



Menstrual Health and Hygiene Management

WeWorld Research-Report Tanzania 2024

With people, from the margins to the center.

Edited by
Serena Ferro



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Thank you to all the people who shared their stories and experiences and decided to walk the road together for greater menstrual justice.

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List of Abbreviations

F-WASH	Female Water, Sanitation, and Hygiene
FGD	Focus Group Discussion
MHHM	Menstrual Health and Hygiene Management
MHM	Menstrual Hygiene Management
NGO	Non-Governmental Organization
RTIs	Reproductive Tract Infections
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UTIs	Urinary Tract Infections
VAT	Value-Added Tax
WASH	Female Water, Sanitation, and Hygiene
WHO	World Health Organization

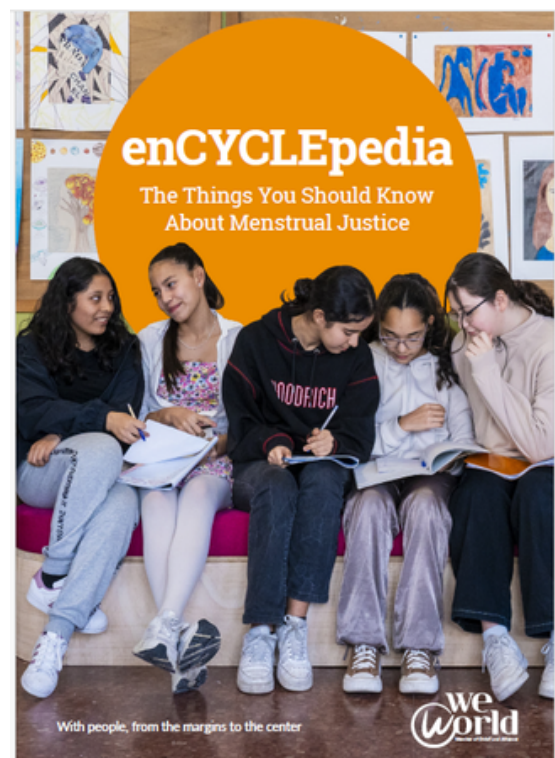
EnCYCLEpedia. The Things You Should Know About Menstrual Justice

The report **enCYCLEpedia: The Things You Should Know About Menstrual Justice** (Global enCYCLEpedia) by WeWorld was a **milestone in the definition of this research**, specifically adapted to the Tanzanian context.

The global enCYCLEpedia sheds light on menstrual poverty and its multiple dimensions, showing that even in developed countries such as Italy, menstrual health is an urgent issue.

The **enCYCLEpedia project reflects WeWorld's ongoing commitment to menstrual health and the rights of all menstruating women**, addressing not only the physical aspects of menstruation, but also its emotional, psychological and mental impact. By focusing on menstrual health, it emphasizes the **interconnection of menstruation with fundamental human rights such as dignity, bodily autonomy, access to education, privacy and the right to health**. This broad and inclusive approach also recognizes the importance of addressing the entire menstrual cycle, from menstruation to perimenopause, menopause and postmenopause.

This research is inspired by the enCYCLEpedia framework, using the **tools and insights** provided in the global report to shape and focus the findings on Tanzania. By adapting these global perspectives and tools, this research aims to deepen the understanding of menstrual health and hygiene in a specific context, addressing the unique challenges faced by women and girls in Tanzania while building on the global momentum for menstrual justice.



With the valuable contributions of the enCYCLEpedia global report, **this research aims to stimulate further studies on menstrual justice, particularly country-specific initiatives**. By adapting these insights to the Tanzanian context, this research hopes to encourage similar efforts that work collaboratively across nations to advance menstrual justice, ensuring that the rights and health of menstruating women are prioritized worldwide.

Introduction

Safe sanitation is a human need and access to safe sanitation is a human right.

Menstrual health is a vital topic that is frequently ignored, stigmatized and hidden in the discussion of **gender equality**, even though it affects millions of people every day.

Although menstruation remains a socially stigmatized condition in most contexts, and one that is infrequently discussed in co-educational (or even female-only) encounters, a girl or woman's menstruating status can easily be hidden in high-resource contexts. By contrast, in many low- and middle-income countries, where girls receive extremely limited puberty guidance, and the cost of mass-produced sanitary materials is high, the inadequacy (or complete lack) of safe, private, clean water, sanitation, and disposal facilities presents substantial additional environmental **barriers to menstrual hygiene menstruation (MHM)**.

MHM is crucial not only for the **empowerment and well-being** of women and girls but also as a **cornerstone of personal hygiene, reproductive health, and prosperity**. Beyond access to menstrual products and facilities, it requires fostering an environment where women and girls are respected and supported in managing menstruation with dignity.

The **recognition of sanitation as a human right** was solidified in 2010 when the UN passed a resolution affirming the universal right to clean water and safe sanitation by a vote of 122 in favor and none against. The resolution's principles are eloquently outlined in Fact Sheet 35 on the Right to Water, jointly prepared by the Office of the High Commissioner for Human Rights, UN Habitat, and the World Health Organization (WHO). It opens with the powerful declaration: "Water is the essence of life. Safe drinking water and sanitation are indispensable to sustain life and health, and fundamental to the dignity of all."

Building on this recognition of dignity and health, menstrual health emerges as an integral yet often overlooked aspect of human rights and public health. Menstrual health is closely related to human rights and public health, making it more than just a personal issue. It encompasses socioeconomic, psychological, and physical well-being during the menstrual cycle, perimenopause, and menopause. Menstrual health is a cornerstone of both overall health and gender equality. **True health cannot be achieved without addressing menstrual health, and gender equality is unattainable without ensuring menstrual justice.**

The many euphemisms used to avoid using the word "menstruation" point to a larger problem: what we do not identify remains hidden and forbidden, which has actual repercussions for menstrual people who are often marginalized. Emphasizing that a menstrual cycle is not a barrier in and of itself is crucial. When society disregards menstruation health as a fundamental component of general health and human dignity, barriers develop. These barriers, rooted in menstruation-related taboos and misconceptions, restrict educational and employment prospects and hinder full social engagement in many regions.

