important. When girls are educated, they are less likely to marry young, they earn higher incomes, actively engage in decision-making processes, and contribute to creating improved futures for themselves, their families, and communities.<sup>21</sup>

## Water and Sanitation Facilities

**546 million children worldwide lack even a basic water service at their school.**<sup>22</sup> **In sub-Saharan Africa, over half of schools don't even have a basic sanitation service.** Clean water, decent sanitation, and good hygiene are important in terms of the facilities girls need to take care of their menstruation in safe, hygienic, and dignified ways. In Bangladesh, only 23% of schoolgirls have access to good toilets, soap and water, and a place to dispose used menstrual hygiene materials at school.<sup>23</sup>

There is growing evidence that not being able to change menstrual pads, or using menstrual cloths that haven't been properly cleaned or dried, can lead to reproductive tract infections.<sup>24</sup> When school toilets are unsafe and unmonitored, girls experience harassment and assault, and they identify toilets as places of fear and anxiety.<sup>25</sup>

**Inadequate sanitary facilities affect girls' experiences at school, causing them to miss school during their menstruation.**<sup>26</sup>

According to a meta-analysis on the status of menstrual hygiene among adolescent girls in India, a quarter of the girls did not attend school during menstruation because of the lack of adequate toilets.<sup>27</sup>

**Schools that have female-friendly water and sanitation facilities contribute to decreased absenteeism, better education and health outcomes, and increased gender equality.**<sup>28</sup>

## Stigma, taboo, and information

Even if menstruation is a natural bodily function experienced by most women and adolescent girls each month, it is often surrounded by taboos and restrictive socio-cultural practices.<sup>29</sup> For example, in some cultures, women and girls are forced to be isolated, and are told that they should not bathe, touch water, look in a mirror, eat certain foods, or touch plants.<sup>30</sup>

**Young girls often grow up with limited knowledge of menstruation** because their mothers and other women shy away from discussing the issues with them. So, a girl's first experience of menstruation can be a frightening time if she has never heard about it before.<sup>31</sup> In many countries, the arrival of a girl's first menstruation signals that she is now an adult, ready for marriage and childbearing.<sup>32</sup> The National Hygiene Survey in Bangladesh found that only 36 percent of schoolgirls have learnt about menstrual health and hygiene at school.<sup>33</sup> The JMP data shows that among girls in Bangladesh who are 11 and younger at menarche, only 25 percent knew what menstruation was when they started bleeding.<sup>34</sup>

**Girls in India often turn to their mothers for information and support, but 70 percent of mothers consider menstruation "dirty," further perpetuating taboos.**<sup>35</sup>

**The school environment offers great opportunities to address incorrect knowledge and negative cultural practices around menstruation, and to empower girls.** When incorporating education on menstruation into the curriculum for both girls and boys, and training teachers, stigma can be reduced and a supportive environment for girls can be created.<sup>36</sup> Schools also have the opportunity to educate and inform parents.<sup>37</sup>

## Sanitary Products

Access to affordable and appropriate menstrual hygiene materials is vital for girls to manage their menstruation.<sup>38</sup> Provision of free sanitary products at school supports girls to stay in school during their menstruation, especially girls who live in poverty. The provision should ensure girls can access their preferred type of product and enough of the product to meet their needs.<sup>39</sup> The school also has the opportunity to support girls with access to pain relief, which could also help improve concentration in class, and guidance on how to get care and treatment for discomforts and disorders relating to menstrual health.



# Case study: Building girl-friendly and inclusive school WASH facilities in Timor-Leste

Many schools in Timor-Leste do not meet minimum levels of access to water, sanitation, and hygiene services, which means children may miss classes to go home to use the toilet. To address this issue, WaterAid designs and constructs inclusive features in WASH facilities across schools in rural Timor-Leste.

The 'girl-friendly' features were designed in consultation with girl students, and the design and construction of accessibility features was done in consultation with a local organisation of people with disabilities, called Raes Hadomi Timor Oan (RHTO).

