

A TOUGH PERIOD



HOW THE GLOBAL POLYCRISIS IS CREATING A
HIDDEN MENSTRUAL HEALTH CRISIS, IMPACTING
THE ABILITY OF YOUNG PEOPLE TO MANAGE THEIR
PERIODS SAFELY AND WITH DIGNITY

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INTRODUCTION

The world is in the midst of the largest cost of living crisis of the 21st century. The rising costs of food, energy, healthcare and accommodation have hit individuals, families and communities, pushing many into difficult decisions. For some, this means prioritising necessities over luxuries. For countless others, this means choosing between necessities – including menstrual hygiene products.

In over one-third of countries globally, the cost of living crisis has been exacerbated by conflict, political instability, climate change and acute food insecurity, culminating in a so-called “poly-crisis” and forcing almost 350 million people to flee from their homes.¹ For adolescent girls, young women and others who menstruate, the resulting loss of security and reduced access to water, income-generating opportunities, education, healthcare and other essential services compounds, and is compounded by, a hidden menstrual health crisis.

Menstruation is a healthy, natural and essential part of the human reproductive system. But it is not a choice. It is a bodily function that approximately half of the population –

adolescent girls, along with transgender boys and non-binary adolescents who menstruate – experiences, an average of once per month, for around 40 years of their lives.

Drawing on data from 168 specialists across 44 country offices and four regional hubs, this report explores the impacts of the poly-crisis on the ability of adolescent girls and others who menstruate to pay for menstrual hygiene products (such as sanitary pads) and to access water to stay clean during their periods; their coping strategies; and the range of protection risks that poor menstrual health management is exposing them to.

It highlights the urgent need for the right to safe and dignified menstrual health and hygiene management to be made explicit and to be placed at the heart of humanitarian policy, practice and funding. Adolescent girls are referred to throughout this report, however Plan International acknowledges the experiences and rights of all people who menstruate, regardless of their sexual orientation, gender identity or expression, or sex characteristics.

Girls show off the reusable sanitary pads they have made at training workshop in Mali.



Access to **good quality, affordable menstrual health products**; to **water to stay clean** during their periods; and to **safe, private latrines** to change (and either dispose of, or wash and dry,) menstrual health products are essential for a life of human dignity and the realisation of the equal and inalienable human rights that every human being has by virtue of their inherent dignity.²

For adolescent girls, lack of access can result in a range of human rights violations, including:

1. The right to health: Lack of menstrual health products and water to stay clean during their periods can severely compromise the health of adolescent girls, leading to lower reproductive tract and urinary infections, which in turn can result in future infertility and birth complications. (UDHR, art.25; CRC, art.24)

2. The right to water: Without sufficient, safe, acceptable and physically accessible and affordable water, women and girls often walk long distances through insecure territory to find water – exposing them sexual and gender-based violence – or forego their menstrual health in order to conserve resources, including water. (CRC, art.24; CEDAW, art.14)

3. The right to participate in public life: Many adolescent girls are housebound during their periods, socially isolated due to lack of menstrual health products and/or menstruation-related infections caused by lack of access to clean water. (UDHR, arts.21 and 27)

4. The right to education: Lack of menstrual health products and/or menstruation-related infections caused by lack of access to clean water are among the leading

causes of school absenteeism and drop-out. For those who are able to continue attending school, drop-out remains a high risk due to inadequate water and sanitation amenities at educational facilities. (UDHR, art.26; CRC, art.28)

5. The rights to protection and freedom from slavery: In many cultures, the onset of menstruation signifies a girl's readiness for marriage and sexual activity. Without menstrual health products, periods become more visible to heads of households, increasing the risks of child, early and forced marriage. The prohibitive cost of menstrual health products is also a key driver of sexual exploitation in exchange for money to pay for menstrual health products, as adolescent girls need to manage their periods in order to attend school or engage in employment. (UDHR, art.4; CRC arts.19 and 34)

6. The right to non-discrimination and gender-equality: Menstruation-related social stigma and the unique barriers that adolescent girls face in accessing their rights to education, employment, health, protection and participation in public life exemplify and reinforce negative social norms and discriminatory practices. (UDHR, art.2; CRC, art.2)

THE POLYCRISIS

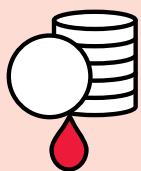
Conflict, climate change and the cost of living crisis are interrelated, mutually reinforcing and – both individually and collectively – the biggest drivers of food insecurity.³ Currently, more than 70% of people experiencing severe hunger live in areas affected by war and violence.⁴ Meanwhile, climate damage has devastated crops and livelihoods, undermining people's ability to feed themselves.⁵ In 2022, internationally-led humanitarian responses were activated in 12 of the 15 countries most vulnerable to the climate crisis.⁶

Russia's invasion of Ukraine has compounded the socioeconomic effects of the COVID-19 pandemic and disrupted supply lines, further driving up food prices and pushing more people into acute food insecurity. [The 2023 Global Report on Food Crises](#) revealed that 258 million people in 58 countries or territories faced crisis levels (or worse) of acute food insecurity in 2022. The UN predicts that this will increase to 345 million people – more than double the 2020 figure – throughout 2023.⁷

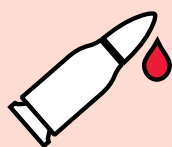
Plan International's data confirms the mutually reinforcing nature of the polycrisis. Asked which aspects of the polycrisis best described the contexts in which they were working, 75% of experts chose two or more responses. Although cost of living (indicated by 84% of respondents) emerged as the most frequently cited aspect, the strongest correlations were found between climate damage and cost of living (indicated by 94% of respondents) and between cost of living and hunger (indicated by 92% of respondents). Meanwhile, 66% of respondents indicated a correlation between climate damage and hunger.

