

Accelerate Towards Global Goals Through Action on Menstrual Health & Hygiene

Menstrual health matters to and for the Sustainable Development Goals (SDGs)

1.8 billion people across the world experience menstruation, a healthy physiological process, every month ([UNICEF](#)). Despite this, millions of girls, women, and others who menstruate, face hurdles in managing their periods in a healthy manner due to constrained access to information and education, products, and services, deep set socio-cultural norms, and structural inequalities. Poor menstrual health and hygiene (MHH) adversely affects health and wellbeing (including sexual and reproductive health and mental health); participation in school, in the workforce, and in activities of daily life; and undermines gender equity in various realms of life.

The World Health Organization emphasized menstrual health as a health and human rights issue, and called for multi-sectoral and collaborative actions to ensure good menstrual health for all ([WHO, 2022](#)). The Sustainable Development Goals (SDGs) provide a vital framework to advance action on menstrual health, and through this, accelerate and deepen actions towards the achievement of certain SDGs ([Sommer et al, 2021](#)).

Menstrual health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, in relation to the menstrual cycle ([Hennegan et al 2021](#))

Menstrual health and hygiene outlines the “needs of people who menstruate, including having safe and easy access to the information, supplies, and infrastructure needed to manage their periods with dignity and comfort.... as well as the systemic factors that link menstruation with health, gender equality, empowerment, and beyond ([Sommer et al, 2021](#)).

A critical opportunity to catalyze and accelerate action on MHH and SDGs

Understanding the intimate linkages between MHH and SDGs can enable stakeholders to identify interventions that can catalyze actions where lacking or when actions are weak, and accelerate and deepen actions where efforts are ongoing and have potential for scale-up. Moreover, identifying and understanding the direct linkages between MHH and the SDGs can potentially further action on MHH, as well as on the larger sectoral issues that the SDGs seek to achieve. For instance, in the case of SDG 6 on clean water and sanitation, programs in many low and middle-income countries (LMICs) have established functional, sex-segregated toilets in schools, meeting one aspect of MHH needs and bolstering the agenda to achieve adequate and equitable sanitation for all, especially for women and girls.

Table 1 highlights areas for action, drawing upon an in-depth analysis conducted by Sommer and colleagues ([Sommer et al 2021](#)), and suggests that MHH and SDGs are most strongly connected (linkages in both directions) for SDGs 3, 4, 5, and 6. Other SDGs are relevant, however, the interlinkages may be one-directional (e.g., SDG 1) and/or indirect (e.g., SDG 13).

Table 1: The relationship between MHH and SDGs (Source: Sommer et al, 2021)

SDG	MHH directly contributes to SDGs	MHH indirectly contributes to SDGs	SDG directly contributes to MHH
SDG 1: No Poverty			
SDG 2: Zero Hunger			
SDG 3: Good Health and Wellbeing			
SDG 4: Quality Education			
SDG 5: Gender Equality			
SDG 6: Clean Water and Sanitation			
SDG 7: Affordable and Clean Energy			
SDG 8: Decent Work and Economic Growth			
SDG 9: Industry, Innovation and Infrastructure			
SDG 10: Reduced Inequalities			
SDG 11: Sustainable Cities and Communities			
SDG 12: Responsible Consumption and Production			
SDG 13: Climate Action			
SDG 14: Life Below Water			
SDG 15: Life on Land			
SDG 16: Peace, Justice and Strong Institutions			
SDG 17: Partnerships for the Goals			

The one-pagers on key SDGs (SDG 3, SDG 4, SDG 5, and SDG 6) presents a brief overview of the linkages between MHH and these relevant select SDGs, to provide a foundation to accelerate and scale action.

This brief is based on the original paper by Sommer and colleagues, 2021.

Sommer M, Torondel B, Hennegan J, Phillips-Howard PA, Mahon T, Motivans A, Zulaika G, Gruer C, Haver J, Caruso BA; Monitoring Menstrual Health and Hygiene Group. How addressing menstrual health and hygiene may enable progress across the Sustainable Development Goals. *Glob Health Action*. 2021 Jan 1;14(1):1920315. doi: 10.1080/16549716.2021.1920315. PMID: 34190034; PMCID: PMC8253211.

Ensure healthy lives and promote well-being for all at all ages (SDG 3) & MHH

Incorporate MHH into health education and health services with girls and women across the reproductive lifespan (with a focus on integrating MHH with SRHR interventions and policies)

Relevant target:

SDG 3.7 - ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs.

