Report

WaterAid

Menstrual hygiene in South Asia

A neglected issue for WASH (water, sanitation and hygiene) programmes

A WaterAid report

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Front cover image: WaterAid/Marco Betti

“I enjoy coming to school now. I felt odd to come earlier because of the toilet problems; I felt embarrassed.”
Hari Kala Acharya, 14, Pokhara, Nepal.

Menstrual hygiene in South Asia

A neglected issue for WASH (water, sanitation and hygiene) programmes

In total, women spend around six to seven years of their lives menstruating. A key priority for women and girls is to have the necessary knowledge, facilities and cultural environment to manage menstruation hygienically, and with dignity. Yet the importance of menstrual hygiene management is mostly neglected by development practitioners within the WASH (water, sanitation and hygiene) sector, and other related sectors such as reproductive health. This article explores the reasons why menstrual hygiene management is not generally included in WASH initiatives, the social and health impacts of this neglect on women and girls, and provides examples of successful approaches to tackling menstrual hygiene in WASH in the South Asia region.

Key words: gender, water, sanitation, hygiene, menstrual hygiene, South Asia

The WASH sector and development

Having access to sufficient quantities of safe water, access to a private and clean place to defecate, living in an environment free from human excreta and other harmful waste, and being able to behave hygienically, are basic requirements essential for health and dignity for all. In development sectors, water, sanitation and hygiene are often brought together under the term WASH.

These three broad areas are clearly interlinked; for example, without effective sanitation water sources may be at risk of microbiological contamination; many sanitation systems rely on water for flushing, cleaning and transporting human waste; and without improved hygiene behaviours, such as hand-washing after defecation and before eating, the health benefits of access to sanitation will be negated. The WASH sector comprises a diverse range of approaches, including (but not limited to) water supply, water treatment, household and community sanitation, school water and sanitation, solid waste management, sewerage, and hygiene promotion.

The links between access to water and sanitation and achieving development goals for environmental sustainability, health, education, poverty reduction and gender equality have been established (WaterAid 2007). Yet the WASH sector is neglected by donor and developing country governments, in relation to other sectors. For instance, although global aid for health and education has been progressively increasing the proportion of aid being allocated to WASH has decreased. In 1997, water and sanitation received 10 per cent of aid that was allocated to specific sectors, but by

2007 it had fallen to 7 per cent. Conversely, the share for the health sector rose from 10 per cent to 17 per cent over that time (WaterAid and Tearfund 2008).

Although the burden of poor health, time spent fetching water, and lack of privacy for defecation and personal hygiene is disproportionately borne by women and girls, they are often excluded from participating meaningfully in decision-making and management of WASH programmes. Even when approaches are implemented to address gender inequalities, deeply-embedded power relations persist. The female vice-chair of a water and sanitation committee in Nepal stated, 'Though this project taught us about gender issues and the empowerment of both women and men, the male members of the committee do not listen to us women, give us the chance to do economic activities, [or make] any kinds of decisions." (WaterAid in Nepal 2009b, 22). This means that women and girls' needs may not be met by WASH interventions and within the sector certain issues are even more neglected. One critical area is menstrual hygiene and management which is absent from much of the discourse, policy and practice in WASH and other relevant sectors such as reproductive health, education and gender mainstreaming (Bharadwaj and Patkar 2004).

Menstrual hygiene in relation to WASH

In order for women and girls to live healthy, productive and dignified lives, it is essential that they are able to manage menstrual bleeding effectively. This requires access to appropriate water, sanitation and hygiene services, including clean water for washing cloths used to absorb menstrual blood and having a place to dry them, having somewhere private to change cloths or disposable sanitary pads, facilities to dispose of used cloths and pads, and access to information to understand the menstrual cycle and how to manage menstruation hygienically. As well as addressing practical needs like this, it is also necessary to promote better awareness amongst women and men to overcome the embarrassment, cultural practices and taboos around menstruation that impact negatively on women and girls' lives, and reinforce gender inequities and exclusion.

