Integrating Menstrual Health, Water, Sanitation and Hygiene, and Sexual and Reproductive Health in Asia and the Pacific Region

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A Discussion Paper

WaterAid and Marie Stopes International Australia

MARIE STOPES INTERNATIONAL AUSTRALIA

WaterAid

Opportunities and barriers for joint action to holistically address menstrual health in Asia and the Pacific region

In exploring the intersection between menstrual health, water, santitation and hygiene, and sexual and reproductive health, actors and a desk review identified the following:

Shared Challenges

Difficulties in shifting gender and social norms and attitudes

Challenges in engaging men and boys on taboo topics

A need to reach girls out of school

Shared Goals

Educating young people on taboo topics

Keeping girls in school

Improving health outcomes and delivering essential services

Recommendations for joint action

1

WASH and SRH actors to leverage one another's efforts for a greater impact on improving menstrual health

Develop shared terminology on 'menstrual health'

Establish shared goals, indicators and targets for activities

Strengthen cross-sectoral learning and documentation between WASH and SRH actors

Conduct joint operational research to guide collaborative WASH and SRHR approaches

Design and deliver joint, rights-based menstrual health programming solutions

2

Strengthen education and community awareness of menstrual health

Strengthen age-appropriate puberty education canvassing both menstrual health and hygiene and SRH

Develop and deliver education on menstrual health to those identified as sources of information by adolescent girls (such as mothers, older sisters, aunts)

Engage men and boys

Utilize existing SRHR platforms and services to broaden menstrual health knowledge and services

3

Extend the reach of integrated menstrual health MHM solutions and SRH services

Accessible and inclusive integrated menstrual health, WASH and SRH services that go beyond school settings to reach women and girls with disabilities and other marginalized groups

Table of Contents

Glossary of Terms

CSE	Comprehensive sexuality education
DFAT	Department of Foreign Affairs and Trade
MH	Menstrual health
MHM	Menstrual hygiene management
PNG	Papua New Guinea
SDGs	Sustainable development goals
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
WASH	Water sanitation and hygiene

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By normalizing discussions among women, men and young people on reproduction, menstruation, hygiene and SRH, both sectors can contribute to raising the profile of menstrual health as an important issue for women and girls, and contribute to shifting cultural norms, gender attitudes and addressing taboos.

Introduction

The intersection between menstrual health, and sexual and reproductive health is often overlooked in current development efforts across Asia and the Pacific.

This paper explores the commonalities and gaps between the two sectors, and makes practical recommendations for bringing action closer together, to improve women and girls' education, health and social outcomes. The paper aims to highlight how good menstrual health (MH) requires holistic solutions, which address both water, sanitation and hygiene (WASH) and reproductive health services, as well as how menstrual health is an entry point for improved sexual and reproductive health services and rights (SRHR).

While we recognize that other actors are addressing menstrual health (e.g. education, humanitarian response and gender) and are critical to solutions, this paper focuses predominantly on the role that WASH and SRHR actors can play.

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Menstrual Health and Sexual and Reproductive Health

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Women and girls in Asia and the Pacific, like other parts of the world, experience challenges in managing menstruation effectively and hygienically. Menstruation, a natural bodily function experienced by most women and adolescent girls each month, is often surrounded by taboos and restrictive socio-cultural practices. [1] Food restrictions, segregation from the household, myths about bringing bad luck to men and other beliefs place restrictions on women's and girls' daily activities and involvement in religious and social activities.[2] This social stigma is compounded by poor knowledge of menstruation due to a lack of information and education. [3] Beyond the social stigma, menstruation can be difficult to manage due to the high, unmet need for affordable sanitary pads, and adequate toilets or water supply to manage menstrual bleeding hygienically and privately. [4] These challenges contribute to barriers to participation in education, work and community life. [5]

Sexual and reproductive health (SRH) is a similarly taboo topic in Asia and the Pacific. Although access to information and services differs by socioeconomic status, geographical location and country, there is an overall lack of access to information about SRH and a high, unmet need for contraception. [6] Adolescent pregnancy is a particular concern, as it is the leading cause of death and disability for young girls aged 15 to 19 years. Unplanned pregnancy also limits education and economic opportunities for women and girls, adversely affecting their livelihoods, health and wellbeing. [7]

There are distinct overlaps in the challenges – and the impact of these challenges – women and girls experience in relation to menstrual health and SRH:

- **Both are highly taboo and stigmatised topics;**
- **Menstruation and pregnancy affect women and girls, yet often women and girls are disempowered to make decisions about their bodies;**
- **Women and girls often experience fear, embarrassment and secrecy due to a lack of quality education and information; and**
- **Girl's education, or women's social and economic well-being may be adversely impacted where there is a lack of strategies or projects to address the challenges of both issues.**

These commonalities create an opportunity for cross-sectoral and holistic solutions; solutions that require the expertise of a range of actors, in order to bring solutions to these issues together.

Purpose of this paper

This paper aims to provide health and WASH actors with an overview of gaps to identify opportunities for collaboration on the issue of menstrual health and SRH. This paper argues that collaboration will improve the overall health, wellbeing and rights of women and girls. WaterAid in collaboration with Marie Stopes International Australia have set out to explore the question:

What are the opportunities and barriers for joint action to holistically address menstrual health in Asia and the Pacific region?

The objectives of this paper are to guide action and commitment to menstrual health by Australian and regional actors by framing:

1. The intersection between WASH, SRH, and MH programming and policy;
2. Current experience and thinking on WASH, SRH and MH through summarizing a desk-review and key informant interviews to identify gaps, intersections and opportunities; and
3. Recommendations and opportunities for Australian and regional actors for joint action on menstrual health.