Addressing these challenges is central to **WeWorld's global commitment to raising awareness around menstrual health by challenging stereotypes and fostering a positive dialogue**. Through its work in countries like Kenya, Tanzania, Palestine, Nicaragua, Syria, Lebanon, and beyond, WeWorld has developed and integrated its approach to menstrual health and hygiene management (MHM) into the broader WASH (Water, Sanitation, and Hygiene) strategy, ensuring a holistic response to these critical issues.

Access to clean water and proper sanitation is vital for safe menstrual management, and private, clean facilities are crucial for hygiene and dignity. WeWorld MHHM initiatives include educational programs in schools and communities, aimed at empowering girls with knowledge about their bodies, as well as targeting children and men to shift collective mindsets. Tackling menstrual stigma requires a collective effort.

To drive meaningful change, **WeWorld Tanzania** developed this research report, highlighting access to sanitation as a matter of equality and dignity, with a specific focus on MHHM. The study engaged one hundred Tanzanian girls through eleven focus group discussions to explore how they navigate menstruation. Focus is given to school facilities and education on menstrual health by focusing on menstrual health rather than just menstrual hygiene, therefore addressing the physical, emotional, psychological and mental aspects of menstruation. It examines society's beliefs about menstruation and participants' experiences, emotions and willingness to discuss and manage their menstrual cycle.

By focusing on MHHM, the research provides valuable insights into the Tanzanian context, contributing to global knowledge exchange and raising awareness to strengthen collective efforts toward breaking down the stigma around menstruation and achieving equal access to the right of safe sanitation. Additionally, the production of research advocates for standardized, internationally comparable data to ensure effective, evidence-based and tailored interventions.

This research report is part of a **global menstrual justice strategy**, which in Tanzania has been implemented through a range of initiatives aimed at improving menstrual health and hygiene. These efforts reflect WeWorld's dedication to fostering the exchange of knowledge and inspiring nations to develop tailored strategies addressing their unique challenges. Through our work in menstrual health and WASH, WeWorld promotes best practices across borders, driving collective progress in this critical area.

Chapter 1. WHAT IS MENSTRUAL HEALTH?

1.1 UNDERSTANDING MENSTRUATION AND ITS HEALTH IMPLICATIONS

Every month, approximately **1.9 billion people worldwide menstruate**, accounting for about 23% of the global population (WHO/UNICEF, 2022). Menstruation, therefore, is an integral part of women's reproductive life, occurring naturally in pubescent girls and women. Menstruation signals the onset of puberty, which usually occurs first in girls aged between 11 and 14 years.

For almost 40 years, and for a total average of 2,400 days, menstruation accompanies the lives of many people (Thiébaud, 2018). Thus, menstrual health and hygiene (MHH) of women is one of the critical public health issues. Despite being a critical issue, MHH is often overlooked, especially in low-income countries (LICs) due to limited resources. Existing cultural factors, beliefs, myths and taboos also influence MHH to a significant extent.

Things to Know and How to Talk

ABOUT MENSTRUATION, MENSTRUAL CYCLE, AND MENSTRUAL HEALTH AT WORK

1

Let's start with the basics: call them menstruation! Not "cycle," not "lady business," not "moon time," not "that time of the month."

2

Menstruation is a natural process that affects a huge number of women (1.9 billion globally every month!)

3

Why isn't it accurate to call it the cycle? Because the menstrual cycle is made up of four phases and begins on the first day of bleeding, which is the first day of menstruation. The phases are: menstruation, follicular phase, ovulation, and luteal phase (pre-menstruation). So, menstruation is not the cycle but one phase of it.

4

Don't be surprised if some people feel more down or need extra rest during menstruation. They have every right to rest and shouldn't face stigma for it.

5

Now you know a bit more about menstrual health, but there's more to learn. Keep talking about it, listening to others' experiences, and breaking down taboos.

6

Periods aren't an illness, but they can be linked to health conditions. Stay with me here: some people experience periods with ease, while others face severe, sometimes debilitating pain. Everybody has different needs, and all of them deserve respect and support.

7

The menstrual cycle involves significant hormonal changes. However, this doesn't mean people are more "hysterical" or unstable during their period. Fun fact: did you know men also have a hormonal cycle? It lasts 24 hours and resets daily.

8

Thankfully, menstrual leave exists in some countries! It's a special type of leave that allows people to take time off from school or work, or work from home, to recharge during their period.

9

Ever felt embarrassed admitting to a headache or stomach bug? Probably not. The same should apply to menstruation—talk about it openly at school, work, and beyond. It's natural.

10

Now you know a bit more about menstrual health, but there's more to learn. Keep talking about it, listening to others' experiences, and breaking down taboos.



HOW DOES THE MENSTRUAL CYCLE WORK?

The menstrual cycle involves a series of physiological changes that cyclically affect the reproductive system, regulating reproduction and making pregnancy possible. Conventionally, the menstrual cycle starts on the first day of bleeding, known as day 1, and ends just before the next bleeding begins.

The length of the menstrual cycle varies significantly among individuals. While it is usually around 28 days, it can range from 23 to 35 days. This cycle is regulated by hormones, which are substances produced by the body responsible for various processes such as metabolism, growth, and development. The menstrual cycle consists of four phases: menstruation, the follicular phase, ovulation, and the luteal phase.