The breadth of neglect of menstrual hygiene is summarised by Archana Patkar and Sowmyaa Bharadwaj (2004), in a review of the WASH sector based on literature and interviews with 85 water and sanitation professionals worldwide. In all but a few pilot initiatives, menstrual hygiene management is absent from programmes for community water and sanitation, school sanitation, and hygiene promotion. It is not incorporated into infrastructure design for toilets and environmental waste disposal or policies, training manuals or guidelines, including those for health workers, engineers and gender mainstreaming. Whilst sanitation and hygiene programmes have successfully promoted affordable production and supply of soap and toilet construction materials, for poor communities, the availability of affordable sanitary pads has not been considered.

For example, in India, the Government's Total Sanitation Campaign (TSC) is a national programme to ensure access to improved sanitation. In its guidelines the TSC has

recognised the need for the programme to incorporate hygiene promotion, provide women's sanitary complexes (community facilities with latrines and bathing facilities), and construct girls' toilets at schools. However, as yet it gives no attention to providing menstrual hygiene services.

Lack of knowledge, awareness and information

Archana Patkar and Sowmyaa Bharadwaj's findings can be further supported by exploring prevailing knowledge, attitudes and practices around menstruation in the context of South Asia. A number of studies show that whilst the majority of girls are aware of menstruation before menarche (their first menstrual period), a significant number are not, and most girls do not fully understand the physical process of menstruation. A survey of 160 girls in West Bengal (Dasgupta and Sarkar 2008) found that 67.5 per cent were aware about menstruation prior to menarche, but 97.5 per cent did not know the source of menstrual bleeding. In Nepal, 92 per cent of 204 adolescent girls surveyed had heard about menstruation, but the majority of respondents reported that they were not prepared in any way for their first period (WaterAid in Nepal 2009a). A common belief amongst Gujjar girls (a semi-nomadic tribal group in Jammu and Kashmir) was that menstruation was the removal of bad blood from the body necessary to prevent infection (Dhingra, Kumar and Kour 2009).

The majority of girls learn about menstruation from their mothers, sisters and girl friends (Dasguptar and Sarkar 2008; WaterAid in Nepal 2009a; Dhingra, Kumar and Kour 2009). The evidence from these few studies suggests that in South Asia formal education about reproductive health is very limited. Teachers were given as a source of information on menstruation only in the Nepal study, and this was by one fifth of the respondents. Focus group discussions with girls revealed that teachers generally avoided teaching reproductive health. One girl reported that her teacher had said, 'This topic need not be taught, you can self-study at home. It's like knowing to go to toilet with slippers/shoes' (WaterAid in Nepal 2009a, 6). The girls in this study also reported that the information they received was mainly regarding use of cloth, the practice of rituals, the concept of (cultural) pollution, and cautions about behaviour towards men and boys. (The extent and impact of cultural taboos around menstruation is discussed further below.) Very little information was shared regarding the physiological process involved.

Lack of access to products and facilities

The awareness of practices and access to facilities needed to maintain good hygiene during menstruation were generally found to be lacking. In Bangladesh, India and Nepal the majority of women in rural areas use reusable cloths to absorb menstrual blood. In Bangladesh these are usually torn from old saris and known as 'nekra' (Ahmed and Yesmin 2008).

In order to kill harmful bacteria that can cause infection cloths should be washed with soap and dried in sunlight. Lack of facilities, including safe water and clean, private

toilets (1), coupled with the taboos and embarrassment associated with menstruation, mean that many women and girls do not have anywhere to change their cloths and are not always able to wash themselves regularly. Many are unable to wash their cloths adequately and have nowhere to dry them hygienically, instead they must find secretive, dark places to hide their cloths (Ahmed and Yesmin 2008; Dasgupta and Sarkar 2009; Dhingra, Kumar and Kour 2009).

In the West Bengal study only 11.25 per cent of girls used disposable sanitary pads with availability and affordability being stated as the key obstacle to more widespread use (Dasgupta and Sarkar 2008). In Nepal use of sanitary pads was higher among girls in urban schools (50 per cent in contrast to 19 per cent in rural schools). The survey showed girls' reasons for not using sanitary pads included lack of awareness about them (41 per cent), high cost (39 per cent), the fact that they were not easily available (33 per cent), and lack of disposal facilities (24 per cent). Focus group discussions suggested that girls would prefer to use disposable pads as they were more comfortable, less smelly, and easier to use and carry (WaterAid in Nepal 2009a).