Methodology

In exploring the key question, a broad desk-based review of peer-reviewed and grey literature on menstrual health, SRH and WASH was undertaken. Nine key informant interviews with sector actors working in WASH or SRHR, who had some experience of menstrual hygiene management, were also analysed to identify key barriers and opportunities. A total of 43 peer reviewed articles were analyzed to identify emerging themes.

An additional eight grey literature resources were used to frame the introduction of the paper, and analysed based on relevance to the emergent themes, made up of publications by a range of local and international non-government organisations (NGOs) and United Nations publications. Annex 1 provides a list of the published articles and grey literature that was included in the desk review, under key themes.

Nine key informant interviews with sector actors working in WASH or SRHR who had some experience of menstrual health were analysed. The interviews were conducted in 2016, consisting of:

- **Four WASH actors, made up of: one global researcher (UK, university), two technical specialists operating at the global level (UK International NGO; UK freelancer) and one field practitioner (Timor-Leste).**
- **Five SRHR actors were interviewed, made up of: two global adolescent health researchers (Australia, University and America, University), two adolescent health, SRHR and family planning practitioners (Australia, International NGO's) and one SRH field practitioner (Timor-Leste).**

Participants were interviewed via phone using a questionnaire to gather information about their knowledge of both sectors, intersection of approaches and opportunities for further collaboration.

Information from the desk review and key informant interviews was analysed and grouped by key themes. Sub-category themes were then identified under each key theme. This thematic refinement of the data enabled gaps and opportunities to emerge from the desk review, which informed the discussion and recommendations.

Limitations

It is not the intent of this paper to present a complete literature review on the topic of menstrual health in Asia and the Pacific, nor does it claim to identify all the gaps and opportunities in the intersection between menstrual health and SRH. Rather, this paper intends to facilitate a discussion between actors in the region on opportunities to address MH and SRH cross-sectional issues.

Key findings

This section presents key themes which emerged from the desk review and key informant interviews.

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Framing of menstrual health in SRHR and WASH

WASH publications largely framed menstrual health as a hygiene issue within a broader sanitation mission, such as designing girl-friendly toilets in schools. 'Menstrual hygiene management' (MHM) is defined as:

> *Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear.* [8]

By contrast the term 'menstrual health' encompasses menstrual hygiene management "as well as the broader systemic factors that link menstruation with health, well-being, gender, education, equity, empowerment, and rights". [9] For the purposes of this paper, the term menstrual hygiene management is used to present findings. However an outcome of this review is the recommendation for 'menstrual health' to be the preferred framing, as a starting point for actors to drive holistic solutions. While most publications covering MHM did not reference SRH education or services, two critical papers highlighted the linkages between menstrual health and SRH. A 2016 report commissioned by the Gates Foundation provides an overview of the current menstrual health global landscape, calling for menstruation to be seen as an entry point to *"address sexual reproductive health, empowerment, and other critical life outcomes"*. [10] A UNICEF 2016 regional synthesis report across 17 countries of MHM in schools found that *"some examples exist of linkages between the education, WASH, adolescence and SRH sectors; but multiple untapped opportunities exist from improved coordination and communication across sectors, for increasing the quality and breadth of impacts"*. [11]

In the interviews, one field SRHR actor saw menstruation as a factor leading to unintended pregnancies, relevant to the provision of family planning services.

> *"... the calls we get about menstruation, the confusion we get from clients about menstruation and fertility ... in every appointment we have with a female client we have to ask about last menstrual period and we have to provide family planning counselling that includes information about impacts and benefits of different family planning methods on the menstruation cycle, so you know it pops up in our work all the time."*

"The dream would be to incorporate SRHR into puberty and menstruation discussions, but in reality we are facing so many challenges for this to happen."

Similarly, a global WASH practitioner recognized that SRH was important in their MHM work, but felt it was "challenging" because WASH teams are not equipped with resources and training to educate young people.

> *"The dream would be to incorporate SRHR into puberty and menstruation discussions, but in reality we are facing so many challenges for this to happen."*

The desk review and interviews show that menstruation is framed differently, depending on the sector. WASH focuses on its hygienic management, while SRHR focus on it as a puberty education issue. Neither sector is framing it holistically.

Addressing social norms and taboos

The desk review framed menstruation as an issue surrounded by social norms and taboos, such as being viewed as an illness and women and girls being 'dirty' or 'unclean'. In some contexts, social norms meant that women and girls were restricted from bathing, handling food, swimming and attending church. Reaching menarche was viewed by some adolescents as something to fear and a source of shame. Often menstruation was only discussed after the event, which led to girls feeling fear or embarrassment. There was discussion of the importance of addressing psychosocial aspects of menstruation in order to improve the health and wellbeing of women and girls. The literature highlighted that levels of acceptance of talking aboutSRH and menstruation varies greatly depending on the context.

However, addressing these social norms and taboos can be difficult, due to the variety of factors that influence the acceptance of gender and social norms. For example, interviewee responses ranged from not viewing social taboos and stigma of menstruation as challenge, to viewing other SRH issues as more urgent to deal with. This acceptance of social norms and taboo around MHM demonstrates a minimization of the negative impacts on women and girls.

> *"Women have and continue to deal with menstruation, so why is this a problem now? Why do we need to address it? There are no real harms, women can cope with this."*

> *"The tricky thing is getting condom demonstration, sexual activity, more of the pointy end around consent and violence, that's the stuff that's challenging now, not so much about menstruation or puberty."*

Other SRH actors felt that healthcare workers might find it difficult to address the underlying norms and stigma of menstruation.

