ADDRESSING MENSTRUAL HEALTH IN URBAN, WATER, AND SANITATION INTERVENTIONS IN THE PACIFIC PRACTITIONER GUIDE

JUNE 2023
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On the cover: Women making head garlands in Chuuk, Federated States of Micronesia.

All photos by ADB.
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<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>ADB</td>
<td>Asian Development Bank</td>
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<tr>
<td>GAP</td>
<td>gender action plan</td>
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<td>GESI</td>
<td>gender equality and social inclusion</td>
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<td>MHM</td>
<td>menstrual hygiene management</td>
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<tr>
<td>OP</td>
<td>operational priority</td>
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<td>PNG</td>
<td>Papua New Guinea</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<td>WASH</td>
<td>water, sanitation, and hygiene</td>
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<td>WHO</td>
<td>World Health Organization</td>
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### Glossary

**Gender**
The socially constructed characteristics of women, men, and others, such as norms, roles, and relationships between them. Gender varies from society to society and can change. The concept of gender includes five important elements: relational, hierarchical, historical, contextual, and institutional. While most people are born either male or female, they are taught appropriate norms and behaviors, including how they should interact with others of the same or opposite sex within households, communities, and workplaces. When individuals or groups do not match established gender norms, they often face stigma, discriminatory practices, or social exclusion.

**Gender equality and social inclusion (GESI)**
A concept that addresses unequal power relations experienced by people on the grounds of gender and other identities, such as wealth, assets, class, caste, job, source of income, ethnicity, indigeneity, disability, citizenship, location, language, sexual orientation, religion, health status, marital status, and agency, among other.

**GESI-responsive**
Interventions (physical and/or non-physical) that consider and respond to issues of gender equality and social inclusion in their design, implementation, and monitoring.

**Menstruation**
Menstruation is bleeding from the vagina that happens about once a month as a normal part of the menstrual cycle. Another word for menstruation is “period.”

**Menstrual health**
A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity concerning the menstrual cycle.

**Menstrual hygiene management (MHM)**
All activities relating to the management of menstruation, including at home, at workplaces, and at educational institutions.

**Menstrual materials/products**
Any materials used to absorb, collect, and/or dispose of menstrual blood.
<table>
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<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Menstrual waste</td>
<td>Menstrual waste is used and discarded menstrual materials, including disposable sanitary pads, tampons, cloths, and other materials used to soak up menstrual blood (such as nappies). It is classified as solid waste.</td>
</tr>
<tr>
<td>Period</td>
<td>Also under entry “menstruation.”</td>
</tr>
<tr>
<td>People who menstruate</td>
<td>All people who experience the biological process of menstruation. Women and girls make up the majority of people who menstruate. However, other people also menstruate, including transgender men, nonbinary individuals, third gender individuals, and intersex individuals.</td>
</tr>
<tr>
<td>Sex</td>
<td>The biological and physiological characteristics that define humans as female or male, such as reproductive organs, chromosomes, and hormones. These sets of biological characteristics are not mutually exclusive, as there are individuals who possess both, but these characteristics tend to differentiate humans as females or males.</td>
</tr>
<tr>
<td>Sexual and reproductive health</td>
<td>Sexual and reproductive health is a state of physical, emotional, mental, and social well-being concerning all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity.</td>
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<tr>
<td>Sexual and reproductive health and rights</td>
<td>Achieving sexual and reproductive health relies on realizing sexual and reproductive rights, which are based on the human rights of all individuals to bodily integrity, privacy, and personal autonomy, including regarding sexuality, childbearing, marriage, and access to sexual and reproductive health information, resources, and services.</td>
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EXECUTIVE SUMMARY

MENSTRUATION IS A NORMAL PART OF HUMAN HEALTH, yet taboo and stigma still surround it in many regions of the world, including in the Pacific. Addressing menstrual health is crucial for improving personal well-being—particularly for women and girls—as it significantly impacts educational achievement, workforce participation, physical and mental health, and community involvement.

Investments and interventions in urban development, water, sanitation, and waste management that address menstrual health can have especially positive results on both human and environmental health. These benefits can lead not only to improved gender equality but also stronger economic growth.

Improving menstrual health aligns with three operational priorities (OPs) outlined in the Asian Development Bank (ADB) Strategy 2030. These are OP 2: Accelerating Progress in Gender Equality; OP 3: Tackling Climate Change, Building Climate and Disaster Resilience, and Enhancing Environmental Sustainability; and OP 4: Making Cities More Livable. Menstrual health is also closely linked to Sustainable Development Goal (SDG) 6.2, which aims to achieve “access to adequate and equitable sanitation and hygiene for all” and emphasizes paying “special attention to the needs of women and girls,” as they disproportionately suffer from a lack of access.

This publication advocates and provides practical tips for mainstreaming menstrual health interventions into ADB-supported urban development, water, and sanitation interventions in the Pacific. It explains why doing so can significantly improve the lives of people who menstruate, especially women and girls. While this practitioner guide is intended for ADB staff and teams, it is applicable to other institutions and organizations implementing urban development and water, sanitation, and hygiene (WASH) interventions.

Specifically, this publication aims to

(i) provide an overview of menstrual health issues and the situation in the Pacific,
(ii) demonstrate how menstrual health interacts with development outcomes,
(iii) offer guidance for mainstreaming menstrual health into the ADB project cycle, and
(iv) provide information on undertaking surveys and monitoring and evaluating menstrual health interventions.

This publication identifies four ways in which ADB technical assistance projects and investments can immediately strengthen menstrual health in project design and implementation.
1. **Strengthen Data Collection during Project Design**

Good data supports good practice. Data on menstrual health and practices are becoming increasingly available, but some situations and issues remain poorly understood, including in the Pacific. During the design phase, project teams should undertake a thorough analysis of the menstrual health situation and collate gender-disaggregated WASH data.

In cases where menstrual health data are limited or unavailable, project teams may need to undertake surveys to identify local challenges. Surveys on menstrual health should aim to identify knowledge, attitudes, and practices in the local context. Menstrual health surveys can be conducted in households, schools, higher education and vocational education facilities, workplaces (formal and informal), and public places. Section 5 provides suggestions and examples of data collection and survey design.

2. **Improve Menstrual Health Infrastructure**

Good menstrual health can only be achieved if sanitation facilities support people to manage their menstrual health needs effectively, safely, and with dignity. Infrastructure in households, educational institutions, workplaces, and public places may therefore need to be improved or new facilities constructed. Key infrastructure considerations include

(i) separate male and female facilities that are safe and private;
(ii) the provision of water for toileting, washing, and handwashing;
(iii) disability access; and
(iv) solid waste management for used menstrual materials.

Ensuring these elements are part of infrastructure development, improvement, or rehabilitation can significantly improve the ability of individuals to manage their menstrual health (section 6.1). Interventions should also consider supporting the provision of affordable, appropriate, and comfortable menstrual materials, such as through subsidies or promoting reusable products (section 6.2).

3. **Strengthen Knowledge of Menstrual Health and Shift Attitudes**

Improving knowledge and shifting attitudes are key to reducing menstrual health stigma and building healthy practices. People of all ages and genders need accurate information on menstruation, bodies, and hygiene. People who menstruate need to know how to manage their periods safely, comfortably, and effectively. This can include awareness-raising campaigns or smaller knowledge sharing interventions (section 6.3), such as within schools.

4. **Develop a Strong Design and Monitoring Framework**

To ensure ADB-supported interventions improve gender equality and social inclusion, project teams must incorporate gender design features into a project design and monitoring framework, including on menstrual health. This ensures menstrual health cannot be overlooked during project design and implementation as the indicators must be reported on. Sample performance indicators on menstrual health are provided throughout section 6, with a full list in Appendix 2.
Menstrual health is a crucial factor to be addressed in improving well-being, education, and livelihoods, especially in terms of how people manage their daily menstruation needs.
Publication Purpose

This publication seeks to support the mainstreaming of menstrual health in urban, water, and sanitation interventions in the Pacific region. It provides Asian Development Bank (ADB) project officers, staff, and consultants with an introduction to menstrual health and its importance to development outcomes in the Pacific, as well as practical guidance on mainstreaming menstrual health. While the publication is primarily for an ADB audience, the guidance provided is broadly applicable for all menstrual health initiatives, whether donor-supported, government-led, or civil society-led.