A cycle of neglect

Menstrual hygiene is a taboo subject; a topic that many women in South Asia are uncomfortable discussing in public. This is compounded by gender inequality, which excludes women and girls from decision-making processes. For example, a study by WaterAid in Nepal has shown that although significant efforts have been made to enable women to participate meaningfully in the management of community WASH projects, this has not led to real involvement in decision-making processes. Representation on management committees, training and job opportunities for women have helped to increase their confidence, visibility and status to a degree. Yet, low literacy levels and numeracy skills, lack of confidence and social norms were found to be critical barriers to women's involvement, and require long-term strategies to overcome. Perceptions of gender continue to limit women's potential to engage. For example, men perceive that women are uneducated, and cannot contribute to meetings and decision- making. This perception inhibits women; as one Magar woman observed, 'We are illiterate, so we hesitate to speak at meetings' (WaterAid in Nepal 2009b, 26).

There is a cyclical causal relationship between the neglect of menstrual hygiene within development initiatives for WASH, and low levels of awareness amongst communities, practitioners and policymakers, which needs to be broken. The negative effects of this neglect are far-ranging on the lives of girls and women, and on the achievement of wider development goals.

Social exclusion: taboos and rituals

The taboos and rituals surrounding menstruation in South Asia exclude women and girls from aspects of social and cultural life. For example, in Hinduism, notions of purity and pollution determine the basis of the caste system, and are central to Hindu culture, including gender relations. Bodily excretions are considered to be polluting, as are human bodies in the process of producing them. All women, regardless of their social caste, incur pollution through the bodily processes of menstruation and childbirth. There are two main ways to achieve purity: by avoiding contact with pollutants, or purifying oneself to remove or absorb the pollution. Water is the most common medium of purification. The protection of water sources from such pollution, particularly running water, which is the physical manifestation of Hindu deities, is therefore a key concern (Joshi and Fawcett, 2001).

In the Nepal study (WaterAid in Nepal 2009a), 89 per cent of respondents practiced some form of restriction or exclusion during menstruation. Table 1 shows the restrictions practiced by the girls in the Nepal (ibid.) and West Bengal (Dasgupta and Sarkar 2008) studies. The concept of pollution was strongly associated with menstruation and was described by one girl in Nepal:

> *'A woman is ritually impure during menstruation and anyone or anything she touches becomes impure as well. It is usually the mothers who enforce these restrictions.'*
> (WaterAid in Nepal 2009a, 10).

Another girl reported that, due to the 'polluting touch', during winter she is not provided with sufficient warm clothes during menstruation, as the clothes would become polluted.

Table 1

Restriction	% (Nepal)	% (W. Bengal)
None	10.8	15
Don't attend religious function	67.6	70.6
Don't go to school	3.4	16.2
Don't cook	46.1	
Don't do household work	20.6	33.8
Don't touch males	23.5	
Don't play	9.8	42.6
Don't eat certain foods	13.2	50
Sleep separately	28.4	

Sources: **WaterAid in Nepal** (2009a) *Is Menstrual Hygiene And Management An Issue For Adolescent Girls? A Comparative Study Of Four Schools In Different Settings Of Nepal*, WaterAid in Nepal; **Dasgupta, A. and M. Sarkar** (2008) 'Menstrual hygiene: how hygienic is the adolescent girl?', *Indian Journal of Community Medicine* 33(2): 77-80

Another commonly-reported taboo that was shared by Nepalese and Gujjar girls was that it was forbidden to look at your reflection during menstruation (WaterAid in Nepal 2009a; Dhingra, Kumar and Kour 2009). In Gujjar communities, this belief is also associated with a prohibition on using water sources. In this study, 98 per cent of girls believed that no regular bath should be taken during menstruation, and 91 per cent reported staying away from flowing water. In another survey by WaterAid in India, it was also reported that 20 per cent of women interviewed, who had access to toilets, refrained from using them during their periods, partly due to fear of staining the toilet (Fernandes 2008). These findings highlight that although managing menstruation requires access to water and sanitation facilities, the cultural beliefs and embarrassment that surround it results in the perverse situation that those who do have access are sometimes excluded from using available facilities.

