

MENSTRUAL HEALTH IN EAST ASIA AND THE PACIFIC

REGIONAL PROGRESS REVIEW INDONESIA

COUNTRY CONTEXT

Indonesia is an archipelagic country in South-East Asia with a population of more than 279 million people, including 82 million adolescent girls and women of reproductive age.¹ In 2017, 10.6 per cent of Indonesian women aged 15–49 years had an unmet need for contraception,² and an estimated 47 per cent of schools had access to basic sanitation services while 66 percent had basic hygiene service.³ An estimated 86 per cent of households had access to at least basic sanitation services, and 94 per cent of households had access to basic hygiene service.⁴

OBJECTIVES

1. Document the state of policy and programming to support menstrual health. Collate lessons learned and stakeholders' insights on barriers and enablers to effective action.
2. 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.⁵ 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

Indonesia has made significant policy progress in integrating menstrual health into water, sanitation and hygiene (WASH), education and school health policies as well as workplace labour laws. Menstrual health is contained in the following six policies, plans and guidelines:

- **Article 18 of Law No. 13/2003 on Labour (Menstrual Leave)**, which allows female workers to take two days of paid leave when they are menstruating.
- **Standard regulation for designing disposable sanitary pads in Indonesia (2000 and revised in 2015)**, which sets standards for disposable sanitary pads.
- **National School Health Strategy (Usaha Kesehatan Sekolah, 2021)**, which includes three menstrual health provisions: (i) health education with the provision of menstrual health knowledge and awareness; (ii) health services; and (iii) ensuring a healthy environment at school for adolescent girls.
- **Water, Sanitation and Hygiene (WASH) in Schools Roadmap (2017) and National WASH in Schools Guideline (2018)**, which provide guidance on the WASH in Schools intervention package that includes menstrual health-friendly school WASH facilities (for example, functional, clean, sex-separate toilets and hand washing facilities with soap). They also cover menstrual health knowledge and awareness in schools and communities.

- **Menstrual Hygiene Management Guidelines for Teachers and Parents (2017)**, which outlines provisions for teachers and parents on menstrual health to create a supportive environment for menstruating girls.
- **Menstrual Hygiene Management Communication Strategy (2019)**, which provides a framework of communication for menstrual health management mainstreaming, including assessment, audience target, key messages and communication channels.
- **Guidelines on Sexual and Reproductive Health (2021)**, which outlines puberty and menstruation information in reproductive education as part of the reproductive health services in schools.

 Information and education	 Services and materials	 Care for discomfort and disorders	 Supportive social environment	 Non-discrimination and participation
<p>✓ The National School Health Strategy (2014) outlines menstrual health education provisions for adolescent girls.</p> <p>The Menstrual Hygiene Management Guidelines for Teachers and Parents (2017) aims to equip teachers and parents on menstrual health to create a supportive environment for menstruating girls.</p> <p>The Guidelines on Sexual Reproductive Health (2021) includes provisions on menstrual health.</p>	<p>✓ The National School Health Strategy (2014) outlines menstrual health in ensuring a healthy environment at school for adolescent girls.</p> <p>The WASH in Schools Roadmap (2017) and National WASH in Schools Guideline (2018) define a strategy to achieve the Sustainable Development Goal targets and contains guidance on the WinS intervention package that includes menstrual health-friendly school WASH facilities (for example, functional, clean, separate toilets for boys and girls with handwashing facilities with soap) and menstrual health knowledge and awareness at school and in communities.</p> <p>The Standard Regulation for Designing Disposable Sanitary Pads in Indonesia (2015) sets standards for disposable pads.</p>	<p>✓ The National School Health Strategy (2014) outlines menstrual health in school health services.</p>	<p>✓ The National School Health Strategy (2014) outlines provisions for menstrual health social support from teachers and parents.</p> <p>The Menstrual Hygiene Management Guidelines for Teachers and Parents (2017) aims to improve social support for menstruating girls.</p> <p>The Menstrual Hygiene Management Communication Strategy (2018) sets out strategies for public campaigns on menstrual health.</p>	<p>✓ Article 81 of Law No. 13/2003 on Labour (Menstrual Leave): Stipulates the rules for menstruation leave for female employees as follows: Female workers or labourers who feel sick during their menstruation period and inform the employer are not required to work on the first and second day of menstruation.</p>



Lessons and insights: Government of Indonesia has a strong policy response to menstrual health as a multi-faceted issue.

