

Re-educating society about menstruation  
through youth work!

# Period Empowerment Handbook

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# About this handbook.



Despite the available sources of menstrual information, research shows that in various countries, many menstruators begin menstruating without knowing anything about it. Thus, providing accurate menstrual information to youth and youth workers is pivotal to reeducating our society about menstrual health and hygiene for menstruators and non-menstruators to acquire menstrual knowledge and attitudes, which are crucial to supportive societies needed for a healthy, dignified management of menstruation.

This handbook has thus been developed to advocate for menstrual health and hygiene, by strengthening the capacity and improving the menstrual knowledge, attitudes, and resources among youth workers operating in the grassroots youth organisations. It is a learning and training manual on planning, designing and delivering menstrual interventions through youth work by non-formal education practices. It therefore has been designed to enhance the menstrual knowledge, skills, attitudes and experiences of youth, youth workers, trainers, or other practitioners involved in menstrual health and hygiene education in the field of youth.

The handbook strongly suggests that, any menstrual health and hygiene awareness programmes should encourage intersectional criticism among young people about how the different persons manage and/or experience menstruation regardless of gender and/or sexual identity, and how gender and social norms, cultures, and beliefs undermine our understanding of menstruation and its purpose. Furthermore, the handbook highlights the importance of combining or linking education on menstruation to sexual and reproductive health and rights education, where the youth workers are able to talk more in an informed, understandable and/or comfortable manner about periods.

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# Introduction

- i. Period Empowerment Network.
- ii. About the Erasmus+ programme.
- iii. Period Empowerment Network's partners.
- iv. Engaging with the targeted groups.



## i. Period Empowerment Network.

The Period Empowerment Network project aims at developing the civic spirit and the skills of the youth workers on raising awareness on menstrual health and hygiene, by training them on creating and implementing menstrual community-based interventions and campaigning strategies as a means to foster menstrual health and hygiene education through youth work.

The project was designed to improve youth knowledge, skills and attitudes about period (menstruation), and increase awareness about the menstruator's body, relationships, sexual practices, sexuality, etc. within the youth community. The goal is to create and launch a Period Empowerment Network to strengthen youth workers capacities through period empowerment, training and advocacy, to address the myths, stigma and taboos surrounding menstruation and periods, by integrating menstrual health and hygiene education in the overall youth work.

Hence, partners are continuously working together to promote the #PeriodTalk, periods messages, tools, resources and policies in the community through:

1. strategic cooperation and mutual learning to develop approaches for strengthening menstrual health knowledge, skills and attitudes of youth workers;
2. creating menstrual health and hygiene pedagogical materials with the tools, resources and methods for youth workers' professional development;
3. developing a handbook with guidelines on menstruation education in youth work with non-formal learning methods and activities to improve and develop the skills of youth.

In this regard, project objectives are to meet youth workers essential training needs in a sustainable manner, to effectively integrate menstrual health and hygiene education in youth work:

1. increase, through training courses professional skills of 96 youth workers in project countries, to effectively integrate menstrual health and hygiene education in youth work;
2. through community forums, stimulate positive period attitudes to address the myth, stigma and taboos surrounding menstruation and periods with 480 young people;
3. through research, identify menstrual health and hygiene learning needs with 120 participants, and develop a handbook to support menstrual health education in youth work;
4. through Period awareness campaigns, develop the capacity and behaviours of 4000 young people to foster menstrual health awareness at an earlier stage in youth lives.

## ii. About the Erasmus+ programme.

Erasmus+ is the EU's programme to support education, training, youth and sport in Europe. Its budget of €14.7 billion provides opportunities for over 4 million Europeans to study, train, gain experience, and volunteer abroad. The aim of Erasmus+ is to contribute to the Europe 2020 strategy for growth, jobs, social equity and inclusion, as well as the aims of ET2020, the EU's strategic framework for education and training.

It further, promotes the sustainable development of its partners in the field of higher education, and contribute to achieving the objectives of the EU Youth Strategy. Specific issues tackled by the programme include:

- Reducing unemployment, especially among young people;
- Promoting adult learning, especially for new skills and skills required by the labour market;
- Encouraging young people to take part in European democracy;
- Supporting innovation, cooperation and reform;
- Reducing early school leaving; and
- Promoting cooperation and mobility with the EU's partner countries.

The European Union is supporting a large number of organizations, youth informal groups and other entities that work specifically in the field of youth and use formal or non-formal education tools. With the initiative and support of The European Commission, there was founded Erasmus+ programme, which supports education, training, youth and sport in Europe, to give millions of Europeans to study, live, volunteer, gain new skills, experiences and competencies abroad.

Erasmus+ comprises of formal educational programmes, like the exchange of students, academics, administrative staff and also non-formal education programs, like youth exchanges, vocational training, European Voluntary Service, Internships and much more. The core idea of the initiative is to create common united European integrated society and support building of European Identity, Create peaceful democratic and tolerant environment.

Erasmus+ has 3 key actions areas, which focus on Mobility, cooperation for innovation and exchange of good practices and support for the policy.

1. **Key Action 1** focuses on mobility of individuals for the purpose of providing different opportunities for personal development, as well as, enhancing the employability by gaining new competences and improving soft and hard skills.
2. **Key Action 2** focuses on the cooperation of the organizations to share the best practices and innovate their tools and methods.
3. **Key Action 3** focuses on Policy reform and tries to support and facilitate modernization and innovation of educational systems.

### iii. Period Empowerment Network's partners.

#### P01. ENSINO E INVESTIGACAO E ADMINISTRACAO SA - PORTUGAL

EIA Atlântica was created in 1996 as an institution of public interest aimed at the creation, transmission and diffusion of science and technology through the articulation of study, teaching, research and experimental development in the areas of Business Sciences, Health, IT and Engineering. It is a private university school in Higher Education of Portuguese System.

#### P02. WYŻSZA SZKOŁA BIZNESU I NAUK O ZDROWIU - POLAND

WSBINOZ is non-public higher education institution in central Poland that offers health-allied and medical-allied studies as well as business and pedagogy faculties. WSBINOZ conducts educational activities to counteract all kinds of discrimination. Educates women to show them the possibilities of overcoming stereotyping and social marginalization.

#### P03. EUROPEAN INSTITUTE FOR LOCAL DEVELOPMENT – GREECE

EILD was founded in 2009 as an independent non-governmental organization whose members are European citizens and organizations interested in supporting regional development activities. The General Committee is formed by local development stakeholders and specialists from various sectors of the civil society and European Member States: academics.

#### P04. ERASMUS MUNDUS STUDENT AND ALUMNI ASSOCIATION - BELGIUM

Erasmus Mundus Student and Alumni Association (EMA) is dedicated to the promotion of internationalization of European Higher Education, increase of the quality of learning mobility programs and constantly advocates for a broad-spectrum of issues such as youth employability, environmental protection and social justice. Its mission is to encourage intercultural dialogue and create change among young people through promoting inclusive learning mobility programs and social justice initiatives.

#### P05. ASOCIACIÓN DE INNOVACIÓN, EMPRENDIMIENTO Y TECNOLOGÍAS - SPAIN

Founded in 2009, INNETICA is a non-profit association whose mission is to promote cooperation between entities across Europe to promote European values in accordance with Article 2 of the Treaty on European Union. Its mission is to promote social innovation projects, in addition to developing educational projects and teaching activities.

#### P06. SPARK - PHILIPPINES

SPARK! Philippines or Samahan ng mga Pilipina para sa Reporma at Kaunlaran (Alliance of Women for Reform and Progress) was established to primarily promote gender and development (GAD) and advance its philosophy through gender mainstreaming by not only integrating gender issues into the mainstream but to transform the mainstream into being more receptive and conducive to GAD goals.

#### P07. HELLO YOUTH – SWEDEN

HeY is an NGO aiming to promote active citizenship and participation of young people in all aspects of society. We encourage young people to participate in European projects as we recognise the immensely powerful way, they can help young people to improve themselves. Several young people make up this organisation from different cultural, economic. We are working with young people to increase their awareness of menstruation particularly to a diverse immigrant and refugee target group.

#### P08. VOLUNTEER ACTION FOR CHANGE KENYA – KENYA

VACK is a development platform established to enhance the process of sustainable service delivery at the local community level. VACK aims to inspire youth in particular to actively participate in the development process through skills development, empowerment and support for the implementation of local initiatives as a result we hope this will help in addressing the socioeconomic challenges experienced.

#### P09. UGANDA YOUTH SKILLS TRAINING ORGANIZATION – UGANDA

UYSTO is a non-government organization which has for the last 10 years of existence registered a remarkable success in equipping over 20,000 young people in and out of school underprivileged youths, and teenage mothers in Uganda, with hands on skills for their everyday life, thus creating a strong movement towards the national need for vocational training skills but also embraces other areas of intervention i.e. care and support to vulnerable young people, environmental conservation and HIV/AIDS and other diseases.

#### P10. DISHA INTERNATIONAL FOUNDATION TRUST – INDIA

DISHA International Foundation is a non-government non-profit organization based in Aurangabad, Maharashtra, India. Well experienced in Erasmus Plus projects and working on several projects currently of EU. We are cooperating with all groups of people in community, but we are focused on work with youth, as India is country with high rate of young people.



## iv. Engaging with the targeted groups.

It is of greatest importance to have a clear picture of the project's target groups. Otherwise, it is not possible to evaluate and monitor the quality, sustainability and effectiveness of result dissemination and exploitation activities. To safeguard that all partners have the same understanding of the project's dissemination objectives, the target groups are defined to ensure that partners are aware of each group's needs and the reason why it is being targeted. Though as the project runs through different phases, we re-assess and reformulate dissemination objectives as we progress .

In the Period Empowerment Network, we are engaging with the following target groups:

- 1. Youth Workers:** they are the main facilitators. Once they are convinced of the need of integrating menstrual health and hygiene awareness in youth work, they can help to implement the results by using them and recommending their use to others.
- 2. Young Learners:** We aim to create period empowerment opportunities for youth in the context of non-formal menstrual health and hygiene education; strengthening thus youth menstrual knowledge and attitudes as means to reduce reluctance towards menstruation.
- 3. Youth Organisations:** partners in integrating menstrual health and hygiene awareness in the overall youth work through non-formal educational practices. Thus, we aim to strengthen and increase their resources, capacity and professionalism to work at international level.
- 4. Community:** We aim to address the global community through menstrual advocacy and policy formulation in schools, universities, public and working places, because it is one of our goals to raise awareness about meeting menstrual hygiene needs of menstruating persons.
- 5. Family:** We aim to address families to raise awareness about the propose of menstruation, and the importance of creating safe environment for period talk and emotional support for young girls at the time they are about to experience their first periods.

Hence, PEN-Project we are engaging with at least five different target groups that need to be contacted through different communication channels. We focus on communication tools and channels like leaflets, handbook, online newsletters and posting to partners pages on social media as well as personal contacts and classic (print-)media and papers.



In this regard, considering a broader dissemination strategy to lay the foundations for later publications and events, it was of greatest importance to start with dissemination activities early in the project, even if they took place on a more general layer, they are ensuring later activities to be successful. Beginning with dissemination at an early stage is important due to following reasons.

1. Awareness is easily raised at the starting point by providing information about the project and expected results, which are the most important aspects for sustainability.
2. The goal and objectives of the project can be outlined on [the project website](#) to provide constant information to the different stakeholders from the beginning of the project, which enables them to follow and understand all processes of the project even much better.
3. To foster exchange of information through social media and online newsletters, we built relationships to other grassroots youth-based organisations that carry out similar activities.