Rationale for interlinkage:

- Menstrual health is increasingly considered a health issue
- Knowledge of the menstrual cycle is relevant for sexual and reproductive health (SRH) and wellbeing, particularly family planning and contraceptive use
- Hygienic management of periods and other forms of uterine bleeding (e.g., post-partum bleeding, bleeding associated with an infection or disease of the reproductive system) may have implications for reproductive health and reproductive tract infections
- Menstrual discomfort, pain and disorders may affect SRH in the short and long-term, and require health services for diagnosis and treatment (including associated mental health concerns)
- Universal access to SRH services may have benefits for menstrual health, including access to menstrual health education and menstrual products, diagnosis and treatment of menstrual disorders. Universal access to SRH services can be particularly beneficial for hard to reach, vulnerable, marginalized groups and communities (e.g., persons with disabilities, people in humanitarian settings, LGBTQIA groups, women in sex work)
- MHH may serve as a more acceptable and less threatening pathway to addressing sexual and reproductive health and rights (SRHR), especially among adolescents

Supporting resources:

- Menstrual health as a health issue
 - World Health Organization (2022). [WHO statement on Menstrual Health as health issue](#)
 - Sommer M, Hirsch JS, Nathanson C, Parker RG. [Comfortably, Safely, and Without Shame: Defining Menstrual Hygiene Management as a Public Health Issue](#). Am J Public Health. 2015 Jul;105(7):1302-11. doi: 10.2105/AJPH.2014.302525. Epub 2015 May 14. PMID: 25973831; PMCID: PMC4463372.
 - Babbar K, Martin J et al (2021). [Menstrual health is a public health and human rights issue](#), The Lancet Public Health, Volume 7, Issue 1, 2022, Pages e10-e11, ISSN 2468-2667, [https://doi.org/10.1016/S2468-2667\(21\)00212-7](https://doi.org/10.1016/S2468-2667(21)00212-7). (<https://www.sciencedirect.com/science/article/pii/S2468266721002127>)
- Integration of MHH and SRHR
 - Population Services International (2018). [Technical Brief for the Integration of Menstrual Health in SRHR](#).
 - UNFPA (2021). [Technical Brief on the integration of menstrual health into sexual and reproductive health and rights policies and programs](#).
 - Wilson LC, Rademacher KH, Rosenbaum J, Callahan RL, Nanda G, Fry S, Mackenzie ACL. [Seeking synergies: understanding the evidence that links menstrual health and sexual and reproductive health and rights](#). Sex Reprod Health Matters. 2021
- MHH and Universal Health Coverage
 - PSI (2021). [Advancing menstrual equity at the intersection of self-care and universal health coverage](#)
 - Pandemic Periods (2022). [webinar on menstrual health for all](#)

Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all (SDG 4) & MHH

- Incorporate MHH education into extracurricular activities, comprehensive sexuality education and/or adolescent health services in educational institutions
- Ensure gender responsive WASH facilities, including washing and bathing facilities (for residential schools), disposal and waste management, in schools

Relevant targets:

SDG 4.1: By 2030, ensure that all girls and boys complete free, equitable, and quality primary and secondary education leading to relevant and effective learning outcomes

SDG 4.a: Build and upgrade educational facilities that are child, disability, gender sensitive, and provide safe, non-violent, inclusive, and effective learning environments for all

Rationale for interlinkage:

- Educational institutions are important platforms to reach adolescents with MHH interventions (information and education, menstrual products, peer support, health services) that may otherwise be out of reach for adolescents
- Schools with gender responsive physical infrastructure (e.g., toilets that are sex-segregated, with dustbins for menstrual waste, and adequate water for flushing and washing the body; a separate room with menstrual products, a place to rest, information materials), social supports (peer support networks, awareness campaigns), and adolescent focused health education and services (e.g., adolescent health or comprehensive sexuality education incorporated into the school's extra-curricular activities, health check-ups, iron and folic acid supplements for anemia) may improve MHH among adolescents
- Responsive school environments that support MHH may enable girls (alongside other factors) to remain in school (retention and attendance) after attaining puberty
- The presence of nodal female teachers trained in MHH and/or adolescent health may create a conducive environment for information and education on MHH, and to inculcate healthy practices during this critical development window
- MHH education in schools can be an entry point for other interventions on comprehensive sexuality education, life skills, gender-based violence, female genital mutilation, early marriage