One dimension was to design an incinerator on the external back wall, with small chutes connecting from two of the girls' stalls to allow used sanitary materials to be disposed of directly into the incinerator. This meant sanitary materials did not need to be carried outside of toilets.

Other innovative features included clear plastic panels in the roof to allow better lighting inside in the case of power cuts. Ramps, handles, and larger stalls were designed to cater for students with difficulties walking or seeing, or who used wheelchairs.

Girls reported that the chutes increased privacy and reduced embarrassment around menstruating.

When asked how the girls feel about their new toilets, one student said: **"It's really easy to manage our periods when we are [at] school now because we**

**increased our knowledge [about menstruation]. We also have sanitary pads available inside the toilet cubicles; we can just change them at school, rather than having to go home."**

**"Before we had the inclusive toilet, when we had our periods, we had to ask permission to leave, go home, and then we didn't come back [to class]. In the [new] toilets they also have an incinerator and now when we have our periods we don't have to go home,"** says one of the 16-year-old female students.<sup>40</sup>

Octavia, 17, and her friends go to school in Liquica, Timor-Leste. A girl-friendly and inclusive toilet block has been installed at Octavia's school. She describes the old toilets as difficult for girls when they had their period because they didn't know where to put their used pads. Octavia often went home to change her sanitary pad and missed class.

Octavia explains, **"I'm really happy for the new toilets because it helps us when we get our period because we can put our pad in the incinerator"**. There is also water, soap, and sinks in the new toilet cubicles for handwashing. Octavia says she feels more comfortable having her period at school since the new toilets were installed.



WaterAid/Tariq Hawari

# Menstrual Health at Work

Women make up large numbers in workforces across the globe, especially in garment and agricultural sectors. Women who cannot attend work during menstruation, or who are less productive due to menstrual-related challenges and discrimination, lose wages for missed days of work and are viewed as unreliable workers, diminishing options for advancement.<sup>41</sup> **Women's health and menstruation are often forgotten by businesses, making it difficult for employees to manage their periods at work.**<sup>42</sup>

Women need somewhere private, clean, and secure to change sanitary cloths or pads; clean water and soap for washing their hands, bodies, and reusable cloths; and facilities for safely disposing of used materials. Not having this can result in health problems, including urinary and reproductive tract infections, as well as a wider impact on mental health and wellbeing.<sup>43</sup>

**Menstrual product choice can also be hindered by poor sanitation infrastructure.** For instance, facilities that have inadequate disposal mechanisms may discourage women from using single-use sanitary pads. 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, with women and girls feeling shame when drying reusable pads in the open air, which is required for proper hygiene.<sup>44</sup>

**Without water, sanitation, and hygiene facilities to support menstrual health, businesses are likely to be affected by absenteeism, sickness, lack of productivity, low retention levels, increased stress, and low morale, both within and towards the workplace.**<sup>45</sup>

**In a study from Burkina Faso and Nigeria, almost one in four women in lowest wealth tertile reported missing work during menstruation.**

Further findings from surveys across Burkina Faso, Niger, and Nigeria support the assertion that menstruation is a significant cause of absence from work and school in West Africa.<sup>46</sup>

**Research in Uganda found that 19% of women usually miss work during their period,** and 40% said that they would avoid work, if possible, when menstruating. A total of 43% of those missing work mentioned concerns about how to take care of their menstruation and access to facilities as a reason for absenteeism.<sup>47</sup>

## Benefits for both businesses and employees

Globally, 80 percent of garment employees are women. Bangladesh's Ready-Made Garment (RGM) sector holds huge economic potential and accounts for 83 percent of the country's total export earnings. Factory settings are often target-driven; therefore, the workplace culture doesn't facilitate women feeling comfortable enough to leave their stations to use the facilities.<sup>48</sup>

**WaterAid's menstrual health interventions in workplaces in Bangladesh and India show great results for both employees and businesses.** The interventions included ensuring access to water, sanitation, hygiene facilities, and education on menstrual health and hygiene for both employees and management. The programme resulted in a decrease in women's absenteeism by, on average, 16 percent, whilst productivity increased by 12 percent, quality of work increased by 40 percent, and a sense of being cared for by the workplace was up amongst all employees. The frequency of women employees changing their sanitary materials within six hours or less improved from 54 to 84 percent, and 98 percent of employees reported that they now felt comfortable changing menstrual materials in the factory toilets. This significantly lowered health risks. Even if not all these results can be solely attributed to menstrual health improvements, the increase in productivity can be directly linked to menstrual health and hygiene improvements.