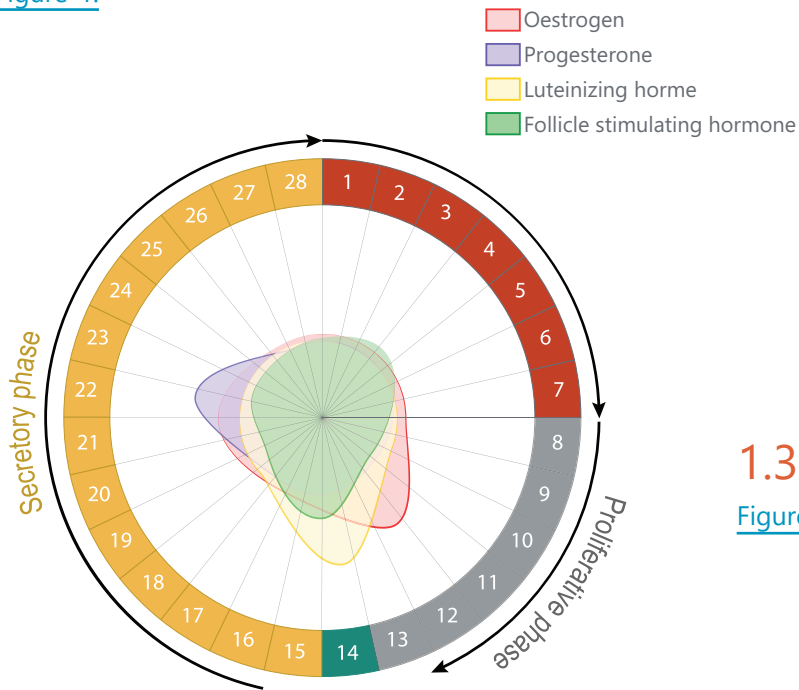


## Chapter-1. Fundamenstruals.

- 1.1. What is menstruation?
- 1.2. How long is a menstrual cycle?
- 1.3. How to and why to chart a menstrual Cycle?
- 1.4. Starting menstruation.
- 1.5. What is a normal menstrual Cycle?
- 1.6. What does a menstrual period feel like?
- 1.7. How much blood does a menstruator lose during each period?
- 1.8. How many periods will a menstruator have in their life?
- 1.9. What is ovulation? Could a woman get pregnant in her periods?



Figure-1.



## 1.2. How long is a menstrual cycle?

A typical menstrual cycle lasts 28 days. However, a deviation from this value of even +/- 7 days is still regarded as the norm. The first day of the cycle is always the first day of menstrual bleeding, with the so-called "live bleeding", not for example, brown spotting, which can occur a few days before the actual period.

Importantly, the length of the menstrual cycle varies not only between individuals, a menstruator can have different length cycles in their life. The largest deviations from the norm in a given case may occur at the early stage of menstruation or at the late stage of menstruation - i.e. in the period preceding menopause, but it also happens that under the influence of stress, diet changes, travel or other activities that significantly affect the body; deviations may occur.

## 1.1. What is menstruation?

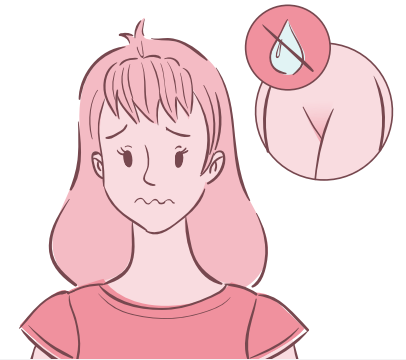
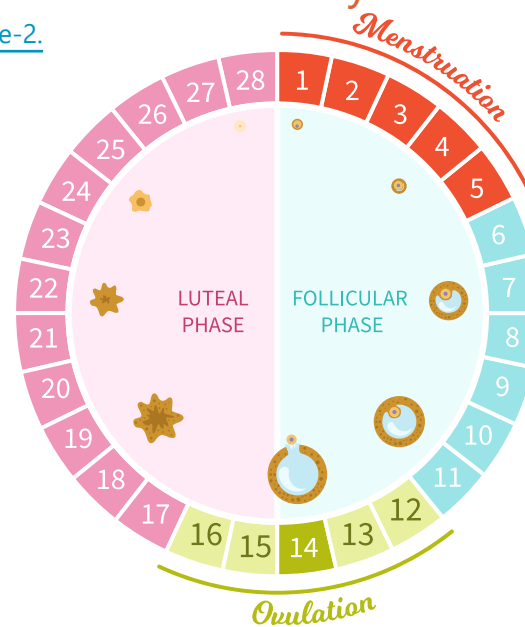
Menstruation, menses, or period is a normal vaginal bleeding that a menstruator's body goes through in preparation for the possibility of pregnancy. Each month, one of the ovaries releases an egg, a process called ovulation; at the same time, hormonal changes prepare the uterus for pregnancy. If ovulation takes place and the egg is not fertilised, the lining of the uterus sheds through the vagina. This is a menstrual period.

Thus, menstrual blood is partly blood and partly tissue from inside the uterus, which passes out of the body through the vagina. The menstrual cycle, which is counted from the first day of one period to the first day of the next, isn't the same for every menstruator. Menstrual flow might occur every 21 to 35 days and last two to seven days. For the first few years, longer cycles are common.

Though menstrual cycles tend to shorten and become more regular as a person ages. Hence, a menstrual cycle might be regular; about the same length every month or somewhat irregular, and period might be light or heavy, painful or pain-free, long or short, and still be considered normal. Therefore, within a broad range, "normal" is what is normal for each person.

## 1.3. How to and why to chart a menstrual cycle?

Figure-2.



### 1. Health Monitoring:

Observing and recording this information routinely allows a menstruator to be an active participant in monitoring their health. Irregularities such as change in cycle length, painful periods, abnormal bleeding, inability to conceive, or other gynaecologic concerns may reflect underlying hormonal abnormalities.

### 2. Family Planning:

Daily observations of physical signs that change throughout a menstruator menstrual cycle indicate when a person may be fertile. Using this information, couples may time sexual intercourse according to their desire to achieve or avoid a pregnancy.

The instructions have been developed to provide reliable effectiveness rates for avoiding pregnancy and are collectively often referred to as natural family planning (NFP), fertility awareness, or fertility awareness-based methods (FABMs).

As it is illustrated in Figure-2, the course of the cycle of 28 days menstrual cycle; the starting point of the cycle is visible at the top of the circle, i.e. the first day of menstruation. Moving clockwise, we see that the first few days are bleeding. At the same time, the level of oestrogen increases all the time, the highest value of which falls just before ovulation.

Ovulation appears as it is pointed out, at the very bottom of the graph. It is also the moment when the level of progesterone in the body begins to increase and whose highest value falls a few days before the next menstruation.

Charting enables a menstruator to know their body by tracking the physical signs of the cycle. This knowledge can be used in two main ways:

## 1.4. Starting menstruation

Menstruation usually starts between the 11th and 15th years of age. However, deviations from these assumptions occur both in one direction and the other, and this may depend on both genetic conditions, the place in which a person lives, her lifestyle, diet and health, etc. However, if the first period occurs earlier than in the 10th years old or later than the 15th, it is best to consult a doctor and see whether no treatment is needed.

Usually, the first menstruation or periods (Menarche) is accompanied by symptoms such as:

1. intensive body growth a few months earlier;
2. white vaginal discharge;
3. breast enlargement and increased irritability.

The first menstrual periods are usually irregular. After the first period of several days (3-7), there may be, for example, a few months break before the next one occurs. Nevertheless, it may happen that starting from the first menstrual period, the cycles will be more or less regular and moreover run with ovulation.

## 1.5. What is a normal menstrual cycle?

A normal menstrual cycle without any disturbance lasts an average of **28 days**.

Keeping with this context, a typical period or menstruation lasts from **3 to 7 days** with the first three days usually being characterised by the highest bleeding intensity.

A normal menstrual cycle is the one in which fertilisation did not occur, ovulation took place around the 14th day of the cycle (depending on the deviation in the average cycle length characteristic for a given person), the person did not take any medication affecting its course (e.g., hormonal drugs), and there were no other disturbances caused by a change in activity or diet.

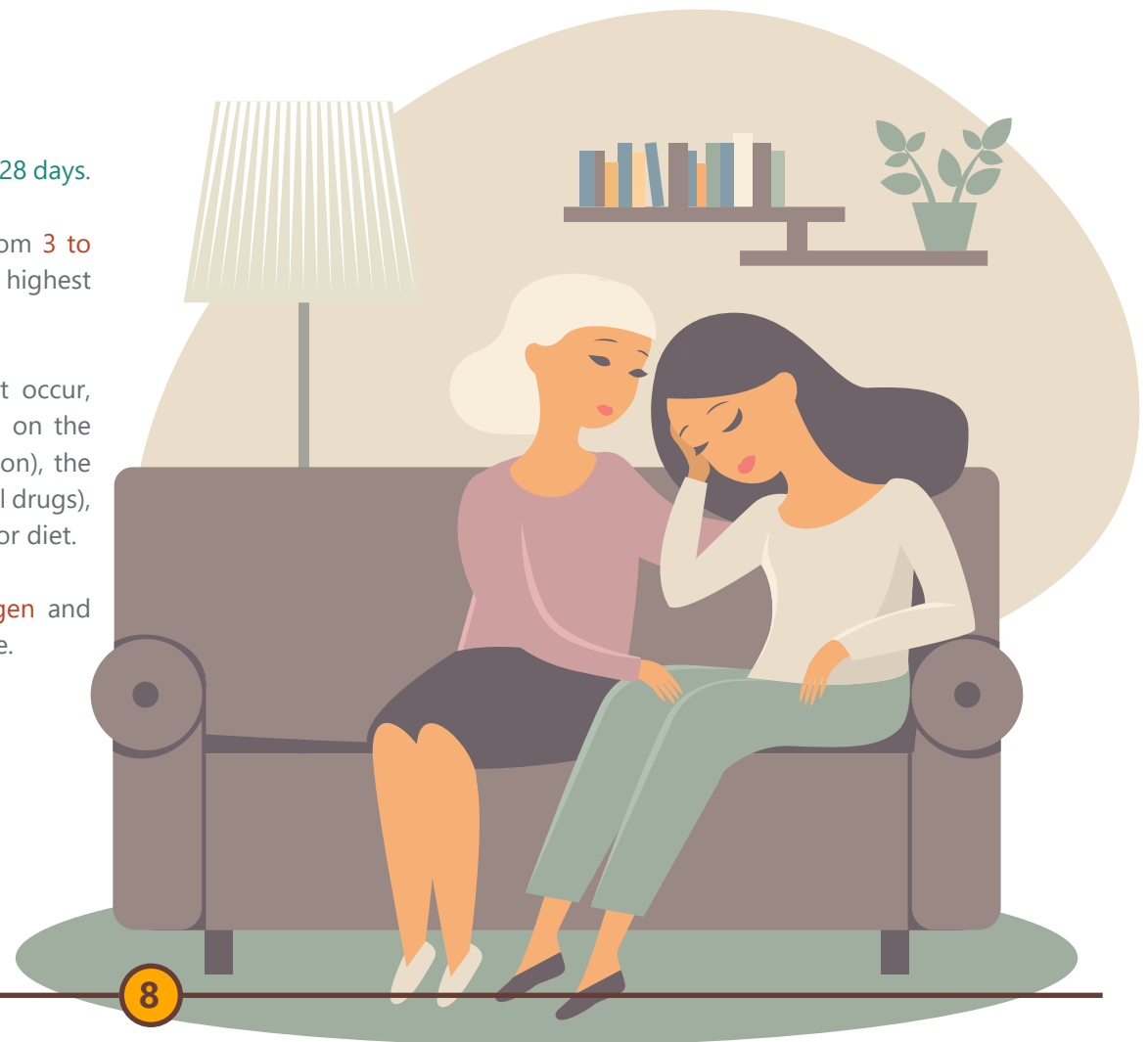
In [Figure-1](#), it can be observed that two basic hormones, **Oestrogen** and **Progesterone**, are extremely important for the normal menstrual cycle.

## 1.6. What does a menstrual period feel like?

A few days before and during a menstrual period, a menstruator might feel cramping and bloating in the abdomen. The cramps are caused by the body making more of prostaglandins hormones, which cause the muscles of the uterus to contract. Further, it might also possible to have lower back pain, nausea, irritability, headaches or fatigue. But not everyone has those symptoms, and how bad they are, can vary from person to person and month to month.