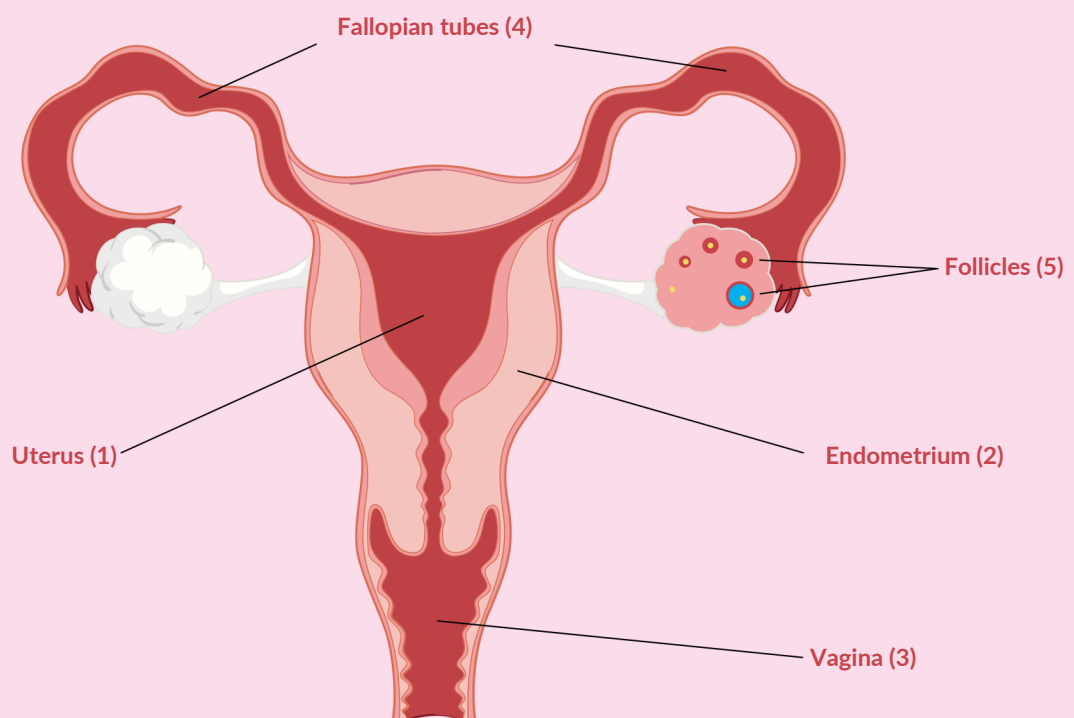
In her book *“Period Power: Harness Your Hormones and Get Your Cycle Working For You”* (2019), Women’s health expert, doula⁵ and author Maisie Hill compares the physiological and emotional changes that accompany the different phases of the menstrual cycle to the seasons.

Thus, bleeding becomes winter, the pre-ovulation (follicular) phase is spring, ovulation is summer, and the premenstrual phase (about a week before menstruation begins, part of the luteal phase) is autumn.

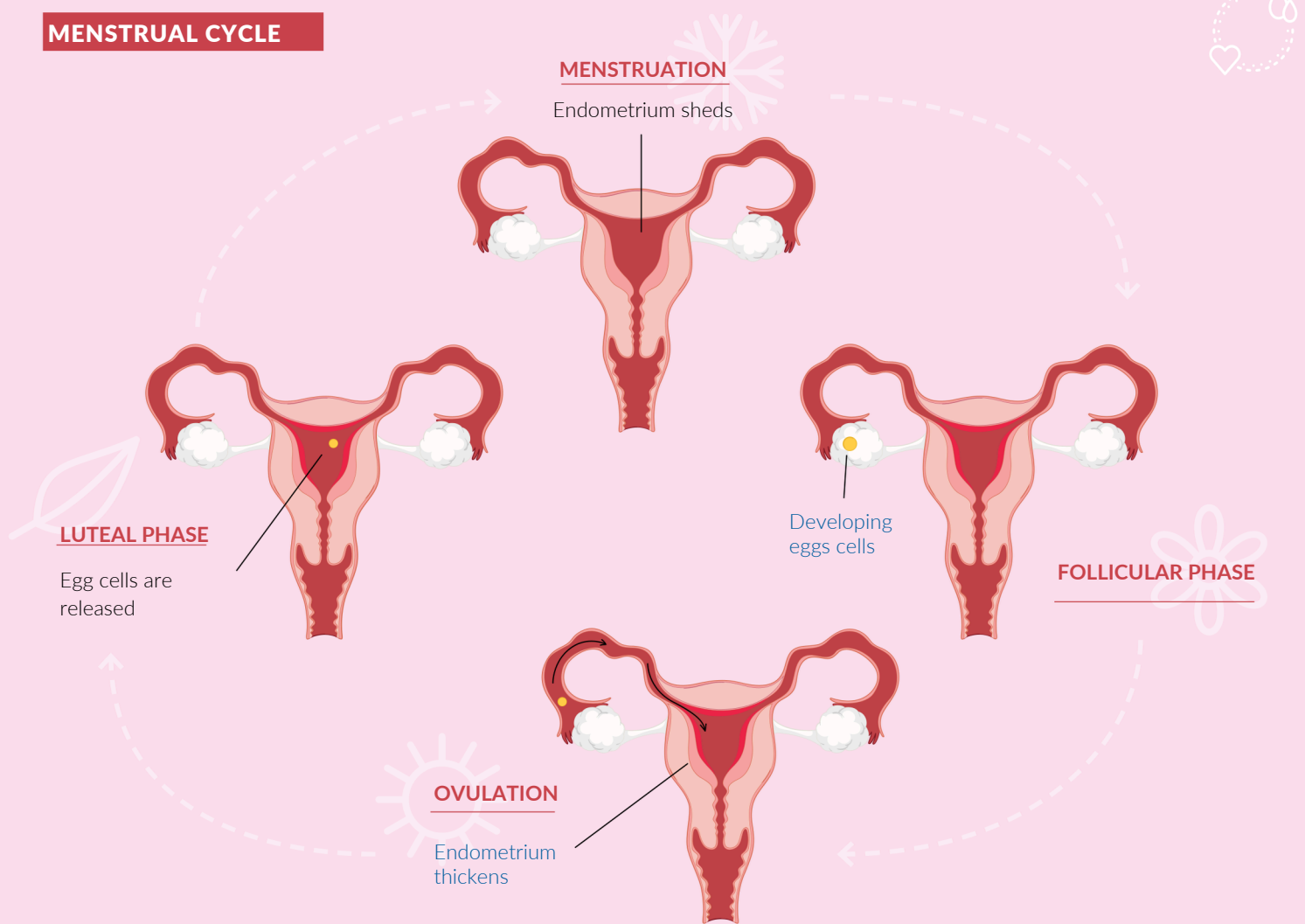
I) MENSTRUATION: The beginning of each cycle is marked