Ethiopia, for example, is currently experiencing conflict in the northern region of Tigray; severe drought and food insecurity in the southern regions of Oromia and Somali regions and the north-western region of Afar; and a cost of living crisis throughout the country.

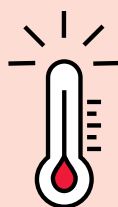
Aspects of the polycrisis having the biggest impact on the countries included in this research:



84%
**COST OF
LIVING**



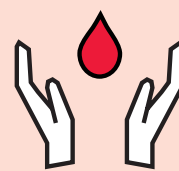
60%
CONFLICT



52%
**CLIMATE
CHANGE**



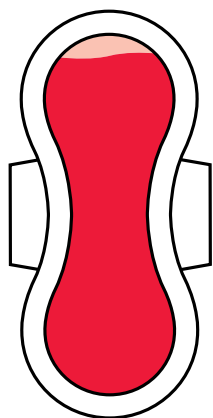
58%
HUNGER



5.5%
OTHER
(social inequality,
political instability,
corruption,
narco-trafficking)



How the polycrisis has impacted ability to pay for menstrual health products



96.3%

SAID COMPARED TO BEFORE THE CURRENT POLYCRISIS, THEY ARE FINDING IT HARDER TO PAY FOR MENSTRUAL HEALTH PRODUCTS.



Impacts of HUNGER

“Rising inflation makes menstrual health products unaffordable for a lot of women and girls, and in a society of large-scale food insecurity and conflict, finding access to food and shelter outweighs other important needs like access to menstrual health products. Especially as menstrual health is seen as an issue of just women and girls, it is not seen as everybody's problem. This leaves a lot of women and girls dreading their menstrual periods and having to make do with unhygienic or uncomfortable solutions to handle their periods.” Gender and Protection Officer, Nigeria



Impacts of COST OF LIVING

“High costs living has impacted the ability of girls and young women to access menstruation products. It is particularly a problem in the rural area.” Sexual and Reproductive Health Project Manager, Timor-Leste

“Most girls are unable to afford pads, because it is very expensive. Girls in conflict-affected areas are further affected because they don't even have access to menstrual health management information or products.” Monitoring and Evaluation Manager, Nigeria

“Interviews with girls in the countries where we operate in Western and Central Africa revealed that the needs of households are prioritised to meet so-called vital needs such as food, shelter, health and water, while menstrual health is not included in this prioritisation.” Gender Advisor, Cameroon

“The higher cost of living makes it difficult for individuals and families to afford basic necessities, including menstrual products. This can lead to a rise in period poverty, where people who menstruate lack access to menstrual products due to financial constraints. It has also made it harder for people to access healthcare services related to menstrual health and hygiene.” Knowledge Management Officer, Philippines



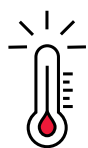
Impacts of CONFLICT

Conflict and displacement can make accessing menstrual products and information challenging, as many humanitarian organisations may not prioritise menstrual health in their programming. Also, accessing safe and private spaces to manage menstruation can be difficult, leading to potential health and safety risks.” Knowledge Management Officer, Philippines

“Many adolescent girls and young women are highly affected by conflict. They are displaced and have no access to basic needs as well as health services, so it is difficult for them to properly manage menses. Therefore, providing dignity kits is very crucial. These also serve as an entry point to work with women and girls to identify gender-based violence and sexual and reproductive health risks, as well as to provide prevention and response support.” Inclusion Specialist, Ethiopia

“My country, Myanmar, has a military coup and ongoing conflict, and the situation is getting worse and worse. Increasing commodity prices, limited access or lack of electricity, limited access or lack of clean water, and the condition of internally displaced people because of conflict all contribute to the difficult access to menstrual health products and ability to stay clean during their periods.” Sexual and Reproductive Health expert, Myanmar

“The conflict in Liberia has led to over 50 per cent of adolescent girls and young women who menstruate not having access to sanitary pads. They use a piece of cloth. When they don't have access to clean water and soap to properly wash the cloth, this can lead to infections.” Project Manager, Girls' Leadership Project, Liberia



Impacts of CLIMATE DAMAGE

“Cyclone Freddy and previous cyclones like Idai and Kenneth in 2019 caused displacement of people from their homes. Adolescent girls were equally displaced, hence lost their property including menstrual pads and underwear. The displacement also means their privacy is limited, water sources are either far away or used by a lot of people, bathing utensils are limited.” Child Protection Manager, Malawi

“My community is dependent on rain fed agriculture for their livelihoods. However, due to climate damage, there has been poor harvest leading to low or no income. This in turn has increased poverty levels, reducing access to menstrual pads and soap, affecting girls’ menstrual health.” Gender and Sexual and Reproductive Health expert, Thailand