It is, however, possible to ease cramping from a menstrual period, by using a heating pad or hot water bottle on the belly, taking a warm bath may also help. Exercise may also curb cramps as they improve blood flow and produces endorphins, the body's natural painkillers. However, it is recommended to talk to a care doctor or a gynaecologist if:

1. cramps are severe;
2. bleed a lot, for longer than seven days, or at the wrong time of a cycle;
3. it's been three months since the last period;
4. Over-the-counter painkiller are not enough to help with cramps.





## 1.7. How much blood does a menstruator lose during each period?

During an average period, a few to several dozen ml of blood is lost. It is assumed that above **80 ml** is already heavy menstruation. For comparison, on one tablespoon there is about 15 ml of volume. The easiest way to determine the volume of bleeding is using menstrual cups. For persons who use other menstrual hygiene products, the following questions may be important to answer:

- how often do you change sanitary pads or tampons (if the sanitary napkin, or tampon is soaked in less than 2 hours, most likely your menstruation is too abundant) or do you need to protect yourself in double way using both a tampon and a sanitary napkin?

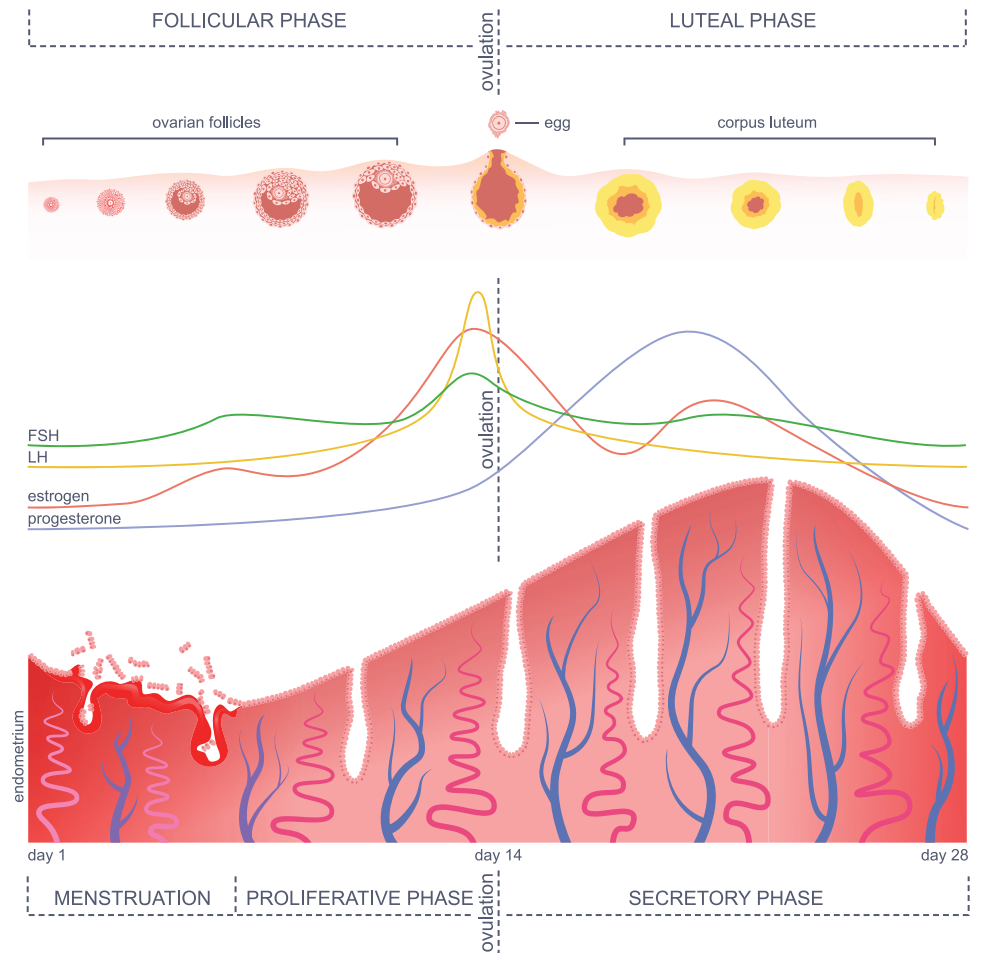
It is also important to observe the presence of clots in menstrual secretions. Those above 1 cm usually accompany too abundant periods.

## 1.8. How many periods will a menstruator have in their life?

Assuming that a regular menstruation lasts from the 12th to 47th year of age, i.e. for 35 years, and for the average admission cycle of 28 days, i.e. 13 cycles during a year, we get a value of 455 menstruations.

According to the global fertility rate of 2.4 (measures the average number of children per woman), that the average woman will be twice or thrice pregnant. For each pregnancy and breastfeeding there is also a 15-month break (about 16 cycles). Assuming the above findings, an average person may have about 400-430 menstrual cycles in their lifetime.

Figure-3.



## 1.9. What is ovulation? Can a woman get pregnant in her periods?

Ovulation is the moment of the menstrual cycle when the egg is released from the ovary. Assuming that a person's menstrual cycle is regular and lasts about 28 days on average, then ovulation occurs between the 12th and 16th day of the cycle. Sometimes ovulation is accompanied by pain in the lower abdomen of varying intensity. See [Figure-3](#).

With irregular menstrual cycles, i.e. those in which the length from cycle to cycle varies significantly, fertilisation is also possible during menstruation. This happens when ovulation occurs earlier compared to the normal cycle. Then the moment of release of the egg falls shortly after the onset of bleeding. The egg can be fertilised within 24 hours of its release, while the sperm in the female reproductive system can survive for up to 5 days.

Therefore, we are dealing with a situation where, theoretically, fertilisation occurs after menstruation, but the sexual intercourse itself took place during its menstruation.

The background is a stylized illustration of a modern office or cafe. It features several people in various poses: some are sitting at tables with laptops, some are standing and talking, and one is holding a coffee cup. The color palette is muted, with greens, browns, and blues. The lighting is soft, with hanging lamps visible. The overall atmosphere is professional and collaborative.

## Chapter-2. Menstrual health and hygiene awareness.

- 2.1. What is menstrual health awareness?
- 2.2. What is menstrual hygiene management?
- 2.3. What is a menstrual product? What types are available?
- 2.4. Menstrual hygiene management in a global perspective.
- 2.5. WASH: Water, Sanitation and Hygiene facilities.
- 2.6. Environmentally friendly disposal of menstrual products.

## 2.1. What is menstrual health awareness?

Menstrual health encompasses the broader impacts of the psychological, socio-political and environmental factors that accompany menstruation on mental, physical, and emotional health. By using the term “menstrual health awareness”, we imply a process by which a menstruator can increase their attributes and build capacities to gain access to services in order to meet their menstrual health and hygiene needs. This means acquiring period positive power, knowledge, skills, and attitudes about menstrual health and hygiene in terms of cultural norms, relationships, sexual practices, gender norms, and sexuality.

Further, since menstruation is an inherent element at some life stage of half of the humanity population; awareness of menstrual health should be publicly available and widespread so that the public can treat menstruation as a norm and a human right to actively and jointly solve current problems related to menstruation. The mere fact of its regular occurrence is one of the manifestations of a healthy functioning of the body, which is necessary in the human reproductive cycle.

It is thus primarily knowledge about the basic functions of the human body that translates directly into the quality of life, the length of life and reproductive potential of a given population.



## 2.2. What is menstrual hygiene management?

Menstrual hygiene management refers to the management of hygiene associated with the menstrual process: clean, hygienic, access and safe exchange of menstrual products that allow accumulation and disposal of menstrual fluids through appropriate sanitary conditions ensuring intimacy and the ability to dispose of used resources.

However, for a menstruator, this is not only about a decent healthy life-style, or an efficiently management of menstrual hygiene needs, but also to experience a full life and participation in education, social, cultural and professional life, it is thus necessary to take extensive actions based on several basic elements:

1. knowledge related to menstruation;
2. access to water and sanitary infrastructure;
3. access to menstrual hygiene products;
4. access to health, and/or medical services;
5. family or social support, appropriate policy or solutions.

## 2.3. What is a menstrual product? What types are available?

A menstrual product serves for managing menstrual hygiene. It accumulates menstrual blood and allows hygienic removal of secretions. There are at least several types of menstrual products that can be categorised by following criteria:

### 1. the number of uses:

- **Disposable:** disposable napkin, tampon;
- **Reusable:** reusable sanitary napkins made of cloth, menstrual cup, tampon, and pieces of cloth.

### 2. method of application:

- **External:** disposable napkin, reusable napkin, pieces of cloth;
- **Internal:** tampon, menstrual cup.

### 3. the length of one-time use:

- Short application, **up to 4 hours:** pieces of cloth;
- Average application, **3-6 hours:** disposable napkin, reusable napkin;
- Long application, **up to 8 hours:** tampon, menstrual cup.

The indications show average values. With actual use, always consider the abundance of bleeding on a given day of periods.

## 2.4. Menstrual hygiene management in a global perspective.

Menstrual hygiene management is supported by basic pillars that in a global perspective, their impact should be considered on a scale targeted at the general population:

### 1. Menstrual health knowledge:

It is foremost necessary to have access to reliable menstrual health knowledge, not only about the functioning of the human body, but also about human impact on environment, including through management of menstrual hygiene and the disposal of sanitary waste.

- Act through school education systems and grassroots activities through non-formal education practices in youth work, but also activities related to the broadly understood pop culture and the image of menstruation in media.

### 2. Water and sanitary infrastructure:

Humans constantly shape the environment, though access to sanitary infrastructure is still improving, one must take into account the scenario in which the access to water may be limited in the near future due to climate risk, and thus, appropriate sanitary infrastructure.

### 3. Menstrual Hygiene products:

Access to hygiene products on a global scale is continually improving due to increasing awareness around menstrual health and hygiene, and the possibility of producing low budget solutions: cheaper, disposable and reusable products such as the menstrual cups.

### 4. Women self-awareness:

Entrepreneurs who put women at the centre of their innovation are growing, therefore, woman-centric design and planning trigger the search for new and innovative solutions in the field. Though the availability of various, accessible and affordable menstrual hygiene products, the country-based tax still limits many menstruators from accessing them. Actions at various level need to reduce or abolish taxes, establishing state-based menstrual products free tax policy.

### 5. Access to menstrual health services:

Properly trained menstrual health and hygiene staff can be the best solution to close the basic menstrual knowledge gaps and increase transfer channels within the local communities. Such trained staff should act not only through the formal medical care system, but also through grassroots activities, which might include doctors, nurses, and trained youth workers or teachers.

### 6. Community-based programmes:

These can be associated with many of the above factors but depend primarily on knowledge and awareness at the level of individuals, family, schools, workplaces

and the community. Thus, menstrual Knowledge and open communication about periods can break the collusion of silence and taboos associated with menstruation. The better the knowledge, the greater the chance of bring about period positive attitudes for equal participation and equal rights for all menstruators.

## 2.5. WASH: Water, Sanitation and Hygiene facilities.

These are the facilities most associated with a safe and dignified menstruation, such as toilets and water infrastructure. Thus, water and sanitation facilities in schools, workplaces and public places are a basic requirement to be able to fully meet the menstrual hygiene needs of menstruators.

However, according to the 2016 UNICEF report, many young menstruators attend schools without access to water and appropriate toilets, without the possibility of washing their hands, body or clothes when replacing sanitary napkins, which results in school absenteeism due to a lack of hygiene management at schools. On a global scale, this is a huge loss of the educational potential of these young people, which increases worse start on the labour market and economic exclusion.

## 2.6. Environmentally friendly disposal of menstrual products.

In the basic approach, at a school or public place toilet, bins are necessary to be able to get rid of menstrual hygiene products in a discreet way. It should be remembered that menstrual hygiene products must not be thrown into the toilet, and the lack of a basket often results in such a solution.

In a broader sense, what happens to a given waste is very important. Disposable products remain the least environmentally friendly. Meanwhile, surprisingly many people do not have any knowledge about the use of alternative methods or reusable solutions, such as a menstrual cup, material pads or free bleeding. The menstrual cup is still burdened with stigma and misunderstandings, which is associated with a lack of knowledge about a menstruator's body.