by the first day of menstruation, which involves the loss of blood and tissue from the surface of the mucous membrane that lines the uterus, known as the endometrium. This process is necessary for the development and nourishment of a potential fertilized egg and is regulated by hormones such as oestrogen and progesterone. At the end of the cycle, the production of these hormones abruptly stops. If fertilization has not occurred, menstruation ensues, allowing the uterus to shed the endometrial lining formed during the previous menstrual cycle through the vagina. Menstruation, which signals that fertilization has not taken place, generally lasts 4-8 days, with blood loss ranging from approximately 28 to 80 ml. This phase is one of the most significant events in the menstrual cycle, during which the body undergoes considerable stress, potentially causing pain, discomfort, and emotional fluctuations. For these reasons, it may be beneficial to take a break during this time, akin to how many animals hibernate in winter to recharge for the coming seasons (Hill, 2019).

II) FOLLICULAR PHASE: The follicular phase lasts from the first day of the menstrual cycle—the first day of menstruation—until ovulation. It is called the follicular phase because hormones stimulate the growth of follicles, each containing an egg. During this phase, the lining of the uterus is rebuilt to prepare for the possibility of receiving a fertilized egg. Oestrogens, produced by the follicles, are responsible for this phase, stimulating the proliferation of the new endometrium and often providing an energy



MENSTRUAL CYCLE



boost. The follicular phase ends with ovulation, and its duration can vary depending on how long it takes to ovulate. This phase, similar to spring, is a transitional period. The end of menstruation can feel like a release from the previous suffering, as the body prepares to release an egg. However, transitioning from the comfort of winter to the activity of spring can be challenging for some (ibid.).

III) OVULATION: Ovulation occurs about 14 days before the next menstrual cycle, which in a 28-day cycle is around day 14.

This is the time when a person can become pregnant. An abrupt rise in luteinizing hormone (LH) causes the ovarian follicle to rupture and release the mature egg into the fallopian tube, where it becomes available for fertilization for about 24 hours. The fertile period lasts approximately two days, and since sperm can survive in the female body for up to four days, sexual intercourse three or four days before ovulation can result in fertilization. During this phase, akin to the abundant energy of summer, the body works hard to release the egg, which then travels through the fallopian tubes toward the uterus (ibid.).

IV) LUTEAL PHASE: The luteal phase begins after ovulation and lasts about 14 days, ending just before the next menstrual cycle. During this phase, the remainder of the follicle transforms into the corpus luteum, which produces progesterone, a hormone necessary for the early stages of a possible pregnancy. If the egg is not fertilized, the corpus luteum breaks down, progesterone and oestrogen levels fall, and the outer layers of the uterine lining shed, leading to menstruation and the start of a new cycle. If fertilization occurs, the fertilized egg will implant in the uterus to continue the pregnancy. This period of the cycle, particularly the premenstrual phase, is often the most distressing, as energy and positivity wane, emotions run high, and various physical symptoms such as bloating, night sweats, headaches, and backaches may appear (ibid.).

1.2 A BROADER PERSPECTIVE: FROM HYGIENE TO MENSTRUAL HEALTH

The stigma surrounding menstruation has social, economic, and material consequences. Many people still struggle to access adequate sanitation, including safe, private, and accessible toilets with soap and water for changing or disposing of menstrual products. This lack of facilities can lead to serious infections, especially when reusable menstrual pads are not properly cleaned, or menstrual pads cannot be changed regularly (UNFPA, 2022).

The availability of and access to appropriate menstrual products, along with safe and convenient sanitary facilities for changing and disposing of materials privately and with dignity, as often as needed, is defined as part of MHM. The global community of experts working in the WASH (WATER, Sanitation, and Hygiene) sector is focused on improving access to these necessities. Stigmatization of menstruation and menstrual hygiene is a violation of personal dignity and several human rights, including the rights to non-discrimination, equality, bodily integrity, health, privacy, and freedom from inhuman and degrading treatment, abuse, and violence (Loughnan et al., 2020).

PRODUCTS AND PRACTICES FOR MENSTRUAL HEALTH AND HYGIENE MANAGEMENT

Menstrual products are used to absorb or collect menstrual blood and effluents and can be reusable or disposable. **Using terms like 'hygienic products' or 'sanitary' can perpetuate the negative notion that menstruation is inherently dirty or that the vagina needs to be cleaned.** This language implies that menstrual products (e.g., tampons, pads, menstrual cups) are merely quick fixes for an “unhygienic problem,” overlooking the broader social aspects of menstrual health (PERIOD, 2022).

Main Types of Menstrual Products and Methods:



DISPOSABLE OR SINGLE-USE PRODUCTS: These products are used once to manage menstrual flow and then disposed of. Common examples include tampons and disposable pads. However, disposable menstrual products contribute significantly to single-use plastic waste globally (Blair et al., 2022).



REUSABLE PRODUCTS: Reusable products, such as cloth pads, menstrual cups, and menstrual underwear, can be used multiple times to collect or absorb menstrual flow. Depending on the type, these products can last from one menstrual cycle to ten years (PERIOD, 2022). Reusable menstrual products are often more environmentally sustainable than disposable ones, though their use depends on access to adequate water and sanitation.



SUSTAINABLE PRODUCTS: are environmentally friendly options designed to reduce waste and pollution. They are typically made with minimal or no chemicals and plastics.

reduce waste and pollution. They are typically made with minimal or no chemicals and plastics. These products are part of a growing movement towards more sustainable menstrual health management. Ensuring that individuals have access to a wide range of menstrual products and proper education on their use is essential for addressing both the practical and social aspects of menstrual health.

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FREE BLEEDING: The practice of free bleeding involves not using any menstrual material or product to absorb or collect menstrual flow. This practice can be a conscious choice for those who prefer not to use menstrual products or a necessity for those without access to them.