Supporting resources:

- UNICEF (2018). [WASH in Schools Global Baseline 2018](#)
- Columbia University (Gender, Adolescent Transitions and Environment) [MHM in Ten](#)
- Sommer, M., Caruso, B.A., Torondel, B. et al. [Menstrual hygiene management in schools: midway progress update on the "MHM in Ten" 2014–2024 global agenda](#). Health Res Policy Sys 19, 1 (2021). <https://doi.org/10.1186/s12961-020-00669-8>
- House S, Mahon T, and Cavill S (2012). [Menstrual Hygiene Matters](#)

Achieve gender equality and empower all women and girls (SDG 5) & MHH

Incorporate attention to MHH into programs addressing gender inequalities, including (but not restricted to) girl's education, early marriage, gender-based violence, and female genital mutilation

Relevant targets:

SDG 5.1: End all forms of discrimination against all women and girls everywhere

SDG 5.6: Ensure universal access to sexual and reproductive health and rights in accordance with the Program of Action of the International Conference on Population and Development, and the Beijing Platform for Action, and the outcome documents of their review conferences

Rationale for interlinkage:

- Inequitable gender norms and associated stigma and discrimination can affect the health and wellbeing (including mental wellbeing, and experience of gender-based violence) of people who menstruate, and affect their participation in school, work, and social activities, and activities of daily life
- Bodily autonomy (i.e., girls and women able have information, resources and support to make informed decisions regarding their SRH and health care access) is an important component of gender equity
- When schools, workplaces, communities, households, public spaces have services and facilities that enable menstruation to managed with dignity, safety, privacy, and comfort, they may contribute to efforts to challenge discriminatory gender norms and reduce experiences of stigma and gender inequitable social and physical environments
- Engaging influencers and gatekeepers in educational institutions, places of work, health care facilities, communities, and homes (such as teachers and school administration, employers, religions leaders, health care providers, men and boys, mothers and fathers) is important to increase their awareness and understanding of menstruation, reduce stigma and discrimination, enhance their support, and bring about long-lasting improvements in MHH among those who menstruate
- A gender equality lens for MHH may also be needed for those who face additional challenges resulting from their sexual orientation, disability, occupation, religion, or social status
- Action on MHH may also be a pathway to address discriminatory, restrictive, or negative gender norms. A gender equality lens in other areas (health and wellbeing, education, water, and sanitation) may facilitate further action on MHH

Supporting resources:

- FSG (2021) [Advancing gender equity by improving menstrual health](#)
- UN Women [Towards gender equality through sanitation access](#)
- World Economic Forum [Global Gender Gap Report 2022](#)
- Inga Winkler's [talk](#) on human rights in the menstrual movement
- Winkler, I. T. (2021). [Menstruation and Human Rights: Can We Move Beyond Instrumentalization, Tokenism, and Reductionism?](#). *Columbia Journal of Gender and Law*, 41(1), 244–51. <https://doi.org/10.52214/cjgl.v41i1.8842>

Ensure availability and sustainable management of water and sanitation for all (SDG 6) & MHH

Incorporate attention to MHH in WASH services in communities, educational institutions, places of work, health care facilities, and public areas (in terms of infrastructure, awareness generation and capacity building)

Relevant target:

SDG 6.2: By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations

Rationale for interlinkages:

- Safe, private, accessible, functional water, sanitation, hygiene (WASH) facilities in homes, communities, educational institutions, worksites, public spaces, health care facilities may enable menstruation to be managed safely, hygienically, and with dignity
- Because of the access to MHH responsive WASH facilities, there may be a reduced risk of reproductive tract and urogenital infections, gender-based violence, discomfort, shame and discrimination that people who menstruate may experience when they lack access to such services. Further, responsive WASH services may help reduce some of the barriers that girls and women face in attending educational institutions, participating in the workforce, and their mobility in general
- Responsive WASH facilities that incorporate attention to MHH may help reduce risks and vulnerabilities, to some extent, for individuals and communities who are already marginalized or vulnerable (e.g., transgender men, people facing humanitarian crises/emergencies)
- Access to sufficient clean water is critical for people who menstruate to maintain personal hygiene (wash their hands, bodies, bathing), wash their clothes and menstrual materials (cloth pads, menstrual cups), and for flushing toilets after use
- Disposal and management of menstrual waste may affect menstrual hygiene practices negatively (e.g., lack of disposal facilities may result in unsafe disposal or unsafe use of a menstrual product for a long duration) or positively (presence of onsite waste management solutions in schools allows for discrete disposal of waste, and may therefore support menstrual hygiene practice of regular changing of pads)
- Inappropriate, unsafe, or absent waste disposal and management solutions may affect the environment. Poorly constructed burning chambers or incinerators that do not meet emission standards can release toxins into the surrounding environment. Disposable pads thrown in toilets may clog toilets and sewerage systems
- The health, wellbeing and dignity of sanitation workers/waste workers/cleaners who clean sanitation facilities may be compromised when they have to deal with menstrual waste (and other waste) without any protective gear or equipment