> *"A lot of health workers will be comfortable … talking about puberty, but in a very biological sense; 'what is menstruation?' and 'this will happen'. What's missing is what it means in terms of identity, what it means in terms of the changes and if this is causing stress. Or what it means in terms of a community, what it means in terms of how you would seek advice or help. That's often missing."*

These perspectives demonstrate that in some contexts, menstruation is likely to remain a highly taboo topic, similar to sex. Integrating WASH-related MHM efforts with SRH services, will create grounds for education efforts across all actors on the importance of MHM. Through an integrated approach, both MHM and SRH will be seen as equally important issues to improving outcomes for women and girls.

Access to age-appropriate education and information

Education was a strong theme in both the MHM and SRHR literature. Some articles discussed parent-child communication, while most MHM articles mentioned teacher-student communication and peer education as key strategies to address gaps in knowledge. Overall a key message in the literature was that sources of information – predominantly older women, parents and teachers – need to be supported to be able to have informed discussions with adolescent girls, who lack accurate information and confidence to discuss issues.

Similar to the desk-review findings, SRH practitioners understood mothers, and older female family members such as sisters and aunts to be key sources of information on both SRH and MHM. They expressed similar concerns to those expressed in the literature; that is that mothers as the main source of knowledge for girls on SRH and MHM posed the real risk of providing misinformation due to their own gaps in knowledge.

> *"...and then the question relating to 'where would you want to get that information from?' was from their mother. But when you look at the data around do mothers have the knowledge and do they feel comfortable to talk to their daughters about growing up, [and] what to expect – they [the mothers] wanted to but they didn't have the knowledge or the confidence."*

This highlights that it is critical for education programs to address intergenerational gaps in knowledge and information. Recognition that the two sectors – MHM and SRH – are working on similar challenges, and are in fact aiming for similar outcomes, creates an opportunity for integrated programming.

Gender transformative approaches and engaging men and boys

The perspectives of men and boys were largely absent from peer-reviewed articles. Issues of the appropriateness of involving men and boys in the conversation on menstruation were talked about very briefly, usually in discussions or recommendations. This was primarily in the context of whether it was appropriate for male teachers to deliver education. Also, whether in some contexts it was appropriate for men and boys to even know that girls were menstruating due to the risk of gender based harassment and violence. Grey publications cited that engaging men and boys was important in programming responses, but literature was almost only available on MHM in schools. Data from other settings such as households and workplaces was limited.

One SRHR interviewee thought that boys are key change agents in adolescent sexual and reproductive health (ASRH) approaches.

> *"...in doing a lot of gender work [in] a lot of our programs, we will split boys and girls to educate on these topics, never mix them. A lot of the adolescent health work is transformative gender work, for example adolescent boys as champions for girls and vice versa."*

When asked about engaging men and boys in SRH or MHM, one SRH interviewee identified a gap in MHM and SRH programs, although there were growing intervention studies and systematic reviews about engaging men in either maternal and child health or SRH.

> *"However, menstruation often doesn't come up in these studies. It comes up in reproductive education in schools, but not really anywhere else. This is a big gap in SRHR programs."*

Another SRH interviewee made links to gender equality.

> *"There are puberty books for boys, which may stop them teasing girls, but may not stop the violence against girls. This is a whole other issue, and [there is a] is much bigger need to educate the whole community."*

A WASH interviewee described the need to engage men and boys to overcome taboo and stigma associated with menstruation.

> ***"more educating men and boys about MHM and what the issues are and why it happens and how to manage, so some of it is kind of changing incorrect opinions or attitudes or understandings, and maybe taboos will slowly change because of that."***

Whilst the inclusion of men and boys in MHM is largely overlooked in the literature, the experience of WASH and SRH interviewees demonstrates that involving men and boys in improving health and psychosocial outcomes for women and girls, can be a positive influence. This finding suggests that in practice there is shared lessons in the inclusion of men and boys in MHM and SRH that can be harnessed.

Including women and girls with disabilities and other marginalized groups

There is limited discussion in the grey literature that women and girls with disabilities were a vulnerable group, and only two of the peer-reviewed articles cited reproductive health care and menses as an issue for adolescents with disabilities. Challenges cited included being doubly stigmatized by not being viewed as having sexuality. Poor access to education; and menstruation was seen as an extra burden by caregivers or parents.

The issue of girls or women with disabilities managing menstruation arose in the interviews as an issue of access to services and facilities. One WASH practitioner highlighted that the sector and actors had limited understanding of the issues experienced by girls or women with disabilities, which was similar to views provided by SRH interviewees.

> *"We know that it's a gap. There isn't much information about how to improve services for women and girls with their disability, or what kind of additional support they would need. More research or more documentation of good practices would be helpful for MHM with girls with disabilities."*

When asked about marginalized groups, one SRH interviewee raised concerns on why menstrual hygiene focuses predominantly in school settings, and that this could lead to other girls missing out on services and education.

> ***"The education sector [was] not really engaged on this issue originally, it was initiated by WASH [sector]. Girls in school are easier to find and focus on... there is a need to broaden the focus on girls and women and girls out of school"***

Another SRH interviewee said, "we need to target those groups with highest need, such as adolescent girls living in extreme poverty, or no access to education".