“Climate change is having a significant impact on access to menstrual products, especially in island provinces in the Philippines as they experience natural disasters, which can disrupt supply chains and infrastructure, making it challenging to get products to those in need. Frequent natural disasters can also deplete government resources and affect the delivery of menstrual health programs.” Knowledge Management Officer, Philippines

“As a result of the climate damage, farmers have lost their harvest. This has caused food insecurity and impacted their ability to pay for menstruation products.” Sexual and Reproductive Health Project Manager, Timor-Leste

“We currently have a climate crisis in the country, with landslides that isolate the population and makes it difficult to access menstrual hygiene products.” Project Facilitator, Peru

15-year-old Hamda, from Somalia, had her first period when she was 12, and says it was a shocking experience. “I had no clue what it was and didn’t expect it.”

“

Only girls who can afford to buy sanitary pads could go to school and pursue their education. The rest have no such opportunity. They have to stay at home, even if they have to sit for an examination, they cannot do that unless they have sanitary pads.”

Worke, 14, Ethiopia.

HELPING GIRLS DISPLACED BY CONFLICT IN TIGRAY LIVE WITH DIGNITY

In Ethiopia's Tigray region, almost 2 million people were displaced as a result of conflict between November 2020 and 2022, including 14-year-old Worke, who has been living in a camp in North Gondar, Amhara Region for the past seven months with her older brother and sister.

When fighting broke out between Ethiopia's national defence forces and Eritrean troops on one side, and fighters from the Tigray People's Liberation Front, Worke and her family fled in fear of their lives with only the clothes they were wearing.

Life in the camp is hard with little privacy and overcrowded conditions. Food is scarce, rations are irregular and inadequate, and managing menstrual health is another challenge. Without any money, Worke is unable to buy the essential items she needs, including soap, menstrual health supplies, and basic clothing items, which are needed to maintain her personal health and dignity.

When Worke first arrived in the camp she received a dignity kit, but the 30 sanitary pads included have now run out. *“I have no more pads now. I don't know what to do. Maybe I will tear my old clothes into pieces in order to use them as pads. When I was in Tigray, I was able to buy the pads,”* Worke explains. *“Since there is no money now, I cannot buy them. The amount of money I used to spend on pads before could buy me a kilogram of onions here.”*

Menstruation is a taboo subject among girls and women in the camp, many of whom know little about their own bodies and have never received any education on their sexual and reproductive health and rights. Many people also believe that when a girl starts her period it means she is old enough to get married.

“Since there is no gender education in the area where I used to live, when a girl starts her period, she feels shame and humiliation. Only girls who can afford to buy

sanitary pads could go to school and pursue their education. The rest have no such opportunity. They have to stay at home, even if they have to sit for an examination, they cannot do that unless they have sanitary pads.”

Worke says that she and her friends have often had humiliating experiences when on their periods. *“If a menstruating girl sits on a bench and leaves a blood mark on it, no one will sit on it again. Also, once a girl has started her period, she is no longer able to meet up with her friends as she used to before.”*

Plan International is working in camps in Tigray, Amhara and Afar regions to improve the living conditions for children and their families and address child protection concerns. We have provided thousands of girls with dignity kits to help them manage their periods. Each kit contains basic hygiene supplies such as soap, detergent bars, and menstrual health materials such as sanitary

pads, underwear and other essential items.

Dignity kits not only protect girls from potential health problems but also improve their psychosocial and physical well-being. While living in overcrowded conditions and deprived from income-generating activities, the kits help displaced women and girls regain a sense of dignity and normality.

And for girls like Worke, dignity kits containing menstrual health products, soap and underwear are just as vital as other necessities: *“At present, girls who are living in the shelters need to be provided with sanitary pads alongside food.”*



Menstrual hygiene kits ready for distribution in Zambia.

How girls are coping with reduced ability to access menstrual health products

Unable to afford menstrual health products, adolescent girls are resorting to a variety of coping strategies, from fashioning pads out of makeshift materials to more extreme measures, with some being sexually exploited in exchange for menstrual health products.

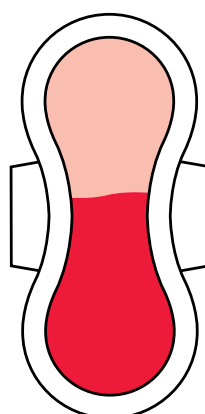
In lieu of menstrual health products like sanitary pads, 51.6% reported that women and girls are using makeshift materials, such as used clothing, towels, old cloth, cottonwool and rags, while they are menstruating. One Inclusion Specialist from Ethiopia shared, “they are forced to use their clothes as makeshift reusable material with minimum cleaning.”

Almost two-thirds (62%) of respondents reported that women are switching to reusable menstrual health products to save money. In some instances, this includes making their own reusable pads using local materials. One Water, Sanitation and Hygiene expert from Indonesia reported that mothers have begun making reusable pads for themselves so that they can afford to buy disposable pads for their daughters, which makes it easier for them to continue their education while menstruating.