Regardless of the type of product one decides to use, **the foundation of menstrual health should always be the individual's informed choice.** An informed choice is made after considering all available information on health alternatives and aligning with personal values. **All menstruating people should have knowledge of and access to menstrual products that are safe, convenient, and support sustainable production and use.**

Access to a variety of menstrual products and information on their use is also crucial. Promoting or distributing only one type of product, such as tampons or disposable pads, fails to consider the diverse needs and preferences of menstruating individuals. Today, while menstrual hygiene is still not guaranteed for many it is more appropriate to discuss menstrual health. Menstrual health broadens the focus to encompass the entire menstrual cycle and overall wellbeing, rather than just the hygienic management of menstruation. The term 'menstrual hygiene' primarily refers to the types of sanitary products used, and practices adopted in the daily management of menstruation. It often carries a negative connotation, reinforcing the stigma that associates menstruation with something dirty or unclean, and creates individual expectations and responsibilities (PERIOD, 2022; Winkler, 2021).

Menstrual health refers to a state of complete physical, mental, and social well-being in relation to the menstrual cycle, not merely the absence of disease or infirmity (Hennegan et al., 2021). Achieving menstrual health means that women, girls, and all people who menstruate, throughout their lives, are able to:

- ✿ **Access Accurate Information:** Obtain accurate, timely, and age-appropriate information about their menstrual cycle, menstruation, the changes they experience throughout their lives, and related self-care and hygiene practices.
- ✿ **Manage Their Bodies:** Manage their bodies during menstruation in ways that support their preferences for hygiene, comfort, privacy, and safety. This includes access to and use of effective and convenient menstrual products and the availability of supportive facilities and services, such as clean water, accessible sanitation, facilities for hand and body washing, and the ability to change menstrual products and clean and/or dispose of used materials.
- ✿ **Access Health Services:** Access timely diagnosis, treatment, and care for menstrual-related complaints and disorders, including access to appropriate health services.
- ✿ **Live in a Supportive Environment:** Live in an environment that is positive and respectful of their menstrual cycle, free from stigma and psychological distress, and where they can find the support, they need to take care of their bodies and make free and informed decisions.
- ✿ **Participate Fully in Life:** Decide whether and how to participate in all spheres of life, including civil, cultural, economic, social, and political, at all stages of the menstrual cycle, free from exclusion, restriction, discrimination, coercion, and/or violence.

Promoting menstrual health involves considering broader systemic factors that link menstruation to overall health, such as well-being, gender equality, education, empowerment, and rights (UNICEF/WHO, 2019). Menstrual health and hygiene activities and programs serve as a starting point for addressing gender equality and women's empowerment issues, including essential aspects like sexuality education, sexual and reproductive rights, and combating gender-based violence (e.g., early forced marriage, female genital mutilation and obstetric fistula).

Adopting a menstrual health perspective can contribute to transformative processes that enable women and girls to realize their full potential and promote their active and equal participation in the social, economic, and political life of the community.

In recent years, the international community has increasingly recognised and discussed the menstrual cycle as a significant indicator of health—not just reproductive, but also mental and physical health for women, girls, and all individuals who menstruate (Diaz et al., 2006; Stubbs, 2008). Alongside vital signs like body temperature, respiratory rate, blood saturation, heart rate, and blood pressure, the menstrual cycle is considered a fundamental health parameter. Irregularities in the menstrual cycle can sometimes signal hormonal imbalances, gynecological conditions, or infections (Johnston-Robledo & Chrisler, 2020).

Therefore, understanding the menstrual cycle is not only valuable for reproductive health but also provides insights into overall health status and fosters a deeper connection with one's body. Menstrual health spans various stages of a person's growth, and ageing, on a continuum from menarche (first menstrual period) to post menopause. This journey includes reproductive age, perimenopause (transition to menopause), and menopause (cessation of menstrual cycles). Recognizing menstrual health across these stages supports holistic health management and promotes well-being throughout life.

✿ **MENARCHE:** The term 'menarche' originates from Greek, combining mén/ménos (month) and arché (beginning), referring to the cyclic nature of menstrual flow. Menarche marks the onset of the first menstrual period and typically occurs between the ages of 10 and 16, influenced by genetic and environmental factors. Variability exists among populations due to factors such as climate and diet, although a trend toward earlier menarche has been observed in recent decades. Beyond its biological significance in initiating puberty and enabling reproduction, **menarche holds social significance in many societies, often symbolizing the transition from girlhood to womanhood.** However, it is important to note that the concept of 'womanhood' is socially, culturally, and historically defined (WeWorld, 2023; WE CARE. Atlas of Maternal, Sexual, Reproductive, Child, and Adolescent Health).

✿ **FERTILE AGE:** The reproductive life of individuals with biological female characteristics encompasses the menstrual cycle from puberty to menopause, **constituting the fertile age.** Ovulation, the phase when an egg matures and is released from the ovary, **typically occurs about 14 days before the start of each menstrual cycle.** The most fertile days coincide with ovulation and the days preceding it, **although individual variations exist** (see the box How Does the Menstrual Cycle Work? for more details).

✿ **PERIMENOPAUSE:** Perimenopause, also known as pre-menopause, **marks the beginning of the transition to menopause.** This phase is characterized by significant hormonal and physical changes, including irregular menstrual periods, hot flashes, mood swings, vaginal dryness, and changes in body weight, shape, and metabolism (see section 2.6.2. Gender Pain Gap: the Invisible Pain).