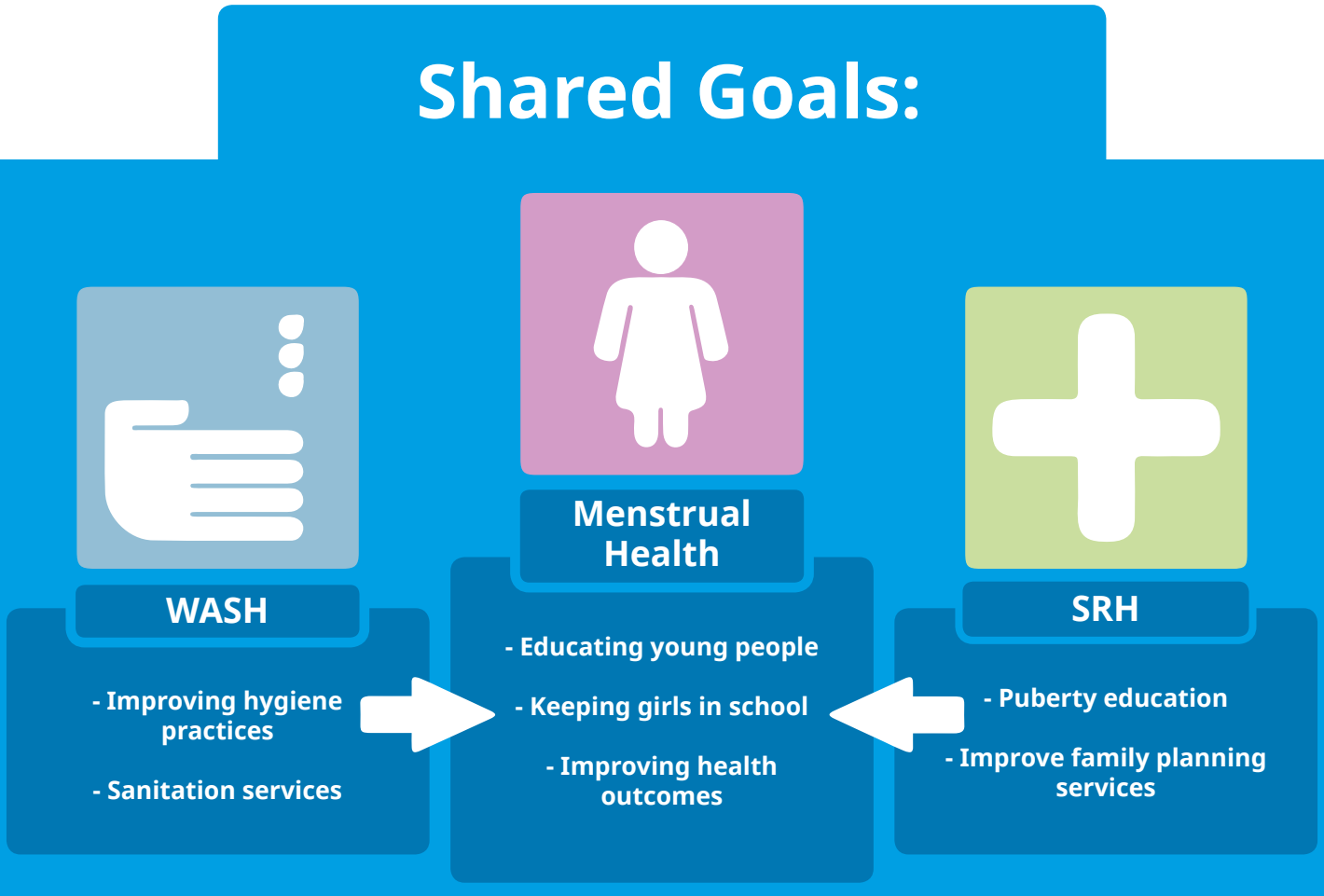
Discussion: What the findings & recent progress means for joint action

Photo credit: WaterAid/Jerry Galea

The findings of the desk review and key informant interviews highlight gaps and opportunities for an exchange of learning and action between WASH and SRHR actors, to better address menstrual health.

The desk review highlighted narrowly defined solutions to menstrual health, such as menstruation being a puberty education issue, or menstruation as a hygiene issue only. This may act as a barrier to achieving broader gender equality, SRHR and education outcomes. There was a shift in terminology from 'Menstrual Hygiene Management' in WASH publications to 'Menstrual Health' in more recent health-focused publications. Developing shared terminology is a practical first step towards integrated and holistic solutions.

In practice, WASH and SRHR actors share common goals and challenges. Shared goals include educating young people on taboo topics; keeping girls in school; providing access to essential services; and improving health outcomes. Shared challenges include difficulties in shifting gender and social norms and attitudes; challenges in engaging men and boys on taboo topics in a gender-sensitive way; and a need to reach girls out of school, including those with disabilities and other marginalized groups.



This presents the opportunity for WASH and SRHR actors to leverage one another's efforts and have a greater impact.

By normalizing discussions among women, men and young people on reproduction, menstruation and SRH, both sectors can contribute to raising the profile of menstrual health as an important issue for women and girls, and contribute to shifting cultural norms, gender attitudes and addressing taboos.

Education emerged as a key theme across most of the findings. Educating actors, women, men, girls and boys in menstrual health and SRH is arguably therefore critical in overcoming social barriers, addressing intergenerational gaps in knowledge, and engaging men and boys positively to support improved health and psychosocial outcomes for women and girls. Identifying cross-sectional opportunities to provide intergenerational, gender transformative MHM and SRH education should therefore be a key strategy in future efforts to improve menstrual health.

Reaching vulnerable groups was highlighted as an unmet need in MHM, specifically women and girls with a disability. Vulnerable groups were doubly stigmatized, by being largely overlooked in needing SRH services as well. Taking MHM and SRH services beyond education settings is critical to reaching these most vulnerable people in the community.

Photo credit: WaterAid/Jerry Galea

Recent regional progress: update

Since the interviews and literature review were conducted, there has been increased programming on menstrual health in Southeast Asia and the Pacific region. The Australian government's Department of Foreign Affairs and Trade (DFAT) supported *'The Last Taboo: Formative Research on MHM in the Pacific'*, in 2016-17. Undertaken in Papua New Guinea, Solomon Islands and Fiji, the research identified practices, challenges and solutions to manage menstruation more effectively for women and girls in rural and urban settings. The Last Taboo's literature review highlighted that *"interventions related to MHM have largely been delivered through the WASH sector, with little engagement from sexual and reproductive health, gender and education actors".* [12] The research findings identified critical challenges for women with disabilities, adolescent girls out of school and women working in informal workplaces (such as market vendors) experiencing the greatest challenges in menstruation management. The research and subsequent national-level workshops recommended greater cross-sectoral collaboration to holistically and systemically address menstrual health in the region.

