



Period poverty in the Pacific:

Exploring opportunities and barriers to progress menstrual health



A case study series on menstrual health in Fiji,
Papua New Guinea, Samoa, Solomon Islands
and Vanuatu



**Pacific Menstrual
Health Network**



Executive summary

Addressing menstruation is important to advancing health, education and employment outcomes, and driving gender equality and inclusion. However, despite being a common experience, menstrual health remains largely neglected by policymakers, researchers, and practitioners across the Pacific region and unmet menstrual health needs are significant. The menstrual experiences of people in the Pacific remain challenging, shrouded in stigma and taboo.

This paper shares a comprehensive review of Pacific policies and insights from discussions with actors across five Pacific Island Countries: Fiji, Papua New Guinea, Samoa, the Solomon Islands and Vanuatu. It aims to generate a shared understanding among institutions, private sector actors, researchers, and civil society organisations (CSOs) of the key opportunities that exist to bring about improved menstrual health outcomes in these countries. The paper captures eight key findings on the barriers and opportunities to progress menstrual health.

Findings

1

Policy progress towards menstrual health is predominantly school-focused

To date, national government policies aimed at improving menstrual health outcomes in the Pacific have predominantly focused on improving access to WASH in schools for girls. This was reflected in WASH in School standards in all five focus countries.

2

Menstrual health remains absent from national policy goals and targets

Beyond WASH in schools, menstrual health remains absent from other national policies, goals and targets. None of the five Pacific Island countries had a standalone menstrual health policy or strategy. Of the 41 national government policies and strategies reviewed, only one policy outside the education sector included specific reference to menstrual health. This was the gender equality policy in Vanuatu.

3

Humanitarian responses that addressed menstrual health have contributed to increased, longer-term menstrual health efforts

Menstrual health has been a growing focus in humanitarian response, with humanitarian actors increasingly providing dignity kits (including menstrual products) and focusing on access to WASH during emergency response. This has contributed to ongoing increased menstrual health action throughout the region. This was noted as a key outcome from the humanitarian responses to Tropical Cycle Harold (April 2020) in Vanuatu and TC Winston in Fiji in 2016.



4

Harmful norms and stigma towards menstrual health are gradually changing, however they remain persistent and require more collaborative effort to address

Sociocultural factors shape the menstrual health experiences of people who menstruate in the Pacific. Gender norms and stigmatisation of menstruation was found to impact how adolescent girls and women receive support from their social network during menstruation, gain knowledge on the menstrual cycle and navigate behavioral expectations during menses that stem from their culture.



5

Women and girls with disabilities experience greater challenges within menstrual health

In Fiji, PNG, Samoa and Vanuatu evidence suggests that women and girls with disabilities experience greater challenges to managing their menstrual periods in comparison to their peers without disabilities. This included challenges with accessing information about menstruation and menstrual health, accessing suitable WASH facilities to assist with managing menstruation, and experiencing stigma and discrimination. Positively, there is some emerging evidence of good practice approaches to menstrual health to address these challenges in Fiji, Samoa and PNG which could be scaled up and applied across other contexts.



6

The menstrual health needs and experiences of gender diverse people are unclear and generally overlooked

Very limited evidence is available about the menstrual health needs and experiences of gender diverse people in the Pacific. This may be a consequence of interventions generally only including the menstrual needs of cisgender women and girls who menstruate, and failing to consider that menstruation is experienced by others assigned female at birth who do not necessarily identify as girl or women.



7

Increased regional action on strengthening availability of menstrual hygiene products and supply chains is welcome, but needs to be scaled and diversified

One focus area of interventions to improve menstrual health has been increasing the availability of safe, sustainable menstrual hygiene products. This has included supporting local enterprises to manufacture reusable pads. While these efforts are valuable, challenges remain in accessing menstrual hygiene products due to cost (particularly for low-income families); location (in rural/remote areas) and shame and stigma (which discourages people from purchasing products). Further work is needed to improve equitable access to safe and affordable products.



8

Menstrual health-friendly water, sanitation and hygiene access remains a critical barrier to meeting practical menstrual health needs

Access to water, sanitation and hygiene (WASH) in schools, workplaces and other public spaces continue to be commonly inadequate to meet the needs of girls, women and people who menstruate in the Pacific. There are low rates of WASH coverage in the Pacific, and limited data measuring menstrual health through national WASH surveys and monitoring in the region. Samoa was the only country with some national data.

Conclusion

Overall, there was good progress on menstrual health in the areas of WASH in schools; humanitarian response, disability inclusion and menstrual product development and supply. These efforts were predominantly led by local and international civil society organisations, in response to demand and gaps identified in communities. Government leadership, commitment and action were often lacking however (particularly beyond the education sector), and this is seen as a key barrier to further progress. A common theme emerging from interviews was a call for greater recognition that menstrual health solutions need to be addressed by all sectors rather than one thematic area alone. By working collaboratively across sectors, and between community and government further gains towards menstrual health in the Pacific can be made.



Recommendations

The paper proposes 6 key action areas to drive greater progress and momentum in the region:

- 1. Strengthen menstrual health national leadership and policies:** integrate menstrual health as both a standalone policy area and integrated across sexual reproductive health and rights, WASH and other areas.
- 2. Continue school-based education progress, and expand to improve menstrual health knowledge, tackle stigma, taboo and misinformation:** improve menstrual health components of existing SRH education and expand efforts to reach out of school children and adults in communities.
- 3. Strengthen supply and access to menstrual materials:** Continue efforts to strengthen supply chains; investigate and remove taxes; regulate importation and sales.
- 4. Ensure menstrual health initiatives actively target people with disabilities and people with diverse sexual orientation, gender identities and expressions and sex characteristics (SOGESIC):** Involve rights organisations and their communities in design and implementation of menstrual health
- 5. Expand MH-friendly WASH services beyond schools to other settings:** Build off WASH in Schools achievements to WASH in healthcare facilities and other settings
- 6. Strengthen Pacific menstrual health monitoring systems:** Develop and test key menstrual health indicators and measures aligned with global definition of menstrual health, to inform monitoring and evaluation efforts