✿ **MENOPAUSE:** Menopause, derived from the Greek *pause* (cessation), signifies the end of the reproductive phase and menstrual cycles. Menopause is officially confirmed after 12 consecutive months without menstruation. Typically occurring between ages 45 and 55, menopause marks the end of natural fertility. However, certain medical conditions or treatments can induce menopause earlier. Lastly, it is important **to see the menopause as only one point in the continuum of life and not as a final destination, and therefore to pay due attention to the pre- and post-menopausal phases.**

1.3 DEFINITION AND IMPORTANCE OF MENSTRUAL HEALTH AND HYGIENE MANAGEMENT

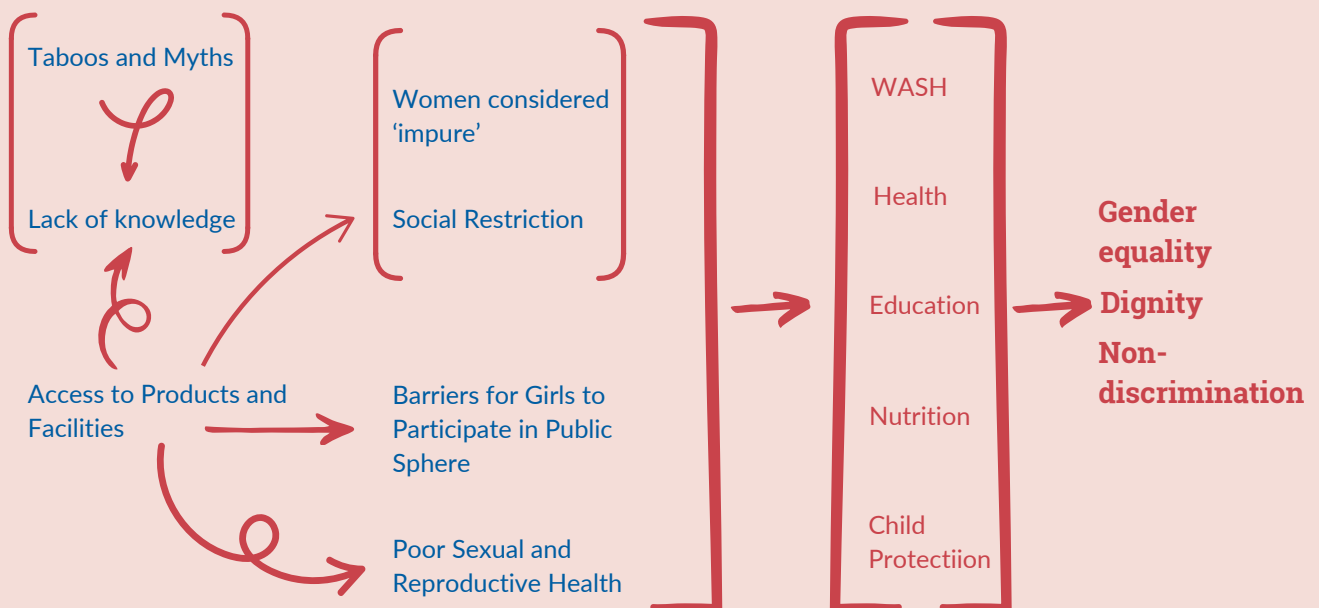
✿ **Menstrual Hygiene Management (MHM)** is defined as the “use of clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required and having access to facilities to dispose of used menstrual management materials” (sood et al., 2022; WHO/UNICEF Joint Monitoring Programme, 2012).

✿ **Menstrual Health and Hygiene Management (MHHM)** is defined as menstrual hygiene management in conjunction with the “broader systematic factors that link menstruation to health, well-being, gender equality, education, equity, empowerment, and rights” (sood et al., 2022; WHO/UNICEF Joint Monitoring Programme, 2012).

The definition of MHHM is a larger concept of MHM and so defined encompasses both the access to and use of clean products for menstrual management, facilities for disposal of materials, and water and soap for washing the body, as well as the living free of social norms and taboos that hinder access and use and limit knowledge and empowerment. Although, this definition is not yet institutionalized, this research uses it as a proxy and guidance in order to assess and identify not only the hygiene practices common among girls and women in Tanzania but also the norms, taboos and myths that can lead to social restrictions, discrimination, lack of knowledge and gender inequality.



MENSTRUAL HEALTH AND HYGIENE MANAGEMENT AND DEVELOPMENT ISSUES



The consequences of adolescent girls' and women's inadequate MHHM practice are extensive and include **less mobility, decreased attendance at school and community events, decreased safety, and increased stress and anxiety** (UNICEF, 2019). Adolescent girls and women are denied the opportunity to control their menstrual cycle in a respectable and healthful manner when their basic MHHM needs are not satisfied (UNICEF, 2019).

As MHHM encompasses a huge portion of adolescent girls' and women's daily lives, inadequate MHHM negatively impacts their health, education, nutrition, safety, and hygiene, making MHHM a human rights issue (Sommer et al., 2015; sood et al., 2022).

Despite the fact that MHHM has been on institutional agendas since the 2000s, due to taboos that kept it from receiving attention or discussion, it is now recognised in several sectors and its links to development areas such as WASH, health, education, nutrition and child protection are now well documented.



EDUCATION AND MHHM

The connection is primarily through schools offering adequate health education and addressing how menstruation affects girls' school attendance, thereby influencing the quality and continuity of their education. Lack of education about MHHM leaves **girls unprepared to deal with menstruation, generating fear, stigma and absenteeism**. Over time, frequent absences can lead to a **decline in academic performance and dropping out of school**. Dropping out limits personal opportunities, reducing access to higher education, employment and economic independence. At the societal level, it perpetuates cycles of poverty, gender inequality and failure to contribute to economic growth and community development, as girls who fail to complete education are less likely to reach their full potential.



WASH AND MHHM

MHHM also heavily relies on WASH, as **proper facilities are essential for effective menstrual hygiene management**. Inadequate WASH facilities in schools can reduce attendance, while poor facilities at home can lower overall quality of life (sood et al., 2022). UNICEF (2019) highlights that **over 335 million girls still attend schools without access to clean water and soap, underscoring the need for private, functional WASH facilities**.



HEALTH AND MHHM

The relationship between **MHHM and health revolves around access to healthcare and the management of menstrual-related health issues like irregular cycles, dysmenorrhea, and infections**. Studies show that access to MHHM resources and healthcare reduces menstruation-related symptoms, making it a health and human rights concern. MHHM also ties into sexual health, as improved menstrual and intravaginal practices are critical for reducing health risks among adolescent girls and young women. Nutrition is another key aspect, as menstrual-related dietary restrictions affect girls' nutritional intake. **Studies show that 4.6% to 70% of adolescent girls worldwide face food restrictions during menstruation, exacerbating existing gender-based nutritional disparities**. This increases their vulnerability to undernutrition, which impacts their long-term physical and cognitive development (sood et al., 2022).