While reusable products provide an economical and environmentally friendly alternative to expensive single use menstrual health products, they require privacy for washing and drying – including in schools, if girls are to continue their educations. Moreover, in contexts where access to water is limited, maintaining the cleanliness of reusable products becomes an issue. A gender consultant in Malawi reported

that “girls and women who menstruate use any available rag to cater for their periods, which predisposes them to candida and other infections.” The health risks are even higher for girls who have been subjected to female genital mutilation and cutting (FGM/C), as obstruction of the vaginal opening can result in a build-up of menstrual blood in the vagina and uterus, along with painful and irregular periods ([World Health Organization](#)). Poor menstrual hygiene can lead to a range of serious health risks, including reproductive and urinary tract infections that can cause birth complications and infertility ([The World Bank](#)).

The provision of dignity kits containing menstrual health products, soap and underwear is common in humanitarian and community development settings, and 45.2% of respondents reported that girls are relying on dignity kits or donated menstrual health products in their countries. Menstrual health products are particularly hard to access in conflict settings. According to one respondent, girls in conflict-affected areas have only two options:



51.6%

REPORTED THAT WOMEN AND GIRLS ARE USING MAKESHIFT MATERIALS, WHILE THEY ARE MENSTRUATING.

“they use old cloth to cut and fold as a sanitary pad or sometimes during conflict they have let it run through their legs.”

Where menstrual health products are not available, the likelihood of negative coping strategies increases. A Gender-Based Violence and Sexual and Reproductive Health Programme Manager from Lebanon noted: *“The deterioration of the economic situation in the country, coupled with the increasing cost of living and the high costs of the menstrual products, has negatively impacted the access of adolescent girls and young women to menstrual products and forced them to resort to negative practices.”*

In cases where women don't have the resources to manage their periods, experts report that some are *“staying away from school, markets and other public spaces during their menses”* – essentially withdrawing from society. Another Sexual and Reproductive Health Officer, from South Sudan, reported incidences of adolescent girls and young women intentionally falling pregnant as a way of avoiding menstruation and its associated costs – at least for the duration of the pregnancy and breast-feeding.

22.9%

reported that girls are being sexually exploited to pay for menstrual health products

Almost one-quarter of experts (22.9%) reported that adolescent girls are being sexually exploited in exchange for money to pay for menstrual health products – an activity which is not only dangerous in and of itself but can also lead to and exacerbate other risk factors, such as sexually transmitted infections and unwanted pregnancies. A Sexual and Reproductive Health Advisor from Kenya cited the prohibitive cost of menstrual health products and an inability to access them through schools as factors: *“Menstrual health materials have become so unaffordable for girls, and because of the drought, many girls have been forced to stay away from school and don't have access to the menstrual health products that are provided by the government. So now we are seeing more negative coping mechanisms like exploitative sex, leading to high rates of teenage pregnancy.”*

An FGM survivor, 19-year-old Barwaaqe tells us that, like many other girls, she was left traumatised by her experience. “I will never forget that moment and it always comes into your mind. It also caused the irregular periods that I always get.”

Problem

SCARCITY AND DESPERATION DRIVING SEXUAL EXPLOITATION IN CAMEROON

In the two English-speaking regions of Cameroon most affected by the protracted conflict, adolescent girls face increased risks when it comes to managing their menstrual health. Many businesses have shut down, driving up costs and unemployment rates, leaving many families struggling to get by.

Prior to the conflict, families were better equipped to support girls' menstrual health needs, with most able to provide disposable sanitary napkins. Now, however, priority is given to food. This concurrence of factors has driven the sexual exploitation of girls for money to pay for pads, soap and underwear. This is especially the case in child-headed households, where it is already common for adolescent girls to be sexually exploited for money to pay for the basic necessities of their younger siblings. While this is a high-risk coping strategy in and of itself, it also increases the likelihood of early pregnancy and contraction of sexually transmitted infections (STIs).

- **Now, however, priority**
- **is given to food. This**
- **concurrence of factors**
- **has driven the sexual**
- **exploitation of girls for**
- **money to pay for pads,**
- **soap and underwear.**

In conflict-affected regions, sexual and gender-based violence by armed groups is common, making the journey to collect water even more treacherous, and impeding girls' ability to maintain cleanliness during their period.

Fewer than 50% of schools are operating and an inability to manage menstruation is leading to high dropouts. With widespread school closures, girls are not only missing out on their education; they are also missing the protection that school provides, putting them at greater risk of child, early and forced marriage. In some cases, the high cost of menstrual health products is another reason for families with daughters to turn to marriage as a coping strategy, easing their financial burden.

In 2022, Plan International partnered with the United Nations Population Fund (UNFPA) – a UN agency aimed at improving reproductive and maternal health worldwide – to provide adolescent girls in Cameroon's northwest with dignity kits. Targeting survivors of gender-based violence, the girls were provided with soap, underwear and reusable sanitary pads developed by a local NGO. However, few donors consider girls' sexual and reproductive health a priority. If we are serious about protecting girls in these conflict-affected areas from gender-based violence, from child marriage, from sexual exploitation, we need to support them with menstrual health products, and partner with local government and community actors to distribute menstrual health products free of charge. We are really calling on donors to help us.