Acronyms

CSO	Civil Society Organisation
MH	Menstrual health
MHM	Menstrual hygiene management
NGO	Non Government Organisation
ODP	Organisation Persons with Disabilities
PNG	Papua New Guinea
SRHR	Sexual and reproductive health and rights
WASH	Water, sanitation and hygiene

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Introduction

Menstruation is a natural biological process experienced by most women, girls and gender diverse people assigned female at birth. Despite being a common experience, menstrual health remains largely neglected by policymakers, researchers, and practitioners across the Pacific region. Research and programming globally have uncovered that addressing menstruation is important to advancing sexual and reproductive health and rights, education and employment outcomes, and driving gender equality and inclusion. With this in mind, it is critical to understand and meet the menstrual health needs of those who menstruate in the Pacific to support them in attaining their rights to high quality education, and safe and healthy livelihoods, whilst also strengthening the communities in which they live, grow and work. The Pacific menstrual health solutions are constantly evolving, yet unmet menstrual health needs remain significant.

WaterAid and a network of local Pacific menstrual health actors partnered together to undertake a scoping review to build a stronger understanding of the political economy drivers of menstrual health across five Pacific countries: Fiji, Papua New Guinea, Samoa, Solomon Islands and Vanuatu. Each country was involved in developing a 'menstrual health case study' to identify drivers, progress and opportunities for menstrual health nationally. This will be used to inform advocacy priorities, best practice approaches and recommendations for policy and programming.

This report presents the findings of the five menstrual health case studies synthesised across common themes. It outlines recommendations to elevate the importance of menstrual health across the Pacific region and mobilise action.





What is

menstrual health?

Women, girls and gender diverse people experience a menstrual cycle, biologically linked to their reproductive health.¹ Some will experience a regular monthly menstrual cycle that typically starts between the ages of 10-15 years and involves bleeding each month when the lining of the uterus sheds.² However, menstrual experiences are varied and impacted by disorders and discomforts, as well as changes throughout the life-cycle³- all of which impact health and gender equality.⁴

To advance advocacy, policy, practice and research, and highlight the importance of addressing menstruation in the Pacific, understanding what 'menstrual health' means and how to achieve it is integral.

¹Hennegan J, Shannon AK, Rubli J, et al. *Women's and girls' experiences of menstruation in low- and middle-income countries: a systematic review and qualitative metasynthesis*. PLoS Med. 2019;16(5):e1002803, doi:10.1371/journal.pmed.1002803.

²UNICEF (2019) *Guidance on Menstrual Health and Hygiene*. New York. Available at: <https://www.unicef.org/wash/files/UNICEF-Guidance-menstrual-health-hygiene-2019.pdf>.

³MacRae ER, Clasen T, Dasmohapatra M, et al. "It's like a burden on the head": redefining adequate menstrual hygiene management throughout women's varied life stages in Odisha, India. PLoS One. 2019;14(8):e0220114, doi:10.1371/journal.pone.0220114.

⁴Sommer M, Hirsch JS, Nathanson C, et al. *Comfortably, safely, and without shame: defining menstrual hygiene management as a public health issue*. Am J Public Health. 2015;105(7):1302-1311



“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.”

-Hennegan et al. (2021)

Five components of menstrual health

To achieve menstrual health, those who menstruate must be able to...



1

Access accurate, timely and age-appropriate information about the menstrual cycle, menstruation, menstrual management, and associated changes over the life-course.

2

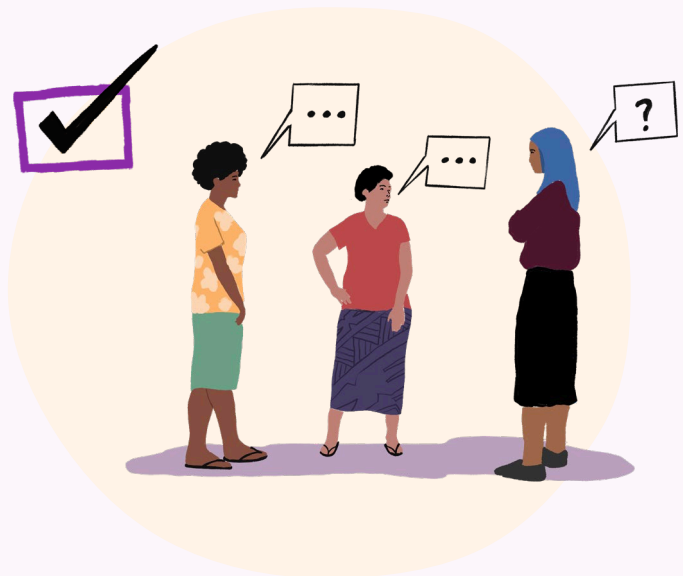
Care for their body during menstruation, including access to effective and affordable menstrual materials and supportive water, sanitation, and hygiene facilities.





3 Access timely diagnosis, treatment and care for menstrual cycle discomforts and disorders, including access to health services.

4 Experience positive and respectful environments that are free from stigma and distress.



5 Have a choice over whether and how they participate in all spheres of life during all phases of the menstrual cycle.



Purpose

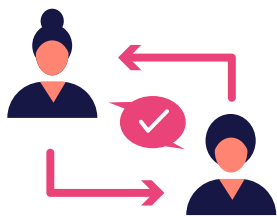
and Methodology

The aim of this paper is to generate a shared understanding among institutions, private sector actors, researchers, and CSO's of the key opportunities that exist to bring about improved menstrual health outcomes in five Pacific Island countries. The two overarching areas of inquiry were to understand:

1 What the barriers and enablers are to improving menstrual health across the Pacific; and

2 What further efforts are needed to strengthen menstrual health outcomes across the Pacific.

The study involved a desk review of existing literature and policy documents, and primary qualitative data collection through interviews and workshops with key informants across the five Pacific countries. This included:



