MENSTRUAL HEALTH IN EAST ASIA AND THE PACIFIC

REGIONAL PROGRESS REVIEW

FEDERATED STATES OF MICRONESIA

COUNTRY CONTEXT

The Federated States of Micronesia is a Western Pacific island country consisting of four states and comprising more than 600 islands and, as of 2021, a population of 117,000, including 34,000 adolescent girls and women of reproductive age (10–49 years).¹ There are no data available for the proportion of women aged 15–49 years with an unmet need for contraception. An estimated 74 per cent of the country's schools had access to basic sanitation services and 59 per cent of them had basic hygiene services as of 2021.² An estimated 88 per cent of households had access to at least basic sanitation services.³

OBJECTIVES

- Document the state of policy and programming to support menstrual health. Collate lessons learned and stakeholders' insights on barriers and enablers to effective action.
- Review the evidence for menstrual health interventions across the region. Document lessons learned and the barriers as well as the enablers of high-quality monitoring and evaluation.







This review report assesses the progress and opportunities using five dimensions of the definition of menstrual health.⁴ Menstrual health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in relation to the menstrual cycle. Achieving menstrual health implies that women, girls and all other people who experience a menstrual cycle throughout their life course can engage in the following five dimensions.



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



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



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



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



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

PROGRESS: ENABLING ENVIRONMENT

Policies and plans

The Government has yet to integrate menstrual health explicitly into any national policy, plan or strategy. There have been steps and momentum towards doing so, predominantly in relation to the water, sanitation and hygiene (WASH) services in schools.

The progress review identified the following opportunities to link menstrual health to existing policy, plans and guidelines:

- A House Joint Resolution on Enjoining Chuuk State Government Agencies to Support the Implementation of WASH in Private and Public Schools in Chuuk State (2019), which makes provisions for schools to provide private and safe sanitation facilities and services.
- FSM Association of Chief State School Officers (2020), which is a resolution endorsing the WASH in Schools programme in the four states of Micronesia. Although there is no explicit mention of menstrual health, both policies are leading to greater menstrual health action.

- Education Sector Strategic Development Plan (2020–2024), which details the formal
 coordination links between the national and state Departments of Education and the Department
 of Health and Social Affairs on student health, including health education and WASH. Although
 menstrual health is not specifically referenced, it is implicit.
- Pohnpei State Water Policy (2011), which requires that people with disabilities have access to WASH services and that 'equitable access' refers to inclusiveness irrespective of gender. Although menstrual health is not specifically referenced, the commitment to gender implies that menstrual health should be addressed.
- National Gender Policy (2018), which requires that women have better health care and sexual and
 reproductive health care and calls for the national and state governments to mainstream gender
 in all policies and programmes. Although menstrual health is not specifically referenced, the
 commitment to gender implies that menstrual health should be addressed.

A recommendation has been submitted to the Secretary of the National Department of Education and its accreditation specialist to include menstrual health in the school curriculum as part of the revision of the 2018 FSM Schools Accreditation System Procedures Manual.

Lessons and insights: Schools are an entry point for menstrual health

Review informants highlighted that school settings could be the first opportunity to progress menstrual health in Micronesia and that policies and guidelines for curricula need to be updated to include menstrual health. Parents, teachers and school committees, including girls' clubs, are seen as influencers of menstrual health, but policies are a long way off from supporting this progress.



We need to promote it in school – the curriculum and the importance of it in the curriculum. Men are scared to talk about it. It would help the girls. [With regards to] sex education, there is not a lot of that here. If it is in the curriculum, it's barely happening. – Review informant, university

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For menstrual health, it will be a long journey...even for information or just that topic or concept, for it to be part of the school curriculum. – Review informant, United Nations agency

Implementation arrangements

The national Government, which is responsible for developing international networks, is located at Palikir, Pohnpei, and each of the five state governments is autonomous. Menstrual health responsibility sits with the state governments. Review informants reported that the most traction for menstrual health had been made with the state government of Pohnpei.

A resolution by four state governments (Chuuk, Pohnpei, Kosrae and Yap) endorsing a commitment to improving WASH in schools in 2020 was one of the first of its kind and regarded by the review informants as a significant achievement for progressing coordination and implementation on WASH in schools (including menstrual health).



There appears to be limited coordination between sectors on menstrual health. Review informants reported it is regarded as a low priority.



Lessons and insights: Review informants call for an interagency working group

Review informants highlighted that achieving momentum for menstrual health will require better cross-sector coordination. Some informants want to see an interagency working group established with high-level representation to address the policy gaps, facilitate dialogue and improve monitoring.



Not only with the Department of Education but also from the Department of Health Services, women's groups do activities related to menstrual health and hygiene. Somebody who is well-respected by the community should also be part of the team as a key influencer.

- UNICEF WinS Consultant [in relation to setting up an interagency working group]

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Financing

The amount of public funds in Micronesia allocated to menstrual health is not known. Under the Compact of Free Association between Micronesia and the United States, the Compact Committee must verify and approve national expenditures. If items are not included in the Committee's list, the Government cannot allocate funding towards them. To influence expenditures, UNICEF has been advocating for the school WASH budget allocation to include procurement of menstrual health supplies and facilities.