CHILD PROTECTION AND MHHM

Particularly through its link to **child marriage**. Menarche is often perceived as a marker of maturity, signaling readiness for marriage in some cultures. This harmful practice, driven by family honor and social traditions, is associated with **severe mental and physical health outcomes, including maternal and infant mortality, intimate partner violence, and depression** (sood et al., 2022; UNICEF, 2015).

1.4 THE MENSTRUAL HEALTH AND HYGIENE MANAGEMENT AGENDA IN TEN: WHERE DO WE STAND?

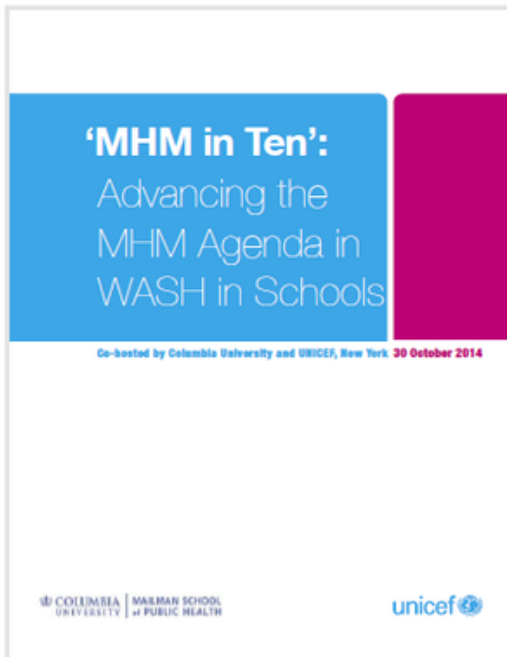
In recent decades, **menstrual health activism has taken on a global dimension**, with the emergence of transnational movements that have taken up the demands of many activists, civil society associations and research bodies, and have put it more and more on the international agenda. This is the case of the **Global Menstrual Collective**, which includes representatives from UN agencies, universities, governments, funders, advocacy groups, youth organizations, religious groups, independent consultants and NGOs. The Collective aims to guide and steer investment in menstrual health and hygiene through transnational advocacy. Or of **Menstruation Matters**, part of the NGO Women Engage for a Common Future (WECF), which campaigns to break the taboo on menstruation and reproductive health, defends the right to menstrual health from a sustainable perspective, advocates for laws to prevent the use of single-use plastics, promotes alternative, affordable and sustainable menstrual products, and works to abolish taxes on menstrual products.

In 2018, the **African Coalition for Menstrual Health Management** was launched, a network of more than 500 organizations and partners that aims to unite multiple African menstrual health actors and promote positive menstrual health interventions and change, especially in crisis contexts.

This path led, in 2013, to the creation of **World Menstrual Hygiene Day (MH Day)** **an awareness-raising event held every 28 May to break the silence and combat the marginalization, exclusion and discrimination experienced by people simply because they menstruate**. The date chosen for the Day, 28 May, refers to the duration of menstruation and the menstrual cycle: the month of May, the fifth of the year, commemorates the average duration of five days of menstruation; 28 is the average number of days in a menstrual cycle³⁵.

In 2014, UNICEF and Columbia University organized the **MHM in Ten meeting with the aim of outlining a ten-year agenda for menstrual hygiene and health in schools**. The meeting brought together a wide range of stakeholders, including academics, NGOs, UN agencies and the private sector, from different sectors of interest: WASH, education, gender and sexual and reproductive health. Participants identified five priorities for improving menstrual health by 2024:

1. Implement rigorous multisectoral data collection.
2. Develop and distribute global guidelines for menstrual hygiene management (MHM) in schools, setting minimum standards, indicators, and implementation strategies at national and sub-national levels.
3. Promote the Menstrual Health and Hygiene in Schools movement through an advocacy platform to drive policy, investment, and action across all government sectors.
4. Ensure accountability of governments in providing menstrual hygiene in schools and reporting on implemented actions.
5. Integrate comprehensive menstrual health resources into the education system, including MHM components.



This year (2024) marks ten years since the creation of the MHM Agenda in Ten: the report “*enCYCLEpedia: The Things You Should Know About Menstrual Justice*” takes this opportunity to put people with menstruation back at the centre, to discuss what has been done and what can still be done to promote menstrual health, and to recognise it in the broader right to health, because menstruation is not a personal issue, but a human rights and public health issue.

Since 2014, activists, NGOs and international organizations have done much to raise the profile of menstrual health and put it on the international and national agenda. **A growing number of governments are acting in this direction: some have removed taxes on menstrual products; others have focused on how to promote sexual health and a positive discourse on menstruation in schools and with male students; still others have implemented strategies to provide them with free menstrual products. Finally, some countries have adopted laws and policies on menstrual leave.** These are all fundamental actions and steps, but they are not enough.

Undoubtedly, despite the strides made in recent decades, ensuring adequate menstrual health remains a profound challenge for many individuals. Among the primary obstacles are deeply entrenched societal stigma, taboos, and stereotypes that continue to surround menstruation. Access to affordable and appropriate menstrual products poses another significant hurdle, alongside a widespread lack of comprehensive education about the menstrual cycle and its physiological intricacies.

Furthermore, there is a critical deficit in accessible and accurate health education specifically tailored to menstrual health. Social support from educators, peers, families, and communities often falls short, further complicating efforts to address menstrual health needs effectively. Insufficient infrastructure, including inadequate access to clean water, sanitation facilities, and proper disposal methods for menstrual products, exacerbates these challenges.

Moreover, the impact of emergencies and crisis situations, such as armed conflicts, on menstrual health is frequently overlooked or underestimated. These multifaceted barriers collectively underscore the concept of ‘menstrual poverty’, a term expanded to encompass the diverse and intersecting challenges that impede optimal menstrual health and well-being.