The workplace training improved knowledge on menstrual health and helped reduce the stigma, and the impact could be felt across the wider community. **The facilities also enabled women to feel a sense of dignity when taking care of their periods, which creates an underlying feeling of allegiance to their workplace and an empowering sense of change for women.**<sup>49</sup>

Studies in Kenya and Nepal by USAID found that after menstrual health interventions were implemented, women employees had greater self-efficacy relating to performance at work while menstruating, higher job satisfaction, and lower absenteeism and presenteeism. The businesses also gained a better corporate reputation and employees felt an increased sense of "belonging" to their workplace. Furthermore, the studies found that, on average, every \$1 invested in the intervention returned \$1.40 in benefits. **Projected over two years, every \$1 returns \$2.30 in benefits. In the long term, the benefits of improved menstrual health are valued at more than double the cost of providing them.**<sup>50</sup>



# Case study: WASH in Garment Factories

From 2021 – 2023, WaterAid, with funding from Lindex, was working in Gazipur, Bangladesh, to improve access to WASH for the garment industry and its workers.

The project increased access to safe drinking water, built female-friendly toilets and handwashing facilities, and trained hygiene change agents to deliver hygiene sessions including menstrual health. Hygiene change agents were supported to be champions in their workplaces and communities.

Rikta Akter is 20 years old and has been working at one of the leading manufacturers of knitted garments, located in Gazipur, for 16 months. Rikta has been trained as a hygiene change agent by WaterAid and she shares knowledge on hygiene with her colleagues at the factory. This includes handwashing with soap and menstrual health and hygiene. She also informs about how clean water and good hygiene can prevent diseases and increase productivity in the workplace and how with less absenteeism, income is improved both for the workers and for the business.

**“Previously, we suffered from unsafe water, inadequate sanitation, and poor hygiene practices. During menstruation, many of us would use waste cloth and leftover fabrics from the factory instead of sanitary napkins because we were unaware of menstrual hygiene. It was**

**unhealthy, and it caused itching and infections in our vaginal areas. Even though we felt uncomfortable throughout the day, we didn’t say a word”, Rikta says.**

Rikta was able to create positive change at her workplace. She says, **“women here started washing their hands as frequently as possible during break times. They began using sanitary napkins provided by the factory, which helped them maintain good hygiene during their periods.”**

Jahid Hashan, Head of Admin, HR, and Compliance at Incredible Fashion Ltd (one of the factories in the project), says: **“The Change Agents and modern washing facilities will help our workers remain aware of their hygiene behaviour and remain healthy and safe; our workers’ wellbeing is paramount to our business’ success.”**

The training Rikta received and her new role as a change agent have empowered her, and she has developed a passion for making a difference. **“I became a changemaker for the betterment of others. My contribution to society is different from what I had in mind. With my newfound skills and passion for making a difference, I am determined to reach my goal of opening my own tailor shop and I continue to strive for a positive and healthy environment for everyone.”**



WaterAid/Drink/Farzana Hossen

# Conclusions

**When women and girls are not able to take care of their menstruation at workplaces and in school, they suffer discrimination.** Women and girls are deprived of opportunities for education and work, their health is at risk, and their movement is constrained. Society's response to this discrimination affects the ways in which women and girls experience menstruation and can enjoy their human rights.

**Women and girls are often excluded from decision making at all levels.** At the household level, they often have little control over whether they have access to a private latrine or money to spend on sanitary materials, and in larger society and in development programmes, they are rarely part of management. Deeply-embedded power relations persist, and most people, and men in particular, find menstrual health a difficult subject to talk about.<sup>51</sup> As a result, menstrual experiences are not considered, and society often fails to address the needs of women and girls.