Review informants reported that more evidence of menstrual health needs among girls is required to inform the financing decisions made by the Compact Committee. For example, in Chuuk State, school budget approvals require evidence that procurement of sanitary pads is needed by schools (this has not yet been approved).

UNICEF has funded menstrual health advocacy activities by leveraging small amounts from many partner donors, including the Australian Department of Foreign Affairs and Trade's WASH in Schools programme; USAID's youth engagement and COVID-19 programme; and a Japanese-funded partnership with the College of Micronesia.

Lessons and insights: Evidence is needed to advocate for funding of menstrual health

Review informants highlighted that more evidence of the unmet need of menstrual health is required to demonstrate to the Compact Committee that funding menstrual health is essential in Micronesia. Until that evidence is visible, it is difficult to meet the financial approvals needed.

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Of all WASH supplies, only sanitary pads were not approved. The reason is because even though we have studies in other countries showing the importance of menstrual health in schools...the suggestion of the [Compact Funds Control Commission] is to conduct a local study to assess if indeed it is necessary and if it indeed affects the quality of learning of children – and if it really contributes to the absenteeism. – UNICEF WASH in Schools consultant



PROGRESS: SERVICE DELIVERY AND PROGRAMMING APPROACHES

Overall, menstrual health service delivery has been limited. There is increasing advocacy and evidence-collecting activities being done to inform small pilot activities on menstrual health as part of the WASH in Schools programme and for improvements in access to reusable sanitary pads. But the review found no evidence of menstrual health care, social support, or non-discrimination and participation. Current service delivery and programming approaches are:



Information and education: In 2021, UNICEF North Pacific Field Office established baseline data on menstrual health through the support of the College of Micronesia and the Department of Health and Social Affairs. In 2022, UNICEF's youth ambassadors in Micronesia were supported to create advocacy campaigns on menstrual health. The activities included undertaking a survey of

81 girls and 4 teachers from four schools; organizing a youth group church leaders' event, Faith 4 Life, to raise awareness; and hosting a Menstrual Hygiene Management Day Forum, during which health leaders spoke to students. Review informants reported more boys attended in 2022 than in years past. The group also developed menstrual health information and education materials based on the data.

The Pohnpei State Department of Education is translating comic books on menstrual health into local languages in all states and supporting capacity-building among teachers on using the booklets to raise awareness, as well as on how to make reusable pads during students' classes, such as home economics.



Services and materials: The Rotary Club of Pohnpei (with UNICEF support), together with the Pohnpei Women's Council, is producing and distributing 1,000 reusable pads to public high school students.



Care for discomfort and disorders: Department of Health and Social Affairs have said they want to expand menstrual health into community health centres, and discussions have started.



Lessons and insights: Menstrual Hygiene Day helps to reduce cultural taboos

Review informants highlighted that celebrating Menstrual Hygiene Day brought awareness and attention from community and actors. The informants said it contributed to reducing shame and increasing social awareness. Some informants cited as a success the men who spoke publicly about menstrual health. Others noted that awareness-raising cannot focus only on one agency but has to target across agencies and actors.

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Event days and forums have made the topics about menstrual health a bit easier and more casual to talk about. – Review informant, university

PROGRESS: MONITORING, EVALUATION AND EVIDENCE

Monitoring, evaluation and reviews of menstrual health in Micronesia are limited. Yet, the critical role of evidence to inform procurement decisions and financial allocation is imperative, as highlighted previously.

The Department of Education does some monitoring of the WASH in Schools programme through the annual school accreditation paper-based and electronic systems. Review informants reported that remote locations and limited capacity have made monitoring a challenge in Micronesia.

The College of Micronesia, together with UNICEF, has supported some evidence-gathering of menstrual health (a survey of 20 girl students) to help build up awareness and advocacy. UNICEF is also working with Pohnpei, Chuuk, Yap and Kosrae State Departments of Education to integrate WASH into routine data collection mechanisms, including monitoring whether menstrual hygiene management is part of the school curriculum. UNICEF, in collaboration with the College of Micronesia, is providing technical assistance in monitoring WASH services in schools using Micronesia's WASH in Schools Accreditation Standards and WHO/UNICEF Joint Monitoring Programme indicators. At the end of each school year, an award ceremony will be conducted for schools with the highest standards in providing WASH services.

The review did not find monitoring provisions in Micronesia's policies.





Lessons and insights: Starting small then advocating for scale is the way forward

Review informants highlighted that monitoring of menstrual health successes need to start in one state to encourage other states to follow. Or alternatively, monitoring of menstrual health could begin as small pilots. The example of some menstrual health monitoring in Chuuk State through the WASH in Schools programme is seen as providing good evidence to inform the advocacy with other states and departments.



It's good to consider piloting or staggering [the monitoring because] it will be challenging to consider the entire state due to the challenging geographical location of island schools and limited internet connectivity. – Review informant, UNICEF WASH in Schools

Review methods

Regional progress review methods



- **6** policies reviewed across the gender, health, WASH and education sectors
- **8** informants participated in interviews and surveys capturing programme and policy action

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The Menstrual Health in East Asia and the Pacific Regional Progress Review report is available at: https://washmatters.wateraid.org/publications/menstrual-health-in-east-asia-and-the-pacific

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Endnotes

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