Even though menstrual waste is subject to local regulations regarding waste segregation and utilisation, most often, they end up in landfill as general waste. Most of them contain large amounts of plastic, which means that they will not decompose unless incinerators are used to burn them at high temperatures until they are reduced to ash, where decomposition is possible.

Therefore, knowledge about the anatomy of a menstruator's body and the popularisation of the use of alternative solutions are very important. Further, the awareness of the possibility of choosing between products made from natural ingredients such as cotton is a good option, at least in places where they are economically available.



## Chapter-3. Menstrual myths, stigma, taboos & cultural beliefs.

- 3.1. Lack of emotional support for adolescent girls.
- 3.2. Menarche, a gateway to motherhood and child marriage.
- 3.3. Social norms which facilitate period shame and poverty.
- 3.4. Lack of menstrual gender-transformative and gender diversity.
- 3.5. Lack of sanitary public facilities for menstruators.
- 3.6. Response to myths, stigma, and taboos around menstruation.

### 3.1. Lack of emotional support for adolescent menstruators.

The phenomenon of menstruation is often associated with an attitude of rejection and exclusion, which has a huge impact on the basic human need for closeness, building relationships, bonds and a sense of security. Often girls are neglected by parents who do not take on their responsibilities to support them during menstruation, which results in them reaching menarche without knowing how to deal with their periods, rather, do it in a practical, sometimes dangerous ways, while properly functioning mechanisms of emotional and physical support can unleash their potential.

In many parts of the world, menstruation is still treated as something obvious and generally known factor of just another thing someone must go through so there is no need to talk about it. In fact, this is the most tolerated taboo, and more importantly, a reason for neglecting the child's emotional needs and support. Such an approach leads to displacement of certain needs, a sense of loneliness and forces one to search for the solutions on their own. Mothers often give their daughters standards of hygiene and attitudes towards menstruation. They often warn them to watch out for their menarche, which is an attempt to strengthen parental control.

Thus, at an early stage, girls acquire a self-control reflex regarding menstruation, which can cause anxiety and dissatisfaction at the appearance of the first period. Therefore, a change in approach to menstruation should include different target groups, and preferably the whole society. Moreover, those in position of education often feel uncomfortable when talking about menstruation, and many adults lack knowledge on this subject. So, they recreate existing menstrual myths and misunderstandings. Therefore, such a lack of family and school support leads to a communication gap and misunderstandings at the interpersonal level, which can severely affect other aspects of life.



### 3.2. Menarche, a gateway to motherhood and child marriage.

In many regions of the world, arranging early marriages with teenagers who have just experienced their first period are still a problem. Cultural challenges connected with menstruation as constitutive of womanhood in terms of motherhood and femininity are not only related to the developing world. Nevertheless, in Africa or Asia, especially in rural communities, early marriage is encouraged by various cultures and social norms, where puberty and menarche are considered as time of transition to adulthood; where girls reaching this biological threshold means becoming eligible for marriage, regardless of their age, robbing them the opportunities to grow, have education and make friends.

There is a general approach which ties menarche to womanhood, potential maternity and marriage, normalising thus conventional gender roles, norms and relations as well as rationalising pronatalist policies. In most countries it is subject to legal norms that do not allow premature marriage while there is no social consent for this in many cultures. But even in those cultures a narration about the menstrual cycle is often appropriated by the religion that strengthen conventional gender roles and attributing the role of a woman as the one realised mainly through marriage, childbearing and caring for the family matters.

### 3.3. Social norms which facilitate period shame and period poverty.

Menstrual Hygiene Management is not perceived as a priority among many other social problems, which has been possible "thanks" for keeping this topic in the taboo zone. Until society can speak out loud about the financial, social and educational consequences of menstruation, this topic will not exist in public conversations. Thus, grassroots interventions are needed, especially those aiming at strengthening research and raising funds. Allocation of funds by states for menstrual education, research and campaigns can ensure greater coverage in comprehensive and interactive materials or adequate training of youth educators, to familiarise and tame the topic and release it from the shadow zone.

The availability of menstrual products related to financial capacity is increasingly discussed in public debate in many countries. Solutions regarding the amount of tax on products are one part of the problem. Menstruation is not a matter of choice, so allocating part of the budget to hygiene products is considered as fiscal discrimination against menstruators. Our research found that in developing countries, most menstruators come from families with low income who cannot afford modern materials and ends up using materials, which at time might cause several vaginal infections. Further, the research found that developed countries should not be persuaded that they are not affected by this problem.



This lack of income is associated with the phenomenon of paying for pads with sex, which in addition to health consequences also have broad social consequences such as unwanted pregnancies, high abortion rates, etc. In many regions of the world there is no access to low-cost MHM products for the underprivileged or low-income menstruators. Sometimes the problem is the total unavailability of any menstrual health products, especially in rural and slums areas, which is often accompanied by high level of illiteracy. Thus, without menstrual health and hygiene knowledge, menstruation is associated to myths and norms where delivering both products and information becomes harder as no one is willing to change. Social change cannot take place without access to education or training.

Further, women-girls' attitudes towards menstruation often support the feeling of shame associated with periods. In many cultures, they do not express their concern about menstrual health and hygiene, and if they do, it is done in a specific, indirect way. One of the major challenges we encountered in our research was precisely the problem of women's approach to menstruation and other body-related lower-self-esteem. Creating self-discovery exercises to cultivate a culture of self-care, self-love and self-acceptance which can be instrumental to deconstruct menstrual stigma and break the oppressive culture of shame.

Grassroots educational, training, awareness-raising and advocacy activities are the best pathways to changing women-girls' attitudes from dismissive, offensive to positive and open. It is necessary to limit the contemptuous approach to the subject of their own physiology. Most women are afraid to talk about menstruation because they have not learned the proper social context in terms of communication, although they admit that menstruation and menstrual symptoms affect their activity and performance in everyday life. They seem to be particularly important for young people, but also for young women, and are strongly supported by pop culture and the image created in the media.

### 3.4. Lack of menstrual gender-transformative and gender diversity.

Menstrual educational programmes, policy and initiatives should integrate gender and intersectional perspectives which acknowledge that not all menstruators are women and not all women are menstruators because the community of menstruators includes: transmen, nonbinary assigned female at birth, cisgender women, intersex and other persons of various identities.

These policies, programmes and initiatives should aim to meet the menstrual health and hygiene learning needs of different menstruators, by taking into account how constitutive properties of our multi-layered identities such as sexual and gender identity, sexual orientation, class, race, ability, age, geographical location, immigration, refugees, asylum status, ethnicity and religion shape menstrual experiences and its understanding as well as access to hygiene management infrastructure, facilities and products.

Thus, menstrual health and hygiene interventions should not only approach menstruation from a biological and pregnancy risk perspective as this approach reinforces the conventional gender roles, norms and relations as it often implies that all menstruators are cisgender girls or women and compulsory heterosexual, legitimising thus pronatalist policies. Hence, such interventions need to consider physical, social, cultural, emotional, historical and practical aspects of menstruation.



### 3.5. Lack of sanitary public facilities for menstruators.

Social challenges to Menstrual Hygiene Management are related to satisfying the basic needs of girls, women and other persons who experience menstruation. The absolute minimum and starting point to meet these needs is conditioned by access to water and sanitary solutions. One of the main determinants of menstruation-related challenges is inadequate WASH facilities in schools. These facilities are essential to providing a school environment that enables menstrual hygiene management. Without adequate facilities, girls cannot discreetly manage their periods, which contribute to problems with leaks, stains, or odour causing anxiety, embarrassment, and subsequently absenteeism.

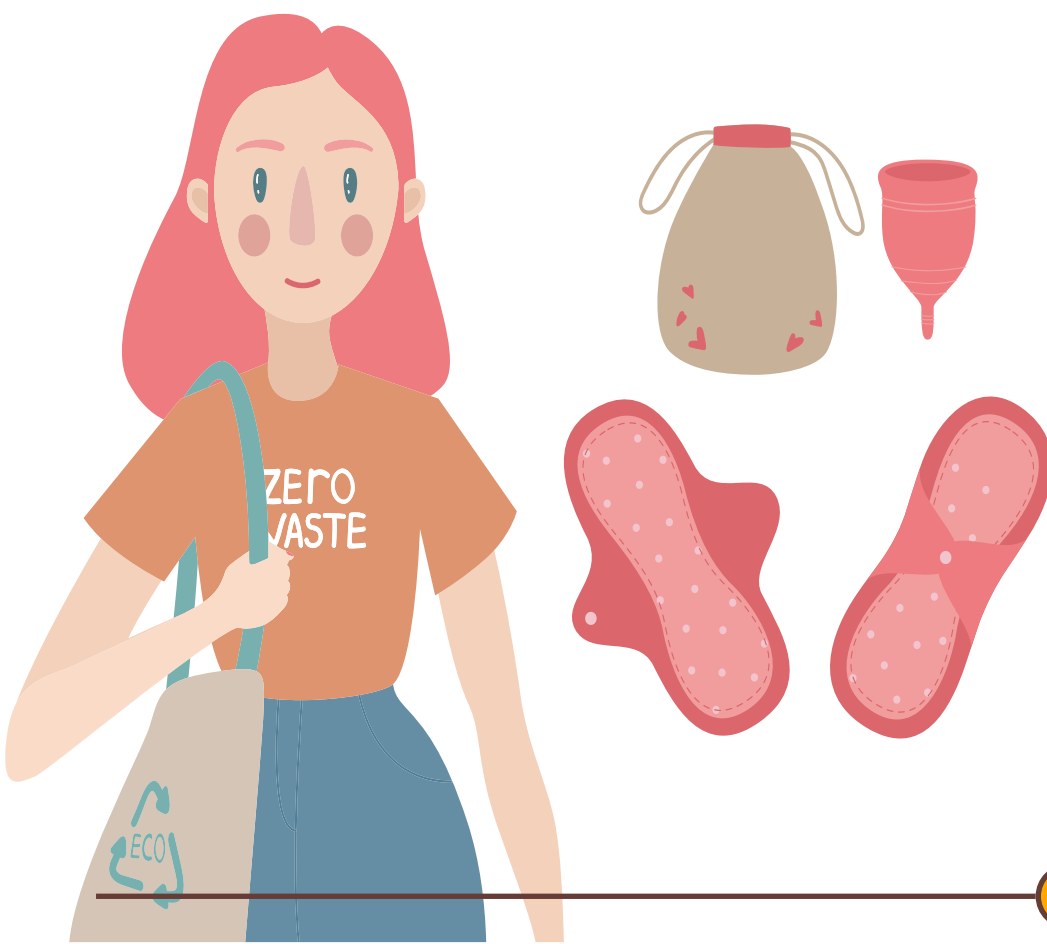
Therefore, schools and workspaces that lack water, well-maintained and private sanitation facilities, disposal systems, and the proper hand-washing facilities do not meet menstruators' needs. So, water and sanitary facilities in schools or workplaces are a basic requirement to be able to fully meet menstrual hygiene needs that is regarded as a human right. No less important is the requirement of privacy. Limited infrastructure mostly at schools don't ensure privacy. Some schools mostly in Sub-Saharan Africa don't have appropriate wash facilities and friendly services. Latrines have no shutters, no changing rooms which makes it hard for a girl to clean herself. Further, there are no incinerators and bins where they would dispose the used materials.

Further, this situation is also particularly difficult for economically underprivileged women like homeless people, undocumented migrants, refugees and asylum seekers, who have less access to WASH and menstrual hygiene products and sexual and reproductive services. Moreover, in many countries within project partnership, we met problems of living in slum areas, where most of the facilities are shared like toilets, bathrooms. There is a problem of lack of privacy. In these places, menstruation manage is particularly hard.

Even drying space is limited and drying their underwear or reusable sanitary pads can be disturbing. Access to formal education, or non-formal training opportunities regarding menstrual health and hygiene for these societies is also limited. Hence, understanding the unique needs of such vulnerable populations of menstruators, adding those living with disability, is essential in cultural context as in addition to the important of social norms, cultural differences play a strategic role.