Assessing the impact

Impact on girls' education

One major concern is the impact of cultural practices and lack of services for menstrual hygiene management on girls' access to education. A study in South India reported that half the girls attending school were withdrawn by their parents once they reached menarche, mostly to be married. This was either because menstruation was regarded as a sign of readiness for marriage, or because of the shame and danger associated with being an unmarried pubescent girl (Caldwell, Reddy and Caldwell 2005, cited in Ten 2007).

Even when girls are not completely withdrawn from school, menstruation affects attendance for many. Over half of the respondents in the Nepal study reported being absent from school at some time, due to menstruation. Lack of privacy for cleaning and washing was the main reason given, (41 per cent), with other key factors being the lack of availability of disposal system and water supply.

In focus group discussions in one study, many girls revealed that when they did attend school during menstruation they often performed poorly, due to the worry that boys would realise their condition (WaterAid in Nepal 2009a). Similar findings were reported by a survey undertaken by WaterAid in India, in which 28 per cent of students reported not attending school during menstruation, due to lack of facilities. Many mentioned that fear of staining on their clothes caused them stress and depression (Fernandes 2008).

There is no comprehensive data on coverage of water and sanitation facilities in schools in Bangladesh, India and Nepal, but what evidence there is suggests the majority are inadequately serviced. A study of 4,300 primary schools by UNICEF and the Government of Bangladesh found that 47 per cent had no functioning water source, 53 per cent did not have separate latrines for girls, and on average the schools had one latrine serving 152 pupils (Nahar and Ahmed 2006). Only 42 per cent of the girls in the Nepal study had access to a toilet with adequate privacy at school,

and some of the girls highlighted the problems they faced at school due to the lack of facilities.

> *'In our school, there is no water facility in the toilet – it is so difficult..., sometimes I have to miss school. The water supply is outside the bathroom. There is only one tap. We have to carry water to the toilet'*
> (WaterAid in Nepal 2009a, 12)
>
> *'Some days we bleed heavily and we need to change cloths at least two or three times during school hours. There is no place to change and dispose the cloth – there is a question of putting used cloth in our pockets. So we just bunk classes when we have to change cloths.'*
> (Ibid.)

Impact on health

Many of the studies discussed above suggest clear links between poor menstrual hygiene (that is, re-using cloths that have not been adequately cleaned and dried, and not being able to wash regularly), and urinary or reproductive tract infections and other illnesses. However, it is not clear that this is supported by sound medical analysis. It is therefore difficult to prove causality in the majority of studies reporting a connection. However, anecdotal evidence does support a connection. For example, respondents in a survey by WaterAid in Bangladesh reported health problems such as vaginal scabies, abnormal discharge, and urinary infections, and associated these with menstrual hygiene (Ahmed and Yesmin 2008). This highlights a need for robust scientific research, in order to better understand the impact of poor menstrual hygiene on health.

Impact on development goals

The cumulative effects of ignoring menstrual hygiene and management (on social exclusion, access to water, sanitation and hygiene services, education and health) discussed above may affect the achievement of the development goals which governments, donors and agencies have committed through the Millennium Development Goals (Ten 2007).

Given the potential of a focus on menstrual hygiene to support the achievement of global targets, it is essential that development professionals and their agencies incorporate this issue into their work. This also requires fostering greater links between the relevant sectors, including WASH, health and education.

The following case study of WaterAid in India shows how menstrual hygiene can be incorporated by WASH sector agencies, and highlights the experiences, successes and challenges faced.

Case study: WaterAid in India

WaterAid has been working in India since 1986, supporting communities, in partnership with local organisations, to access water, sanitation and hygiene. Hygienic management of menstruation is a challenge for women in India, raising serious health concerns. However, until 2007, the hygiene promotion programme did not specifically address women's hygiene issues. Despite women and adolescent girls being a target group, the programme did not address the issues related to poor menstrual hygiene.

The information given here documents the first hand experiences of WaterAid India's programme team.

Breaking the silence: first steps

In January 2007, during a project visit to a village in Sehore district of Madhya Pradesh State, an adolescent girl told WaterAid staff that her mother did not allow her to use the household's toilet during menstruation, because she is impure. During another visit to a village in Sheopur district, a woman casually mentioned in discussion that during menstruation she has used the same set of cloths for the last four years. These two small incidents brought to light another dimension of hygiene, and WaterAid realised that this is an area which has to be addressed, to ensure that girls develop with dignity, and that young and adult women have necessary facilities to address their female needs.