The Government of Indonesia has policy commitments that address aspects of all five requirements of menstrual health. Review informants remarked that this indicated government recognition that menstrual health affected adolescent nutrition, sexual and reproductive health and education outcomes and required a holistic response. They highlighted the major role of the Ministry of Education, Culture, Research and Technology in menstrual health programming and planning, with promising developments.



Menstruation is part of our UKS [school health programme] and sexual reproductive health programmes. Menstruation is connected to self-hygiene, environmental health, and nutrition... I think it is a good thing to celebrate that the Ministry of Education with help from UNICEF has policies to include menstrual health in the school program. – Review informant, SNV



Implementation arrangements

The government agencies leading education, health and WASH activities integrate menstrual health into their work, implementing policies and plans within their mandates. Within education, menstrual health is integrated into the National School Health Programme (Usaha Kesehatan Sekolah), which is implemented by a joint decree across four ministries: the Ministry of Education, Culture, Research and Technology, the Ministry of Health, the Ministry of Religious Affairs and the Ministry of Home Affairs. The National School Health Programme is led by a national team at the Ministry of Education, Culture, Research and Technology, which develops policies and guidelines. At the subnational level (national, provincial, city and district), the National School Health Programme's guidance teams support implementation.⁶ At schools, various actors promote menstrual health knowledge and healthy hygiene behaviour, including the National School Health Programme's teachers and adolescent health cadres comprising high school students trained by health care staff. The Ministry of Education, Culture, Research and Technology, supported by UNICEF, has provided training and technical support to education officers and teachers on implementing WASH in schools. The Ministry of Health is responsible for leading the Menstrual Hygiene Management Communications Strategy, with support from UNICEF. Other responsible actors include the Ministry of National Development Planning (Bappenas), which is responsible for overall WASH planning and budgeting, including the programme to accelerate sanitation. The Community-Led Total Sanitation (Sanitasi Total Berbasis Masyarakat) programme is led by the Ministry of Health, which is responsible for supporting local government officials to deliver it.

There is strong coordination for menstrual health across and within sectors. Review informants reported that menstrual health is included in the WASH working group discussions, the WASH network, the school health platform and the national reproductive health commission.

 Information and education	 Services and materials	 Care for discomfort and disorders	 Supportive social environment	 Non-discrimination and participation
<input checked="" type="checkbox"/> The National School Health Programme is delivered by a joint decree that specifies that the Ministry of Education, Culture, Research and Technology and the Ministry of Health are responsible for menstrual health education.	<input checked="" type="checkbox"/> The National School Health Programme is delivered by a joint decree that specifies that the Ministry of Education, Culture, Research and Technology and the Ministry of Health are responsible for menstrual health WASH services in schools.	<input checked="" type="checkbox"/> Under the National School Health Programme, the Ministry of Health is responsible for implementation of care for menstrual health discomfort in schools.	<input checked="" type="checkbox"/> Under the National School Health Programme, the Ministry of Health is responsible for the roll out of menstrual health guidelines for teachers and parents.	<input type="checkbox"/> Not included.



Lessons and insights: Strengthen teachers' and parents' confidence to teach menstrual health

Review informants highlighted that there is a range of taboos and norms surrounding menstruation. Public discussion of menstruation is sensitive, and it is considered a private matter. Some teachers lack confidence, feel uneasy or are unwilling to teach the subjects in class.

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In Indonesia, we have many cultures, and menstruation is considered taboo for certain cultures. Some teachers and parents believe it is inappropriate to discuss the topic openly, especially in rural areas. There is a need to build up the capacity to improve their confidence to effectively communicate the topic to girls. – Review informant

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Financing

National budgeting for menstrual health is embedded within education and WASH funding, with a focus on menstrual health-friendly WASH services in schools. There are two government funding sources to support WASH in schools: (i) the Education Sector Special Allocation Fund (Pendidikan Anak Usia Dini Dana Alokasi Khusus), allocated by the national government for school infrastructure, includes WASH facilities; and (ii) School Operational Assistance (Bantuan Operasional Sekolah), allocated by the national budget for school operational costs, includes operations and maintenance for the WASH in Schools programme. Schools can use the School Operational Assistance to rehabilitate WASH facilities to meet menstrual health requirements, purchase pads and soap for students and maintain WASH facilities.