Menstrual health in the Pacific has received limited research and programmatic attention to date. This publication was developed in part to address this gap and the related lack of resources. The authors have drawn on Pacific examples and references where these exist. Acknowledging the limitations in evidence, this publication should be considered as a starting or reference point for designing menstrual health interventions. More research is needed to better understand menstrual hygiene and specific socio-cultural issues at a country level.

Improving menstrual health is only possible when supporting facilities are available and accessible to people who menstruate. As such, part of this publication focuses on sanitation facilities that support good menstrual health practices, exploring the gender and social inclusion elements that make it easier for people who menstruate to manage their periods safely, comfortably, and hygienically.

The contents of a Days for Girls dignity kit provided to school-age girls in the Republic of the Marshall Islands. The kit contains underwear, reusable cloth pads, pad holders, ziploc bags, a hand towel, and soap.
Why Menstrual Health?

Menstrual health is a crucial factor to be addressed in improving individual well-being, education, and livelihoods, especially in terms of how people manage their daily menstruation needs.¹ Around the world, over 300 million people menstruate on any given day, making menstrual health and its management a crucial part of life.² Despite this, menstruation is widely stigmatized and often considered “dirty” or “taboo,” leading to discrimination, harassment, exclusion, and missed opportunities, especially for women and girls.

Menstrual health is relevant to all sectors and—although often hidden—is a universal issue. Good menstrual health has significant positive impacts on educational achievement, workforce participation, physical and mental health and well-being, and community participation. These benefits can, in turn, lead to gender equality and economic growth. When investments in urban development, water and sanitation, and waste management address menstrual health it results in human and environmental health benefits. Good menstrual health is therefore crucial to the dignity, confidence, and full social and economic participation of all people.

Menstrual health and its management are particularly relevant for interventions focusing on urban development and water, sanitation, and hygiene (WASH). These interventions should consider how to use gender equality and social inclusion (GESI) factors to improve menstrual health, as multiple studies have shown that poor access to safely managed water and sanitation disproportionately impacts women and girls due to biological and cultural factors.³ The need for GESI consideration applies to both urban and rural interventions, as well as climate change and emergency preparedness and response.

¹ Women and girls make up the majority of people who menstruate. However, it is important to acknowledge and respond to the rights and needs of all people who menstruate, including transgender men, nonbinary individuals, and intersex individuals.
² Water Supply and Sanitation Collaborative Council. 2013. Celebrating Womanhood: How better menstrual hygiene management is the path to better health, dignity and business. Geneva, Switzerland.
Despite the global relevance of menstrual health, interventions must be contextualized. Practitioners must consider local sociocultural factors such as gender norms, WASH practices, institutional frameworks, and infrastructure, and examine how these factors influence and interact with menstruation. The participation of people who menstruate in all stages of interventions is key to ensuring menstrual health interventions respond to local needs and are affordable, dignified, inclusive, comfortable, and technically sound (Figure 1).
What is Menstrual Health and Why Does it Matter?

Being able to manage menstruation safely, hygienically, comfortably, and with dignity is crucial for good health and full social and economic participation.
**BEING ABLE TO MANAGE MENSTRUATION (PERIODS)** safely, hygienically, comfortably, and with dignity is crucial for good health and full social and economic participation. Menstrual health covers all elements and factors relating to menstruation, including access to water, sanitation, menstrual materials, and disposal facilities; access to accurate knowledge about menstruation, health, and hygiene; and enabling environments and positive social norms.4

A global definition of menstrual health was first published in 2021 by the Global Menstrual Collective. It draws on existing terms, the World Health Organization (WHO) definition of health, and the Lancet-Guttmacher Commission definition of sexual and reproductive health and rights. The definition describes menstrual health as “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.”5

Menstrual health encompasses more than just hygiene, although good hygiene practices are a key part of achieving menstrual health. As a result, the term “menstrual hygiene management” (MHM) was previously the more common term used by some practitioners. MHM refers to all activities relating to the management of menstruation including at home, in public, at workplaces, and at educational institutions. At the time of writing, the term “menstrual health” is now preferred to avoid unintentionally reinforcing misconceptions of menstruation as dirty or unclean, and to emphasize that menstruation is more than just a physical experience but also a social and psychological one (footnote 5).

Good menstrual health is when individuals are in a state of complete physical, mental, and social well-being concerning their menstrual cycles. This includes

1. understanding the basic facts of menstruation and the menstrual cycle and how to manage menstruation with dignity and without discomfort, fear, harassment, or stigmatization;
2. having access to safe, private, and comfortable facilities;
3. using clean menstrual management materials to absorb or collect menstrual blood, which can be changed as often as needed;
4. using soap and water as required; and
5. being able to clean and dry reusable materials and dispose of single-use materials.

WASH and menstrual health are influenced by—and interact with—gender equality and social inclusion (GESI). GESI interacts with and impacts all aspects of our lives, including our physical and mental health and well-being; economic, social, and political participation and decision-making; participation and achievement in education; economic status and independence; and freedom from gender-based violence and discrimination. Inequality in WASH significantly affects people who menstruate because of their biological needs (reproductive and maternal health, including menstruation), prevailing social norms and gender roles (such as responsibility for collecting and managing household water supplies), and increased risks of sexual- and gender-based violence.6

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People with disabilities also experience additional menstrual challenges, particularly concerning education and knowledge of menstruation and MHM, access to appropriate facilities and menstrual materials, and increased vulnerability to violence, harassment, and discrimination.

Improving menstrual health aligns with several operational priorities (OPs) in ADB Strategy 2030 (see Box 1 for ADB-supported menstrual health interventions in the Pacific). These are OP 2: Accelerating Progress in Gender Equality, which includes meeting women’s health needs and reducing women’s time poverty, and aims for 75% of ADB operations to promote gender equality by 2030; OP 3: Tackling Climate Change, Building Climate and Disaster Resilience, and Enhancing Environmental Sustainability, which aims to ensure environmental sustainability (relevant due to the close links of menstrual health with water and solid waste management); and OP 4: Making Cities More Livable, which includes providing integrated solutions to promote urban health, gender equality, and environmental sustainability.

### Box 1: Asian Development Bank and Menstrual Health in the Pacific

Menstrual health is increasingly being addressed within ADB-supported urban, water, and sanitation interventions in the Pacific. As of mid-2023, ADB interventions (technical assistance, grants, and loans) being implemented in Pacific developing member countries that incorporate menstrual health elements (physical and/or non-physical) include the following:

**Kiribati**
- South Tarawa Water Supply Project (2020–2027)

**Republic of the Marshall Islands**
- Ebeye Solid Waste Management Project (2021–2028)

**Papua New Guinea**
- Support for Water and Sanitation Sector Management (2017–2024)
- Water Supply Scheme for Tete Settlement (2019–2022)

**Regional Pacific**
- Strengthening WASH Practices and Hygiene Behavioral Change in the Pacific (2020–2023)

**Solomon Islands**
- Urban Water Supply and Sanitation Project (2020–2027)

**Tuvalu**
- Preparing the Funafuti Water and Sanitation Project (2020–2023)

ADB = Asian Development Bank; WASH = water, sanitation, and hygiene


Menstrual health is also linked to Sustainable Development Goal (SDG) 6.2, which aims to achieve “access to adequate and equitable sanitation and hygiene for all.” SDG 6.2 explicitly states that society must pay “special attention to the needs of women and girls.” This means all WASH activities must consider menstrual health as well as other issues that affect different genders and social groups (such as people with disabilities) in different ways.
The menstrual health situation varies significantly around the world, including across Asia and the Pacific. Nevertheless, there are some common trends, explored further in the literature review in Section 3:

(i) Menstruation and its management are often considered taboo topics, with menstruation itself often seen as “dirty.” As a result, menstruation is rarely discussed openly. Even within family situations, many women and girls feel embarrassed or ashamed to talk about menstruation with their mothers, daughters, sisters, and other close female relatives. This leads to silence around the topic, creates difficulties for individuals in managing their periods, and worsens social stigma.⁷

(ii) Sociocultural and religious restrictions may be enforced on individuals during menstruation. These may include not being allowed to cook, clean, or wash while menstruating; being exiled from the house while menstruating; and not being permitted to enter religious facilities while menstruating. Menstrual practices such as these are deeply rooted in cultural and social contexts but can have significant and serious consequences for individual health, well-being, and participation in family, community, education, and work.⁸

(iii) The ability of an individual to adequately manage their periods significantly impacts their participation in school and higher education, work and income generation, and community and religious activities. Girls report being absent from school because of difficulties managing menstruation, often due to inadequate sanitation facilities or a lack of appropriate menstrual materials. Menstruation-related bullying and harassment also occur, especially against girls and young women (footnote 7).