Tackling menstrual practices proved to be a more difficult task for the frontline workers and project planners as discussion on this, even with women, is culturally prohibited among many communities. To improve understanding, a workshop was organised for women field workers. Resource persons were identified (despite the difficulty in finding people with appropriate experience), to brief the participants on the science of menstruation and essentials of hygiene that need to be followed by women and girls. The participants also identified the need for a detailed study of practices associated with menstruation.

Subsequently WaterAid's regional team in Bhopal, India, collaborated with NGO partners to carry out an assessment of beliefs and behaviour, and the diseases related to poor menstrual hygiene which are prevalent in the region. The study additionally aimed to assess the level of knowledge of these issues among women and girls, and to find out what facilities are available to them. The study included women and girls living in 53 slums and 159 villages across the three states of Madhya Pradesh, Chhattisgarh, and Uttar Pradesh. A total of 2,579 rural and urban poor women and girl students were selected, using a random sampling method. Of these, 686 were students, and 1,893 were adult women and girls not attending school.

Around 14 per cent of women reported suffering from menstrual infections, including white discharge (leucorrhoea), itching/burning, ovaries swelling, and frequent urination. For the absorption of menstrual blood, around 89 per cent of respondents reported that they used cloth, 2 per cent used cotton wool, 7 per cent used sanitary

pads, and 2 per cent used ash. Some respondents used paper, whilst others menstruated on the clothes they wore. It was found that among some tribes, women who have their periods spend their days in a cowshed. Of those women who used cloth as an absorbent; over half of them used the same cloth for more than a month. A majority of respondents cited high cost and non-availability as prime reasons for not using sanitary pads. Around 63 per cent of respondents had access to a toilet, although 20 per cent of them did not use the toilet during their menstrual cycle. The main reasons stated for not using a toilet were fear of staining the toilet, non-availability of disposal facilities, and no space in toilets for storing cloths.

The survey found that 41 per cent of respondents had no information, and were either completely unaware about menstruation or did not have any knowledge about the purpose of menstruation as a biological process prior to its onset. Interestingly, only 16 respondents out of a total of 686 students had received information at school. It was observed that of the women and girls who were aware of menstruation prior to menarche, most had got the information from their friends and mothers; only 2 per cent and 1 per cent of respondents had received information from their teachers or schools, and books, respectively. While both the print and visual media are full of advertisements for sanitary pads, rural communities still struggle for basic information on the menstrual cycle. Of a total of 2,579 respondents, 36 per cent were illiterate, and 64 literate. The survey found that there is hardly any correlation between literacy and considering menstruation taboo. These findings showed that menstrual hygiene is a neglected subject in schools, and that peer groups and mothers also require information, and must be targeted.

This study triggered discussion within WaterAid and local NGO partners about addressing menstrual hygiene and its neglect in hygiene promotion programmes. Even amongst NGO staff, a culture of silence around menstruation meant that in open forums it was termed as women's hygiene, rather than menstrual hygiene.

Taking up the issue has not been easy. Local NGOs who had worked for more than twenty to twenty-five years with rural communities felt that initiating discussion on menstrual hygiene would disturb women's privacy. They also expressed fear that they would be rejected by the communities, because menstruation is more deeply associated with religious and cultural taboos than hygiene. The majority of the NGOs are headed by men, so this also made it difficult to convey the importance of the issue. A first orientation workshop was held with field level women workers, to assess the practices followed during menstruation. The female staff, who also had faced challenges in the management of their menstruation, shared their experiences at an NGO partners' meeting and this triggered the first step to break the silence and to take initiative on this issue.