In the health sector, review informants reported that menstrual health education is funded through the Sexual, Reproductive and Adolescent Health Programme. Review informants also reported there is potential for the Health Operational Assistance (Bantuan Operasional Kesehatan) and the National Health Insurance Programme (Jaminan Kesehatan Nasional) to provide funding to support menstrual health at health care facilities but is not being used.

Development partners and non-government organizations have an important role in providing technical support, capacity development and menstrual health advocacy campaigns. The private sector is also engaged. The company KC Softex raised more than 1.5 billion rupiah from its sales to fund menstrual health awareness-raising through the #darisaudari campaign,⁷ and the KAO company provided funds for Menstrual Hygiene Day celebrations.



Lessons and insights: Untapped menstrual health funding opportunities

Review informants reported that there are potentially untapped menstrual health funding opportunities in Indonesia through local governments. They highlighted that stronger local government leadership and capacity could help to prioritize, plan and mobilize around unmet menstrual health needs with their own funding.

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Local governments also have their budget; if they plan, they can use it for the menstrual health activities. There is potential funding from the private sector through corporate social responsibilities. If the local government is buy-in and active, they can tap into that potential fund from the private sector. There is an option to utilize parent committees to explore other financing options.

– Review informant, SNV

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PROGRESS: SERVICE DELIVERY AND PROGRAMMING APPROACHES

Across the Government, non-government organizations and United Nations agencies, menstrual health programming and service delivery have focused on access to information, improving services and facilities and creating a more supportive social environment.



Information and education: The Government, United Nations agencies and non-government organizations have collaboratively focused on improving menstrual health information and education among young people. The National School Health Programme delivers puberty and menstruation extracurricular topics from grade 5, while the Ministry of Health and the Ministry of Education, Culture, Research and Technology co-developed an adolescent sexual and reproductive health module for teachers to deliver to students, which includes menstrual health. The training will be rolled out by a pool of master trainers in 2023. The Ministry of Health is also developing a resource called My Health Report for students that contains health information, including how to manage menstruation.

Government agencies and non-government groups have collaboratively developed a range of information, education and communication materials on puberty and menstruation targeting different groups (urban, rural and religious). These include such resources as *Why Bleeding*; menstrual hygiene management and child marriage prevention; *The Secret of Two Worlds* comic books and storybooks; videos and posters. More recently, social media and the mobile application Oky have gained momentum in Indonesia, with support from UNICEF. The Oky app launched in 2020 through the social media campaign #DariSaudari, to support girls in tracking their periods, access information and overcome myths and stigma. It now has more than 122,000 online users, and dedicated social media channels have hosted online Oky campaigns and competitions to raise awareness of menstrual health. Oky content, videos and links are integrated into multiple education platforms⁸ and include teacher training courses, a mobile app, web-based teacher training tools and the Hygiene Behaviour Change Guidelines for high schools. The Red Cross and the Indonesia Family Planning Association are also using Oky in their sexual and reproductive health and youth clinic programmes.

The Ministry of Education, Culture, Research and Technology, the Ministry of Health, UNICEF, Plan International, SNV, Simavi, Wahana Visi Indonesia and SPEAK Indonesia have collaborated to organize a series of menstrual health events in several cities to celebrate annual Menstrual Health Days through social influencers, menstrual health short movies, interactive talk shows, stand-up comedy, dance and folklore.



Services and materials: Significant progress has been made to improve WASH in schools, which include menstrual health provisions. The National WASH in Schools Guideline (2018) has been implemented, building off on efforts from development partners, such as the Fit for School Approach supported by GIZ and UNICEF since 2012. The provision of sanitary pads is not included in all WASH in Schools programmes; however, one informant reported that the Tangerang District had allocated a local budget to provide sanitary pads in some schools. UNICEF has facilitated training in reusable pad design, and many small social enterprises are promoting reusable sanitary pads in rural areas.



Care for discomfort and disorders: In schools, the National School Health Programme provides 'UKS rooms', where girls and boys can rest or access primary health care services, painkillers or spare clothes. The Ministry of Health is supporting the Ministry of Home Affairs to train health care workers from integrated health centres to deliver adolescent sexual and reproductive health services that include menstrual health. The Oky app contains information on rights, information, mental health, nutrition and how to address menstrual health myths and provides advice for pain management.