(iv) Although it is widely recognized by practitioners that WASH is not gender-neutral (i.e., WASH affects different genders in different ways), this perception remains common among non-specialist decision-makers such as government agencies. This is especially true when women are underrepresented as key stakeholders. Topics such as menstrual health are overlooked as a result and decision-makers (often male) do not think of these issues because they do not experience these challenges first-hand or are influenced by social norms and stigma around menstruation.

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Existing Knowledge on Menstrual Health in the Pacific

Significant research has been conducted on menstrual health in various African and South Asian contexts, but there has been limited research in the Pacific. Positively, this is beginning to improve, with several pieces of research published in 2021 and 2022.
A DESK-BASED REVIEW WAS CONDUCTED of Pacific-focused menstrual health literature published since 2012. The review was done to ensure this practitioner guide builds on existing resources and fills in gaps, strengthening the contribution of ADB to menstrual health.9

While significant research has been conducted on menstrual health in various African and South Asian contexts, there has been limited research in the Pacific. Positively, this is beginning to improve, with several pieces of research published in 2021 and 2022. Before this, most research only briefly examined menstrual health in the context of sexual and reproductive health and/or gender-based violence. Appendix 1 provides a non-exhaustive list of key research on menstrual health in the Pacific in addition to broadly applicable research, tools, and guidance.

Research on menstrual health in the Pacific has identified a strong connection between menstrual health and the participation of people who menstruate in education, income generation, and sociocultural activities. The most significant impact of poor menstrual health is on school-aged girls and young women, with students unable to attend school during their periods due to inadequate WASH facilities, a lack of menstrual materials, and experiences of stigmatization and bullying. Workforce participation and income generation are also affected by poor menstrual health, although research is limited on this topic with more research dedicated to menstrual health in schools.

In the Pacific, sociocultural attitudes discriminate against people who menstruate, especially women and girls. When menstruating, individuals are often forbidden from participating in everyday activities such as cooking, gardening, bathing, and swimming, and may be excluded from key cultural and religious activities. In some Melanesian countries, women in rural areas may also be required to spend time in a purpose-built menstrual hut (footnote 8). Reports from menstrual health interventions find that these sorts of social attitudes and traditional practices are difficult but possible to shift (footnote 7).

Literature shows that poor enabling environments, limited WASH facilities, social attitudes that stigmatize menstruation, and limited knowledge about menstrual health usually go together. This shows that it is important to achieve improvements in all elements simultaneously or in short succession. Improvements that focus on one element alone are unlikely to achieve meaningful and sustainable change.

Across the Pacific, qualitative studies have found that both adolescent girls and women face significant challenges in managing menstruation.10 One of the most comprehensive studies is the Pacific Menstrual Health Network landmark 2022 Period Poverty in the Pacific report. The research explores the menstrual health situation in Fiji, Papua New Guinea (PNG), Samoa, Solomon Islands, and Vanuatu.

9 Searches were conducted on the websites of WASH-focused organizations, donors, and other agencies, as well as on Google and Google Scholar, using the terms “menstrual health,” “menstrual hygiene,” “MHM,” “menstruation,” “gender in WASH,” “women in and WASH,” plus “Pacific” and the names of ADB’s 14 Pacific developing member countries. Additionally, literature was identified through reference lists and via suggestions from ADB staff and external reviews.

10 There is insufficient research on the menstrual experiences of other people who menstruate in the Pacific including transgender men, nonbinary people, and third gender people.
It found that (i) progress in menstrual health policy in the Pacific is primarily focused on schools, (ii) menstrual health remains largely absent from national goals and targets, (iii) menstrual health data is extremely limited (only Samoa has some national data), and (iv) the menstrual health needs of gender-diverse people are unclear and overlooked. None of the reviewed countries have standalone menstrual health policies.

Harmful norms and social stigma regarding menstruation remain major barriers for people who menstruate in the Pacific, although they are gradually improving as knowledge improves, social support grows, and behavior changes (footnote 7). Menstrual health challenges are particularly significant in PNG and Solomon Islands, where girls and women lack comprehensive knowledge about their bodies and reproductive health, including menstruation and specifically about puberty and menarche (the first menstrual period). The research found that this leads to high levels of shame and embarrassment, which are worsened by traditional beliefs about menstruation being “dirty” and “secret.” The stigma surrounding menstruation in PNG and Solomon Islands leads to negative impacts on both mental and physical well-being (footnote 8).

In Fiji, research has found that women and girls have relatively stronger knowledge about menstruation and how to manage it. This is due to relatively good access to information and education in comparison to many other Pacific island countries. However, there is a generational gap in Fiji, with younger women knowing significantly more about menstruation (due to school-based learning) than older women. An ability gap also exists, with girls and women with disabilities often excluded (footnote 8).

There are multifaceted challenges in providing and maintaining adequate WASH facilities in schools, workplaces (formal and informal), and public places. Problems include nonfunctioning toilets, lack of water, lack of disposal facilities for used menstrual products, poor cleanliness of facilities, lack of privacy and safety, and lack of soap (footnote 7). This results in unhygienic menstrual practices as well as discomfort and inconvenience for people who menstruate due to an inability to change their menstrual products as needed. Ultimately, this leads to many women and girls returning home to do so or even staying home entirely. While some Pacific countries, such as Fiji, have high standards for public WASH facilities—particularly in urban areas—many facilities still lack soap, toilet paper, and disposal options for used menstrual materials (footnote 8).

Access to effective, safe, and affordable menstrual hygiene products—such as single-use sanitary pads—varies significantly across the Pacific. In urban areas, a wide range of products are generally available, but are often expensive in comparison to the average income, making them affordable only to some. In rural areas, products are both less available and more expensive. There is increasing interest in reusable products (footnote 8).

Pacific women and girls with disabilities face even more significant menstrual health challenges. Women and girls with disabilities in Fiji, PNG, Samoa, and Vanuatu experience greater challenges with managing their menstruation than their able-bodied peers, especially with regard to access to information and suitable WASH facilities. Women and girls with disabilities also experience more stigma and discrimination (footnote 7).
Research conducted in East Sepik, PNG similarly found that while all members of the community experience problems with accessing WASH—such as collecting water—these challenges are multiplied for women with disabilities. Women with disabilities in East Sepik are also at a higher risk of violence due to cultural norms associated with menstruation because they are expected to manage their menstruation discreetly and out of sight of men. This makes women, girls, and other genders vulnerable to physical and sexual attacks, and in extreme cases leads to individuals not going to the toilet at all to avoid violence.\footnote{WaterAid and CBM. 2019. \textit{Understanding Disability and Access to Water, Sanitation and Hygiene: East Sepik, Papua New Guinea}.}

Research on people who menstruate in Vanuatu also found that menstrual restrictions were widespread for both those with and those without disabilities. However, people with disabilities who menstruate were 5 times more likely to use different bathing facilities, nearly twice as likely to miss social activities, and 3 times more likely to eat alone during menstruation. Collecting water and managing menstrual materials was also harder, impacting the comfort, safety, hygiene, and mental health of people with disabilities.\footnote{J. Wilbur et al. 2021. ""The Weather is Not Good": Exploring the Menstrual Health Experiences of Menstruators with and without Disabilities in Vanuatu. \textit{The Lancet Regional Health: Western Pacific} (18).}

There are several program implementation guidelines, toolkits, and checklists available for menstrual health interventions, such as through the United Nations Children’s Fund (2016), World Bank (2021), and Palgrave (2020). A 2018 publication on female-friendly public and community toilets from WaterAid, Water and Sanitation for the Urban Poor, and the United Nations Children’s Fund also provides useful guidance. Unfortunately, there are very few practitioner resources dedicated to menstrual health in the Pacific context.