Adapted from a Maternal Sexual and Reproductive Health Expert for Plan International, Cameroon

Solutions

LOCAL SOLUTIONS FOR GIRLS, BY GIRLS IN ETHIOPIA

In the Amhara region in northern Ethiopia, a group of adolescent girls taking part in one of Plan International's sexual and reproductive health and rights clubs received training about menstrual health. But there was a major problem: they could not afford to buy disposable pads.

So, they came up with a creative idea. They asked Plan International for sewing machines so they could make reusable pads for themselves. They also asked for support from Plan International to be linked up with local kiosks to sell the extra reusable pads. Plan International provided the sewing machines, and the connections to local kiosks, and the girls began making the reusable pads. The girls also began to sell the extra pads, which generated income for themselves and their families.

Plan International is now conducting an assessment to see if they can scale up this initiative from the host community to also support internally displaced girls. Severe drought, floods and conflict have left an estimated 4.6 million people internally displaced within Ethiopia, of whom 27% are girls.⁸ By expanding this initiative, more internally displaced girls and women could benefit from increased production, self-use and income.

This is a powerful example of adolescent girls and young women taking matters into their own hands and coming up with an innovative solution to a pressing problem. It shows that with the right support and resources, local communities can create positive change from the ground up.

Adapted from a Sexual and Reproductive Health Expert for Plan International, Ethiopia

REVOLUTIONISING MENSTRUAL HEALTH: GIRLS TAKE CHARGE WITH A DIGITAL APP

In the Philippines, a group of girls, supported by Plan International, have made the world's first period tracker app for girls, by girls. The app is called Oky, and it provides information about menstruation in a fun, and creative, way. These girls saw a need to combat the shame and lack of knowledge surrounding periods and created the app to empower girls to take control of their bodies.

But this project is more than just an app. It's a groundbreaking collaboration between Plan International and the Department of Education. Together, they're integrating Department of Education programs such as water, sanitation and hygiene in schools and making reusable pads programs into the app. Promoting sustainability and addressing the lack of menstrual products is particularly important in regions like the Bangsamoro Autonomous Region of Muslim Mindanao, where access to menstrual products can be limited.

As plans for offline campaigns and partnerships continue to develop, Oky Philippines proves the power of youth-led innovation and the potential for collaboration between national agencies and grassroots organizations to create meaningful change.

Story adapted from a Sexual and Reproductive Health Expert in the Philippines for Plan International



Sofiana, 13, Haiti, carries water collected from river an hour from her home

How the polycrisis has impacted access to water to stay clean while menstruating

Access to a clean, safe and conveniently located water source is essential when it comes to the proper management of menstrual health, however 81% of respondents reported that the polycrisis has adversely affected the ability of adolescent girls to access water to stay clean during their periods.

Depending on a country's context, water supply can be limited for several reasons. In drought- and conflict-stricken countries like Somalia, six failed rainy seasons have led to a scarcity of water - one of the key drivers of the country's hunger crisis, and a major factor when it comes to the availability of water for menstrual health management. Just over half of experts (57.4%) reported that communities' usual water sources have dried up, while others report greater rationing of water due to lack of rain, with one Gender and Inclusion Advisor

from Guinea calling water *"a scarce commodity in the dry season"*.

When water is scarce, households often prioritise the limited supply they do have for general use (drinking, cooking, washing) and 53.2% of experts cited this as another reason adolescent girls have trouble accessing water for menstrual health.

In some locations, climate-related flooding has impacted water quality with 38.3% citing local water pollution as one of the reasons adolescent girls are experiencing difficulties finding water to stay clean during their periods. One expert from Peru reported *"Climate damage has generated intense rains with overflow of the river, contaminating the water they use for cleaning"*.

A lack of infrastructure further exacerbates challenges in accessing water for menstrual health, with one respondent from Colombia reporting:

“The neighbourhoods, settlements, sectors where many of these girls live do not even have an aqueduct network that guarantees that they will have access to drinking water.” A Project Facilitator from Peru agreed, *“Homes or schools do not have a connection to the public water and drainage network, which makes hygiene difficult”*. Another expert working in Thailand and Myanmar shared further insight, acknowledging the difference a filtration system could make for girls living in areas without potable water for hygiene purposes: *“During rainy season, the water is muddy, and people don't have filtration systems or knowledge of how to build simple filtering systems for family consumption”*.

Cost is also an issue, with some cities charging fees for access to public toilets and drinking water. A Technical Advisor from Colombia stated that *“The use of public toilets with access to clean water in cities is not free and they are difficult to access for adolescent girls and young women in vulnerable situations”*. Meanwhile, an increase in the price of water transportation is making access to water even more difficult: *“This year, it has rained less so there is more rationing of clean water that reaches homes, and the price of the tanker truck has increased,”* shared a Gender Specialist from Honduras.

Access to water is limited for displaced persons and persons on the move during forced migration. Water is particularly scarce in informal tented settlements where water must be distributed amongst many people, and for those fleeing conflict. *“In the event that they are in displacement camps, there is scramble for water,”* said one respondent from Malawi.

Safety is another concern, cited by almost three-quarters of experts. According to 73% of respondents, longer journeys to find water exposes adolescent girls and young women to a range of external risks, from abduction to sexual assault, as does a deterioration of the local security situation, which 48% agree makes it unsafe for adolescent girls and young women to collect water. One Gender and Inclusion Advisor from Guinea noted incidences of *“kidnapping on the roads of the forest while girls are in search of water”*.