ZERO WASTE

MENSTRUAL PERIOD



### 3.6. Response to myths, stigma, and taboos around menstruation.

Culturally, the greatest challenge is perception of menstruation phenomenon as a reason of shame and taboo. No matters which culture we consider, the language describing menstruation is full of euphemisms, myths, taboos and persistent patriarchal constructions, which illustrates societal discomfort with menstruation. Communities perpetuate taboos and misconceptions about menstruation that restrict menstruators' mobility and activities during menstruation. In many cultures, menstruators are still imposed to a lot of restrictions at home, religious rituals, family gatherings but also in public places.

Further, there are lot of misconceptions, fears and concerns which are dwelling in society, especially the rural populations. That is why our society is one of the most important target group to address to create a period positive attitude. Many menstruators are surviving in a world of traditions, ignorance, customs, wrong beliefs about menstruation and menstrual health and hygiene. Hence, the most important response to myths, stigma and taboos surrounding menstruation and periods, is to change the narratives, which portray menstruation in the image of shame and dirtiness based on myths and believes to more neutral, biological, and gender sensitive narratives.

Furthermore, the general public approach to menstrual cycle, fluctuations in hormones and mood swings is very discriminatory towards menstruators. Often patients are treated for various types of psychiatric diseases while some of them suffer from PMDD (Pre-menstrual Dysphoric Disorder). These kind of attitudes are strongly strengthened by media, and further seen as a subject to joke about, like when someone is trying to explain a wrong mood about others saying: "oh, they are on their periods, that is probably why they are behaving like that" or can be reason to offend someone in public. So probably, there is no safe space for this topic. Society attitudes toward menstruation causes most menstruators to feel uncomfortable around other people during their periods and even in well-educated and developed societies, about 49% of menstruators feel uncomfortable during their periods.

Moreover, the individual approach that treats menstruation as a hygienic crisis that needs to be controlled and managed is still a huge challenge that is overlooked, it's often in the mind of those, we call family, friends or partners. They often see periods as a shameful and disgusting moment that must be concealed, or that menstruation is a biological and medical process, and therefore its purpose should be restricted to pregnancy and the lack of it is considered as an illness or a disability that needs to be treated. Such attitudes and behaviours perceive menstrual blood as filthy, creating thus an image of menstruating bodies as dirty; treating menstruation as an illness, rather than, as a normal bodily function. As a result, stigma and discrimination continues to cause discomforts that make menstruating persons fear to appear in public places during their periods.



## Chapter-4. Addressing challenges around menstruation.

- 4.1. Menstrual Health awareness through youth work.
- 4.2. Empowering youth workers with menstrual knowledge, skills and attitudes.
- 4.3. Re-educating society about menstruation through policy and advocacy.
- 4.4. Innovation: linking entrepreneurial ideas with the menstruators needs.
- 4.5. Strengthening youth organisations capacity through social research.
- 4.6. Challenges faced by menstruators during coronavirus pandemic.
- 4.7. Mitigating impacts of coronavirus pandemic among the health workers.
- 4.8. Mitigating the impacts of coronavirus pandemic in the broader community.



## 4.1. Menstrual health and hygiene awareness through youth work.

Investing in menstrual education as well as in health and the well-being of young people is an effective way of promoting active citizenship and preventing social exclusion and discrimination against the diverse spectrum of menstruating persons. Formal education systems are unable to respond to the socially and culturally constructed myths, stigma and taboos associated with menstruation, which is why they should be strengthened and supported by non-formal education practice in the context of youth work.

Our project analysed comparative research among youth workers in the field of menstrual health and hygiene education, to identify their menstrual health and hygiene knowledge gaps and their learning needs to close the gaps. Youth workers expressed the need of being in synergy with other education systems, the labour market and civil society; stressing that complementarity of menstrual interventions implemented through this collaboration can ensure the transfer of best practices in the field of menstrual health and hygiene awareness. Furthermore, such menstrual interventions should provide the ability to analyse and respond to socio-cultural issues, in addition to providing knowledge and skills; menstruation is different for cisgender girls, non-binary, intersex, trans-persons and other identities experiencing menstruation.

Hence, youth work can make menstrual education a public matter through community and media-based interventions, by strengthening the capacity of grassroots youth-based organisations. This means educating the society through the promotion of menstrual health and hygiene awareness, by showing how menstruation really work and how it affects different menstruating persons to better address the problems around periods. This also means, providing safe spaces for menstrual discussions, by promoting relevant and accurate information about menstruation and periods to the local communities, and by understanding the unique needs of vulnerable populations while menstruating such as girls living with disability, refugee, homeless people, etc. in order to shift community attitudes and practices toward menstrual diversity and behavioural change.

## 4.2. Empowering youth workers with menstrual knowledge, skills and attitudes.

Improving the knowledge, skills and attitudes of youth workers about menstrual health and hygiene was indicated as one of the project's major aims, so that they could effectively pass it on. As a result of designing work, it was assumed that to achieve this goal, their knowledge potential should be increased through training, and the attitude of responsibility for dealing with myths, combating stigma of menstruation and destroying existing stereotypes and taboos should be strengthened.

Therefore, providing menstrual health and hygiene training to youth workers and pedagogical staff on nonviolent and empathic communication, self-reflection techniques and tolerance to different ways of being and becoming can prepare them to advocate for menstruation from a gender lens. Youth workers should consider young learners as equal interlocutors; hence communications should not fall into the vicious cycle of infantilising the knowledge of young menstruators by appropriating their experiences. We should enhance youth workers skills to actively listen to learners' needs in order to create a space of mutual understanding and cooperation rather than reinforcing the existing relations of power.



## 4.3. Re-educating society about menstruation through policy and advocacy.

The basis for a permanent social change is the re-education of society about menstruation as well as menstrual health and hygiene. Menstrual training, resources, support and awareness raising through formal and non-formal education can contribute to social justice and inclusion of all menstruators.

The conscious actions of decision-makers in the adoption of good practices, the use of knowledge in creating strategies and political plans, systems and educational practices have a chance to significantly affect the social perception on the topic of menstruation, in particular, breaking silence and the growing taboos.



#### 4.4. Innovation: linking entrepreneurial ideas with menstruators needs.

The global society is in need of new social ventures and entrepreneurial ideas, which bring new technological innovations, to solve the menstrual hygienic, social, economic, cultural and environmental problems with affordable menstrual hygiene solutions through a human-centred and environmentally friendly approach, and moreover, develop the new menstrual health and hygiene blended training approaches, by combining traditional face-to-face training with digital learning in a seamless and complementary flow of learning to designing menstrual interventions, response measures, or awareness-raising campaigns.

Social entrepreneurship is an effective means of prototyping the multiple menstrual hygiene solutions, and at the same time create jobs options while building foundational skills and mindset that are necessary in creating affordable products regardless of economic income of the company. Through starting such a social enterprise, a founder can explore the real inner challenges and problems around menstruation and learn first-hand from what have not been working in meeting menstruators hygienic needs within a specific community. Thus, such approach in design menstrual products can then put menstruators experiences at the centre of design from a biological, social, cultural, environmental, gender and economic perspective.

#### 4.5. Strengthening youth organisations capacity through social research.

The phenomenon of menstruation is not sufficiently studied properly in any aspects and its social, economic, cultural or environmental effects, which leaves a wide scope for more studies. Social surveys conducted by youth organisations are usually informal; lacking proper methodology, with insufficiently large sample groups means that they cannot be considered as scientific research. Most institutions studying the phenomenon of menstruation focus on their area of activities such as in Africa, Asia, or South-America, and only in the context of formal education or humanitarian aid; noting that these studies should also focus on psychological factors such as emotional support, gender-transformative, shame before peers or unpleasant experiences.

There is great potential in youth work to make learning more effective in a facilitated process of reflecting and adapting. Diverse stakeholders arrive at collective solutions to complex challenges, by establishing trust and cooperation, leading to greater ownership, support and sustainable behavioural change. In this project, we set out to assess and identify how menstrual health and hygiene awareness are integrated in youth work. Even though youth work has been well recognised in the past years, there is no indications on how it is used to promote menstrual health and hygiene education among youth. There are no indications about what learning materials and methods youth workers use in their youth work and thus, access to educational resources on menstrual health and hygiene awareness is and remains very limited.

Mostly, because of a lack of the basic menstrual health knowledge among youth workers, with limited skills and competences to create inclusive and diverse menstrual health and hygiene pedagogical materials. Hence, most part of youth work prioritises and devotes resources only to reproductive health paying less attention to menstrual health. Hence, menstrual health and hygiene awareness are neutralised within the framework of the narrative around sexuality education within the context of youth work, where the knowledge about menstruation is poorly presented young people with no youth-friendly information about the menstrual cycle to use while in intimate relationships or to simply be aware of their menstrual cycle. This leaves many young menstruators with less knowledge related to menstrual pain, to what extent it is acceptable and when it should be considered to consult a gynaecologist. Some in rural areas treat it as something that cannot be avoided, but something they must go through anyway.



## 4.6. Challenges faced by menstruators during coronavirus pandemic.

The main impact of coronavirus pandemic on menstruators has been the real stress associated with the outbreak, as experiencing a lot of anxiety can have a major impact on the menstrual cycle. Stress hormones can react with the regular hormonal cycle and misguide the body; that is, menstruation can occur early, late, or not at all. The most common form of a disrupted menstrual cycle is missed or delayed periods as the body is adapting to protect itself.

The coronavirus pandemic has put the entire world in a state of perceived stress, thus, the menstruator's body system prioritises safety over ovulation. That is, a menstrual cycle requires a delicate chain of events for the right hormones to be created at the right time, and stress can disrupt that and may cause the body to decide that it's not a good time to ovulate or have a period.

Even though yet, the medical community does not have enough information about how coronavirus affects other organ systems in our body, the physical and mental stress it places on the body could have downstream effects on the regularity of a menstrual cycle. Periods are influenced by our diet, sleep, exercise routines and more. During time of physical distancing, many menstruators might be experiencing a dramatic change in their usual routine.

As a result, they might notice a missed period, spotting, or even a heavier flow than usual, or forget about their birth control that can also disrupt the cycle.

However, it should be noted that there are other possible reasons for missed, or changed periods. There are a number of non-coronavirus related reasons, or triggers that could cause a person to miss a period:

- **Birth control pills:** some birth control pills, such as the progesterone-only "mini pill," can cause irregular bleeding.
- **IUDs:** IUDs may cause spotting, irregular bleeding or missed periods. An intrauterine device (IUD) is a physical contraceptive that sits inside the uterus. IUDs are a highly effective, long term form of birth control.
- **Thyroid disorder:** thyroid can help control your period. An issue with this function can cause either excessive bleeding, irregular bleeding, scant or absent bleeding.
- **PCOS:** Polycystic ovarian syndrome, a hormonal disorder, can cause menstrual irregularity and missed periods.
- **Endometriosis:** A condition that causes extreme painful periods, and can also result in abnormal periods and irregularity.

Though not all menstruators suffer the consequences in the same way, the main question is: when should a menstruator know that it is time to talk to a gynaecologist? That is, if there are no improvements after a couple months to regulate and adjust to new routine and changes in the cycle. If the bleeding is longer, excessive, or experiencing clotting, spotting, bleeding in between periods, or pelvic pain, this needs to be brought to a gynaecologist to know what is going on.

It is always worth checking in if one is concerned. A gynaecologist is in the position to provide guidance on what a menstruator can do in such circumstances, tailored to them, their issues and health history, so they can get back on track.

### 4.6.1. Challenges faced by health workers in their work.

Overworked and exhausted, health workers: doctors and nurses fighting the coronavirus pandemic across the world face a daunting task, caring for a big number of patients while risking infection due to a shortage of protective gear. Considering that most of the global health workforce are menstruators who face additional challenges in managing their periods, which compromises not only their health and dignity, but also the ability of the health system to deliver.

More than half of the global frontline health workers are neglected; struggling to access menstrual products, and battling with the not fitting equipment, in addition to the stress of avoiding to eat or drink during long shifts, to minimise bathroom breaks so that they make the most of their masks, suits, and goggles.