A non-exhaustive list of relevant research and resources can be found in Appendix 1.
How Does Menstrual Hygiene Management Impact Development Outcomes?

By supporting practices that allow good menstrual health, all genders can safely and comfortably participate in all elements of life, including education, work, and community and religious activities.
Menstrual health is a cross-cutting issue and is increasingly recognized as a way of supporting the achievement of a wide range of development outcomes. Improving menstrual health aligns well with the ADB Strategy 2030, especially through OP 2: Accelerating Progress in Gender Equality, which includes meeting health needs and reducing time poverty of women; OP 3: Tackling Climate Change, Building Climate and Disaster Resilience, and Enhancing Environmental Sustainability; and OP 4: Making Cities More Livable.

Menstrual health is also key to the SDG framework, including SDG 3 (health), SDG 4 (quality education), SDG 5 (gender equality), SDG 6 (water and sanitation), SDG 8 (jobs and economic growth), and SDG 10 (reduced inequalities). Menstrual health is particularly central to SDG 6.2, which aims to achieve “access to adequate and equitable sanitation and hygiene for all” by “paying special attention to the needs of women and girls.”

Gender Equality and Social Inclusion

By supporting practices that allow good menstrual health, all genders can safely and comfortably participate in all elements of life, including education, work, and community and religious activities. Women- and girl-centered design can make an enormous difference in providing equal opportunities and achieving gender equality. Even seemingly simple and small interventions can dramatically alter outcomes for women, girls, and gender-diverse people. The same is true for other historically marginalized groups, such as people with disabilities.

Unfortunately, the adjustments and alterations needed to make urban, water, and sanitation interventions sensitive to gender and disability have often been overlooked. By paying attention to these issues, significant improvement can be made on gender equality, disability, and social inclusion outcomes, especially for those who are most likely to be “forgotten.”

Simple examples of GESI-responsive WASH interventions include providing waste disposal bins in toilet cubicles so that people who menstruate can throw away used menstrual products; providing at least one toilet cubicle for people with disabilities; and installing lighting inside and outside toilet facilities to reduce the risk of gender-based violence. These and other interventions are explored in more detail in section 6.

Health and Well-Being

Good menstrual health reduces the risk of infections and long-term impacts on fertility. If people have access to safe and secure sanitation facilities, water, and appropriate and sufficient menstrual materials, bacterial infections such as thrush and vaginosis are more easily avoided. This is important because such infections can have long-term impacts on fertility and lead to complications in childbirth, as well as short-term impacts on personal dignity and self-confidence. Access to free or affordable menstrual materials can also reduce rates of sexually transmitted infections and unintended pregnancy.13

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In the Pacific, the poorest women and girls and those who live in rural areas are less likely to participate in activities during their periods (Figure 2), including social, school, and work activities.

**Education**

Schools and universities that have appropriate sanitation facilities—including sufficient toilets, water, privacy, lockable doors, and waste disposal mechanisms—and that teach all genders about menstruation have positive impacts on educational outcomes. Attendance and retention improve if menstruating students (and staff) know that they can safely and comfortably manage their periods. Studies show that students either do not come to school when they are menstruating or go home to change their materials. For example, a 2021 ADB survey conducted in Goroka, PNG, found that 91% of adolescent female respondents had left school during the day because of their periods.¹⁴

Providing information about menstruation at school improves menstrual health, but due to the taboos and stigma surrounding the topic, this does not always happen. In Solomon Islands and PNG, for example, research has found that adolescent girls often do not know about menstruation before it happens for the first time; as a result, they feel “scared and “ashamed” (footnote 8).

Education about menstruation should be for everyone, not just women and girls. All people need to understand that menstruation is a natural biological function that is essential for reproduction.

¹⁴ Unpublished at time of writing.
Work, Income Generation, and the Economy

In addition to being able to access and complete a higher level of education, good menstrual health supports increased participation in work and income-generating activities. Instead of having to stay at home because of a lack of sanitation facilities in workplaces (including informal workplaces) or the inability to buy menstrual materials, people who menstruate can instead work safely, comfortably, and with dignity outside the home. In turn, this strengthens the overall economy, as building a healthy workforce directly supports the economic development of a country. Stronger personal financial situations also help women access better quality menstrual materials and participate more fully in the workforce. In a 2021 survey conducted in several Honiara, Solomon Islands informal settlements by Solomon Water, 46% of female respondents said that lack of money was the main reason they were not able to obtain sanitary products when needed.¹⁵

Water, Waste Management, and the Environment

Most “modern” menstrual materials are disposable and can contribute to solid waste management challenges. Many toilet facilities in public places, schools, and workplaces are not equipped with bins for disposing of sanitary products such as pads. People often take the used materials home, facing the inconvenience of transporting soiled material or disposing of them incorrectly by flushing them down the toilet or throwing them into bushes or waterways. This can contribute to environmental issues as well as being unsightly and attracting pests.¹⁶

Additionally, a lack of running water, soap and/or detergent, taps, and sinks—especially within toilet cubicles—makes using reusable products such as washable pads and menstrual cups difficult, if not impossible. A lack of these facilities can also prevent individuals from being able to wash their hands with soap afterward.

¹⁶ Unpublished ADB menstrual health research on Goroka, PNG (2021); and Funafuti, Tuvalu (2022).

Case Study 1: Menstrual Health Kits in Emergencies

Location: Vanua Levu, Fiji
Beneficiaries: 2,994 adolescent girls (10–19 years)

In any given emergency, an estimated 25% of the affected population are women of reproductive age, including adolescent girls, who are among the most vulnerable groups following an emergency. Populations affected by emergencies—especially disasters—often face challenges in accessing basic necessities such as menstrual pads.

In 2021, UNFPA Pacific adopted the global standard menstrual hygiene management (MHM) kit, customizing it through research and community collaboration to meet the context of the Pacific.

Following Tropical Cyclones Ana and Yasa in Fiji, UNFPA Pacific piloted its customized MHM kits on the island of Vanua Levu. The kits contained reusable pads, disposable pads, sulu (wraparound cloth), wetbags, torches, laundry detergent, and other items. Midwives and youth advocates distributed kits to almost 3,000 adolescent girls in cyclone-affected areas.

Establishing Baseline Data on Menstrual Health

Around the world, data on menstrual health and practices are becoming increasingly available, but some situations and issues remain poorly understood. The Pacific is one region where data are still being obtained.
GOOD DATA SUPPORTS GOOD PRACTICE. Data that are disaggregated by sex is particularly important, especially when designing interventions that will have a significant impact on women and girls.

Around the world, data on menstrual health and practices are becoming increasingly available, but some situations and issues remain poorly understood. Commonly used indicators to measure menstrual health are related to (i) awareness of menstruation before menarche (first period); (ii) the use of menstrual materials; (iii) access to private places to manage menstruation; and (iv) participation in activities during menstruation. In 2020, only 42 countries (including just three in the Pacific: Tonga, Kiribati, and Samoa) collected data on menstrual health, compared to 120 countries with data on safely managed sanitation.17

In 2020, only 42 countries collected data on menstrual health, including just three in the Pacific.

The Pacific is one region where minimal data are available on menstrual health and practices, although more Pacific island countries are beginning to collect basic indicators. Gender-disaggregated data on WASH more broadly are also limited, with much data remaining “gender blind.” Data on menstrual health in emergencies (especially post-disaster where people have been displaced and water supplies have been affected), informal urban settlements, and workplaces (including in the informal sector) are particularly lacking, as are data on the role of men in supporting menstrual health.

Menstrual health data can be found in standalone materials, such as reports specifically about menstrual health, but are more often found in other materials, mostly due to the lack of priority given to menstrual health (Figure 3). These materials include national demographic and health surveys; statistics from government agencies responsible for health, women’s affairs, and community affairs; research products and case studies from local and international nongovernment organizations and civil society organizations; and from local women and youth organizations and communities, including religious ones.

Establishing strong baseline data for interventions is therefore critical to ensuring a good understanding of the situation—including attitudes and practices—as well as the challenges and opportunities. This means a thorough analysis of the menstrual health situation should form part of the project design phase.

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Establishing Baseline Data on Menstrual Health

Conducting a Menstrual Health Survey

In cases where menstrual health data are limited or unavailable, a survey may be required to identify local challenges and needs.