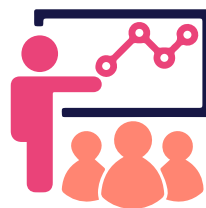
Review of **112** peer-reviewed and grey literature on menstrual health across all countries;



Review of **41** national government policies, strategies and guidelines



39 in-depth interviews with key informants working on menstrual health from international NGOs, local CSOs and government agencies;

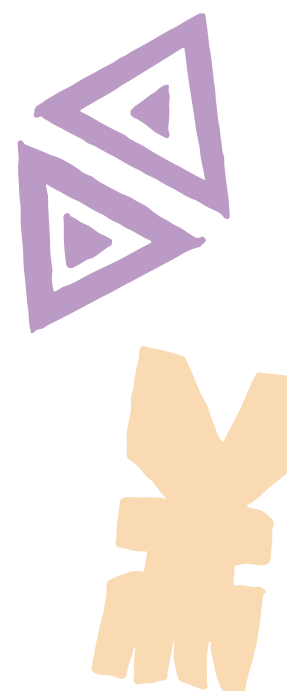


2 workshops (Vanuatu and PNG) to test assumptions, validate findings and collectively develop recommendations.

Key informant interviews were conducted face-to-face or online using a semi-structured interview guide to gain key informants' insights on the current status of menstrual health in their country, and the factors driving progress. Data from the desk reviews and key informant interviews were analysed using the *integrated model of menstrual experience* in low- and middle-income countries.⁶ This model was used as a framework to make sense of how girls, women and gender diverse people experience menstruation in the Pacific, and identify factors contributing to their experience, and the impacts of menstruation on their livelihoods.

Findings:

Menstrual health opportunities and barriers



FINDING

1

Policy progress towards menstrual health is predominantly school-focused

Encouragingly, across the Pacific there has been increasing momentum by national governments, and increasing action by local and international civil society organisations (CSO's) to develop and pilot pragmatic solutions for menstrual health.⁷ The most significant progress and achievement towards menstrual health has been in the area of school water, sanitation and hygiene. National Pacific government policies are aiming to improve menstrual health outcomes for girls in school. These interventions are targeting improved access to water sanitation and hygiene for girls to better manage menstrual periods hygienically and privately, with a higher goal of improving girls education outcomes.

This was reflected in all WASH in school standards reviewed. All of the five countries WASH in schools standards contained explicit recognition and provisions for menstrual health facilities and support (see table below). For example, these standards explicitly outlined necessary WASH infrastructure requirements that would enable girls to perform menstrual hygiene management when at school (for example private toilets with individual disposal bins available in each cubicle to dispose of used menstrual materials). In Vanuatu the Minimum Primary Quality Standards for Schools (2014) incorporate some limited menstrual hygiene infrastructure as part of WASH access in schools. Similarly in Papua New Guinea the policy and standards for WASH in schools contained three provisions for WASH infrastructure and services which would meet girls' practical menstrual health hygiene needs.

⁶Hennegan, J., Shannon, K., Rubli, J., Schwab, K. & Melendez-Torres, G. (2019). Women's and girls' experiences of menstruation in low- and middle-income countries: a systematic review and qualitative metasynthesis. *PLOS Medicine*, 16:5, e100283

⁷Unicef (2016) *Realities, Progress and Opportunities: Supporting the rights of women and girls through menstrual hygiene management*.

Available at: https://menstrualhygieneday.org/wp-content/uploads/2016/12/Unicef_MHMRealities_ProgressOpportunities_Pacific_2016.pdf

In Fiji, there are growing government-led initiatives on menstrual health focused on schools which go beyond WASH infrastructure, to incorporate education. Menstrual health and hygiene is delivered through the Family Life Education curriculum developed in 2016. It is currently being reviewed, and a government representative reported they are in the final stages of developing a booklet for the school health team to use for menstrual health education in schools.

In 2021, Fiji’s Ministry of Education, Heritage and Arts announced budget allocation for sanitary pads for year 7 – 13 girls in school. It was reported that \$1.5 million of 2021-22 national government budget allocation. This policy announcement could assist to meet Standard 7 of Fiji’s minimum quality WASH in schools standards, and key informants indicated there was a working group drafting plans on the roll-out to ensure that there is also infrastructural support for menstrual hygiene.

Across all countries, many actors saw the gains made in school WASH as a big achievement in progress towards menstrual health. For example in the Solomon Islands, where the National WASH in Schools Standards incorporated eight specific criteria related to menstrual health, one key informant said:

“The most significant change is the fact that, at least for the education sector, the Ministry took a leading role and accepted to include MHM in their National Standards for WASH facilities... we really appreciate the fact that it is now something being done around ensuring that a school... they have a checklist... for emergency facilities and they’re supporting emergency kits for girls on their period for the first time while in school... [so] they don’t have to go back home.” - local CSO representative, Solomon Islands



Policy review shows explicit mention of menstrual health in school-based policies

Country	Total policies reviewed	Policies w explicit mention to menstrual health	Strengths - Components of menstrual health addressed
Fiji	7	1	<p>Minimum Standards for WASH in Schools (2012)</p> <ul style="list-style-type: none"> Standard 7: personal hygiene compartment for girls to wash during menstruation Standard 8: provision of sanitary pads and sanitary bins for safe and private disposal
Papua New Guinea	8	2	<p>National Education Plan (2020-2029)</p> <ul style="list-style-type: none"> Contains a focus area on ensuring access to ablution blocks and WaSH facilities in dormitory accommodation to ensure girls can engage in MHM and thus improve school retention rates among girls (Minor Outcome 2.3). <p>Policy and Standards for Water, Sanitation & Hygiene (WaSH) in Schools 2018-2023</p> <ul style="list-style-type: none"> Standard 3.2.6: sufficient water in MHM facilities (including private changerooms) to enable students to perform MHM. Standard 4.6: Toilet designs must cater for girls (including those with special needs) in managing menstrual hygiene. Standard 5.3: MHM promotion in schools to ensure healthy behaviours, school budgeting for MHM, teacher training on MHM, and 'MHM focal points', improving access to menstrual facilities and products at school, and delivering pocket guides to girls.

