

Integrated Approaches to Menstrual Health



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Programming insights from the 'Keeping Girls in School Through Improved Reproductive and Menstrual Health' project in Papua New Guinea and Timor-Leste

2017 – 2021



Funded by the Australian NGO Cooperation Program's Gender Action Platform



The challenge

Globally, the largest generation of girls in history are entering their reproductive years. Managing reproductive health while in school, however, is a challenge for many.¹ Women and girls in Timor-Leste and Papua New Guinea (PNG), experience challenges in managing menstruation effectively and hygienically.² Menstruation is a natural bodily function experienced by most women and adolescent girls each month, but is often surrounded by taboos and restrictive socio-cultural practices.³ Many factors contribute to girls and women's ability to manage menstruation with confidence and ease.

Poor water, sanitation and hygiene (WASH) access makes management of menstruation very challenging. PNG has some of the poorest rates of water, sanitation and hygiene coverage in the world.

Only 13% of the population having access to a basic level of sanitation and 28% of households having basic hygiene, with handwashing stations with soap and water present.⁵

While sexual and reproductive health (SRH) and menstrual health are intrinsically related, sexuality education delivered in schools in Timor-Leste and Papua New Guinea, often misses the opportunity to speak about both topics.

Addressing menstrual health includes many dimensions:

- Information about puberty, the menstrual cycle and fertility;
- Hygienic, affordable material to absorb or collect menstrual blood;
- Access to private spaces to change these materials as frequently as needed;
- Soap and water to bathe the body, wash hands and manage hygiene;
- Functioning and appropriate safe disposal systems for used menstrual materials
- National government policies, curriculum and resourcing.⁴

Additionally, adolescent pregnancy is a leading cause of death and disability for girls aged 15-19 years. In Timor-Leste less than 1% of girls have used contraception and in PNG 22% of girls have had one child or more.⁶ Unplanned pregnancy and an inability to manage menstrual health in hygienic and dignified ways contributes to poor health, negatively impacts social outcomes and remains to be a key factor inhibiting adolescent girls from regular school attendance.

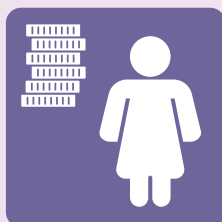


The Approach



Marie Stopes International Australia (MSIA) and WaterAid worked in partnership to deliver a holistic approach to improve menstrual health; and to increase awareness and uptake of sexual and reproductive health services and WASH services in Timor-Leste and PNG. The 'Keeping Girls in School Through Improved Reproductive and Menstrual Health' Project delivered over four years (2017-2021) was funded through the Australian NGO Cooperation Program's Gender Action Platform (GAP).⁷

The Project Goals:



Contribute towards promoting women's economic empowerment in Timor-Leste and Papua New Guinea (Long Term Goal)



Contribute towards improving school retention in young girls through improved health, and boosting local women-led business (Interim Goal)

Three outcome objectives:

Increased awareness and uptake of sexual and reproductive health and/or family planning services and menstrual health practices amongst adolescent girls through improved access to girl-friendly facilities, education and services.

Improved availability of appropriate and affordable menstrual health products through strengthened sustainable business models for local women-led entrepreneurs.

Strengthened knowledge of and attention to the importance of sexual, reproductive and menstrual health in Timor-Leste, PNG, Asia Pacific and more broadly through cross-collaboration, learning and an established community of practice

Working together: a new period partnership

Improving menstrual health and hygiene is a critical component of WaterAid's integrated approach to inclusive and sustainable WASH as well as important to MSIA's commitment to ensuring women and girls have control over their bodies, and access to the information, services, and products they need. Gender and development efforts across Asia and the Pacific, often overlook the intersection between menstrual health and sexual and reproductive health and rights (SRHR). However, WaterAid and MSIA recognized that the complementary technical expertise of MSIA in SRH and WaterAid in WASH created a strong foundation for an effective partnership to address menstrual health and hygiene.



Impact of our innovation

This paper shares key findings of an independent exploratory evaluation undertaken in late 2020, using in-depth interviews with stakeholders and program data. Across the three program objectives, MSIA and WaterAid supported over **57,000 girls, boys, and adults to have increased access to WASH and SRHR information, facilities, and family planning services.** Over 12,500 women and girls are using their choice of contraception and over 3,000 students are accessing girl-friendly WASH facilities in schools across Timor-Leste and PNG.

Outcome 1

Combining improvements to WASH facilities at schools alongside the delivery of SRH and menstrual health education sessions was effective in enabling girls manage their menstruation at school. As a result of this outcome, over 12,000 women and girls are using their choice of contraception and over 3,000 students are accessing girl-friendly WASH facilities in schools across Timor-Leste and PNG.



“I think it is vital to integrate the topics of Sexual and reproductive health, family planning and menstrual health. This was an eye opening experience in breaking some taboos. When

talking about sexual health in the classroom, we can see the students opening up and understanding the issue and respecting each other, unlike before the project.” (Government Representative, Department of Health, PNG).