Supporting resources:

- UNICEF (2018). [WASH in Schools Global Baseline 2018](#)
- WaterAid, Water Sanitation for the Urban Poor, UNICEF (2018) [Female Friendly Toilet Guide](#)
- Columbia University. [Menstruation & emergencies](#) and [disposal and laundering in emergencies](#)
- Elledge MF, Muralidharan A, Parker A, Ravndal KT, Siddiqui M, Toolaram AP, Woodward KP. [Menstrual Hygiene Management and Waste Disposal in Low and Middle Income Countries-A Review of the Literature](#). Int J Environ Res Public Health. 2018 Nov 15;15(11):2562. doi: 10.3390/ijerph15112562. PMID: 30445767; PMCID: PMC6266558.

Monitoring indicators for MHH

Validated indicators to measure and monitor MHH are needed to assess progress made on MHH, and can potentially contribute to other monitoring processes for relevant SDGs related to health, education, WASH, and gender equity. A group of MHH experts from Columbia University, the Burnet Institute, Emory University, Liverpool School of Tropical Medicine, London School of Hygiene and Tropical Medicine, Save the Children, and WaterAid initiated a collaborative effort in partnership with monitoring and measurement experts globally and at country level. Relevant resources on MHH validated MHH indicators by this group are available [here](#).

Table 2 presents the 21 MHH indicators for adolescent girls in schools and highlights associated SDGs. This can help countries identify existing or future monitoring platforms and tools related to those SDGs that can be adapted to incorporate MHH indicators.

Table 2: Priority list of MHH indicators for adolescent girls in schools and relevant SDGs

MHH Domains	Priority indicators	Relevant SDG
Products	% girls who reported having enough menstrual materials during their last menstrual period	SDG 3 SDG 5
	% schools with menstrual materials available to girls in case of emergency	SDG 3 SDG 4 SDG 5
WASH	% of girls who reported changing their menstrual materials during their last period when at school	SDG 4 SDG 5
	% of girls who changed their menstrual materials at school in a space that was clean, private and safe during their last menstrual period	SDG 4 SDG 5
	% schools with improved sanitation facilities that are single-sex and usable, lockable from the inside, have covered disposal bins, and have discrete disposal mechanisms, at the time of the survey	SDG 6 SDG 4
	% of schools (primary/secondary) that have water and soap available in a private space for girls to manage menstruation	SDG 6 SDG 4
Knowledge	% of students (male and female) who ever received education about menstruation in primary and secondary school	SDG 3 SDG 4 SDG 5
	% of females who knew about menstruation prior to menarche	SDG 3 SDG 5
	% of females with correct knowledge of the fertile period during the ovulatory cycle	SDG 3 SDG 5
	% of schools where education about menstruation is provided for students from age 9	SDG 4 SDG 5

	Existence for pre-service or in-service teacher training about menstruation at the primary or secondary level	SDG 4
	% of schools that have at least one teacher trained to education primary/secondary students about menstruation	SDG 4
Discomfort and disorders	% of girls who report that they were able to reduce their menstrual pain when they needed to during their last menstrual period	SDG 3 SDG 5
	% of girls who would feel comfortable seeking help for menstrual problems from a health care provider	SDG 3 SDG 5
Supportive social environments	% of girls who have someone they feel comfortable asking for support (advice, resources, emotional support) regarding menstruation	SDG 5
Menstrual health impacts	% of girls who report a menstrual period does not impact their day	SDG 3 SDG 5
	% of girls whose class participation was not impacted by their last menstrual period	SDG 4 SDG 5
Policy	% of countries where national policy mandates education about menstruation at the primary and secondary level	SDG 4