Country	Total policies reviewed	Policies w explicit mention to menstrual health	Strengths - Components of menstrual health addressed
Samoa	10	1	<p>Minimum Standards for primary and secondary schools in Samoa (2016)</p> <ul style="list-style-type: none"> • Bins in each female toilet block is a standard • Toilet blocks must have running water, rubbish bins, wash basins and soap that are accessible by students
Solomon Islands	8	1	<p>National Standards for WASH in Schools</p> <ul style="list-style-type: none"> • Standard 2: Sanitation, contains 8 specific MHM-criterion (13-20) that must be incorporated in the design of school WASH facilities to ensure menstruating school children can engage in menstrual hygiene management. • These include a mix of software interventions (teachers are empowered to educate and provide guidance to students on MHM), and hardware interventions (provision of hygiene products required in schools; modifications to WASH infrastructure).
Vanuatu	8	2	<p>National Gender Equality Policy (2020 - 2030)</p> <ul style="list-style-type: none"> • Recognizes that menstrual hygiene management is “pivotal to expanding employment opportunities for women”; but no specific policy provisions <p>Minimum Primary Quality Standards for Schools (2014)</p> <ul style="list-style-type: none"> • Standards 8, 9 and 10 related to WASH access in schools <p>National WASH in Schools Strategy (2019-2029) (forthcoming: early drafts indicate the new strategy will include menstrual health provisions)</p>
Total	41	7	

Menstrual health remains absent from national policy goals and targets

None of the five Pacific Island countries have a standalone menstrual health policy, strategy or guideline. Globally, some countries have standalone national menstrual health policies or guidelines, including Ethiopia, Nepal, Kenya, Zambia, India and South Africa.

To explore where menstrual health was integrated across other national government policies, the desk review examined 41 across seven policy areas: education; gender equality, health – both women’s health and SRHR; humanitarian response; disability; youth and WASH. Across all five countries, there was limited explicit government attention to menstrual health or clear policy direction for advancing this critical issue. Where it did exist, such as in Vanuatu Gender Equality Policy (2020-2030) by the Department of Women’s Affairs, it was recognised as a foundational need for women and girls to participate fully in other aspects of life. However menstrual health is not explicitly addressed through the policy’s objectives, goals and targets, nor is it monitored. Key informants described how the lack of apparent political awareness and explicit mention of menstrual health in policies and strategies is a barrier to progress. Many respondents felt there needed to be a much stronger focus on menstrual health from a sexual and reproductive health and rights and bodily autonomy perspective.

In Samoa, a review of 10 national government policies and strategies found no explicit mention of menstrual health across the documents. However, interviews with a range of government officials in Samoa found that there were some menstrual health education and awareness activities occurring, as well as a desire to do more.

“Unfortunately, there is no menstrual health policy or mention of it in the current national health policy. But I believe it should be included in the new policy, especially as menstrual health is an issue many women face and leads to other illnesses and challenges such as cervical cancer, irregular periods, and it affects many women and girls in Samoa. Yes, it is important to know it isn’t mentioned in previous policies so we can make sure to include it in future policies.” – *Government representative; Samoa*

This analysis demonstrates that progress to make menstrual health a political priority remains slow. This is a similar trend to a previous 2016 UNICEF report which documented the increasing menstrual health efforts in the region, but that they were often be ad hoc and therefore missed opportunities to integrate menstrual health across SRHR, education, WASH and adolescent health.⁹ It also highlights the critical role of sexual and reproductive health in the Pacific to tackle menstrual health.¹⁰

⁹Unicef (2016)

¹⁰WaterAid and Marie Stopes International Australia (2018) Integrated Approaches to Menstrual Health in the Asia Pacific region. Available at: <https://washmatters.wateraid.org/publications/integrated-approaches-to-menstrual-health-in-asia-and-the-pacific>

FINDING

3

Humanitarian responses that addressed menstrual health have contributed to increased, longer-term menstrual health efforts

Menstrual health has been a growing focus in humanitarian response¹¹, with global guidelines such as the Sphere Handbook (2018)¹² including a standard on menstrual hygiene management (MHM). This includes adapting WASH responses accordingly; provision of menstrual materials, soap and other hygiene items; and improving access to information. A key finding of this review was that addressing menstrual health through humanitarian responses to Tropical Cyclones has contributed to ongoing increased menstrual health action throughout the region.¹³

For example, six out of ten key informants in Vanuatu talked about how disaster responses had created new opportunities to address menstrual health.

“Disasters bring opportunity to make awareness on this issue...TC Harold made Department of Water Resources realise they had not considered menstrual health needs in their emergency response yet...” – *International CSO representative, Vanuatu*

Humanitarian response to Tropical Cycle Harold (April 2020) in Vanuatu was cited as a key turning point where international and local CSO's together with the Vanuatu Ministries of Health and Education worked to reach women and girls with menstrual health support. The solutions reportedly ranged from strengthening girls' and women's knowledge of menstruation through social support programs, through to practical management of menstruation by improving access to 'dignity kits'¹⁴ which included reusable sanitary pads for the first time in some contexts. This was a similar finding in Fiji, with several key informants discussing menstrual health efforts as part of the response to TC Winston (February 2016). One key informant highlighted that while access to menstrual materials is critical, comprehensive disaster response requires other components of gender equality, as well as water, sanitation and hygiene. Another Fijian key informant from government highlighted that disaster response raised awareness of menstrual health as a gap and area of need, which extended beyond disaster response efforts.

¹¹Sommer M, L. Schmitt M, et al. *What is the scope for addressing menstrual hygiene management in complex humanitarian emergencies? A Global review* 2016. 245-64 p.

¹²Sphere Handbook: Humanitarian Charter and Minimum Standards in Disaster Response, 2018: Sphere Project; 2018.