In PNG, teachers reported that the development of a Department of Education endorsed Comprehensive Sexuality Education (CSE) curriculum paired with teacher training resulted in schools stocking pads, improved teacher confidence in implementing the expanded curriculum, boy's attitudes becoming more supportive towards menstruating girls, and improved school retention among girls according to teacher reports.

“I learned about how sex can lead to pregnancy and why it's important to wait to have kids until later. I would like to learn more about contraception and plan to call the youth hotline to find out more information privately.”

(18 year old Female Student, Ermera, Timor-Leste).



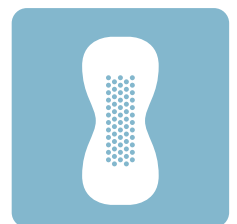
In Timor-Leste, we worked together with the Ministry of Health, the Ministry of Education and other civil society partners to develop gender-transformative menstrual health Information, Education and Communication (IEC) materials. Over 1000 education sessions were conducted in schools and in the community. Students who attended these sessions demonstrated increased knowledge about reproductive biology and reported sharing the information they learned widely.

The project also exceeded its original targets for uptake of family planning services among adolescents in both Timor-Leste and PNG, however it was difficult to directly attribute this uptake to the school education sessions.

Human-centred design led to girl-friendly, disability inclusive and contextualised school facilities. This created an enabling environment for girls to manage their menstruation at school. Girls spoke about the positive impact of having a private, clean and comfortable space to manage their menstruation.

“The bathroom is really good, before they were not clean, and we didn't have separate bathrooms for boys and girls. Girls would realise they were menstruating in the middle of class and they would go home

because of their menstruation. Many girls live far from the school so they would not return to class.” (Teacher, Timor-Leste)





Case study: Anaemia testing and reaching young people in Timor-Leste

In Timor-Leste, there are high rates of Anaemia among women and girls aged 15-49. Anaemia is often caused by malnutrition and is more common among pregnant women and menstruating girls. It can also be prevented with some forms of hormonal contraception. Given the link between anaemia and menstrual health, global best practice recommends the provision of anaemia testing for adolescent girls.

MSI recognized the opportunity to provide holistic service packages for adolescents while simultaneously destigmatizing consultations with SRH service providers. Thus, as part of the project MSI decided to actively promote anaemia testing to adolescent girls in Timor-Leste. Approximately 7.5% of adolescent attendees at promotional activities returned to the MSI clinic for STI testing. Though the activities did not contribute to an immediate increase of family planning uptake among adolescents, it laid the foundation for positive interactions with SRH service providers and provided a safe place to discuss their sexual and reproductive health needs. Innovative use of Anaemia testing is a strategic entry for SRH programs to reach young people.

Outcome 2

Outcome 2 resulted in almost 2,000 locally produced menstrual products are being used by women and girls. Despite this achievement, the project experienced a number of barriers when testing a market-based approach to reusable menstrual products in Timor-Leste. These included:

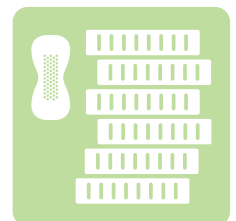
- Limited consumer demand and a poor market for reusable menstrual pads,
- Limited number of enterprises who could manufacture menstrual pads,
- Issues procuring affordable materials (which could have lowered prices/increased demand)
- Disposable pads are affordable in Timor-Leste and were reported to be available in rural locations by girls
- Short time frame to support and enhance the local micro-enterprises

The project consistently worked in a collaborative and adaptive manner to establish new strategies to work with the female entrepreneurs and adapt to the context to address these barriers.



MSIA

“The partnership increased my business’ profits because the project bought a bulk amount of kits (approximately 1000 kits). With the funds I could pay my staff; 5 women who do the sewing and 2-3 women who I hired casually to help with the large orders when it was needed. Because of my involvement with MSTL/WA another INGO contracted my business to do a similar project and make menstrual kits for their school and WASH project.” (Female Entrepreneur, Timor-Leste).



Case study: Building inclusive school WASH facilities in Timor-Leste

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

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

One innovative dimension was to design an incinerator on the external back wall, with small chutes connecting from two of the girls' stalls to allow sanitary materials to be disposed of directly into the incinerator. This meant sanitary materials did not need to be carried outside of toilets. Girls reported the chutes increased privacy and reduced embarrassment around menstruating. Other innovative features included clear plastic panels in the roof to allow better lighting inside in case electricity went out. Ramps, handles and larger stalls were designed to cater for students with difficulties walking or seeing, or who used wheelchairs.

When asked how the girls feel about their new toilets, one student said: "It's really easy to manage our periods when we are [at] school now, because we increased our knowledge [about menstruation], we also have sanitary pads available inside the toilet cubicles; we can just change them at school, rather than having to go home."