The Australian Aid program is also supporting an integrated MHM, WASH and SRH program in Papua New Guinea (PNG) and Timor-Leste, led by Marie Stopes International Australia and WaterAid. [13] The partnership is one of the first integrated menstrual and reproductive health and WASH approaches in the region, offering a holistic solution to improving girls' health and education. Sexual and reproductive health services and menstrual health education will be provided to adolescent girls and boys, as well as adult community members, in rural and urban Timor-Leste and PNG. WASH facility upgrades will take place, so school toilets are better equipped to help adolescent girls manage their menstruation hygienically and effectively. Lastly, local and sustainable sanitary products by women entrepreneurs will be tested in the market.

Key Recommendations

This section provides a range of recommendations to leverage shared goals and challenges, in order to move toward holistic solutions to menstrual health, and use menstrual health as an access point for SRH. The recommendations are based on the findings and discussion above.

Photo credit: WaterAid/Tom Greenwood

1. WASH and SRH actors to leverage one another's efforts for a greater impact on improving menstrual health

- Develop shared terminology on 'menstrual health', which encompasses the hygienic aspects of menstruation as well as the broader systemic factors such as education and rights. This can bring greater clarity to a joint development agenda by WASH, SRHR, and other actors.
- Identify shared goals across sectors and develop cross-sectoral platforms, plans and financial structures to jointly address menstrual health.
- Establish shared indicators and targets for activities.
- Strengthen cross-sectoral learning and documentation between WASH and SRH actors, to bolster effective menstrual health programming approaches.
- Conduct joint operational research to guide collaborative WASH and SRHR approaches to addressing menstrual health.
- Design and deliver joint, rights-based menstrual health programming solutions.

2. Strengthen education and community awareness of menstrual health

- Strengthen age-appropriate puberty education canvassing both menstrual health and hygiene and SRH.
- Develop and deliver education on menstrual health to those identified as sources of information by adolescent girls (such as mothers, older sisters, aunts).
- Accessible and inclusive integrated menstrual health solutions and SRHR education that go beyond school settings to reach women and girls with disabilities and other marginalized groups.
- Engage men and boys, using gender transformative approaches to menstrual health to address underlying issues of gender and power and uphold 'do no harm' principles.
- Utilize existing SRHR platforms and services to broaden menstrual health knowledge and services.

3. Extend the reach of integrated menstrual health solutions and SRH services

- Accessible and inclusive integrated menstrual health, WASH and SRH services that go beyond school settings to reach women and girls with disabilities and other marginalized groups.

Annex 1 Resources

Grey literature cited:

1. Sommer M, Sahin M (2013) Overcoming the taboo: advancing the global agenda for menstrual hygiene management for schoolgirls. Am J Public Health 103: 1556–1559. pmid:23865645

2. Sommer M, Hirsch JS, Nathanson C, Parker RG. Comfortably, Safely, and Without Shame: Defining Menstrual Hygiene Management as a Public Health Issue. Am J Public Health [Internet]. 2015 Jul;105(7):1302–11. Available from: https://ezp.lib.unimelb.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=s3h&AN=103318253&site=eds-live&scope=site

3. Thakur H, Aronsson A, Bansode S, Lundborg CS, Dalvie S, Faxelid E (2014) Knowledge, practices and restrictions related to menstruation among young women from low socioeconomic community in Mumbai, India. Frontiers in Public Health 2: 2–7.

4. Sommer M, Caruso BA, Sahin M, Calderon T, Cavill S, Mahon T, et al. A Time for Global Action: Addressing Girls' Menstrual Hygiene Management Needs in Schools. PLoS Med [Internet]. United States; 2016;13(2):e1001962. Available from: http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=prem&NEWS=N&AN=26908274

5. Mahon T, Fernandes M (2010) Menstrual hygiene in South Asia: a neglected issue for WASH (water, sanitation and hygiene) programmes. Gender & Development 18: 99–113

6. Sedgh, G., Ashford, L.S., Hussain, R., (2016). Umet Need for Contraception in Developing Countries: Examining Women's Reasons For Not Using a Method. Guttmacher Institute, accessed online

7. World Health Organization (2018) Fact Sheet: Adolescent Pregnancy http://www.who.int/mediacentre/factsheets/fs364/en/

8. House S, Mahon Trs, Cavill S. Menstrual Hygiene Matters: a resource for improving menstrual hygiene around the world. UK: WaterAid, 2012.

9. Geertz A, Iyer L, Kasen P, Mazzola F, Peterson K. An Opportunity to Address Menstrual Health and Gender Equity: FSG, 2016.