¹³Unicef (2019) *WASH Field Note: Including Menstrual Hygiene in Vanuatu School Emergencies Response*. Available at: <https://www.unicef.org/pacificislands/media/1541/file>

¹⁴Dignity kits are a small bag of personal hygiene materials provided to women and girls as part of disaster relief efforts to support them to access essential supplies. See for example: <https://pacific.unfpa.org/en/news/dignity-kits-meet-hygiene-needs-women-and-girls-affected-tropical-cyclone-yasa>

Harmful norms and stigma towards menstrual health are gradually changing, however they remain persistent and require more collaborative effort with an SRHR focus

In the Pacific, girls often lack biological and practical knowledge about menstruation, which leads to feeling unprepared for menarche, and experiences of shame and embarrassment during menstruation.¹⁵ Widespread beliefs and attitudes around menstruation being “dirty” leads to stigmatisation of menstruating women, girls and gender diverse people as well as behavioural restrictions.¹⁶ Some key informants spoke of cultural practices which created a positive experience of menstruation such as in Fiji, Vanuatu and Samoa interviews.

These sociocultural factors are likely to continue to shape the menstrual health experiences of people who menstruate in the Pacific, such as how adolescent girls and women receive support, gain knowledge on the menstrual cycle and navigate behavioral expectations.¹⁷ Across all five countries, respondents highlighted the critical role that sexual reproductive health and rights actors can take to address these barriers. They reported that the menstrual taboo and overall gender inequality hampered progress of menstrual health. There was not a consistent perspective on the extent to which norms and attitudes were shifting.

“We’re slowly progressing onto getting people on board with this menstrual hygiene management. Because as I said, PNG is tied to their culture. So it would really take time to, especially men, change their mindset and have them accept women as they are.”
– Government representative, PNG

In the Solomon Islands, the desk review and interviews revealed that menstrual taboos may be weakening due to the increased awareness on menstruation and younger generations having stronger knowledge than previous generations. However, in interviews, some key informants disagreed that taboos were subsiding in the Solomon Islands.

In Vanuatu, where health professionals hold positions of authority, and therefore respondents felt they may be useful conduits for sharing menstrual health information with the community, and tackling poor menstrual health outcomes. In particular, one key informant described how health professionals may be more effective in raising awareness in the community of menstrual health in comparison to NGOs. In Fiji, government representatives felt that the attitudes of boys in schools was changing due to education efforts, but there would be gaps in knowledge as FLE in senior years was not compulsory. This analysis highlights the essential role of SRHR policies and programs in addressing menstrual health.

¹⁵The Last Taboo study funded by the Australian Government Department of Foreign Affairs and Trade, through Pacific Women Shaping Pacific Development. Reports are available at: <https://pacificwomen.org/research/the-last-taboo-research-on-managing-menstruation-in-the-pacific/>

¹⁶Mohamed Y, Durrant K, Huggett C, Davis J, Macintyre A, Menu S, et al. (2018) A qualitative exploration of menstruation-related restrictive practices in Fiji, Solomon Islands and Papua New Guinea. PLoS ONE 13(12): e0208224. <https://doi.org/10.1371/journal.pone.0208224>

¹⁷Hennegan J, Shannon AK, Rubli J, Schwab KJ, Melendez-Torres GJ. Women’s and girls’ experiences of menstruation in low- and middle-income countries: A systematic review and qualitative metasynthesis. PLoS Med. 2019 May 16;16(5):e1002803. doi: 10.1371/journal.pmed.1002803.

Women and girls with disabilities experience greater challenges with menstrual health

In Fiji, PNG, Samoa and Vanuatu there is evidence that women and girls with disabilities experienced greater challenges to managing their menstrual periods in comparison to their peers who did not have a disability. The Solomon Islands review found there was limited evidence available to infer women's, girls' and gender diverse people with disabilities menstrual experience.

In Vanuatu, a study by the London School of Hygiene and Tropical Medicine and World Vision (2022) found that menstrual health status was worse among people with disabilities than those without.¹⁸ It found that when compared to others in their household, women and girls with disabilities were nearly twice as likely to miss social activities, and three times more likely to eat alone during menstruation. These factors negatively impacted their comfort, safety and hygiene. Harmful menstrual beliefs were found to negatively impact the ability of women and girls with disabilities to acquire additional support to collect water, bathe, and do their laundry.

Similarly, in PNG, the menstrual needs of people living with disabilities was reported to be neglected and often overlooked in the design of WASH services. For example, one baseline survey conducted by Live & Learn for *The Resilient WASH* program found that only 11% of women living with a disability had easy access to safe toilet for menstrual hygiene management.¹⁹

In Fiji a study by Unicef and CBM Australia (2019)²⁰ identified barriers to girls' with disabilities menstrual health which included poor WASH facilities and limited disposal options in special schools; a limited reach of menstrual health education to girls with disabilities who did not attend school; and a lack of menstrual health information for caregivers of girls/women with high support needs. Similarly, key informants felt more was needed to be done on disability inclusive menstrual health.

¹⁸Wilbur, J; Morrison, C; et al (2022) "The weather is not good": exploring the menstrual health experiences of menstruators with and without disabilities in Vanuatu. *The Lancet Regional Health - Western Pacific*, 18. 100325-. ISSN 2666-6065 DOI: <https://doi.org/10.1016/j.lanwpc.2021.100325>

¹⁹Abel, M., Johnston, M., McCulloch. (n.d.). *Gender & Social Inclusion Baseline Summary Resilient WASH in the Islands Region of Papua New Guinea. Bougainville. Papua New Guinea*. Retrieved from <https://bit.ly/2Nxyex7> on the 12/12/2021

²⁰Sprunt B., Burke L., Loloma T. (2019) *Disability inclusive WASH and menstrual hygiene management for students with disabilities in Fijian schools*. Unicef and CBM Australia (unpublished)

There is some emerging evidence of good practice approaches to menstrual health to address these challenges in Fiji, Samoa and PNG which could be scaled up and applied across other contexts.