### 4.6.2. Challenges faced by menstruators in the broader community.

The global population has been affected in different way; directly when they are quarantined, when WASH services are disrupted, or more indirectly when the response results in a lock down affecting households' livelihood. Indeed, the lock down resulted in severe disruption of basic services, and reduced capacity for menstruators to access menstrual hygiene products, or WASH services. Since MHM requires a regular access to services and relevant supplies, it is not certain how country-based health policy ensured that the most socially and economically fragile population continues to access those services during the lock down.

Thus, menstruators in the broader community face increased challenges accessing services, resources and information that are critical to menstrual health and hygiene.

## 4.7. Mitigating impacts of coronavirus pandemic among the health workers.

Challenges	Mitigation measures
The facility managers are not aware of or do not prioritise MHH needs of menstruating health care workers.	<ul style="list-style-type: none"> <li>Document and raise awareness of needs to facilities' managers and health departments.</li> </ul>
The lack of documented contextual evidence of MHH experiences and challenges of menstruators in health care settings, which may differ from context to context.	<ul style="list-style-type: none"> <li>Formative research with health care workers to understand menstruators experiences and needs during an outbreak.</li> </ul>
Lack of menstrual hygiene materials for healthcare workers provided by the state's health system.	<ul style="list-style-type: none"> <li>Consider menstrual hygiene materials as essential supplies for menstruating health care workers and procure in sufficient quantity. E.g., disposable pads or tampons, and reusable material that require washing facilities.</li> </ul>
Long shifts without enough time for putting on and removing Personal Protective Equipment prevent a safe and proper MHM, which might lead a menstruator to bleed into their PPE.	<ul style="list-style-type: none"> <li>Access to sufficient quantity of PPE that would allow menstruator to take breaks at least every 4 hours to change menstrual materials, particularly where tampons are used to avoid the risk of toxic shock syndrome.</li> <li>If pads are used, consider high absorbency pads that are safe to be changed less frequently, as long as they are accepted by menstruators.</li> </ul>
Lack of access to WASH facilities at hospitals, other health care facilities, prevents those menstruating from managing their menstrual hygiene while at work.	<ul style="list-style-type: none"> <li>Ensure access to WASH facilities and services, and that they are menstruator-friendly and inclusive of people with disabilities; and that the disposal systems for menstrual waste are in place.</li> </ul>
Pain during menstruation may make it challenging for a menstruator to work.	<ul style="list-style-type: none"> <li>Consider providing pain killers to manage menstrual pain.</li> <li>Provide adequate breaks, hydration, and provisions for rest throughout the workday.</li> </ul>
The infected menstruators who are hospitalised, or in quarantine centres for coronavirus may lack access to WASH and MHM supplies.	<ul style="list-style-type: none"> <li>Provide menstrual materials and painkillers at health care centres and quarantine centres.</li> <li>Support WASH in health care centres and quarantine centres for the patient to access facilities for menstrual hygiene.</li> <li>Train caretakers on how to assist a menstruator with personal hygiene including menstrual hygiene.</li> </ul>

## 4.8. Mitigating the impacts of coronavirus pandemic in the broader community.

Challenges	Mitigation measures
Gaps in provision of water and sanitation service, such as disruption of safe water supply or lack of sewerage system maintenance, or due to the increased costs driven by scarcity of supply.	<ul style="list-style-type: none"> <li>support through direct or indirect mechanisms to ensure access to water and hygiene materials.</li> <li>in-kind distribution to vulnerable population identified might be needed (distribution hygiene and cleaning kits, water distribution etc.</li> </ul>
Persons with confirmed or suspected of coronavirus in quarantined, or isolated at home may lack access to water supply, on site sanitation, handwashing facilities, soap, and menstrual hygiene supplies.	<ul style="list-style-type: none"> <li>Support continuity of WASH services in the homes, or regular deliveries of essential WASH supplies.</li> <li>Include menstrual materials in distributions of food or non-food items to persons in home quarantine.</li> </ul>
Disrupted access to menstrual hygiene materials, particularly disposable menstrual hygiene materials that require monthly replenishment.  This may be due to stock-out or increased price as a result of panic buying, supply chain disruptions due to stay-at-home orders or increased demand due to needs to keep extra essential supplies on hand.  In settings where the poorest population commonly use disposable materials, financial stress may lead to families to prioritise other needs such as food or essential utility bills over purchasing menstrual hygiene materials.	<ul style="list-style-type: none"> <li>Ensure that sanitary pads are deemed essential commodities, removing barriers to manufacturing and supply.</li> <li>Discourage panic buying and hoarding. Encourage limited purchase of disposable materials to safeguard one's own access while respecting the needs of others.</li> <li>Where washing is possible, consider promoting reusable materials as an alternative, such as a menstrual cup.</li> <li>washable pads, or absorbent underwear. Promote do-it-yourself designs and instructions for safe reuse and disposal via networks or digital platforms.</li> <li>Advocate for the removal of taxes from menstrual hygiene materials.</li> </ul>
Limited access to critical information related to menstrual health and hygiene due to disruption in the health services routine, and the shutdown of schools, youth organisations, clubs, or centres, and low levels of literacy in some settings, particularly among the most vulnerable adolescents.	<ul style="list-style-type: none"> <li>Ensure that menstrual health and hygiene information is included is standard in health services and make provisions for these services to be continued.</li> <li>Consider the use of alternatives to communicational channel such as social media, radio, or messaging services to spread menstrual health information.</li> </ul>



## Chapter-5. Menstrual pedagogical materials for youth workers.

- 5.1. Conducting research on menstrual health and hygiene education.
- 5.2. Training tools: planning a menstrual awareness community intervention.
  - 5.2.1. Training on planning a menstrual community intervention.
- 5.3. Training tools: designing a menstrual awareness campaign.
  - 5.3.1. Training on designing menstrual awareness campaigns.
- 5.4. Community and media-based menstrual health interventions.





## 5.1. Conducting research on menstrual health and hygiene education.

Before embarking on the menstrual health and hygiene awareness journey in youth work, the partner organisations committed to a participatory process in which they designed and conducted research on menstrual health and hygiene awareness within the youth community in their countries, to identify the best approaches for delivering menstrual-based interventions, which respond to the needs expressed by youth, but that could improve as the youth capacity and attitudes increases.

The first step in initiating our **Period Empowerment Network** at global level, was to assess and identify the types of existing menstrual myths, stigma or taboo surrounding menstruation and the menstrual knowledge gaps within society to determine the counter factors. Further, identify needed menstrual health and hygiene educational resources and materials that should be developed to close those gaps. Moreover, assess society's readiness to determine other risk-factors for educating the global community about menstruation before launching the network.

Our research methodology consisted of the desk-based research and interview-based research in project countries. The desk-based research aimed at reviewing literature to support identification of existing menstrual health education, awareness programmes and strategies among youth organisations and the role of youth work in empowering youth and designing menstrual learning opportunities through youth education in partner countries. Whereas, the interview-based research targeted youth and youth workers to voice their opinions, concerns, and learning needs, to make sure that our interventions reflect the needs of the targeted groups.

Through this research, partner organisations progressed to a greater level of understanding of menstrual learning needs and gaps among youth and youth workers. They brought great capacity and skills to research, to uncover the needs and desired social change, by creating menstrual safe space for 110 interview participants, where they appreciated expressing their opinions and learning needs on menstrual health and hygiene, and what they would like to see change in terms of advocacy and policy formulation.

## 5.2. Training tools: planning a menstrual awareness community intervention.

Community forums are problem-solving and problem identification workshops. A facilitator leads discussions on various aspects on challenges to menstruation within the community, where participants are thus provided with opportunities to express their views, concerns, thoughts, or solutions on community's strengths and potential problems toward menstrual health and hygiene awareness.

### 1. Needs assessment

A necessary evaluation process that enables the community forum organisers to fully understand the change that is needed and to make appropriate decisions related to workshops design, while gathering the necessary information to:

1. build an adequate picture of the menstrual health problem context;
2. develop a profile on the characteristics of potential participants;
3. identify menstrual knowledge gaps or needs among participants in relation to addressing an existing challenges to menstrual health awareness.

### 2. Setting the results

Results are identifiable, measurable indications describing an expected situation after a community forum, which demonstrate that its goal and learning objectives have been achieved. Whether measured in a shorter, medium, or longer-term perspective, they are about the desired change we want to see in the community.

- As a result of this community forum, youth organisations are integrating menstrual health and hygiene awareness in their youth work.

### 3. Setting the goal

The goal describes how a community forum will precisely contribute to achieving the desired results.

- The goal of this community forum is to increase the capacity of youth workers to integrate menstrual health and hygiene awareness in their youth work.

### 4. Setting the objectives

The objectives describe measurable statements towards learning outcome that capture what knowledge, skills and attitudes the learners should be able to exhibit as a consequence of their participation in workshops, which logically contribute to achieving the overall goal and desired results

1. on a successful completion of the community forum, the participants can illustrate effective approaches to integrate menstrual discussions in their youth work at the community level. **Skills.**

### 5. Structure and Agenda

What are the key content pieces that we want to convey under each objective or what is included in the agenda to achieve the goal of the community forum?

BOX-1. Community forum agenda.

GOAL	OBJECTIVE	LEARNING ACTIVITY	LOGISTICS
To increase the capacity of youth workers to integrate menstrual health and hygiene awareness in their youth work.	The participants can illustrate effective approaches to integrate menstrual discussions in their youth work at the community level.	Planning for application workshop on effective approaches to integrate menstrual discussions in youth work.	Handouts, print material for group work, provide flip chart sheets, notebooks, pen, markers. <b>Time:</b> 1,5 hrs 09:30 – 11:00

### 5.2.1. Training on planning a menstrual community intervention.

ACTIVITY-1	REFLECTING ON EXPERIENCE WORKSHOP.
<b>Purpose</b>	Aims to integrate a theory of change in youth work to transform training Outputs into Outcomes. It is used to capture the motivation, imagination and energy of the learners, encourages them to look on their professional behaviour in a way that prepares them for new learning.
<b>Audience</b>	A variety of audiences: youth activists, youth educators, or trainers, and other: civil society leaders, rights defenders, volunteers, etc.
<b>Instructions</b>	<p><b>TASK-1:</b></p> <ol style="list-style-type: none"> <li>issue blank 3X5 cards to each participant. Then, ask each to think and write down an at least 3 words sentence that describes menstruation.</li> <li>divide the participants into small groups and ask each participant to share the reasons to why they chose that sentence with their group. <ul style="list-style-type: none"> <li>the aim here is to provide the members of each small group with opportunities to explore their thoughts, attitudes, and experiences on menstrual health and hygiene awareness in their youth work to spark spontaneous conversations and feedback.</li> </ul> </li> </ol> <p><b>TASK-2:</b></p> <ol style="list-style-type: none"> <li>After each group has finished discussing their sentences, ask each group to select 3 sentences that reflect the whole group on how they would describe menstruation.</li> <li>And then, handout the below follow up questions; and then ask each group to explore them: <ul style="list-style-type: none"> <li>What are your targeted groups' menstrual learning needs in terms of knowledge, skills, and attitudes in your youth work?</li> <li>What are the existing challenges to menstrual health and hygiene awareness while working with your targeted groups?</li> </ul> </li> </ol>
<b>Debrief</b>	<ol style="list-style-type: none"> <li>Start the debriefing by asking for a volunteer from each group to share points that highlight their discussions.</li> <li>For interactive learning, in debriefing, invite questions and feedback about each group's presentation.</li> </ol>

ACTIVITY-2	BRAINSTORMING SESSION.
<b>Purpose</b>	This session is used to provide learners with opportunities for generating new ideas towards menstrual health and hygiene awareness in their own thinking. The problem area or the opportunity area learners will create ideas for is defined with a concrete example.
<b>Audience</b>	A variety of audiences: youth activists, youth educators, or trainers, and other: civil society leaders, rights defenders, volunteers, etc.
<b>Instructions</b>	<p><b>TASK-1:</b></p> <ol style="list-style-type: none"> <li>Ask participants to go to their small groups, then ask them to come up with one problem statement that limit their efforts towards menstrual health and hygiene awareness while working with their targeted groups.</li> <li>Ask the participants to further outline the existing menstrual education methods they use to address that problem statement through non-formal education practices. And then ask the groups to decide one method their group can use to address their problem statement.</li> <li>Then, ask each group to write their problem statement on the flitchat and then outline their selected method that they can use to address their problem statement.</li> <li>Once done, ask each group to present the related limiting factors, myths, taboo, stigma needs or gaps they might face while using that method within their local communities.</li> </ol>
<b>Debrief</b>	<ul style="list-style-type: none"> <li>Before analysing those elements, remind the participants to consider the context, and reflect on how it relates to their own local realities to support their presentation and deepen they insight into various aspects.</li> </ul>



