A group of women being consulted for the research project (Credit: Chelsea Huggett)

Menstrual hygiene management in the Pacific: women’s and girl’s experiences

By Yasmin Mohamed and Chelsea Huggett

How does a market vendor manage her menstrual period while she’s at work in rural Papua New Guinea (PNG) and without access to toilets? Why does an
adolescent girl in Honiara not want her brother to see her sanitary cloth hanging out to dry? How can a Fijian woman with a disability buy pads when she doesn’t have an income?

**Burnet Institute**, **WaterAid** and the **International Women’s Development Agency** have explored these questions over the past year through research funded by the Department of Foreign Affairs and Trade. **The Last Taboo** explored women and girls’ challenges in managing their menstruation, and whether this makes it more difficult for them to participate in school, work and community life. Over 300 adolescent girls, women, men, community leaders, teachers and health care workers participated in a qualitative study in one urban and one rural site in PNG, Solomon Islands and Fiji.

**Studies** repeatedly show that a lack of access to education, acceptable and affordable sanitary products, and well-maintained water, sanitation and hygiene (WASH) facilities contribute to feelings of shame, embarrassment and discomfort. Until now there has been limited research on menstrual management in the Pacific, and the Last Taboo project is helping to bridge this gap.

**Key findings**

1. **Poor knowledge, stigma and restrictions on behaviour**
   
   *If the woman does not follow the ... custom during her menstruation and makes food and gives to her husband or young boys in the family then she makes her husband and the young boys grow old quickly or make them sick. (Woman in PNG, urban site)*

Many of the girls, women and men we spoke to in **PNG** and **Solomon Islands** believe that menstrual blood and menstruating women are ‘dirty’ or ‘unclean’, or that exposure to menstrual blood brings bad luck for men and boys. This can create stigma for women and girls, making it more difficult for them to manage
menstruation, contributing to unwanted restrictions on things they are allowed to do, and negatively impacting on their emotional well being. This belief strongly related to the idea that exposure to menstrual blood or menstruating women would bring bad luck to men and boys, and prevents some women and girls in more remote areas from cooking, attending church and even walking near men when they are menstruating.

In PNG and Solomon Islands, many adolescent girls lack comprehensive knowledge about the menstrual cycle, and reported being unprepared for their first period. This often led to feelings of shame and embarrassment. In contrast, in Fiji girls and women have better access to education on menstruation and how to manage it, although knowledge gaps still exist. Even though menstruation is included in the school curriculum in all three countries, the teachers we spoke to often felt ill-equipped to teach the topic. Similar to other studies in the region, we found that girls and women with disabilities are frequently excluded from education and information on menstruation.

Teasing by boys was also common in all three countries, especially in schools, with suggestions that this contributes to girls’ absenteeism from school when menstruating.

2. Sanitary pads: High prices, poor quality

...if someone gives me money, that’s the first thing I do. I buy my own pads. Because I know that every month I have my menses so I have to look forward to buying them. I don’t want to have my menses, you know, and then there is no pad around. (Woman with disability with Fiji, urban site).

A recent review of menstrual health globally suggests that access to quality and affordable sanitary products is a challenge for many women and girls. In all three countries, for adolescent girls in rural areas, women with low or no income, and women with disabilities reliant on others, buying commercial pads can be
difficult. Those who can’t afford commercial products used homemade solutions – of varying efficacy. Fears of staining and leakage were common and distracting, and some women and girls chose to stay home from school or work and disengaged from community life during heavy bleeding. In PNG and Fiji, some girls and women we spoke to found commercial sanitary products affordable, although it was often more challenging for those living in rural areas. There was a large range of products available in urban sites in these two countries. In Solomon Islands however, sanitary products were prohibitively expensive and much less available, and products stocked in local shops were poorer quality brands, with some suspected to be counterfeit.

3. Lack of basic WASH hindering school and work participation

For me, I go to school [while menstruating] but only for half days...during break time I go back home. (School girl in Solomon Islands, rural site).

We observed a small number of WASH facilities at schools and workplaces in each country. Most of the WASH facilities in Solomon Islands and PNG did not meet basic needs, with non-functioning toilets, poorly maintained facilities, a lack of privacy, no place to dispose of used menstrual materials, and a lack of soap and water. Women and girls said they sometimes chose to return home from work or school to change their pads or uncomfortably waited the whole day without changing them. Facilities in Fiji were of a higher standard, although women working in informal workplaces such as markets often had to share sanitation facilities that were unclean and had restricted access or required payment.

Women and girls called for basic solutions to managing menstruation:

- better school-based education about menstruation and tracking the menstrual cycle,
- education for adults, both women and men, using church and other networks,
- support for women-led businesses which make quality, locally sourced, reusable pads,
- access to better quality, more affordable disposable pads,
- and clean toilets, with proper locks and bins and no user fees.

A stakeholder workshop in each country aimed to galvanise action and led to regional recommendations:

- Improve leadership and policy action on menstrual hygiene management (MHM) in the Pacific region: national governments to strengthen MHM policy commitments in education, sexual reproductive health, gender, WASH and humanitarian national strategies and policies.
- Improve access to high quality information about menstruation and MHM: develop guidance for Ministries of Education on integrating MHM into school curriculum and education programs, including training teachers.
- Improve availability, affordability, and access to quality commercial menstrual hygiene products in remote parts of the Pacific: design public and private sector solutions to strengthen the supply chain of sanitary pads, investigate and abolish tax levies on sanitary items, and support local women-led businesses.
- Improve MHM-friendly WASH facilities, services and monitoring: provide training and practical guidance to WASH government personnel on MHM-inclusive WASH designs in households, schools, workplaces and healthcare facilities.

DFAT is considering how best to take forward the recommendations. The research has been shared with development organisations across the Pacific. Already as a result of the research in Solomon Islands, a woman-owned business has been established to produce reusable sanitary pads.

Most importantly, it is critical that women and girls are agents of change and must be central in decision-making on MHM initiatives.
About the author/s

Yasmin Mohamed
Yasmin Mohamed is a Women's and Children's Health Officer at Burnet Institute. With a background in nursing and public health, her current role focuses on maternal and child health, sexual and reproductive health, and infectious diseases, primarily in Myanmar and Papua New Guinea. Yasmin has a particular interest in health systems strengthening.

Chelsea Huggett
Chelsea Huggett is the Technical Lead – Equality and Inclusion at WaterAid Australia. Chelsea focuses on gender equality and social inclusion within water, sanitation and hygiene programs and policy. She has led programming, research and advocacy on menstrual health and hygiene for the past six years.