In Fiji, improvements in menstrual experiences of girls with disabilities were found as a result of menstrual health programs delivered in special schools. Some teachers in special schools reported they felt confident to teach menstrual health education to school girls with disabilities. They were also aware that it was important to provide menstrual health education before students reached menarche to support their preparedness. In addition, two special needs schools had re-useable MHM kits that were distributed to students so they could manage their periods comfortably on campus.

Menstruation is indeed a sensitive issue, and for women and girls there is still discrimination associated with it because of the general perception by the community that [women and girls] with disabilities should not, do not, or cannot have the right to access menstrual health. An area that is often mis-prioritised starting from within their own families going down to individuals with disabilities.

– Local ODP representative; Samoa

In Vanuatu, World Vision has developed a carers training package to support carers to have the tools and resources to support people with disabilities better manage menstruation. Recognising the specific and unmet needs of people with intellectual disabilities who often need more tailored and contextualized support to meet menstrual health needs, especially in times of disaster, WV together with Vanuatu Society for People with Disabilities and London School of Hygiene and Tropical Medicine has adapted the Bishesta campaign to be suitable to the Pacific context and in a humanitarian setting. The campaign equips carers and the young person with practical tools such as dolls, a visual story, and role plays based on key characters to help participants communicate with each other about what menstruation is, and how to manage it hygienically and with dignity. Encouragingly, in Samoa, one local actor also talked about the work they are doing to reach people with disability to support them in meeting their menstrual health needs.

²¹Sprunt B., Burke L., Loloma T. (2019) *Disability inclusive WASH and menstrual hygiene management for students with disabilities in Fijian schools*. Unicef and CBM Australia (unpublished)

²²WaterAid (2020) The Bishesta Campaign. Available at: <https://washmatters.wateraid.org/publications/bishesta-campaign-menstrual-health-hygiene>

The menstrual health needs and experiences of gender diverse people are unclear and generally overlooked

The review found limited data available on people with diverse sexual orientation, gender identities and expressions and sex characteristics (SOGIEISC) experiences of menstruation and their menstrual health needs across the Pacific.

In Fiji and Vanuatu, some steps have been taken towards inclusion of transgender (trans) people in WASH needs assessments following disasters.²³ A 2018 Fiji study²⁴ documented the stories and challenges that trans people faced during the aftermath of Tropical Cyclone Winston when accessing WASH and shelter services, and the impact to their safety. The study found that dignity kits did not reach trans men and non-binary people who menstruate. It highlighted the additional barriers gender diverse people who menstruate face in attempting to access dignity kits, such as trans men having to out themselves to community facilitators so they can receive and use menstrual materials supplied in these kits. The desk review indicated that the shortfalls of these responses in meeting the unmet menstrual health needs of gender diverse people is widespread across the Pacific.

This may be a consequence of interventions generally only including the menstrual needs of cisgender women and girls who menstruate, and failing to consider that menstruation is experienced by others assigned female at birth but do not necessarily identify as girls or women.²⁵ It may also reflect strong community attitudes around the gender binary as male and female, and the neglect of gender diverse people's rights in all spaces.²⁶

This gap in findings highlights that more research and collaboration with SOGIEISC rights groups is needed to document and inform more inclusive menstrual health solutions.

²³UNICEF (2014) *Pacific WASH in emergencies coordination handbook*. Available at: <https://www.unicef.org/pacificislands/media/721/file/Pacific-WASH-Handbook.pdf>

²⁴Dwyer E; Woolf L (2018) *Down by the River. Addressing the rights, needs and strengths of sexual and gender minorities in disaster risk reduction and humanitarian response*. Edge Effect and Oxfam Australia. Available at: <https://www.edgeeffect.org/wp-content/uploads/2019/03/Down-By-The-River-May2018.pdf>

²⁵Lane et al. (2021) *Improving menstrual equity in the USA: perspectives from trans and non-binary people assigned female at birth and health care providers*, *Culture, Health & Sexuality*. DOI: 10.1080/13691058.2021.1957151

²⁶Dwyer E et al (2018)

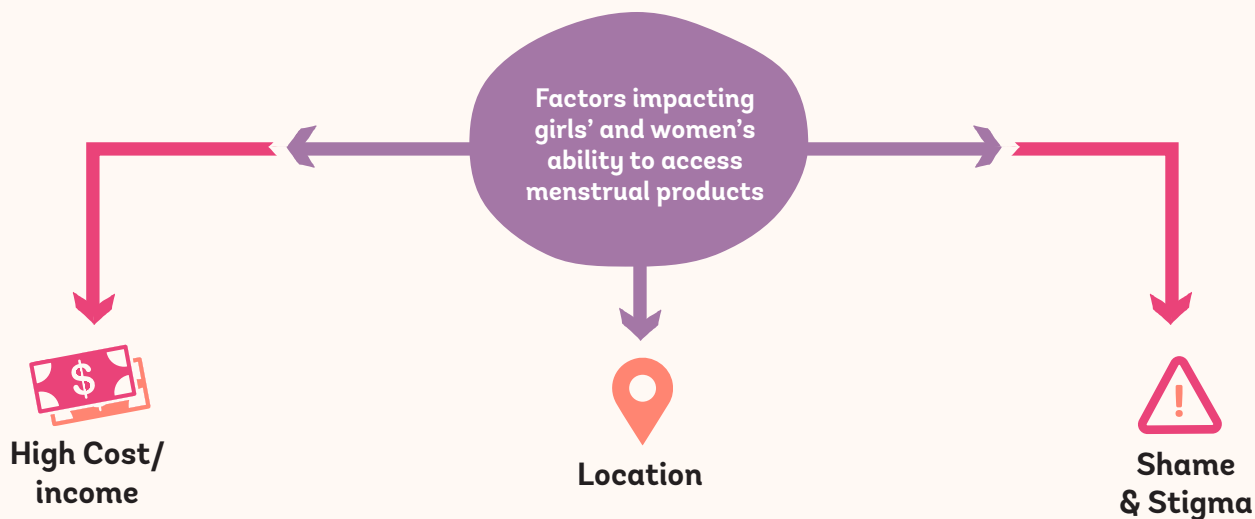
Increased regional action on strengthening availability of menstrual hygiene products and supply chains is welcome, but needs to be scaled and diversified

A global review of progress in menstrual health found that menstrual products were one of the medium-higher areas of progress/investment.²⁷ This is consistent with findings from this review, which found improving access to menstrual hygiene products was a key focus in all five Pacific countries.