<b>ACTIVITY-3</b>	<b>ASSIMILATING AND CONCEPTUALISING WORKSHOP.</b>
<b>Purpose</b>	This workshop is used to provide participants with new insights or outside information in the form of theories or facts, or can inform the group about itself, which encourages participants to apply concepts to their own lives.
<b>Audience</b>	A variety of audiences: youth activists, youth educators, or trainers, and other: civil society leaders, rights defenders, volunteers, etc.
<b>Instructions</b>	<p><b>TASK-1:</b></p> <ol style="list-style-type: none"> <li>1. Ask participants to go to their small groups, then issue a blank flip-chat to each group. Ask each group to describe a training they used for menstrual health and hygiene awareness in youth work.</li> </ol> <p><b>TASK-2:</b></p> <ol style="list-style-type: none"> <li>1. After each group has finished discussing what they wrote down, ask each to discuss; what was the expected results of that training. Further, ask them to discuss what was its goal and learning objective and whether those results, goal and objectives were achieved.</li> <li>2. Then, handout the below follow up question and ask the groups to explore it: <ul style="list-style-type: none"> <li>• What could be the results, goal, and learning objectives of a training aiming to meet your targeted groups' menstrual health and hygiene learning needs?</li> </ul> </li> </ol>

<b>ACTIVITY-4</b>	<b>PLANNING FOR APPLICATION WORKSHOP.</b>
<b>Purpose</b>	This workshop is used to provide a stimulus for applying new learning outside the workshop context. It prepares participants for and increase the likelihood of transfer of learning, and often used at the conclusion of a training or when the focus is about to shift from one topic to another.
<b>Audience</b>	A variety of audiences: youth activists, youth educators, or trainers, and other: civil society leaders, rights defenders, volunteers, etc.
<b>Instructions</b>	<p><b>TASK-1:</b></p> <ol style="list-style-type: none"> <li>1. Ask participants to go to their small groups and then issue a blank flip chat to each group. Ask them to describe the learning activities, resources or materials they use in their training to achieve the expressed learning objectives, and thus meet the goal, and results.</li> </ol> <p><b>TASK-2:</b></p> <ol style="list-style-type: none"> <li>1. After each group has finished their discussions, ask each to discuss the link between learning objectives and learning outcomes of a training and how their contribute to meeting its goal and results.</li> <li>2. And then, based on the goal, objectives, results, and training materials outlined by each group; ask each group to: <ul style="list-style-type: none"> <li>• develop a structure and agenda for a one-day community forum;</li> <li>• outline learning activities to be employed to meet the objectives.</li> </ul> </li> </ol>

## 5.3. Training tools: designing a menstrual awareness campaign.

This training course aims at providing Period Empowerment Activists with a step-by-step guide on how to counter and prevent Online narratives or messages of Period Shame. This means, planning a strategy, creating contents and organising outreaching menstrual health and hygiene awareness campaigns that promote #PeriodTalk, by distribute menstrual health and hygiene awareness information to promote, advocate for and celebrate menstrual health and hygiene.

In our context, counter narratives of Period Shame are about building, presenting and spreading information and interventions designed to prevent individuals from engaging in the Online and/or Offline hateful and discriminatory narratives or messages, which tolerate or encourage Period Shame or the myths, stigma and taboos around Periods. Thus, this has the net effect of strengthening freedom of expression as it creates an environment that allows the menstruators facing discrimination in different spaces, to participate and feel proud of their bodies using media and digital technologies.

The goal of the campaigns is thus to consider the thoughts, opinions, the values and behaviour of youth and adults to challenge negative narratives, messages, stereotypes, prejudices, myths, stigma and taboos around menstruation, period through the strategically constructed storylines that are projected and nurtured through strategic communication and/or messaging activities with the intention to undermine the tolerance or encouragement of Period Shame, or the myths, stigma and taboos surrounding Menstruation, or Periods through a wide range of social media such as Twitter and Facebook.

Therefore, on a successful completion of this training:

1. participants are familiar with planning an online campaign strategy; relationships between aim, audience and content of the message.
2. participants are familiar with the strategies for monitoring and evaluating a campaign: setting up social media and metrics.
3. participants have developed their capacities or the attitudes for planning and running menstrual outreach and awareness campaigns based on their local realities.



### 5.3.1. Training on designing menstrual awareness campaigns.

<b>ACTIVITY-1</b>	<b>THREE WORDS ICEBREAKER.</b>
<b>Purpose</b>	Used to provide participants with the opportunities for generating new ideas on preventing the Online and/or Offline hateful and discriminatory narratives or messages, which tolerate or encourage Period Shame or the myths, stigma and taboos around Periods.
<b>Audience</b>	A variety of audiences: youth activists, youth educators, or trainers, and other: civil society leaders, rights defenders, volunteers, etc.
<b>Instructions</b>	<p>Participants are asked to write a sentence of three words that describes a situation of hateful, discriminatory narratives, or messages that tolerated or encouraged period shame, myths, stigma or taboos, which they might have observed or experienced in their work, life or practice. Each group will then discuss their sentences to set the on orientation of their campaign.</p> <ol style="list-style-type: none"> <li>1. Issue blank 3 X 5 cards to each participant. Then, ask each to write a three-word sentence that describes the above in terms of an issue, problem or a situation that often occurs or occurred in their work, personal or professional life that represents period shame.</li> <li>2. Tell the participants to go to their small groups, and then ask each member of the group to share with their small group their sentence and the story behind it.</li> <li>3. Upon completion of this initial spontaneous discussions, ask each the group to choose one sentence which reflects their group, by exploring these questions: <ul style="list-style-type: none"> <li>• how do you see hateful, discriminatory messages that tolerate, encourage period shame, myth, stigma, and taboo impacting you personally or the menstruating persons that you work with?</li> <li>• what challenges, or opportunities are you facing in dealing with or addressing menstrual hateful, discriminatory narratives or messages in your practice or work?</li> <li>• in what ways people as individuals or as a collective, perpetuate discrimination against menstruators who belong to a gender and sexual minority group in your community?</li> </ul> </li> <li>4. To conclude, inform each group that their selected sentence should highlight a clear link between period shame and their local reality, and that it will be used as the title or the theme of their campaign.</li> </ol>
<b>Debrief</b>	<ol style="list-style-type: none"> <li>1. Ask each to groups to share the theme of their campaign with the bigger group.</li> <li>2. You can then all together explore the provided questions by asking questions to evaluate the strength, weaknesses and limiting factors which are obstacles in addressing hateful, discriminatory messages that tolerate, and encourage period shame.</li> </ol>

<b>ACTIVITY-2</b>	<b>EXPERIMENTING AND PRACTICING WORKSHOP.</b>
<b>Purpose</b>	Used to encourage the participants to use knowledge in a practical way. These activities provide an opportunity for participants to practice and involve themselves in new behaviors and skills. It can provide participants a safe environment in which to try out new things before putting them into practice in the "real world.
<b>Audience</b>	A variety of audiences: youth activists, youth educators, or trainers, and other: civil society leaders, rights defenders, volunteers, etc.
<b>Instructions</b>	<p><b>TASK-1:</b></p> <ol style="list-style-type: none"> <li>1. Ask participants to go back to their small groups, and then ask each group to briefly describe the following: <ul style="list-style-type: none"> <li>• What is the theme of your campaign? Your sentence.</li> <li>• What is the expected result or change at the end of campaign?</li> <li>• What is your campaign's goal: how you intend to meet result?</li> </ul> </li> </ol> <p><b>TASK-2:</b></p> <ol style="list-style-type: none"> <li>1. Once all groups are done with (1), ask each to set a target audience. This means, to define the key characteristics of their audiences, and then narrow them down by age range, language, gender, cultural or social background, or place they live in.</li> </ol> <p>Furthermore, make sure or inform each group to select the audience based on:</p> <ul style="list-style-type: none"> <li>• what they care about and why they would listen;</li> <li>• why they would care and interact with your campaign;</li> <li>• why they would share your campaign with others;</li> <li>• why they would change their thinking and behaviours;</li> <li>• where they get their information from. This is thus where you want to get your message through: your social media.</li> </ul> <p><b>TASK-3:</b></p> <ol style="list-style-type: none"> <li>1. Once the groups are done with (2), ask them to think about the message of their campaigns and then decided on which medium they will use. Considering how they want to package their message: <ul style="list-style-type: none"> <li>• Videos: short films or animations;</li> <li>• Text: slogans, hashtags, or open letters.</li> <li>• Images: photos or memes.</li> <li>• Online literature: brochures or informative posters.</li> <li>• Offline mode: forum theatre, exhibitions, or literature.</li> </ul> </li> </ol>

<b>ACTIVITY-3</b>	<b>PLANNING FOR APPLICATION WORKSHOP.</b>
<b>Purpose</b>	Provide learners with the opportunities to work together to create, develop and produce counter-narrative campaigns they are going to implement during their field work, by combining online and offline mediums to reach broad audiences and facilitate community engagement and cohesion.
<b>Audience</b>	A variety of audiences: youth activists, youth educators, or trainers, and other: civil society leaders, rights defenders, volunteers, etc.
<b>Instructions</b>	<p><b>TASK-1:</b></p> <ol style="list-style-type: none"> <li>1. Ask each group to set result target and indicators: the number of people they expect to reach out to, and observable and measurable milestones indicating what to see, hear, read after the campaign <ul style="list-style-type: none"> <li>• Inform each group that they can use all the tools available in the room to create, design, take photo, draw, or make videos.</li> </ul> </li> </ol> <p><b>TASK-2</b></p> <ol style="list-style-type: none"> <li>1. Ask participants to go to their small groups, to prepare the message and package it in a medium- The message should be interesting enough for their targeted audience to engage and interact with it.</li> </ol> <p><b>TASK-3:</b></p> <ol style="list-style-type: none"> <li>1. Once groups as done with (1) and (2); and ask them to create a “call to action” for the campaign. <ul style="list-style-type: none"> <li>• A call to action asks audiences to do something immediately in response to a message, it makes it clear why it is important. This could be as simple as getting them to share a video, sign a petition, or get involved more directly in a cause or event.</li> <li>• Calls to action should be creative but also realistic.</li> </ul> </li> </ol> <p><b>TASK-4:</b></p> <ol style="list-style-type: none"> <li>1. Ask each group to assess <b>Awareness Metrics</b>: metrics that indicate the number of people reached by a campaign (impressions, reach or video views) and demographic information (e.g. age, gender or geographic location) that provides insights to whether the right audience is being reached or was reached.</li> <li>2. Ask participants to assess <b>Engagement Metrics</b>: metrics that show how much people are interacting or interacted with a campaign (e.g. clicks, video retention rates, numbers of likes, comments, or shares).</li> </ol>
<b>Debrief</b>	<ol style="list-style-type: none"> <li>1. Ask participants to go to their small groups and choose volunteers to present the map of their campaign to the bigger group.</li> <li>2. Randomly select a 3-jury member to examine and/or evaluate the campaign’s map of the current group based on quality, strength, and weaknesses in addressing hateful and discriminatory narratives or messages, which tolerate or encourage Period Shame or the myths, stigma and taboos around Periods</li> </ol>

## 5.4. Community and media-based menstrual health interventions.

The schools and websites-based programmes do not provide knowledge on how the socio-cultural and gender norms shape and influence menstrual experiences of different menstruating persons or whether there are any menstrual stigma, myths or taboos.