“

This year, it has rained less so there is more rationing of clean water that reaches homes, and the price of the tanker truck has increased”



Mulki, 26, on her way to distribute dignity kits to displaced girls.

PERIODS DON'T STOP IN EMERGENCIES: MANAGING MENSTRUATION DURING DROUGHT

Extreme drought conditions in Somalia are posing particular challenges for women and girls. Locating clean water is becoming harder each day and the deepening poverty levels and lack of proximity to health facilities means that many are unable to access essential health services, including reproductive and menstrual.

Thousands of families who have lost their livelihoods have moved to internally displaced persons (IDP) camps in search of food, water and other basic services.

26-year-old Mulki works for Plan International as a community volunteer in Togdheer region, Somaliland. She tells us about the impact the drought has had on girls' menstrual health, and her work in the community teaching girls about periods and hygiene.

"If people don't have basic needs like food and water, it affects their entire life," shares Mulki. *"When people don't have enough water to use on a daily basis, there is a chance that their hygiene levels drop. In some instances, we provide reusable menstrual health kits. But if there isn't water, they end up throwing them away. If they can't clean their kits, they won't be able to use it again."*

And according to Mulki, being unable to maintain the cleanliness of reusable menstrual

health products has its own health risks, both short term and long term. *"That affects girls' health directly because they can develop... any disease caused by infection. We've seen girls go to hospital. But sometimes they don't have the money to go to hospital, get drugs and explain their issue to a doctor, which has an impact on their lives."*

Mulki has also seen the impact that a lack of access to water can have on girls' education. *"She might drop out due to sickness related to her period, or her dignity might be endangered, and she may not be able to continue with her studies. We see a lot of cases of this."*

Together with Plan International, Mulki is working with displaced women and girls to raise awareness around menstrual health education and reduce stigma, and, despite difficulties accessing water in IDP camps, Mulki is still a huge advocate for the provision of dignity kits. *"If they are used correctly, dignity kits can help girls continue with their studies,"* she says. *"It's possible they were using poor quality products before, so dignity kits can help to improve girls' lifestyles and hygiene, and with it their chances of staying in education."*

How poor menstrual health is increasing protection risks

Due to existing gender inequalities, girls and young women are disproportionately impacted in times of conflict, crisis and instability. Managing menstruation under difficult circumstances brings with it another layer of risk and disadvantage for these groups, and those with intersecting identities face even greater risks and challenges in visibility and in accessing menstrual health products and water to stay clean during their periods. According to a Country Programme Manager for Health and Nutrition from Philippines, *“Lesbian and transgender people, indigenous people and girls with disabilities are not being seen.”*

44.5%

said they face an increased risk of domestic, family and intimate partner violence and are more likely to be subjected to social stigma during menstruation

Poor menstrual health and the stigmas associated with menstruation impacts adolescent girls' ability to actively participate in daily life. Just under half of respondents (44.5%) said they face an increased risk of domestic, family and intimate partner violence and are more likely to be subjected

to social stigma during menstruation, with two-thirds (67.7%) citing this as a risk. One Communications Specialist from Peru shared *“In my country there are many prejudices and myths about menstruation, which harms the menstrual experience of girls.”*

This stigma is also hindering girls' and women's knowledge around menstruation and their awareness of alternative and potentially more economical menstrual health products, simply because discussing menstruation and its management is considered taboo in many countries. An expert from Peru shared *“The menstrual cup or absorbent panties are still unknown to many women and girls living in poverty, and if we talk about the cup there is still a lot of stigma about this menstrual product, since it is thought that when you put it in you will lose your virginity.”*

Another respondent from Uganda shared how stigma, shame and bullying are also causing girls to withdraw from society completely when they are menstruating, impacting their access to education, work and other opportunities: *“Our community still struggles greatly with negative social norms and myths that increase stigma. Worst of all, its most promoted by elderly women. This has increased drop out of girls from schools and limited participation of women in meaningful economic activities.”*

Two-thirds of respondents (67%) attributed difficulties accessing menstrual products as a contributing factor to increased child, early and forced marriage. In many contexts, the onset of menstruation is a sign of a

girl's readiness for marriage and sexual activity. When girls have the means to manage their periods, they are less visible to heads of households. A Sexual and Reproductive Health expert from Philippines stated that when girls are unable to afford menstrual health products, they are more vulnerable to "cultural practices that harm the adolescent girl... they need to keep their menstruation a secret in order not to be married at early age."

Over half of respondents, (53%) said that difficulties accessing menstrual products and water to stay clean during their periods had caused more adolescent girls to isolate themselves during their menses.

According to 68.3% of respondents, school dropout and absenteeism had also increased due to girls' difficulties in accessing menstrual health products, further increasing their risks of child, early and forced marriage, against which education often acts as a protective factor. School dropouts and absenteeism are not only due to a lack of access to menstrual health products like pads, but also a lack of pain management, with one respondent from Nicaragua stating, *"The associated symptoms and the medications that young women use to relieve menstrual cramps are not accessible and many times they simply interrupt their routine due to severe pain."*

It is not just a question of local access, affordability and supply of menstrual health products – one respondent from Colombia also placed the onus on governments: *"There is no public policy that allows free access to these elements that are necessary. Often the health system is unaware that menstrual health is an important and relevant issue. They sell us the idea that everything related to menstruation*

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Our community still struggles greatly with negative social norms and myths that increase stigma. Worst of all, it's most promoted by elderly women. This has increased drop out of girls from schools and limited participation of women in meaningful economic activities."

should be assumed as something dirty, to hide and that the pain is "normal"."