At the regional level, a 2021 pilot 'Pacific Trade Finance Vehicle' supported by Pacific RISE program, sought to address regional supply chain challenges.²⁸ Over eighteen months, it developed a platform for small enterprises across the region to bulk purchase materials needed to produce reusable pads. The pilot supported four enterprises to purchase materials and it achieved outcomes of reduced costs as well as improved access to reliable and affordable fabrics. Small businesses and enterprises gained new knowledge and skills too. However the pilot initiative had high up-front costs and experienced challenges in reaching informal and smaller enterprises.

Using the Last Taboo study findings in Solomon Islands, Fiji and PNG as a basis, and supplementing this with evidence from this review, we found the same barriers were cited in all contexts about accessing menstrual materials:





- Women and girls with low incomes or financial insecurity found their preferred menstrual materials were unaffordable.
- Girls and women living in rural areas had poor access to commercial menstrual products.
- Retail shops and local stores in rural villages had limited supply of commercial menstrual products for sale.
- In contrast, a greater supply and variety of commercial menstrual products were available for purchase in urban regions, and generally sold at cheaper prices
- In rural areas, women felt ashamed to purchase commercial products from retailers in case they were seen by others, which ultimately discouraged them from purchasing products.
- In rural areas, some retail shop owners also chose not to sell menstrual products because they felt ashamed too.

Impact of poor access to products

- Many turned to homemade solutions to manage menstrual bleeding, such as moss or cloth.
- Many also wore menstrual materials for longer than recommended as they had little alternatives to change into.

Sources: Red Cross (2020); PTFV case study (2021); The Last Taboo (2016)

Interviews highlighted that even where supply had improved in some places, cost was still a barrier. Some evidence of local CSO's in the Pacific advocating to their national governments to remove the 'Pink Tax'. They are calling for menstrual health (MH) products to be classified as essential items and therefore reduced taxes on menstrual health products.

“Menstruation is not a choice for us. We need certain items every month and each woman and girl is different and different products suit different bodies. So these products which include sanitary pads, tampons, soap, laundry soap etc are needs for us. The government should remove all forms of taxation on them and ensure that the price of these products are regulated across the country.” – Local CSO representative, Fiji

There was no evidence of government-led efforts for menstrual product quality standards, nor diversity in the range of menstrual products available. One final issue that the review did not gain a good insight into, is also how households prioritise income towards menstrual products, with key informants raising anecdotal evidence that it does not get discussed and or prioritized within households.

Menstrual health-friendly water, sanitation and hygiene access remains a critical barrier to meeting practical menstrual health needs

The World Health Organisation (WHO) and UNICEF led Joint Monitoring Program (JMP) reports that just 57% of people in the Pacific region (Oceania) have access to basic safe drinking water and just 34% have access to basic sanitation. Benchmarking this access level against the 232 countries monitored by JMP highlights desperate water and sanitation status in the Pacific, the lowest basic water supply and sanitation access of all SDG regions. Hand hygiene remains a significant challenge with JMP data highlighting that only 36% of households in the Pacific region have a handwashing facility with soap and water near their toilet. This represents approximately 7.9 million people in the Pacific who lack basic handwashing.²⁹ While globally household surveys have progressively added new questions related to menstrual health indicators as part of national WASH, countries in the Pacific do not have adequate data. Global indicators focusing on: awareness of menstruation before menarche; use of menstrual materials to capture and contain menstrual blood, access to a private place to wash and change while at home and participation in activities during menstruation, such as school, work and socially.³⁰ The only country in this review with data available was Samoa. Samoa's 2020 Demographic and Health Survey Multiple Indicator Cluster Survey found 81% of women and girls age 15-49 who had menstruated in the previous year reported having a private place to wash and change materials; and had used a menstrual material.³¹

Access to water, sanitation and hygiene (WASH) in schools, workplaces and other public spaces continue to surface as being commonly inadequate to meet the needs of girls, women and people who menstruate in the Pacific.³² For example, a 2018 study in Vanuatu found 44% of girls reported not using toilets at school while menstruating.³³ These barriers can contribute to unhygienic practices, such as extended delays in changing menstrual products and poor engagement or absenteeism from school and work. Evidence shows that when women and girls used unreliable menstrual products

²⁹WHO and Uncief (2021) Joint Monitoring for Program for Sustainable Water Supply, Sanitation and Hygiene. Available at: <https://washdata.org/data/household#!/>

³⁰JMP (2021)

³¹Bureau of statistics (2020) Demographic and Health Survey Multiple Indicator Cluster Survey (2020) Available at: <https://microdata.worldbank.org/index.php/catalog/4282/related-materials>

³²Mohamed Y, Durrant K, Huggett C, Davis J, Macintyre A, Menu S, et al. (2018) *A qualitative exploration of menstruation-related restrictive practices in Fiji, Solomon Islands and Papua New Guinea*. PLoS ONE 13(12): e0208224. <https://doi.org/10.1371/journal.pone.0208224>

³³World Bank (2021) *Gender gap in WASH for Schools, Vanuatu research findings*, unpublished.