This is because these approaches lack the core elements for delivering menstrual educational programme. Whereas, community and media based menstrual health and hygiene interventions have proven to be effective. They were tested in project countries, to determine how they best fit, and their success is based on the following core elements:

**1. Structure:** it addresses the programme type, audience, and setting:

- **Programme type:** demonstrate effectiveness in reaching youth at both the community and the individual level.
- **Audience:** the audience must be defined and the reason why it is targeted must be outlined to effectively meet its needs.
- **Setting:** the menstrual context and country realities on menstruation must be understood and taken into considerations.

**2. Content:** information, skills development, strategies, and services:

- **Information:** it includes country facts and policy about menstruation. Although information is important, it is not effective by itself.
- **Skills development:** a programme should be implemented after training of youth workers has taken place, ensuring thus that they have the required menstrual knowledge, skills and attitudes for conducting the programmes.
- **Strategies:** programmes are targeted at menstrual social change, by promoting menstrual norms, behavioural, attitudes and narratives that encourage change.
- **Services:** might include community forums, focus groups, peer learning, counselling, safe zones, youth-centred menstrual information, or providing menstrual products.

**3. Delivery:** includes programme adaptation and implementation:

- **Programme adaptation:** training programme must match community needs to ensure the right fit. Adaptation involves changing a programme to meet the needs of a specific audience.
- **Implementation:** refers to how a training programme is fully delivered, including the number of actions, method and learning activities used, and follow-up programme. Proper implementation is thus the key to programme effectiveness and sustainability.

An illustration featuring a central staircase with five steps. Five stylized human figures are positioned on the steps: one at the top holding a megaphone, one on the second step from the top holding a smartphone, one on the third step from the top with a backpack and smartphone, one on the bottom step holding a smartphone, and one on the ground level holding a smartphone. Surrounding the staircase are several icons in rounded square frames: a group of three people, a globe, a recycling symbol, a gear, and two speech bubbles. Dashed lines with arrows connect some of these icons, suggesting a flow or relationship between them. The overall color palette is warm, with shades of pink, orange, and brown.

## Chapter-6. Best practices and recommendations.

- 6.1. The benefits of menstrual health literacy in times of crisis.
- 6.2. Advantages of non-formal learning in menstrual health education.
- 6.3. Menstrual health awareness from a youth work perspective.
- 6.4. Conclusion and recommendations.
- 6.5. PEN-glossary: terms and definitions.
- 6.6. PEN-resources: references.

## 6.1. The benefits of menstrual health literacy in times of crisis.

EU's 10-year economic-growth strategy stresses enough that health policies that keep people informed, healthy, and active are crucial for a smart and inclusive growth as they have positive impact on productivity and competitiveness. That is, health and education are closely linked and influence other parameters such as poverty, income level, etc. That is, education is a strategy to contribute to improvement of society health, literacy, and well-being that help people be more autonomous and responsible for their health.

Through Period Empowerment Network project, consultations with young people and youth workers showed that, despite its immense benefits, menstrual health and hygiene literacy remains a challenge for the global public health. That is, a big portion of the global population of menstruators faces difficulties and frustrations in understanding, accessing, and/or using menstrual hygiene facilities and information to manage their periods in normal times.

Considering the current global crisis as a result of the coronavirus outbreak, one of the main challenges has been to fight the pandemic and contain the virus, which imposes restriction on menstruators. In such times, a basic menstrual health literacy can affect the outcomes of an outbreak on menstruators in multiple ways. However, non-existent menstrual health policy and literacy in the health system and a lack of public debate that promotes menstrual hygiene, represent a challenge for menstruators and health workers worldwide.

As a human and citizenship right, menstrual health literacy is not only about addressing inappropriate menstrual myths, stigma and taboos, or accessing menstrual hygiene facilities and information for safe, dignified menstrual hygiene management, or increasing the knowledge, attitudes and self-management capacity of menstrual hygiene, it is also about the sense of competence and freedom of menstruators regardless of gender, or sexual identity to equally participate in public health debate and all other aspects of life.

Thus, investing in health through a life-course approach, by empowering citizens and strengthening people-centred health systems and increasing public health capacity require a holistic vision that encompasses a global approach to each person in their different dimensions in constant interaction with their environment. As such, menstrual health literacy should be a holistic process, which aims at creating the supportive society and resilient communities, to increase the menstrual health knowledge and skills of a person or group, by seeking to develop an internal introspection that allows the person to adopt menstrual healthy attitude and behaviour that respect their lifestyle, or belief.

Therefore, educating for menstrual health and menstrual hygiene involves the improvement of the basic menstrual health and hygiene knowledge that leads

to the development of attitudes and behaviours that promote inclusive menstrual healthy lifestyles, creating favourable conditions and systemic health policies for each person to safely manage their periods and at the same time, reduce the impacts of an outbreak on menstruators ability to manage their periods and health. Especially, those in the poorest and most vulnerable communities to economic and disasters, where millions of menstruators across the world cannot manage their monthly cycle in a safe, dignified, and healthy way.

During the current global crisis, these deprivations have intensified; causing far more reaching negative impacts on the lives of those who menstruate as a result of restricted mobility, freedom, and choices, and reduced participation in school, work, and community life, which have compromised safety and caused stress and anxiety as the coronavirus pandemic has upended the way we use to work, live, connect with others, and/or carry out daily activities.

## 6.2. Advantages of non-formal learning in menstrual health education.

Theoretically, menstrual education exists as an element of sexuality education in primary and secondary schools, where in many project countries these are not compulsory classes. While in Scandinavia and Belgium, these classes are mandatory focusing on gender, sexuality, sexual orientation, relational morality and risk prevention, these classes do not explicitly identify menstrual health and hygiene education as a priority in the school-based sexuality education.

There is a strong need for menstrual health and hygiene knowledge in our societies, especially in societies where poverty plays a huge role in the access to sanitary products. Most families under the poverty line would much rather spend their limited financials on the needs of the household such as food, water, shelter; and thus, sanitary products are not a priority.

There is thus a great need for non-formal initiatives and interventions, especially engaging youth workers and teachers to initiate community-based interventions to educate and empower young menstruators towards menstrual health and hygiene awareness with practical guidance and support at home, within the community and in school. Practically, developing interactive programmes which provide comprehensive and inclusive knowledge about menstrual health and hygiene. Further, create menstrual brochures disseminated via public spaces: schools, institutions, malls, shelters, workplaces, etc.

Moreover, engaging with the community, by launching social media campaigns to break the current menstrual misconceptions and combatting menstrual stigma and poverty, by conducting menstrual health and hygiene awareness campaigns that create visibility and at the same time call to action, it is thus possible to achieve and meet the expressed goal and desired long-term social change: menstrual or period behavioural, norms and attitudes change.

### 6.3. Menstrual health awareness from a youth work perspective.

Youth work is the best educational approach that can address menstruation more broadly. Through youth work, we have seen a huge rise in effective community-based interventions and media-based visibility and awareness-raising campaigns on complex issues. It is thus feasible and achievable for youth work to integrate such approaches to promote and advocate for menstrual health and hygiene awareness in the out of school environment.

Since the main difficulty is that there is not enough familiarity with menstruation, through youth work, we are helping communities become more familiar with menstruation, or periods, but also focusing on the difficulties faced by various menstruating persons while experiencing and managing their periods, when trying to get decent and affordable menstrual hygiene products, and how the lack of healthy, safe and dignified facilities for management of menstruation makes it difficult for menstruators to cope with their daily routines, such as going to school or work.

Furthermore, through youth work this project provides the learning opportunities to equip youth and youth workers with menstrual skills and attitudes to analyse and respond to the socio-cultural and gender norms that affect youth perceptions on menstruation, to better understand how young cisgender girls, non-binary, intersex, trans-men and other identities experience menstruation.

Hence, the project is making menstrual health and hygiene education a public matter, by creating community and media-based interventions, to strengthen the capacity of grassroots youth-based organisations. This means, educating our society through the promotion of menstrual health and hygiene awareness programmes, by showing how menstruation really works and how it affects various menstruating bodies to better address the problems surrounding periods.

This also means, providing safe spaces for menstrual discussions; promoting relevant and accurate information about menstruation, or periods to the local communities, and by exposing young people and other members of society to the artistic production and menstrual art exhibitions, which confront and subvert the stigma and taboos around menstruation, and informing young people about what goes on around the world in relation to menstrual health and hygiene education and advocacy to get in touch with other realities and how menstruation is seen in other cultures.

### 6.4. Conclusion and recommendations.

A lack of menstrual knowledge based social research as well as the monitoring and evaluation of the few existing menstrual health awareness programmes, show how little we know about menstruation to tackle the existing menstrual challenges more comprehensively and inclusively. Instead, the hetero-patriarchal culture of menstrual shaming creates no space for menstruators to discuss freely about their experiences, or let alone approach their menstrual reality and bodies in a positive and caring way. In our research, youth shared their periods stories, emphasising the traumatic impact period shame had on their self-esteem and body image.

Periods shaming severely inhibits the visibility of the challenge that many young menstruators face, nurturing thus a culture of concealment, stigma and discrimination. Hence, it is not that straightforward to find solutions on how to break the chains of this oppressive culture, since social research and educational programmes on menstrual health for menstruators and non-menstruators are very limited or non-existent in many countries.

With no menstrual social research or educational programmes to assess and meet the needs of various menstruating persons, especially those who are systematically marginalised and discriminated because of their sexual or gender identities, ability, age or class, further expose them to violence and hatred while trying to access menstrual hygiene products, which deepens and maintains the status-quo of social injustice. It is thus difficult to facilitate behaviour changes and achieve a period positive attitude while periods are seen as something to be ashamed about, and with Menarche, a menstruator climbing a step in maturity seen as not normal or gateway to adulthood, subsequently child marriage.

Even though an estimated 1.9 billion people, around 26% of the global population are of menstruating age; spending on average 65 days a year dealing with menstrual blood flow, however large this number may sound, there is no substantial scientific research that reveals how the school-based sexuality education and other non-formal learning settings provide and construct knowledge on menstrual health and hygiene education and what kind of approaches and educational methods are being used.

In the current socio-political situation and in face of the custom changes that are taking place in our modern society, it shows that the topic of menstrual health and hygiene is slowly moving from the taboo category to the category of subjects of worldview dispute. However, more research, learning materials, educational activities, training programmes and social media campaigns are required to undermine and expose the fallacy of gender essentialist and transmisogynistic constructions of menstruation.



## 6.5. PEN-glossary: terms and definitions.

- **Menstruation, menses, period** is the natural bodily process of releasing blood and associated matter from the uterus through the vagina as part of the menstrual cycle
- **Menarche** is the onset of menstruation, the time when a menstruator has their first menstrual period.
- **A menstruator:** a person who menstruates and thus has menstrual health and hygiene needs; including girls, women, transgender and non-binary persons. Throughout the handbook, the term "menstruator(s)" is used as an inclusive term to increase gender diversity and refers to all persons who have menstrual health and hygiene needs regardless of their gender identities.
- **WASH facilities:** Water, Sanitation and Hygiene facilities.
- **Incinerators:** an apparatus for burning waste material, at high temperatures until it is reduced to ash.
- **Environmentally-friendly:** that which claim a reduced, minimal, or no harm upon ecosystems or the environment.
- **Disposal:** throwing or getting rid of something.
- **Absenteeism:** the practice of regularly staying away from work or school without good reason.
- **MHM:** Menstrual Hygiene Management.
- **Menstrual hygiene materials** are the products used to catch menstrual flow, such as pads, cloths, tampons or cups.
- **Menstrual supplies:** other supportive items needed for MHH, such as body and laundry soap, underwear and pain relief items.
- **Menstrual facilities:** facilities most associated with a safe and dignified menstruation, such as toilets and water infrastructure.
- **Gender** refers to the roles, behaviour, activities, and attributes that a given society at a given time considers appropriate for men and women, which are socially constructed and are learned through socialisation processes.
- **A blood clot:** a thick mass of coagulated blood (stuck together) that can be observed during periods.

## 6.6. PEN-resources and references.

- <https://www.terrapacis.org/resources/educational-videos/why-do-women-have-periods-162.html>
- <https://www.terrapacis.org/resources/educational-videos/how-menstruation-works-159.html>
- <https://www.unicef.org/wash/files/UNICEF-Guidance-menstrual-health-hygiene-2019.pdf>
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