A strategy was developed to reach out to the women by first developing an understanding of women NGO workers' experiences, and drawing on these to develop them as master trainers. At the community level, meetings of women's self-help groups were identified as a platform for raising the issue of menstrual hygiene, because individual discussion was largely rejected by some members of the

community. They felt fear of spoiling their wives, daughters or daughter-in-laws, who would be cursed by the Goddess if they failed to follow cultural practices based on the concept of women's impurity during menstruation. As one NGO worker reported,

> *'More than young women, men and elderly women were against to have discussion on menstruation. One old woman also stoned me while having discussion with her daughter-in-law.'*
> (Archana Saxsena, Project Coordinator, Parhit Samaj Sevi Sanstha, Datia, Madhya Pradesh)

In self-help groups, a few women expressed the view that menstruation was an issue for their sense of their own dignity and health, and until now no one had discussed it with them. They themselves had not felt it important to share their experiences of exclusion, embarrassment and health problems associated with menstruation. Once a few women leaders came forward to share their personal experiences, others became motivated to address this issue.
As a result of these first steps, a major breakthrough among the participating NGOs was a decision to take up this issue formally, as menstrual hygiene, and to include this in activities undertaken within the community, without any inhibition or hesitation. Hygiene promoters have taken the initiative of educating members of women's self-help groups to 'know about self': that is, to help them discover themselves. This process seemed to 'open up' even the most silent women, bringing clarity, and exposing the myths and misconceptions around menstruation. Presenting women with simple facts on menstruation, and easy solutions (such as how to produce low-cost sanitary pads) created further demand from communities to expand menstrual hygiene promotion activities.

Integrating Menstrual Hygiene Promotion in WASH

WaterAid has now incorporated menstrual hygiene within the India Country Programme at various levels, targeting different groups. Key target groups are girls and women as users of services; and boys and men for awareness-raising; NGOs and other WASH agencies, and health and education service providers (including government departments), to replicate approaches.

The major components of WaterAid in India's programme for menstrual hygiene are; developing IEC (Information, Education and Communication) and training materials and providing training to deliver menstrual hygiene programmes; including menstrual hygiene as an integral part of education and awareness generation activities, establishing different types of groups and hygiene clubs, including those for adolescent girls, as a forum for menstrual hygiene promotion; promoting access to affordable sanitary napkins; demonstrating appropriate design of sanitation facilities for effective menstrual hygiene management; and advocacy for wider awareness and replication of menstrual hygiene approaches.

IEC tools and approaches

More open discussion on menstrual hygiene amongst different groups (women, adolescent girls, boys, NGO workers etc.) has been made possible by providing simple IEC tools like picture cards showing how woman spend menstrual days, explanation of the menstrual cycle, and methods to encourage women to share real-life stories. Establishing different forums and clubs for women and men of different ages enables cultural barriers to be overcome and this taboo subject to be tackled more easily.

Promoting the availability of low cost sanitary pads

A key success of the programme has been improved availability and affordability of sanitary pads. In project areas, increased awareness led to greater demand for sanitary napkins, which in turn has triggered the local vendors to supply affordable pads to women. In Jabalpur, Bhopal and Gwalior cities, sanitary pads were made available at community toilets and also self help groups were trained to produce low cost pads. Due to the availability of pads, and regular discussion of hygienic practices during menstruation, women and adolescent girls changed their practice of using old sets of cloth to sanitary pads. Within a period of six months it was found that local shops which had not previously stocked pads are now offering a variety.
Women in 50 interior villages of Chhattisgarh State have also now learned how to produce disposable cloth pads.

Above: Women making sanitary pads in Chhattisgarh State

Left: Adolescent girls of Patelpali village have produced sanitary napkins

Adapting infrastructure

At schools, WaterAid India has supported and influenced district governments to provide separate latrines for girls and boys in schools and to ensure water supply is also available. Disposal units with incinerators have been attached to the girls' toilets and in community sanitation blocks to take care of used pads.

Above: The incinerator at the Government School of Bhopal

Above: A teacher explaining the use of the incinerator to students

For the purpose of demonstration girl/women friendly toilets have been constructed in 32 schools of Madhya Pradesh and Chattishgarh states and eight community toilets in four cities of Madhya Pradesh. This influenced six Municipal Corporations and District Administrations (Raigarh, Raipur, Rajnandgaon, Morena, Sheopur, Datia) to accept the designs. In the four cities, the Municipal Corporations have constructed ten more community toilets in each city using the design given to engineers which includes availability of sanitary napkins at the toilets and an incinerator for disposal.

At the community level sanitary pits have also been promoted for the safe disposal of soiled cloth and napkins. In Chattisgarh for example, burning menstrual waste is not acceptable and the majority of women use cloth therefore the sanitary pit is more widely accepted. Nearly 100 families have constructed sanitary pits at their house either attached to the bathroom/toilet or in the backyard.