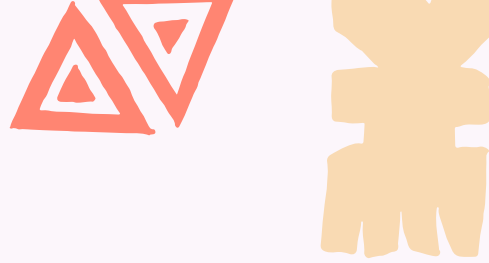
to manage their periods, they were frequently burdened with fears of leaking or staining menstrual blood on their clothes.³⁴ Those that are unable to effectively manage their bleeding sometimes opt to disengage from community life, stay home from school, or miss work on days of heavy bleeding or severe pain.³⁵

There is little data on Covid-19 impacts to menstrual health experiences in the Pacific. A 2020 report by Plan International found that one in three (30%) of girls and women surveyed in the Pacific reported that menstrual products were harder to find during the pandemic. Almost half of the participants (40%) reported they had trouble finding facilities for changing and disposing of menstrual products safely, privately and hygienically.³⁶ One in three girls and women (34%) said they had trouble knowing where they could comfortably dispose of period products. The study included Australian respondents as Pacific participants, therefore, the negative impacts to menstrual health during COVID-19 for participants in Pacific countries may actually be understated.

³⁴Downing S, Benjimen S, and Natoli L. (2020) *Research on responding to menstrual hygiene needs of women and girls in disaster settings, in Vanuatu*. Report. UNSPECIFIED, Townsville. <https://researchonline.jcu.edu.au/68839/>

³⁵Mohamed Y, et al. (2018)

³⁶Plan (2020) *Periods in a Pandemic: Menstrual Hygiene Management in the time of Covid-19*. Available at: <https://www.plan.org.au/publications/periods-in-a-pandemic/>



Conclusion

The review found evidence of good progress on menstrual health in the areas of WASH in schools, humanitarian response, disability inclusion, and menstrual product development and supply. These efforts were predominantly led by local and international civil society organisations, in response to demand and gaps identified in communities. A common theme emerging from interviews was a call for greater recognition that menstrual health solutions need to be addressed by all sectors, it is not one thematic area alone. Respondents highlighted that more government attention was needed, but also partnerships and collaboration between CSO's and government.

Anyone can be a practitioner or be involved in menstrual health, it is a wide-reaching issue that needs to involve all actors of all sectors, and people in communities.

– local CSO representative, Samoa

Key informants felt that progress was being made, however there was lower levels of government leadership, commitment and action. Themes emerged for improved national policy measures to tackle menstrual health barriers and gaps with improved financing, cross ministerial roles and responsibilities and coordinated financing mechanisms. One key informant in Samoa felt that funding and research would then inform policy action. Another key informant in the Solomon Islands called for a sector finance analysis for menstrual health to understand what resourcing was needed to adequately address it.

Two areas that respondents felt were missing and hindering further progress were gaps in monitoring frameworks; and better evidence to inform policy that addressed the unmet menstrual health needs. This review did not look specifically at population data or national indicators on menstrual health, but recognises those are current gaps in the region.

Key recommendations:

Enhancing menstrual health across the Pacific

Recommendation 1:

Strengthen menstrual health national leadership and policies

- Immediate action: Development actors build more awareness and political interest on the unmet menstrual health needs and rights and what good solutions look like, through advocacy, influencing and evidence building
- Immediate action: Collaborate and coordinate with experts and government agencies through working groups or taskforce across sexual and reproductive health, WASH, gender equality, education and employment sectors to ensure menstrual health solutions are integrated and holistic.
- Medium-term action: National governments integrate menstrual health components into national policies, strategies and plans across sexual reproductive health and rights, education, gender equality, water, sanitation and hygiene and humanitarian response.
- Long-term action: National governments develop multi ministerial national policies, strategies or guidelines on menstrual health, with dedicated resourcing, action plans and accountability frameworks to achieve policy objectives.

Recommendation 2:

Continue school-based education progress, and expand to improve menstrual health knowledge, tackle stigma, taboo and misinformation

- Immediate action: Government-led sexual and reproductive health school curriculum needs to expand and improve how it addresses menstrual health components such as, menstrual cycle tracking and fertility, and reproductive anatomy, at scale in all Pacific countries
- Medium-term action: Governments and CSOs collaborate to ensure SRH education which comprehensively addresses menstrual health is expanded to reach children out of school and adults of all genders in communities settings, with a view to challenging myths and misconceptions.

Recommendation 3:

Strengthen supply and access to menstrual materials

- Immediate action: Donors continue to build off efforts to strengthen the supply chain of menstrual products – invest in supporting local enterprises in developing sustainable menstrual products

- Immediate action: Investigate and remove taxes on retail menstrual products.
- Medium-term action: National governments improve regulation of importation and sale of quality products.

Recommendation 4:

Ensure menstrual health initiatives actively target people with disabilities and people with diverse sexual orientation, gender identities and expressions and sex characteristics (SOGESIC)

- Immediate action: Involve and consult with people with disabilities and their representative organisations in the design and delivery of menstrual health solutions
- Immediate action: Ensure accessible WASH infrastructure also includes menstrual hygiene considerations
- Immediate action: Governments and CSO's consult with local rights groups representing people with diverse sexual orientation, gender identities and expressions and sex characteristics (SOGESIC) on how to make menstrual health programs and policies more inclusive of their needs
- Medium-term action: Ensure that comprehensive menstrual health education within schools and other settings is disability inclusive and reaches special schools and out-of-school young people with disabilities.
- Medium-term action: Researchers to collaborate with people with diverse SOGIESC and their organisations to improve data and documentation on their unique menstrual health experiences, to better inform programming and policies.

Recommendation 5:

Expand MH-friendly WASH services beyond schools to other settings

- Immediate: National governments and CSOs to continue to focus on menstrual health improvements through WASH in Schools.
- Medium-term action: National governments and CSO's to replicate the focus of menstrual health friendly WASH in Schools, across other institutional settings particularly: healthcare facilities; public markets; workplaces and public WASH facilities.

Recommendation 6:

Strengthen Pacific menstrual health monitoring systems

- Immediate action: CSO's and researchers collaborate to develop and test key menstrual health indicators and measures relevant to the Pacific context and aligned with global definition of menstrual health, to inform monitoring and evaluation efforts.
- Medium-term action: All implementers invest in monitoring, evaluation and learning of menstrual health programs in school, workplace and community settings to build evidence of progress and what interventions work.



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