A Policy, Research and Advocacy Manager from Nigeria echoed this point: *"There has been limited attention to and provision for menstrual health by the government, which has resulted in a lack of access to adequate menstrual health facilities for adolescent girls and young women. This has negatively impacted girls' uptake of education and other self-development opportunities, especially during their periods. The high level of menstrual poverty arising from the polycrisis has also made girls and women more vulnerable to different forms of exploitation."*

The findings suggest that poor menstrual health goes hand in hand with poor general health, with 49.4% of respondents reporting an increase in lower reproductive tract infections among girls who cannot safely manage their periods.



Mary, 18, has learnt a lot about menstruation at the youth-friendly corner in Zambia.

CREATING SAFE SPACES FOR MENSTRUAL HEALTH EDUCATION

Menstrual health is a major challenge for girls in Zambia. The transition into reproductive age for some girls is often met with fear and anxiety due to a lack of knowledge about menstruation and awareness about the changes that are occurring in their bodies.

“I was 14 years old when I got my first period,” shares 18-year-old Mary. “I was coming from the market and didn’t know what it was. I called my friends so that they could explain to me what had happened.”

School-aged girls in marginalised communities face the largest barriers to menstrual health, as many schools do not have the necessary facilities, supplies, knowledge, and understanding to appropriately support girls during menstruation. And this, coupled with inadequate water and sanitation, makes menstrual hygiene almost impossible to maintain, causing stress and embarrassment for female students, impacting their education and ability to stay in school.

“I stay at home from school about three days a month during my period. I try to use my friends’ notebooks to catch up, so I don’t miss too much of school,” explains Mary, adding, “Water is a challenge. We don’t have access to water in our home. Sometimes I can use our neighbours’ tap. Otherwise, for three to four days a week, I need to walk 15 minutes to the nearest well. It is very hard to maintain good hygiene.”

Plan International’s Generation Change! programme is working in Zambia to achieve greater gender equality and provide access

to sexual and reproductive health services for young people, particularly girls. School-based children’s clubs and youth-friendly corners at a number of health facilities have been established across the country, staffed by young people and health practitioners trained in youth-friendly health care and counselling.

Here, young people can freely access reproductive health information and services, including menstrual health management, and engage in conversations about sexual reproductive health, sexual violence, harmful practices like female genital mutilating and cutting (FGM/C) as well as the risks associated with early marriage, early pregnancy and sexually transmitted infections.

“A friend introduced me to the youth-friendly corner, and I’ve learnt so much about menstrual health, and teenage pregnancy. I have also introduced two friends to the club. We do fun activities like sports and have lessons which are so helpful.”

Children’s clubs have also been set up at schools, where girls can discuss any problems or concerns that they may have and share their experiences in a safe and welcoming environment. They are led by teachers who have received training to better understand the issues that their student’s face.

Girls also learn how to demand their rights, including their right to have control over their own bodies and their right to education. Most of all, the girls learn that they can create a better future for themselves.

RECOMMENDATIONS

“Menstruation is not seen from a perspective of rights and dignity. And this limits access to menstrual information, to diverse products, to being treated free of stigma and stereotypes. It is important that we expand from seeing menstruation beyond hygiene and that the idea that it is something dirty and instead start talking about menstruation and the human body from a rights-based approach. Let's integrate the feminist approach into menstrual education, because girls, women and people who menstruate have the right to live their menstruation with dignity and respect.”
Gender Equality Advisor, Canada.

Recognise and respect menstrual health as a universal human right

Menstrual health must be recognised and respected as a non-negotiable human right. All development and humanitarian actors should take all possible measures to ensure that adolescent girls are able to realise their right to a dignified menstruation. Menstrual

health is a right in and of itself but also critical to achieving humanitarian objectives in other sectors and human rights such as health, education, nutrition, livelihoods and protection.

This requires ensuring universal access to good-quality, affordable, culturally and contextually appropriate menstrual health products, along with safe access to water and soap to stay clean during their periods. Menstrual health also goes beyond the distribution of menstrual health products. It includes combatting period-related stigma and discrimination and the dissemination of knowledge that supports menstrual health – such as pain management and nutritional needs.

It is critical to take an intersectional lens, ensuring that all adolescent girls, regardless of their sexual orientation, gender identity or expression or sex characteristics, and including those with disabilities, are visible and have equal access.

Rinku started her first period while she was at school. When she got home her mother told her it was a disease, and she mustn't leave the house.

Now 25, Rinku is married and lives in the same village with her two children and in-laws, but she is no longer fearful of the taboo surrounding her periods.



Prioritise investments in safe, inclusive water, sanitation and hygiene services and facilities

One of the most effective strategies to support access to good menstrual health, especially in resource-constrained settings, is investing in core public health infrastructure, including water and sanitation systems. Good water, sanitation and hygiene facilities and waste management practices, consistently applied in households, communities, health centres, schools and other institutions and public spaces are essential in promoting the health and dignity of adolescent girls.