Challenges and opportunities for scaling up

Whilst efforts have been made to include men and adolescent boys as part of the programme it is an even greater challenge to reach them to participate in meetings and to discuss the issue of menstrual hygiene. This is seen as a critical gap to influence cultural attitudes towards gender and exclusion associated with menstruation; and to influence the choices made by men in their roles related to WASH and other service provision. For example, girls shared they are teased by boys if they get stomach ache or stains on their clothes during menstruation. Men are often key to decision making that affects the provision of menstrual hygiene services, for example as headmasters of schools, or as heads of families responsible for the decision to build a family latrine. Therefore sensitising men to the importance of the issue is equally important. Different approaches need to be developed to successfully integrate men into the programme.

There is also a need to find alternative and more appropriate technological option for the safe disposal of sanitary napkins. The use of incinerators is not environmentally sustainable and may be unsafe in schools with young children.

Continuous efforts are in process to include menstrual hygiene promotion in government programmes. Committed NGOs have plans to train government officials and school teachers, and to demonstrate menstrual waste disposal facilities. WaterAid India has extended support to government departments - in the districts where WaterAid and its partner organisations are working - to train government officials and *Anganwadi* (primary school) workers on menstrual hygiene management. Further support needs to be provided, to ensure that primary health workers are adequately trained to promote menstrual hygiene practices as a preventative measure, and to advise on and treat menstrual problems. Sanitation markets and stores are being encouraged to employ female sales staff as well as stocking low-cost sanitary pads, so that women and girls feel comfortable to buy them.

Advocacy efforts have been made WaterAid and FANSA (Freshwater Action Network South Asia) to highlight the issue of menstrual hygiene in national, regional and international forums, including the South Asian Conference on Sanitation (SACOSAN).

This is a high-level ministerial and WASH sector meeting. Through lobbying and awareness-raising, menstrual hygiene has been recognised by ministers in the SACOSAN declaration as an area to which governments need to pay more attention. Continued pressure needs to be maintained to ensure that practical measures are taken forward at different levels to realise this commitment. For example, a common policy is needed to ensure addressing menstrual hygiene issues is mandatory in all school hygiene education and promotion activities, especially in rural secondary schools.

Conclusion

Women require access to WASH services to manage menstruation hygienically, yet this has been largely neglected by the WASH sector in development. In South Asia, the burden of this neglect is borne by millions of women and girls who are denied their rights to gender equality, education, access to water and sanitation, health and a life of dignity. As a consequence, governments' commitments to achieving national and international development goals will not be met.

Lack of awareness of development practitioners, policy-makers and communities about the problem, and appropriate solutions, has meant that menstrual hygiene is not prioritised in either the supply of and demand for WASH services. This failure to prioritise the issue is compounded by deeply entrenched gender inequalities and cultural perceptions and beliefs. Women's lack of meaningful participation in decision-making and management of development programmes, and the cultural taboos and practices surrounding menstruation in South Asia create a critical obstacle to implementing practical solutions. This requires longer-term strategies to bring about cultural change.

Within the WASH sector, a few organisations and agencies have demonstrated successful approaches to menstrual hygiene and management. The first step is often to break the silence on discussing this issue within the organisation itself. Incorporating menstrual hygiene within the WASH sector involves raising awareness, hygiene education and promotion, the provision of affordable and accessible products and facilities, waste management, and the integration of these approaches into mainstream policies and programmes.

To be effective, though, there is also a need to tackle gender inequalities through female empowerment, confronting the gendered perceptions and beliefs about roles and responsibilities (particularly in relation to water, sanitation and hygiene) held by both women and men, and challenging cultural and religious practices. WASH programmes are largely focused on shorter-term interventions, which limits the possibility for cultural change. It is therefore essential to work collaboratively with others, including social activists, gender specialists and the health and education sectors.

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Endnotes

(1) Water and sanitation coverage data respectively are 80 per cent and 36 per cent for Bangladesh, 89 per cent and 28 per cent for India and 89 per cent and 27 per cent for Nepal (Unicef and World Health Organisation 2008).

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WaterAid transforms lives by improving access to safe water, hygiene and sanitation in the world's poorest communities. We work with partners and influence decision-makers to maximise our impact.

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