10. Dutta D, Badloe C, Lee H, House S. 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

Education

1. Sommer M, Caruso BA, Sahin M, Calderon T, Cavill S, Mahon T, et al. A Time for Global Action: Addressing Girls' Menstrual Hygiene Management Needs in Schools. PLoS Med [Internet]. United States; 2016;13(2):e1001962. Available from: http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=prem&NEWS=N&AN=26908274

2. Muhwezi WW, Ruhweza Katahoire A, Banura C, Mugooda H, Kwesiga D, Bastien S, et al. Perceptions and experiences of adolescents, parents and school administrators regarding adolescent-parent communication on sexual and reproductive health issues in urban and rural Uganda. Reprod Health [Internet]. BioMed Central; 2015 Nov 30;12:1–16. Available from: 10.1186/s12978-015-0099-3

3. Bosch AM, Hutter I, van Ginneken JK. Perceptions of adolescents and their mothers on reproductive and sexual development in Matlab, Bangladesh. Int J Adolesc Med Health [Internet]. England; 2008;20(3):329–42. Available from: http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=med5&NEWS=N&AN=19097571

4. Manu AA, Mba CJ, Asare GQ, Odoi-Agyarko K, Asante RKO. Parent-child communication about sexual and reproductive health: evidence from the Brong Ahafo region, Ghana. Reprod Health [Internet]. Department of Population, Family, & Reproductive Health, School of Public Health, College of Health Sciences, University of Ghana, P.O. Box LG 13, Accra, Ghana. abumanu@yahoo.com.: BioMed Central; 2015 Mar 7;12:16. Available from: https://ezp.lib.unimelb.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=cmedm&AN=25889521&site=eds-live&scope=site

5. Iliyasu Z, Aliyu MH, Abubakar IS, Galadanci HS. Sexual and reproductive health communication between mothers and their adolescent daughters in northern Nigeria. Health Care Women Int [Internet]. 2012 Jan [cited 2016 Mar 8];33(2):138–52. Available from: http://www.scopus.com/inward/record.url?eid=2-s2.0-84856080246&partnerID=tZOtx3y1

6. Nambambi NM, Mufune P. What Is Talked About When Parents Discuss Sex with Children: Family Based Sex Education In Windhoek, Namibia. African J Reprod Heal / La Rev Africaine la Santé Reprod VO - 15 [Internet]. Women's Health and Action Research Centre; 2011;(4):120. Available from: https://ezp.lib.unimelb.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=edsjsr&AN=edsjsr.41762371&site=eds-live&scope=site

7. Nair MKC, Leena ML, George B, Thankachi Y, Russell PSS. ARSH 5: Reproductive Health Needs Assessment of Adolescents and Young People (15--24 y): A Qualitative Study on "Perceptions of Community Stakeholders." Indian J Pediatr VO - 80. Springer; 2013;(2):214.

8. Nair MKC, Thankachi Y, Leena ML, George B, Russell PSS. ARSH 4: Parental Understanding of Adolescent Issues: Parent-Adolescent Dyad Agreement. Indian J Pediatr VO - 80 [Internet]. Springer; 2013;(2):209. Available from: https://ezp.lib.unimelb.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=edsgao&AN=edsgcl.348166293&site=eds-live&scope=site

9. Chandra-Mouli V, Greifinger R, Nwosu A, Hainsworth G, Sundaram L, Hadi S, et al. Invest in adolescents and young people: it pays. Reprod Heal VO - 10 [Internet]. BioMed Central Ltd.; 2013; Available from: https://ezp.lib.unimelb.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=edsgao&AN=edsgcl.344614104&site=eds-live&scope=site

10. Adeokun LA, Ricketts OL, Ajuwon AJ, Ladipo OA. Sexual and Reproductive Health Knowledge, Behaviour and Education Needs of In-School Adolescents in Northern Nigeria. African J Reprod Heal / La Rev Africaine la Santé Reprod VO - 13 [Internet]. Women's Health and Action Research Centre; 2009;(4):37. Available from: https://ezp.lib.unimelb.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=edsjsr&AN=edsjsr.27802621&site=eds-live&scope=site

11. Rahman L, Rob U, Bhuiya I, ME K, MR I. Achieving the Cairo conference (ICPD) goal for youth in Bangladesh. Int Q Community Health Educ [Internet]. Population Council, House CES(B)21, Gulshan, Dhaka-1212, Bandladesh; laila@pcdhaka.org: Sage Publications Inc.; 2005 Jun;24(4):267–87 21p. Available from: https://ezp.lib.unimelb.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=cin20&AN=105922765&site=eds-live&scope=site

12. Sommer M. Addressing Structural and Environmental Factors for Adolescent Sexual and Reproductive Health in Low- and Middle-Income Countries. Am J Public Health [Internet]. Mailman School of Public Health, Columbia University, New York, NY: American Public Health Association; 2015 Oct;105(10):1973–81 9p. Available from: https://ezp.lib.unimelb.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=cin20&AN=109373210&site=eds-live&scope=site

13. do Amaral MCE, Hardy E, Hebling EM. Menarche among Brazilian women: memories of experiences. Midwifery [Internet]. Elsevier Ltd; 2011 Jan 1;27:203–8. Available from: 10.1016/j.midw.2009.05.008

14. Sommer M, Sutherland C, Chandra-Mouli V. Putting menarche and girls into the global population health agenda. Reprod Health [Internet]. Mailman School of Public Health, Columbia University, New York, USA. ms2778@columbia.edu.: BioMed Central; 2015 Mar 26;12:24. Available from: https://ezp.lib.unimelb.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=cmedm&AN=25889785&site=eds-live&scope=site

15. Chothe V, Khubchandani J, Seabert D, Asalkar M, Rakshe S, Firke A, et al. Students' perceptions and doubts about menstruation in developing countries: a case study from India. Health Promot Pract [Internet]. SAGE Publications Inc.; 2014 May [cited 2016 Mar 8];15(3):319–26. Available from: http://www.scopus.com/inward/record.url?eid=2-s2.0-84899708710&partnerID=tZOtx3y1

Menstruation: social norms and taboos

16. Mason L, Nyothach E, Alexander K, Odhiambo FO, Eleveld A, Vulule J, et al. "We keep it secret so no one should know"--a qualitative study to explore young schoolgirls attitudes and experiences with menstruation in rural western Kenya. PLoS One [Internet]. 2013 Jan [cited 2016 Mar 8];8(11):e79132. Available from: http://www.scopus.com/inward/record.url?eid=2-s2.0-84896729212&partnerID=tZOtx3y1