Supportive social environment: The Ministry of Education, Culture, Research and Technology implemented peer education through adolescent health cadres. In this approach, health care workers trained adolescent health cadre and parents in hygiene behaviour change, including menstrual health. Parents were educated through parent meeting sessions on how to support their daughters. Menstrual health campaigns, the Oky app and educational videos as part of menstrual health information also aim to normalize harmful norms and stigma surrounding menstruation to promote positive behaviours. Islamic organizations have also taken on an important role in improving social support for menstrual health, such as MUI (Indonesia Ulema Scholars) and Muslimat NU, publishing education books on menstrual health; and Fatayat NU, a youth adolescent organization partnering to promote the Oky app.



Lessons and insights: Start with data and then move into advocacy and action

Review informants highlighted that momentum on menstrual health had started with evidence-building mostly led by WASH actors. Drawing on WASH networks and technical advisory roles across the WASH sector, they reported slowly increasing the visibility and awareness of menstrual health in and beyond WASH.



"We initiated menstrual health in 2015 by conducting a study in 2014 and using data to advocate in 2015. We provide technical support to the Ministry of Education, Culture, Research and Technology, including designing toilets and doing budget plans to operationalize and maintain hygiene. We work with other NGO partners through the WASH network to advocate and build the capacity of our local partners and work with the government to take this agenda".

– Review informant



PROGRESS: MONITORING, EVALUATION AND EVIDENCE

Some menstrual health indicators were collected through the Demographic and Health Survey (2017) at the household level and the National School Health Programme at the school level. The Demographic and Health Survey measured the proportion of menopausal women and the proportion of women with knowledge of fertile periods linked to the menstrual cycle. The questions included: (i) age of first menstruation; (ii) knowledge of physical changes; and (iii) social support for menstruation. The National School Health Programme monitors the proportion of schools with single-sex toilets, handwashing facilities with water and soap available and schools promoting menstrual health information. Review informants reported that the Ministry of Education, Culture, Research and Technology has collected menstrual health information since 2021 through the education management information system (called Dapopik). Indicators in Dapopik include: (i) access to spare menstrual pads at schools (available for free, available by buying, not available); (ii) availability of a toilet for female students with a mirror; and (iii)

availability of toilets for female students with a trash bin with a lid to dispose of used menstrual products. WASH in schools profiles that included menstrual health were developed in 2022 using Dapodik data. The review found no evidence of national monitoring of menstrual health knowledge gained at school.

In Indonesia, some external support agencies have assessed the effectiveness of menstrual health programming in collaboration with government. For example, UNICEF supported baseline and endline assessments of a menstrual health intervention for junior secondary school students. The assessments measured menstrual health knowledge, attitudes, practices, school attendance and health indicators. The SMERU Research Institute, in collaboration with Plan International, conducted a qualitative study on a menstrual health intervention using control and non-control groups to assess impact. SNV evaluated menstrual health, including capacity of local government in integrating menstrual health into their behaviour change campaign strategy.

 Information and education	 Services and materials	 Care for discomfort and disorders	 Supportive social environment	 Non-discrimination and participation
<p>✓ The Demographic and Health Survey (2017) contained a question on menstrual cycle knowledge.</p>	<p>✓ Menstrual health indicators are collected and integrated into the web-based education management information system (called Dapodik):</p> <ul style="list-style-type: none"> • Access to spare menstrual pads at schools (available for free, available by buying, not available) • Toilet for female students provided with mirror (yes/no) • Toilet for female students provided with trash bin with lid (yes/no) 	<p>✗ No monitoring data were found.</p>	<p>✓ The Demographic and Health Survey (2017) contained a question on social support.</p>	<p>✗ No monitoring data were found.</p>



Lessons and insights: Rigorous qualitative evidence increases understanding

Review informants highlighted the importance of qualitative assessments at scale to test the outcome and effectiveness of menstrual health interventions. Informants said that rigorous evidence was needed to support further policy improvements and future programme design.



We have done joint efforts of promotion and education on menstrual health through training, outreach and social media campaigns at the national level. However, we do not know if they are translated into practice at subnational levels, especially in the areas without external support from United Nations agencies and international NGO partners. In areas where there is support, usually organization monitors and evaluates their support for menstrual health. – Review informant



Review methods

Regional progress review methods



8 policies reviewed across the gender, education, WASH, labour law and sexual and reproductive health sectors

5 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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