Surveys can be tailored to gain knowledge in an array of contexts and are particularly useful to assess knowledge and attitudes. Surveys on menstrual health can be conducted in different locations including homes, schools, higher education and vocational education facilities, workplaces (formal and informal), and public places. Questions can enquire about knowledge, attitudes, and practices, including WASH facilities and menstrual materials (Box 2).

“We talk of equality, fairness, and rights, and yet we shroud this natural phenomenon ... in shame, silence, and indignity.”

Menstrual health surveys must be conducted sensitively and inclusively. Local sociocultural and religious contexts must be considered and incorporated into both questions and implementation. In many places, menstruation and its management are taboo to discuss openly, particularly when men are present. Project teams must be aware of this when designing and implementing surveys.

Survey enumerator experience and identity are crucial to obtaining good data. Projects should train enumerators on how to conduct surveys on sensitive topics and be equipped with informational materials to provide to respondents, as survey questions may lead to respondents asking questions about their health and menstruation, especially around what is considered “normal.”
The gender of survey enumerators is also important. Ideally, only women should interview women about menstrual health. A 2022 experience from an ADB menstrual health survey in the highlands of PNG illustrates this: all the female members of the survey team were busy, so a male enumerator decided to attempt to ask several female respondents about menstrual health. They told him it was not appropriate for a man to ask women such questions, and all but chased him out of the village. It is key to remember that the survey aims to gather information, not change attitudes or behaviors.

Survey teams should consider social inclusion, especially concerning disability. The menstrual practices and needs of people with disabilities are likely to be different from able-bodied people. People with disabilities often know less about menstruation and hygiene; have worse access to appropriate menstrual materials; and have little to no access to disabled-friendly sanitation facilities, especially in schools, workplaces, and public areas (footnote 7).

Menstrual health research must include people with disabilities to ensure that subsequent interventions are inclusive and respond to the needs of everyone, not just those of able-bodied people. In addition to ensuring disability representation in surveys, interviews and focus group discussions with disability stakeholders such as disabled peoples’ organizations can provide beneficial information on menstruation as experienced by people with disabilities. Fortunately, there is a wealth of existing survey tools on menstrual health that can assist practitioners in designing their own survey (Box 3).
## Box 3: Menstrual Health Survey Tools

<table>
<thead>
<tr>
<th>TOOL</th>
<th>WHAT IT COVERS</th>
<th>WHERE TO FIND IT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Menstrual Practices Questionnaire (MPQ) (2020)</td>
<td>Practices of collecting, containing, and removing menstrual blood from the body. A large pool of questions from which users can select those most appropriate to their research needs.</td>
<td>menstrualpracticemeasures.org</td>
</tr>
<tr>
<td>Menstrual Practice Needs Scale (MPNS-36) (2020)</td>
<td>Measures the extent to which menstrual practices and environments were perceived to meet the needs of an individual during their last period. Specifically developed and validated as a complete set of questions.</td>
<td></td>
</tr>
<tr>
<td>Multiple Indicator Cluster Surveys 6 (MICS6) Questionnaire for Individual Women</td>
<td>Key indicators on the well-being of women.</td>
<td>mics.unicef.org/tools</td>
</tr>
<tr>
<td>Performance Monitoring Action’s (PMA) 2020 Female Questionnaire</td>
<td>Key indicators on the health of women.</td>
<td>pmadata.org/data/survey-methodology</td>
</tr>
<tr>
<td>Demographic and Health Survey 8 (DHS-8) Women’s Questionnaire</td>
<td>Key indicators of the health of women.</td>
<td>dhsprogram.com/publications/publication-dhsq8-dhs-questionnaires-and-manuals.cfm</td>
</tr>
</tbody>
</table>


Baseline data is key for developing accurate and effective design and monitoring frameworks and gender action plans (GAPs). To ensure interventions improve gender equality and social inclusion, project teams should incorporate gender design features—such as gender targets and/or percentage share of female beneficiaries—including on menstrual health.

Appendix 2 contains a list of sample design and monitoring framework performance indicators for menstrual health. To support achievement, GAPs that incorporate menstrual health indicators should also be developed where required to ensure the centrality of menstrual health (such as the ADB Tip Sheet No. 2: Preparing a Gender Action Plan for advice on developing GAPs).
Mainstreaming Menstrual Health into Interventions

Adequate sanitation that considers menstrual health has a significant impact beyond the immediate benefits of being able to use a toilet to manage menstruation; it supports the activities of groups that are often excluded.
IN BOTH URBAN DEVELOPMENT AND WASH CONTEXTS, practitioners must shift their thinking around what adequate sanitation means, especially for people who menstruate. To be truly inclusive, adequate sanitation must fulfill menstrual health needs. This is sometimes referred to as “female-friendly sanitation,” as it focuses on meeting the WASH needs of women and girls in sanitation facilities.

Adequate sanitation that considers menstrual health has a significant impact beyond the immediate benefits of being able to use a toilet to manage menstruation; it supports the activities of groups that are often excluded. GESI issues—and consequently menstrual health—must be explicitly included in WASH interventions so marginalized peoples are not “forgotten” in the process. For example, the Joint Monitoring Programme has expanded its monitoring to include menstrual health in addition to drinking water, sanitation, and hygiene. This shows that menstrual health is now considered a core element.

It is a missed opportunity if menstrual health is not incorporated into urban development and WASH interventions. Including menstrual health means that activities, facilities, policies, and education programs not only respond to menstrual health itself but are more inclusive, more sustainable, and more beneficial in the long term. One practical way to ensure GESI and menstrual health are built into project design is by recruiting a consultant to focus on menstrual health interventions; see Appendix 3 for an example Scope of Work.

Menstrual health can be incorporated into urban development and WASH interventions through physical improvements that focus on infrastructure, water supply, sanitation, and menstrual materials. It can also be incorporated through non-physical activities, including undertaking research, implementing educational or training activities to support knowledge and practices (Case Study 2), running campaigns to shift mindsets and attitudes, and developing or strengthening enabling environments. The inclusion of both physical and non-physical interventions is critical to the long-term success and sustainability of a program.

**Case Study 2: Combating Barriers to Education in Vanuatu**

Location: Tanna, Futuna, and Erromango Islands, Vanuatu  
Implementer: CARE International, United Nations Children’s Fund, and Mamma’s Laef  
Beneficiaries: >450 girls aged 12–18 years old in 18 schools

Approximately three-quarters of girls in Vanuatu miss up to 3 days of school each month because of their periods. The primary challenges were identified to be a lack of safe, private toilets; lack of access to reliable, hygienic, and affordable menstrual materials; cultural taboos; and misinformation and lack of knowledge about menstruation.

CARE and United Nations Children’s Fund designed and implemented a three-stranded menstrual health program: (i) provision of menstrual health kits (reusable sanitary pads, soap, bucket, etc.); (ii) delivery of menstrual health awareness sessions for girls at school; and (iii) building of ventilated improved pit toilets with taps inside each cubicle at schools. The program also engaged with boys and men to build knowledge on reproductive health and menstruation as well as gender equality more broadly.

Menstrual health interventions are most relevant for

(i) WASH in schools, higher education, and vocational education;
(ii) WASH in workplaces (formal and informal);
(iii) WASH in health facilities;
(iv) the improvement or development of sanitation facilities in public places;
(v) the installation and management of reticulated water and sewerage systems;
(vi) awareness-raising and behavior change communication campaigns;
(vii) the improvement of household sanitation and hygiene practices; and
(viii) support for enabling environments, specifically WASH policies.

Supporting good menstrual health also enhances economic opportunities. These include the provision and emptying of sanitary disposal bins in toilets, and the production, distribution, and selling of reusable menstrual materials such as cloth pads and period underwear. Many people who menstruate in the Pacific have indicated they would like to have access to good quality, reliable, reusable menstrual materials but that such products are either unavailable or too expensive. Producing reusable materials locally has the potential to significantly improve menstrual health conditions as well as open new income streams for producers and retailers, particularly for women-owned and -led micro, small, and medium-sized enterprises.\(^{18}\)

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Menstrual Health-Friendly Sanitation Facilities

Sanitation facilities that support good menstrual hygiene management are crucial. Without them, managing periods hygienically and confidently is simply not possible. To ensure that sanitation facilities are truly inclusive, they must be menstrual health-friendly as well as female-friendly and disability-friendly.