17. Sharanya T. Reproductive health status and life skills of adolescent girls dwelling in slums in chennai, india. Natl Med J India [Internet]. All India Institute of Medical Sciences; 2014;27(6):305–10. Available from: http://www.scopus.com/inward/record.url?eid=2-s2.0-84938597191&partnerID=tZOtx3y1

18. Mahmud I, Chowdhury S, Siddiqi BA, Theobald S, Ormel H, Biswas S, et al. Exploring the context in which different close-to-community sexual and reproductive health service providers operate in Bangladesh: a qualitative study. Hum Resour Heal VO - 13 [Internet]. BioMed Central Ltd.; 2015; Available from: https://ezp.lib.unimelb.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=edsgao&AN=edsgcl.427258567&site=eds-live&scope=site

19. Adanu RM, Seffah J, Anarfi JK, Lince N, Blanchard K. SEXUAL AND REPRODUCTIVE HEALTH IN ACCRA, GHANA. Ghana Med J [Internet]. Ghana Medical Journal; 2012 Jun;46(2):58–65. Available from: https://ezp.lib.unimelb.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=79729945&site=eds-live&scope=site

20. Rashid SF, Akram O, Standing H. The sexual and reproductive health care market in Bangladesh: where do poor women go? Reprod Heal Matters VO - 19 [Internet]. Elsevier Ltd.; 2011;(37):21. Available from: https://ezp.lib.unimelb.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=edsjsr&AN=edsjsr.41409147&site=eds-live&scope=site

Access to SRH services & information

21. Garg R, Goyal S, Gupta S. India moves towards menstrual hygiene: subsidized sanitary napkins for rural adolescent girls-issues and challenges. Matern Child Health J [Internet]. 2012 May [cited 2016 Mar 8];16(4):767–74. Available from: http://www.scopus.com/inward/record.url?eid=2-s2.0-84860852054&partnerID=tZOtx3y1

22. Hindin MJ, Bloem P, Ferguson J. Effective Nonvaccine Interventions to Be Considered Alongside Human Papilloma Virus Vaccine Delivery. J Adolesc Heal. Department of Population, Family and Reproductive Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland: Elsevier Science; 2015 Jan;56(1):10–8 9p.

23. Zhang X-J, Shen Q, Wang G-Y, Yu Y-L, Sun Y-H, Yu G-B, et al. Risk factors for reproductive tract infections among married women in rural areas of Anhui Province, China. Eur J Obstet Gynecol [Internet]. Elsevier Ireland Ltd; 2009 Jan 1;147:187–91. Available from: 10.1016/j.ejogrb.2009.08.017

24. Ishaq Bhatti L, Fikree FF. Health-seeking behavior of Karachi women with reproductive tract infections. Soc Sci Med. Elsevier Ltd; 2002 Jan 1;54:105–17.

25. Greenwood NW, Wilkinson J. Sexual and reproductive health care for women with intellectual disabilities: a primary care perspective. Int J Family Med [Internet]. Egypt; 2013;2013:642472. Available from: http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=prem&NEWS=N&AN=24455249

26. Chacham AS, Diniz SG, Maia MB, Galati AF, Mirim LA. Sexual and reproductive health needs of sex workers: two feminist projects in Brazil. Reprod Health Matters [Internet]. Netherlands; 2007;15(29):108–18. Available from: http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=med5&NEWS=N&AN=17512382

27. Quint EH. Adolescents with Special Needs: Clinical Challenges in Reproductive Health Care. J Pediatr Adolesc Gynecol [Internet]. 2016 Feb;29(1):2–6. Available from: 10.1016/j.jpag.2015.05.003

Vulnerable groups

28. Quint EH. Menstrual and reproductive issues in adolescents with physical and developmental disabilities. Obstet Gynecol [Internet]. Department of Obstetrics and Gynecology, University of Michigan Health System, Ann Arbor, Michigan.: Lippincott Williams & Wilkins; 2014 Aug;124(2 Pt 1):367–75. Available from: https://ezp.lib.unimelb.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=cmedm&AN=25004333&site=eds-live&scope=site

29. McMahon SA, Winch PJ, Caruso BA, Obure AF, Ogutu EA, Ochari IA, et al. "The girl with her period is the one to hang her head" Reflections on menstrual management among schoolgirls in rural Kenya. BMC Int Health Hum Rights [Internet]. 2011 Jan [cited 2016 Feb 9];11(1):7. Available from: http://www.scopus.com/inward/record.url?eid=2-s2.0-79959222677&partnerID=tZOtx3y1

30. Montgomery P, Ryus CR, Dolan CS, Dopson S, Scott LM. Sanitary Pad Interventions for Girls' Education in Ghana: A Pilot Study. PLoS One [Internet]. Public Library of Science; 2012 Oct;7(10):1–7. Available from: 10.1371/journal.pone.0048274

31. Herrmann MA, Rockoff JE. Do menstrual problems explain gender gaps in absenteeism and earnings? Evidence from the National Health Interview Survey. Labour Econ. Elsevier B.V.; 2013 Oct 1;24:12–22.