Safe access to water to stay clean during periods is a necessity and a human right. Where water is scarce, or polluted, the menstrual health of adolescent girls cannot and should not be seen as optional. The immediate and long-term health risks, especially for those who have undergone FGM/C, are too great and violate universally agreed human rights. Nor should girls need to walk long distances through unsafe areas to access water in order to maintain their menstrual health. Access to water must be sufficient, safe, acceptable, physically accessible and affordable for all adolescent girls to meet their menstrual health needs.

Provide menstrual health products free of charge

Adolescent girls and young women should have access to affordable menstrual health products in times of crisis. Humanitarian actors should provide these free of charge through menstrual health kit or item distributions, or enable access through cash and voucher assistance.

Supplying adolescent girls and young women with dignity kits can, when combined with other interventions, limit their exposure to sexual and gender-based violence and decrease the risk of negative coping strategies such as sexual exploitation in the context of selling or exchanging sex and child marriage, by reducing dependency on others to access

basic supplies. The provision of essential supplies such as menstrual pads, underwear, soap and wash buckets in dignity kits can help enable women and girls to use their limited resources to purchase other critical items, such as food.

The choice of menstrual health products, along with other menstrual health or dignity kit items, should be informed by consultations with girls to meet their needs and preferences, along with options for safe and private washing and drying or disposal. Distributions should be managed by age-appropriate female staff or community workers and accompanied by information on menstrual health management, including support for de-stigmatising periods.

Governments can also reduce school absenteeism and dropout by providing free sanitary pads in schools and health clinics, along with safe and dignified water and sanitation facilities for girls to change their menstrual health products.

Innovative solutions are required for adolescent girls living in remote, hard-to-reach areas.

Integrate menstrual health as a cross-cutting priority across all sectors

Menstrual health and hygiene management must be integrated across sector responses, particularly in humanitarian responses.

For example, livelihoods can be improved by procuring items locally, prioritising women- and girl-owned and operated small businesses. Supporting adolescent girls and young women to access livelihoods opportunities to strengthen their economic empowerment enables them to make purchase menstrual products that would otherwise not be prioritised when resources are scarce.

Actors can also provide adolescent girls and young women with materials such as cloth, thread, padding and sewing machines to make reusable menstrual pads as an education tool and for their own use.



Sarah, 13, knows more about her rights after joining the children's club at her school and learning about menstruation, puberty and awareness about the changes that are occurring in their bodies.

Both shelter facilities and water, sanitation and hygiene facilities must take into consideration the needs of people who menstruate, including those with physical disabilities. Adolescent girls require more privacy for sanitation than men and boys, especially during their periods. Maintaining safety and dignity is a particular challenge during humanitarian crises, when living conditions are confined. Shelter actors and water, sanitation and hygiene actors must consult with adolescent girls about their preferences, privacy concerns, cultural taboos and experiences of stigma.

Within the education sector, comprehensive sexuality education, including topics about menstruation, reproductive health and pain management, must be integrated into the national school curriculum, out-of-school initiatives and – in emergency settings – temporary learning spaces and life skills programmes. Sexual and reproductive health experts can also partner with the Ministries of Education, Health, Gender and Social Welfare to provide vocational training to girls in school, as well as out-of-school girls, to produce their own reusable menstrual pads. Additionally,

also schools and learning spaces must include access to free menstrual health products along with female-friendly safe, dignified water, sanitation and hygiene facilities – including for female teachers.

Health and nutrition actors must be attuned to the negative health impacts that flow from poor menstrual health, including iron deficiency, increased menstrual pain, lower reproductive tract infections and pregnancy complications, and treat these as serious conditions rather than “a natural part of life” or “women’s issues”. Specialist support may be needed, especially for girls who have undergone female genital mutilation and cutting (FGM/C).

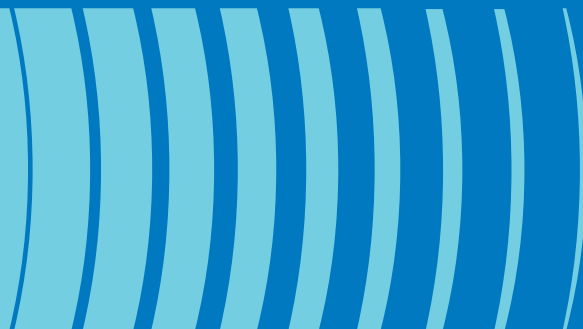
ENDNOTES

1. OCHA: [Global Humanitarian Needs Overview 2023](#) (339 million people across 69 countries)
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4. Food Security Information Network (FSIN) and Global Network Against Food Crises (GNAFC), [Global Report on Food Crises 2023, mid-year update, May 2023](#)
5. WFP: [A global food crisis – 2023: Another year of extreme jeopardy for those already struggling to feed their families](#)
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8. OCHA: Ethiopia Humanitarian Response Plan 2023 <https://reliefweb.int/report/ethiopia/ethiopia-humanitarian-response-plan-2023-february-2023>



The charity for
girls' equality

TOWARDS A BETTER TOMORROW



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