Sanitation facility design should address key aspects, including

(i) building separate male and female facilities;
(ii) ensuring safety and privacy;
(iii) providing water for toileting, washing, and handwashing;
(iv) providing disability and universal access features; and
(v) providing disposal facilities for menstrual waste.

Sample performance indicators for ADB design and monitoring frameworks are provided in each subsection below. A full list is provided in Appendix 2.

Project teams will need to decide which targets are most relevant and useful, combine targets, or develop different targets. Using the ideas listed on the following pages, project teams may also decide to have a broad target such as \([\text{number}]\) operational GESI-responsive sanitation facilities constructed or renovated, with “GESI-responsive” meaning that gender and other forms of inequality are considered and responded to in facility design, accessibility, location, operation, and use. For example, this may involve noting that separate toilets for men and women are necessary, at least one unisex disabled toilet is required, and that cubicles are equipped with secure locks and waste disposal facilities.

Case Study 3: Learning from Other Island Countries: Inclusive Water, Sanitation, and Hygiene Facilities at Schools in Timor-Leste

Location: Timor-Leste
Implementer: WaterAid and Marie Stopes International Australia
Beneficiaries: Female students at six rural schools

Many schools in Timor-Leste do not meet student needs for water, sanitation, and hygiene. To address this issue, the implementer supported six schools to build inclusive water, sanitation, and hygiene facilities in consultation with a local disabled peoples’ organization, Raes Hadomi Timor Oan.

Design features included clear plastic panels in the roofs to allow light inside in case the electricity goes out, and ramps, handles and larger stalls to accommodate the needs of students with disabilities.

To ensure students can remain at school while menstruating, the girls’ toilets included incinerators on the external back walls, so that students can dispose of used menstrual materials through chutes directly into the incinerators. Schoolgirls reported that the chutes increased privacy and reduced their feelings of embarrassment around menstruation.

Source: Australian Aid, Marie Stopes International Australia, and WaterAid. 2017. Integrated Approaches to Menstrual Health.
Separate male and female facilities

Male and female facilities should be separated—either physically in separate blocks (such as in schools or public places) or with separate entrances—and at least one separate gender-neutral toilet should be provided. In public spaces, schools, and workplaces, a larger number of toilets must be allocated for women. Studies show that men take an average of 60 seconds in the toilet, while women take 90 seconds (i.e., 50% more than men), due to biological reasons such as menstruation and social reasons such as caring for others. Project teams should make themselves aware of local standards and building codes that advise on gender ratios for toilets.

Gender-neutral toilets are also important: they can be used by parents with children and male and female users, as well as by people who are transgender, nonbinary, third gender, or intersex. If space is limited, this gender-neutral toilet can also be the dedicated toilet for people with disabilities. Facilities should install signposts in the local language and use easily understood words or symbols to indicate male, female, gender-neutral, and universally accessible toilets.

Safety and privacy

Facilities should be well-lit, including outside the entrance, inside the facility, and in each cubicle. Facilities should be in locations that are easily accessible and not hidden away to reduce the risk of gender-based violence. Cubicles should all be easily lockable from the inside.

Water and handwashing

All facilities should have handwashing sinks or taps with soap and hand drying options (paper towels, cloth towels, or electric hand driers). To assist users of reusable materials such as cloths, cloth pads, and menstrual cups, each cubicle (or at least some cubicles) should also have a sink and soap for handwashing as well as for the washing of products for immediate or later reuse. While communal sinks can be used for this purpose, users are unlikely to do so because of mess and embarrassment.

![Example Design and Monitoring Framework Performance Indicators]

Disability and universal access

Facilities should be universally accessible, including for people with disabilities and children. At least one cubicle should be designed for wheelchair users, with a wide outward-opening door (at least 80 centimeters wide), sufficient space inside to move (at least 1.5 meter x 2.2 meter), and a height-appropriate toilet, sink, and door lock. If space is limited, this toilet can also be a gender-neutral toilet. Facilities appropriate for children should also be made available, especially in schools and public places.

![Example Design and Monitoring Framework Performance Indicators]

Menstrual waste

A major challenge is the cleaning and disposal of used menstrual materials, especially single-use sanitary pads and reusable cloths. The problem is compounded in contexts with no access to or poor-quality solid waste management services.

Menstrual waste is used and discarded menstrual materials, including disposable sanitary pads, tampons, cloths, and other materials used to soak up menstrual blood (such as nappies). It is classified as solid waste. Safe management of menstrual waste involves treating and disposing of used menstrual materials so that no harm is caused to people nor to the environment (including water systems).
Due to the stigma surrounding menstruation, there is a global preference for private and easy disposal of used materials. If no appropriate facilities are available, people often choose to dispose of used materials in rivers, fields, behind buildings (such as schools and dormitories), or into the toilet itself. None of these are suitable, as incorrect disposal leads to blockages in toilets and sewerage systems, polluted water systems, and unsightly and unhygienic dumping sites. Research from Bihar, India—a state with a population of over 100 million—found that 60% of women disposed of their sanitary waste in the open, often in open defecation areas, including when using reusable materials, because they did not want used menstrual products in the home.20

This means that all toilet facilities—at home, in the workplace, at education facilities, and in public places—must be equipped with options for washing and disposing of used menstrual materials. They can be as simple as sinks for cleaning and rubbish bins for disposal, or as technical as incinerators. Ideally, disposal facilities should be within the toilet buildings, preferably within each cubicle for discreet disposal of materials, such as chutes leading to bins or incinerators. There are many designs available for disposal options, including for key locations such as schools and dormitories. Rubbish bins must be regularly emptied and cleaned, with rubbish disposed of hygienically and appropriately. Chutes leading to incinerators are becoming increasingly popular, especially in regions with limited rubbish collection services. See Figure 4 for an example of a menstrual health-friendly toilet.

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**Figure 4: Example of a Menstrual Health-Friendly Toilet**

Adequate numbers of safely located toilets separated (with clear signage) from male facilities

Safe and private toilets with inside door latch

Clear signs instructing girls and women to dispose of menstrual waste in the trash bin

A shelf and hook for hygienically storing belongings during usage

Night time light source both inside and outside of the toilets

Easily accessible water (ideally inside the cubicle) for girls and women to wash themselves and menstrual materials

Trash bins (with lids) to dispose of used menstrual materials

Walls, door, and roof are made of nontransparent materials with no gaps or spaces

Some units should be accessible to people with disabilities

Menstrual Materials

Having access to affordable, appropriate, and comfortable menstrual materials is one of the key elements to adequate menstrual health. Without it, people who menstruate are forced to either stay at home or use uncomfortable and even potentially dangerous materials such as straw, leaves, newspaper, unclean cloths, or cut up nappies/diapers. Products do not have to be single use; in fact, reusable products such as menstrual cups and cloth pads are more environmentally friendly and cheaper in the long run, although the initial upfront cost can be prohibitive, and their use requires infrastructure support such as running water.

To support the use of affordable, appropriate, and comfortable menstrual products, there are several points to consider:

(i) Schools and workplaces should have free menstrual materials available (such as sanitary pads) in case of “emergencies” when someone’s period begins unexpectedly. These materials should be easily accessible and provided without judgment or stigma; crucially, users should not have to “justify” why they need them. Schools should also make spare uniforms available, especially skirts and trousers, in case of menstrual blood stains.

(ii) Children and teenagers should be taught in school how to use different menstrual products—ideally before menarche (first menstruation)—to ensure they are ready for their periods and able to manage them safely and comfortably. This information can be incorporated into classes such as science and health or can be provided in dedicated sessions.

(iii) An array of different products should be available, either at affordable prices or for free. Some countries such as Fiji, India, and Scotland have introduced free or reduced-price menstrual products in response to “period poverty,” in which people cannot afford to purchase sanitary materials.

Reusable cloths or cloth pads are more sustainable options than single-use sanitary pads and tampons. However, in many situations, it is difficult for users to hygienically wash, dry, and store reusable materials. Without private places to wash and dry materials, users will often hide damp materials in out-of-sight places, such as under beds or in bushes, due to the shame and stigma associated with menstruation. This can result in materials not drying properly and even becoming moldy. If an intervention provides reusable cloth pads to users, it is therefore also crucial that implementers also consider access to washing and drying facilities as well as knowledge on how to hygienically manage reusable products.