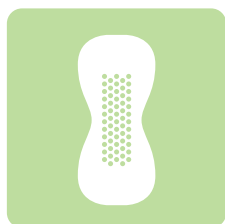
"Before we had the inclusive toilet, when we had our periods we had to ask permission to leave, go home, and then we didn't come back [to class]. In the toilets they also have an incinerator and now when we have our periods we don't have to go home." (16 year old female student, rural Timor-Leste)

Outcome 3

The project substantially contributed to improving knowledge, awareness and action towards gender equality in both Timor-Leste and PNG. The strong partnership and collaboration between MSIA and WaterAid led to cross-sectoral learning. The formation of a Community of Practice (CoP) established with local partners in both Timor-Leste and PNG working on WASH, SRH/FP and menstrual health, contributed to this collaborative approach. Interviews with teachers revealed that girls school attendance had improved as girls were better able to manage their menstruation at school with the improvements to the WASH infrastructure and their increased MH knowledge.



Key Insights and learning



- **Cross-sectoral partnership is crucial for holistic menstrual health solutions:** MH projects will have a greater impact by working with partners who have complementary WASH and SRH technical expertise, and collaborate openly on innovative solutions.
- **Developing education materials in collaboration with the government** helps to ensure local ownership and contextually appropriate materials. Development of IEC or Behaviour Change Communication (BCC) materials should build in time; staff resourcing and budget to enable collaboration with governments, as it led to sustainable and influential outcomes.
- **Provision of sexual, reproductive and menstrual health education to the broader community, not only girls and boys in school:** Reaching influencers in young people's lives is an important aspect of menstrual health education. Encouraging participation from male teachers and WASH committee members who can champion MH, change taboos and social norms can help to normalise MH and prevent misinformation.
- **Strengthening of the reusable menstrual pad supply chain was too ambitious** for the timeframe. It required more contextual understanding, resourcing to support innovation, testing and adjusting the approach.
- **Creation of a 'model school' in PNG demonstrated inclusive and girl-friendly WASH in schools.** Creating a demonstration WASH facility site that aligned with the PNG National WASH in Schools Policy design, was a useful advocacy approach as it gained visibility for WASH and MH in schools.
- **In Timor-Leste working closely with the National Disabled Peoples Organization (DPO) resulted in more inclusive facilities and accessible family planning services for people with disabilities:** Inclusion of DPOs in training of trainers, the CoPs and as participants in activities and workshops, ensured people with disabilities influenced the project as well as benefited from it.

Recommendations

- 1. Menstrual health solutions should always be integrated and holistic:** Improving MH outcomes requires cross-sectoral designs which draw together WASH, SRHR and gender equality expertise; community and government engagement; the provision of MH within comprehensive sexuality education; and girl-friendly, inclusive WASH in schools and communities.
- 2. Holistic menstrual health solutions require increased investment to be effective:** Partnerships which bring together technical expertise such as WASH and SRH require higher investment than a single approach to menstrual health. Funding must adequately resource the partnership itself to support learning and reflective practice, as well as resourcing to test combined technical approaches.
- 3. Private sector investments and social enterprises are part of the solution to scaling up menstrual health:** NGOs, donors and other partners should encourage the private sector to implement and scale-up menstrual health initiatives. Social enterprise investments should prioritise the unmet need on products to manage menstruation.
- 4. Comprehensive sexuality education should be part of all curriculum and expanded to older high school students:** Current CSE initiatives should be scaled up and provided to older high school students and out of school youth by incorporating messages around consensual sex, reproductive anatomy, MH, fertility awareness and prevention of gender-based violence.
- 5. Develop, pilot and document menstrual health indicators to measure outcomes:** Measuring MH outcomes is a significant gap globally; there are no global standards, measures and limited indicators. NGO's working on the ground on MH are at the forefront of testing approaches, and should build in more resourcing for technical expertise to innovate, develop and test indicators and contribute to the global knowledge pool.
- 6. Civil Society Organizations, partners and government ministries must continue collaboration towards shared goals to improve menstrual health:** In Timor-Leste and PNG, the Ministries of Education and Health and partners should work together to deliver the training on the approved IEC and CSE materials and monitor the implementation.



- 1 Amaya, L., J. Marcantili, and N. Bhavaraju, Advancing Gender Equity by Improving Menstrual Health: Opportunities In Menstrual Health And Hygiene. 2020, FSG
- 2 MSI and WaterAid (2018) Integrated approaches to menstrual health in Asia and Pacific available at: <https://washmatters.wateraid.org/publications/integrated-approaches-to-menstrual-health-in-asia-and-the-pacific>
- 3 Mohamed 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>
- 4 UNICEF, Guidance on Menstrual Health and Hygiene. 2019, UNICEF: New York, U.S.A.
- 5 National Statistics Office Papua New Guinea 2018 Demographic and Health Survey, available at: <https://dhsprogram.com/publications/publication-fr364-dhs-final-reports.cfm>
- 6 General Directorate of Statistics - GDS/Timor-Leste. Ministry of Finance/Timor-Leste - GDS and ICF. 2018. Timor-Leste Demographic and Health Survey 2016. Dili, Timor-Leste and Rockville, Maryland, USA: GDS and ICF.
- 7 <https://www.dfat.gov.au/aid/who-we-work-with/ngos/Pages/australian-ngo-gender-action-platform>