Engaging men and boys and transforming gender

32. Sawade O. Lessons, challenges, and successes while working on the "Triangle" of education, gender, and sexual and reproductive health. Gend Dev [Internet]. 2014 Mar;22(1):127–40. Available from: 10.1080/13552074.2014.889339

33. Jackson TE, Falmagne RJ. Women wearing white: Discourses of menstruation and the experience of menarche. Fem Psychol [Internet]. 2013 Aug;23(3):379–98. Available from: 10.1177/0959353512473812

34. Hasan MK, Aggleton P, Persson A. Rethinking Gender, Men and Masculinity: Representations of Men in the South Asian Reproductive and Sexual Health Literatures. Int J Mens Health [Internet]. Centre for Social Research in Health (CSRH), UNSW Australia: Men's Studies Press; 2015;14(2):146–62 17p. Available from: https://ezp.lib.unimelb.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=cin20&AN=109807514&site=eds-live&scope=site

35. MAHON T, TRIPATHY A, SINGH N. Putting the men into menstruation: the role of men and boys in community menstrual hygiene management. Waterlines [Internet]. Practical Action Publishing; 2015 Jan;34(1):7–14. Available from: 10.3362/1756-3488.2015.002

36. JOSHI D, BUIT G, GONZÁLEZ-BOTERO D. Menstrual hygiene management: education and empowerment for girls? Waterlines [Internet]. Practical Action Publishing; 2015 Jan;34(1):51–67. Available from: 10.3362/1756-3488.2015.006

37. Sommer M, Hirsch JS, Nathanson C, Parker RG. Comfortably, Safely, and Without Shame: Defining Menstrual Hygiene Management as a Public Health Issue. Am J Public Health [Internet]. 2015 Jul;105(7):1302–11. Available from: https://ezp.lib.unimelb.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=s3h&AN=103318253&site=eds-live&scope=site

38. Hennegan J, Montgomery P. Do Menstrual Hygiene Management Interventions Improve Education and Psychosocial Outcomes for Women and Girls in Low and Middle Income Countries? A Systematic Review. PLoS One [Internet]. Public Library of Science; 2016 Feb 10;11(2):1–21. Available from: 10.1371/journal.pone.0146985

39. Scorgie F, Foster J, Stadler J, Phiri T, Hoppenjans L, Rees H, et al. "Bitten By Shyness": Menstrual Hygiene Management, Sanitation, and the Quest for Privacy in South Africa. Med Anthropol [Internet]. United States; 2016;35(2):161–76. Available from: http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=prem&NEWS=N&AN=26436841

40. Ranabhat C, Kim C-B, Choi EH, Aryal A, Park MB, Doh YA. Chhaupadi Culture and Reproductive Health of Women in Nepal. Asia-Pacific J Public Heal [Internet]. 2015 Oct;27(7):785. Available from: https://ezp.lib.unimelb.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=edb&AN=109990214&site=eds-live&scope=site

41. Lahiri-Dutt K. Medicalising menstruation: a feminist critique of the political economy of menstrual hygiene management in South Asia. Gender, Place Cult A J Fem Geogr [Internet]. 2015 Oct;22(8):1158–76. Available from: 10.1080/0966369X.2014.939156

42. Phillips-Howard PA, Otieno G, Burmen B, Otieno F, Odongo F, Odour C, et al. Menstrual Needs and Associations with Sexual and Reproductive Risks in Rural Kenyan Females: A Cross-Sectional Behavioral Survey Linked with HIV Prevalence. J Womens Health (Larchmt) [Internet]. Mary Ann Liebert Inc.; 2015 Oct [cited 2016 Mar 8];24(10):801–11. Available from: http://www.scopus.com/inward/record.url?eid=2-s2.0-84945564763&partnerID=tZOtx3y1

43. WINKLER IT, ROAF V. TAKING THE BLOODY LINEN OUT OF THE CLOSET: MENSTRUAL HYGIENE AS A PRIORITY FOR ACHIEVING GENDER EQUALITY. Cardozo J Law Gend [Internet]. 2015 Mar;21(1):1. Available from: https://ezp.lib.unimelb.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=edo&AN=102562801&site=eds-live&scope=site

Additional grey literature

44. Burnet Institute, WaterAid, International Womens Development Agency (2016) The Last Taboo Literature Review https://pacificwomen.org/research/the-last-taboo-research-on-managing-menstruation-in-the-pacific/

45. Emory University, Unicef. WASH in Schools Empowers Girls' Education: Tools for Assessing Menstrual Hygiene Management in Schools, 2013.

46. Rahman L, Rob U, Bhuiya I, ME K, MR I. Achieving the Cairo conference (ICPD) goal for youth in Bangladesh. Int Q Community Health Educ [Internet]. Population Council, House CES(B)21, Gulshan, Dhaka-1212, Bandladesh; laila@pcdhaka.org: Sage Publications Inc.; 2005 Jun;24(4):267–87 21p. Available from: https://ezp.lib.unimelb.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=cin20&AN=105922765&site=eds-live&scope=site

47. UNFPA, UNESCO, WHO. Sexual and Reproductive Health of Young People in Asia and the Pacific: A review of issues, policies and programmes. Bangkok: UNFPA, 2015.

48. UNICEF East Asia and Pacific Regional Office. A Snapshot Of Water And Sanitation In The Pacific: 2013 Sub-Regional Analysis And Update Bangkok, Thailand: UNICEF East Asia and Pacific Regional Office (EAPRO), 2013.

49. UNICEF East Asia and Pacific Regional Office (EAPRO). Supporting the Rights of Girls and Women through Menstrual Hygiene Management (MHM) in the East Asia and Pacific Region: Good Practice Guidance Note. Bangkok, Thailand: UNICEF EAPRO, 2016.

50. United Nations Educational Scientific and Cultural Organization, UNICEF. All Children in School by 2015: Global Initiative on Out-of-School Children, South Asia Regional Study. UNESCO and UNICEF,, 2014.

51. WaterAid, CBM-Nossal. Papua New Guinea: exploring the intersection of gender, disability and age in access to WASH. Melbourne, Australia: WaterAid Australia; 2015 (unpublished).

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