Case Study 4: Sanitary Pad Vouchers for Schoolgirls in Fiji

Location: Fiji
Implementer: Fiji Ministry of Education, Heritage, and the Arts
Beneficiaries: Approx. 60,000 schoolgirls in 2022; aiming to reach 65,000 schoolgirls in 2023

Launched as part of the 2021–2022 National Budget, the Fiji Ministry of Education, Heritage, and the Arts is providing subsidized access to sanitary pads to schoolgirls in years 7 to 13 throughout the country. The government views that menstrual materials are a necessity, not a luxury, and developed the program in response to struggling households not being able to afford menstrual products for their daughters.

The program uses a voucher system. Vouchers are distributed to all year 7–13 schoolgirls, who can then exchange the vouchers for pads at selected vendors in their local areas. Anyone with a voucher can exchange them for pads, so parents or other family members can also use them for their daughters if the girls are too embarrassed.

Storage of menstrual materials is also important. Private, dry, and clean locations are the best places for storing materials, and small pouches that can be put inside handbags or backpacks are good options for carrying materials when out of the house. Interventions that provide reusable products should therefore also provide small carry pouches to recipients.

**EXAMPLE DESIGN AND MONITORING FRAMEWORK PERFORMANCE INDICATORS**

| % female secondary school students using reusable menstrual materials |
| % female secondary school students reporting improved knowledge of menstrual hygiene management |

**Education, Awareness-Raising, and Behavior Change**

Building knowledge, shifting mindsets, and changing behaviors are all keys to good menstrual health. People of all ages and all genders should be provided with accurate information on their bodies, hygiene, and menstruation, including how to manage their periods safely, comfortably, and effectively.

Larger social campaigns are also possible, although local contexts must be considered, especially where menstruation is highly stigmatized. Talking openly about menstruation works to undo long-standing social taboos; eventually, it leads to significant shifts in mindsets and attitudes about menstruation. This makes girls more likely to attend school while menstruating and helps end practices that exclude women and girls from family and community life during menstruation. Engaging men and boys is crucial to this process (Box 4).

**Box 4: Engaging Men and Boys**

All people should be engaged in menstruation and menstrual health, not just people who menstruate. Research has shown that men and boys who understand menstruation are more supportive of their friends, family members, schoolmates, and colleagues who menstruate. This is particularly crucial in the school context, as it means that people who menstruate are more confident in their ability to manage their periods while at school and are less likely to feel they need to go home or skip school.

**EXAMPLE DESIGN AND MONITORING FRAMEWORK PERFORMANCE INDICATORS**

| % secondary school students reporting improved knowledge of menstrual health |
| % schoolteachers reporting improved ability to educate students on menstrual health |
| [number] people reached through menstrual health campaigns |

One of the most crucial times for teaching people about menstruation is puberty. If young people are mentally and physically prepared for menarche, they will feel confident in managing menstruation, leading to improved hygiene and health and reducing shame and stigma. Ideally, this information should be incorporated into school curricula, but separate activities can also be conducted (Box 5).
Community Involvement and Consultation

WASH affects all genders and social groups differently. To properly include people who menstruate and to meet their needs, a wide range of individuals and groups must be included in all stages of WASH projects, not just on menstrual health but on all elements of interventions. Their involvement should be meaningful; that is, as active participants in identifying and determining challenges and solutions as well as implementing and monitoring interventions. This includes households, communities, and all levels of government. ADB has several guidance publications on community involvement, such as Strengthening Participation for Development Results (2012) and A Sourcebook for Engaging with Civil Society Organizations in Asian Development Bank Operations (2021).

Women, girls, transgender people, intersex people, nonbinary people, and people with disabilities should therefore be included in all stages of assessment, decision-making, program design, policy development, and implementation. Without their input, it is unlikely that WASH interventions will accurately reflect their needs, especially when it comes to “sensitive” or stigmatized issues that may be difficult to talk about, such as menstrual health.
Enabling Environment

Efforts toward creating an enabling policy environment should support infrastructure and knowledge interventions. This could be at a higher level—such as national or regional regulations—but is more likely to be implemented locally, such as in schools and workplaces. The situation will also vary significantly from country to country and depends greatly on how supportive the environment already is.

Potential interventions include developing national guidelines on menstrual health from ministries such as health, education, women’s affairs, or water; instituting menstrual leave for workers; providing free menstrual materials in schools and/or workplaces; or outlawing gender-based discrimination relating to menstruation, pregnancy, and childbirth.

**EXAMPLE DESIGN AND MONITORING FRAMEWORK PERFORMANCE INDICATORS**

- % secondary school budgets allocated to menstrual health education, materials, and infrastructure
- % government agencies reporting on menstrual health as part of Sustainable Development Goal reporting
- % secondary school students receiving subsidies for menstrual materials
Women, girls, transgender people, intersex people, nonbinary people, and people with disabilities should be included in all stages of assessment, decision-making, program design, policy development, and implementation.

What Does Success Look Like in Menstrual Health Interventions?
**INDICATORS OF SUCCESSFUL MENSTRUAL HEALTH INTERVENTIONS** should be determined during the planning and design stages. The following are generally good indicators of success:

(i) Women, girls, transgender people, intersex people, nonbinary people, and people with disabilities are consulted about and actively involved in all stages and activities, with the information conveyed during consultations used in project design.

(ii) Systems are in place that support people who menstruate to access clean water and appropriate, safe, and private sanitation facilities in their homes, workplaces (formal and informal), educational institutions, and public places.

(iii) Systems are in place that support people who menstruate to access menstrual materials, products, and services, including facilities to support the cleaning and reuse of reusable materials and the disposal of single-use materials.

(iv) Everyone—including people who do not menstruate—has sufficient knowledge about menstruation, menstrual health and management, and sexual and reproductive health and rights.

(v) People who menstruate are not discriminated against, harassed, excluded, or put in any form of danger during or because of menstruation.

In the ADB context, menstrual health-related performance indicators are recommended at the output level of the design and monitoring framework, while the outcome statement should also reflect the intention to improve the well-being of people who menstruate, especially women and girls. Appendix 2 contains a full list of example performance targets.
School is one of the most important locations to provide adequate facilities and support for students who menstruate.
PACIFIC ISLAND COUNTRIES


This study explores how women and adolescent girls manage menstruation in Fiji, Papua New Guinea (PNG), and Solomon Islands, focusing on the challenges they experience. It concludes that the key barriers relate to the lack of knowledge and preparation of girls; common sociocultural beliefs that place menstruation as “dirty”; difficulties accessing and affording menstrual materials; and inadequate school and workplace facilities.


A review of 11 studies on menstrual health in the Pacific, focusing on how social and cultural beliefs and taboos lead to stigma and shame and impact menstrual health and dignity.


This journal article presents evidence on menstruation-related restrictive practices in Fiji, PNG, and Solomon Islands based on focus group discussions and interviews in both urban and rural areas. Restrictive practices were more frequently reported in PNG and Solomon Islands than in Fiji, and were more common in rural areas. Common beliefs included that menstrual blood is “dirty” and that menstruating individuals and menstrual blood can bring “bad luck” to men and boys, and shame and secrecy surrounding menstruation were widespread.


This is a case study series on menstrual health in Fiji, PNG, Samoa, Solomon Islands, and Vanuatu. It provides a comprehensive review of policies across the five countries as well as recommendations for key opportunities based on discussions with local actors. Crucially, this research found that menstrual health policy progress in the Pacific is primarily school driven.


This publication aims to assist UNFPA in better addressing the rights of women with disabilities in Kiribati, Solomon Islands, and Tonga and broadly analyzes their experiences with sexual and reproductive health. Menstruation and menstrual health are mentioned briefly, primarily concerning knowledge and education.

This UNICEF publication takes a human rights-centered approach to menstrual health in Asia and the Pacific. It presents an overview of progress on menstrual health in the region alongside explorative discussions on how to create an enabling environment and support change in schools, communities, workplaces, and emergencies. Unlike many other resources, it also specifically analyzes the menstrual health situations and challenges for people with disabilities and people from indigenous, minority, and marginalized groups. Examples of good practices, questionnaires, and how menstrual health is incorporated into school curricula are provided in 16 appendixes.