**Through a holistic approach to menstrual health, society can support girls to stay in school beyond primary and throughout menstruating, as well as remove discriminatory working conditions and support women to work while menstruating.** When this is ensured at schools and workplaces, absenteeism is reduced, participation increases and opportunities for women and girls

increase. **Hence, investment in gender-responsive water, sanitation, and hygiene, and menstrual health, is crucial to increase women's economic empowerment and countries' economic growth, and to create more gender-equal societies.**

Menstrual health is a largely overlooked aspect of development cooperation, but is a critical pathway for gender equality and women's empowerment. Even if there has been an increased interest and some progress over the last few years, the overall funding levels are marginal and nowhere near what is required to address the challenges and needs.<sup>52,53</sup>

Activists and nongovernmental organisations have done a lot to put menstrual health on the agenda. **A growing number of governments are acting, but more needs to be done to ensure societies are supportive of people who menstruate.**

To further understand the impact and be able to progress, governments need to increase the amount of national data collection that incorporates indicators from the JMP for Menstrual Health and the shortlist of priority indicators for adolescent girls' menstrual health.<sup>54</sup> And research must be funded to increase the scale of evidence on social and economic impact, but also to document women's and girls' experience, and the cost-effectiveness of menstrual health programmes.

**When women and girls are not discriminated against due to their menstrual health needs, they can attend school for longer, and participate in the workforce more effectively, all of which are essential to increasing opportunities for economic development and independence, and in the long run reduce poverty and gender inequalities.**

**It is therefore societies' responsibility, and in their interest, to invest in menstrual health.**<sup>55</sup>



● With support from the Swedish Post Code Lottery, WaterAid and Plan International, are implementing a menstrual health project in western Bangladesh. The aim is to educate, break taboos about menstruation, and ensure improved toilet facilities, to better enable girls' attendance and participation at school. The project also works to increase dialogue between girls and their male family members and male teachers, to ensure a supportive environment. Sajida is 14 years old and says, **"The new toilets we have are better than the old ones, because in them we couldn't take care of our menstruation, so many of the girls would stay home when they had their period."**



## Key messages

● **1: Good menstrual health enables women and girls to exercise and enjoy human rights.** While menstrual health is not a human right in and of itself, it is intricately connected to people's ability to exercise their rights, including the rights to education, work, water, sanitation, and health.

● **2: Girls miss out on their education** because schools lack clean water and sanitation, and do not meet their menstrual health needs.

● **3: Without water, sanitation, and hygiene facilities** to support menstrual health, girls' education is compromised and societies will not be able to benefit from girls' and women's full potential.

● **4: Women lose wages and advancement opportunities** when workplaces do not meet their menstruation needs.

● **5: Without water, sanitation, and hygiene facilities to support menstrual health, businesses will be affected by increased absenteeism,** lack of productivity, low retention levels, and low moral both within and towards the workplace.

● **6: Women and girls are missing out on important opportunities for economic empowerment** because society fails to meet their menstrual health needs.

● **7: Women and girls' health is compromised** when workplaces and schools do not to meet their menstrual health and hygiene needs.

## Key asks

● Governments must make sure that schools, workplaces, and public institutions are supportive of women and girls that menstruate, so they can participate fully in education, economic and social activities without discrimination.

● It is crucial for governments, donors, and business to invest in gender-responsive WASH and menstrual health to increase women's economic empowerment, countries' economic growth, and to create more gender-equal societies.

● Governments need to increase the amount of national data collection that incorporates indicators from the JMP for Menstrual Health and the shortlist of priority indicators for adolescent girls' menstrual health<sup>56</sup> to build the evidence base and demonstrate progress and impact.

● Menstrual health should be approached as a multi-sectoral development challenge by expanding the intervention mandate and collaborating with experts from different fields, such as WASH, SRHR, education, and gender equality.

# Resources

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