This paper looks at the water, sanitation, and hygiene (WASH) situation in East Sepik in the context of the PNG National WASH Policy (2015–2030), including briefly concerning menstruation. The scoping exercise found that women with physical disabilities were more affected by gender-based violence and cultural norms around menstruation than other women.


Based on research on WASH, disability, and mental health conducted in Vanuatu, this journal article presents findings showing that while menstrual restrictions were widespread for all menstruators, individuals with disabilities were 5 times more likely to use different bathing facilities, nearly twice as likely to miss social activities, and 3 times more likely to eat alone during menstruation.

GLOBAL


A guide for delivering menstrual health education based on the common questions of girls on eight themes: puberty, anatomy, menstrual cycle, irregularity, pain, menstrual hygiene, feelings, and sex. The context is East Africa but is broadly applicable.


An in-depth handbook that is diverse and wide-reaching in its content and authors. It presents research, policy, practice notes, art, and personal narratives, placing menstrual health as a key part of gender justice.


This journal article addresses the knowledge gap on links between menstrual health and the Sustainable Development Goals (SDGs). It identifies how adequate menstrual health contributes to the achievement of priority outcomes of relevance to menstruating girls: education, gender, health (including psychosocial well-being), and WASH.


A summary of research conducted in Uttar Pradesh, India on the menstrual hygiene knowledge, attitudes, and practices of adolescent girls, women, and related stakeholders. Among other findings, the research found that 86% of post-menarche (first period) girls were unprepared for their first period.
This publication guides how to ensure WASH in schools fosters social inclusion and overcomes stigma and marginalization, particularly relating to menstrual health and adolescent girls. It includes tools on how to conduct in-depth interviews with girls, key informant interviews with school staff and teachers, focus group discussions with boys, focus group discussions with girls, and focus group discussions with mothers, as well as a format for undertaking school observations. It also provides additional example tools from the Philippines and Bolivia.

This training guide is designed as an easy-to-use booklet for trainers who want to provide girls with essential knowledge on menstruation and menstrual health. It is available in two regional versions—sub-Saharan Africa and South Asia—with additional regions and languages reportedly in development.

A comprehensive resource that provides examples of good menstrual hygiene practices from around the world, consisting of nine modules ranging from menstrual health basics through to working in communities, schools, workplaces, and emergencies, and nine toolkits to support these activities. The resource is complemented by a separate training guide (*Menstrual Hygiene Matters: Training Guide for Practitioners*).

Based on the WaterAid *Menstrual Hygiene Matters* resource book, this excellent training guide includes eight session plans on topics including menstrual hygiene basics, materials, how to analyze barriers and develop solutions, confident communication, and designing interventions. It also includes comprehensive handouts to be used in conjunction with training activities.

As a guide for local authorities in charge of public and community toilets in urban contexts, this publication aims to improve understanding of the requirements of women and girls. It provides practical guidance, steps, and recommendations on how to plan, design, upgrade, and manage female-friendly toilets around the world.

A short overview of the importance and benefits of a gender-inclusive approach to sanitation, briefly explaining several key aspects: knowledge, awareness, attitudes, and practices; materials; facilities; and policies and institutions.

A resource package aimed at World Bank teams to ensure that WASH projects are inclusive and responsive to the needs of women and girls, including concerning menstrual health. The package includes several checklists, examples of female-friendly sanitation facility designs, tools for affecting policy change, and tools for measuring results. Primarily designed for WASH interventions in schools and health care facilities, but broadly applicable and adaptable.
**APPENDIX 2**

**EXAMPLE DESIGN AND MONITORING FRAMEWORK PERFORMANCE INDICATORS**

### FACILITIES

- [number] operational GESI [gender equality and social inclusion]-responsive toilet facilities established or improved in public places (including at least 50% for women and at least 20% accessible for people with disabilities)
- [number] operational gender-neutral toilet facilities with disabled access established or improved in public places

### SAFETY AND PRIVACY

- Solar-powered lighting installed and operational at [number] toilet facilities in public places (including at least 50% toilet facilities for women)
- Security, safety, and privacy improved at [number] toilet facilities in public places (including at least 75% toilet facilities for women)

### WATER AND HANDWASHING

- [number] operational school toilet facilities with handwashing facilities established or improved (including at least 50% toilet blocks for girls)
- % students using at least basic handwashing facilities with water and soap in schools
- Rainwater storage tanks installed and operational for [number] public toilet facilities (including at least 50% toilet facilities for women)

### DISABILITY AND UNIVERSAL ACCESS

- [number] universally accessible operational school toilet facilities established or improved (including at least 50% toilet facilities for girls)
- [number] universally accessible operational toilet facilities established or improved in public places (including at least 50% toilet facilities for women and girls)
In addition to the design and monitoring framework (DMF) itself, menstrual health indicators should also be incorporated into the project gender action plan (Tip Sheet No. 2: Preparing a Gender Action Plan). A definition of the subcomponents should accompany the use of a broader target. For example, a target of \([\text{number}]\) GESI-responsive public toilet blocks constructed or rehabilitated should have an accompanying footnote explaining what a “GESI-responsive public toilet block” is. A combination of physical and non-physical targets is recommended.
All urban development, water, sanitation, and hygiene (WASH), gender equality and social inclusion (GESI), and menstrual health contexts are different. Therefore, a terms of reference developed for a gender specialist to support Asian Development Bank (ADB) interventions on menstrual health should respond to local context and needs. Below is an example terms of reference for a GESI specialist focusing on menstrual health interventions.

Scope of Work

The GESI specialist will perform the following tasks:

(i) Provide GESI inputs to the technical assistance (TA) team during project processing and implementation, including the GESI plan if needed.

(ii) Support the TA team in designing, implementing, and monitoring menstrual health interventions.

(iii) Prepare the required GESI reporting on GESI-related performance targets of the TA’s design and monitoring framework.

Detailed Tasks and/or Expected Outputs

Under the guidance of ADB and the TA team leader, the consultant will

(i) contribute GESI analysis concerning WASH in the TA implementation areas, including menstrual health, using existing data;

(ii) lead the implementation of surveys to complete data—if needed—including the development of questionnaires using existing tools and guidelines;

(iii) work with the TA team to ensure that GESI considerations are included in the design, monitoring, and implementation of TA project interventions;

(iv) identify and provide recommendations on menstrual health interventions under the scope of the TA;

(v) support the development and implementation of menstrual health interventions;

(vi) provide training and other capacity building support on menstrual health, if needed;

(vii) provide other GESI inputs to the TA team, interventions, and knowledge products;

(viii) support the development of enabling environments for the participation of all genders in WASH activities;

(ix) assist the TA in monitoring GESI progress; and

(x) submit regular GESI monitoring reports.
**Minimum Qualification Requirements**

A graduate degree in social sciences, gender studies, development studies, public health, urban planning, WASH, or other relevant fields and at least 3 years’ experience in implementing gender and development, ideally concerning WASH or public health, specifically sexual and reproductive health and rights and/or menstrual health. The consultant will have demonstrated experience working with government agencies, nongovernment and/or civil society organizations, and/or multilateral agencies. Experience working with Pacific countries would be an advantage.

- Minimum General Experience: 3 years
- Minimum Relevant Experience: 3 years
- Country Experience: Preferred
Addressing Menstrual Health in Urban, Water, and Sanitation Interventions in the Pacific

Practitioner Guide

This guide provides practical tips for addressing menstrual health as part of urban development, water, and sanitation work in the Pacific. It explains why doing so can significantly improve the lives of people who menstruate, especially women and girls, and identifies four ways in which project design and implementation can immediately strengthen menstrual health. While the guide is intended to inform projects supported by the Asian Development Bank, it will also be relevant to other urban development and water, sanitation, and hygiene interventions.

About the Asian Development Bank

ADB is committed to achieving a prosperous, inclusive, resilient, and sustainable Asia and the Pacific, while sustaining its efforts to eradicate extreme poverty. Established in 1966, it is owned by 68 members —49 from the region. Its main instruments for helping its developing member countries are policy dialogue, loans, equity investments, guarantees, grants, and technical assistance.