The efforts behind this report are in line with global efforts to address and break taboos, false myths, stigma and barriers in the management of menstruation and reproductive health.

This report supports global initiatives to challenge taboos, promote informed knowledge and address stigma and barriers surrounding menstruation and reproductive health. Focusing on the Tanzanian context, it highlights the urgent need to defend the rights of girls and women who lack access to accurate information, adequate menstrual facilities and products, and the freedom to manage and discuss menstruation without fear.



Chapter 2. EXPERIENCING MENSTRUATION IN TANZANIA'S SOCIO-CULTURAL CONTEXT

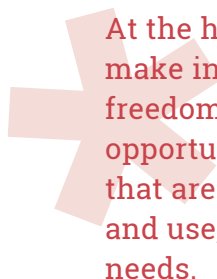
2.1 THE CONCEPT OF 'MENSTRUAL POVERTY'

In the field of menstrual health, the term **menstrual poverty** is commonly used to describe the lack of access to adequate menstrual products, often tied to socioeconomic status, with the aim of encouraging political and social interventions.

Defining this concept solely in terms of economic deprivation, however, is limiting. As outlined in the **enCYCLEpedia**, menstrual poverty represents one of many barriers to normalizing menstrual health. This report adopts a broader definition, recognizing the **multidimensional nature** of menstrual poverty. These barriers include inadequate information about managing menstruation, lack of autonomy in choosing what is best for one's body, persistent taboos and stereotypes, limited access to hygiene and health services, as well as the social and economic impacts of missing school, work, sports, or social activities due to shame or embarrassment.

Menstrual poverty, or the lack of access to menstrual products due to financial constraints, is a widespread issue affecting individuals across low-, middle-, and high-income countries. In regions facing greater economic challenges, access to menstrual products is closely tied to household income. The inability to access menstrual products leads to **severe physical health issues**, including resorting to makeshift solutions like toilet paper, clothes, or towels, which can cause infections. This issue also contributes to **mental health problems such as stress, anxiety, and depression, further affecting individuals' psychological and emotional well-being** (Rohatgi & Dash, 2023). **School-aged individuals often miss weeks of school or drop out altogether due to lack of menstrual products.**

In addition to availability, it is crucial that people have access to a wide range of menstrual products and are educated on how to use them effectively. Promoting or distributing only one type of product, such as disposable pads or tampons, ignores the fact that menstruating people are not a homogeneous group and that their needs and preferences vary. For example, in certain cultural contexts, tampons and menstrual cups may not be culturally acceptable, and individuals may be at higher risk of infection if they are not properly informed about insertion techniques, changing schedules, and appropriate hygiene practices. **Today, many people still lack real control over the types of products they use and the ability to properly dispose of or clean them, with personal, environmental, and cultural consequences** (PERIOD, 2022)



At the heart of proper menstrual health is the freedom to make informed and autonomous choices. To exercise this freedom, everyone who menstruates should have the opportunity to know about and access menstrual products that are safe, comfortable, and support sustainable production and use, and to choose the product that best meets their needs.

Although menstrual poverty also affects people in high-income countries and has become a global public health problem, **it is a challenge that has a particular impact on low- and middle-income communities**, where access to menstrual products, education and healthcare may still be limited despite the country's overall wealth. Similarly to other developing countries, MHM is among the challenges that schoolgirls in Tanzania face.

2.1 'MENSTRUAL POVERTY' IN TANZANIA

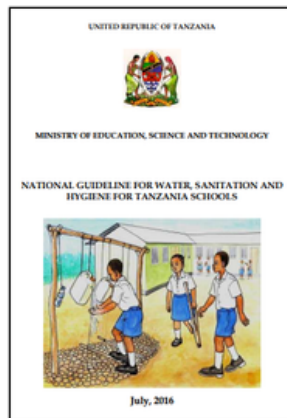
Although menstrual poverty affects individuals across high-, middle-, and low-income countries, its impact is particularly felt in low- and middle-income communities, where access to menstrual products, education, and healthcare may be limited.

In developing countries like Tanzania, MHHM is one of the challenges faced by **schoolgirls**. The Tanzanian government has increasingly recognized the importance of menstrual health and hygiene but has not yet fully mainstreamed these issues into national policies or programs. In the past 10 years, the government and local and international organizations have launched MHHM initiatives. The nation's decision to promote menstrual hygiene as a public health concern is a significant milestone.



In 2018, the members of the parliament of Tanzania gave a value-added tax (VAT) exemption for sanitary pads. A year later, it reinstated the VAT exemption as it was ineffective in cutting costs and boosting girls' and women's access to sanitary pads.

The Ministry of Health, other sectoral ministries such as the Ministry of Environment and Local Government and MHHM stakeholders such as NGOs and international organizations have partnerships to improve MHHM by providing human and financial resources. **Despite these efforts, there is still poor MHHM among schoolgirls in Tanzania. Tanzania scores low in knowledge, attitude and practice on MHHM, with some differences between rural and urban areas** (Mbatia et al., 2024).



While MHHM issues are generally expressed in the **national guidelines for water, sanitation, and hygiene in health care facilities** (URT, 2017), **and the Water, Sanitation, and Hygiene (WASH) guidelines** were issued in 2016, no specific guidelines provide clear and specific recommendations or instructions on how to perform a task, decide, or achieve MHHM issues in Tanzania.

Poor MHHM in Tanzania continues to contribute to significant public health issues, including increased risks of infections like urinary tract infections (UTIs) and reproductive tract infections (RTIs).

Studies show that inadequate access to clean water, safe sanitation facilities, and menstrual hygiene products exacerbates these **health risks, particularly among girls and women in rural areas**. These conditions also increase susceptibility to long-term reproductive health complications and, in extreme cases, maternal morbidity (Method et al., 2024).



2.2 THE IMPACT OF POOR MENSTRUAL HEALTH AND HYGIENE MANAGEMENT IN TANZANIA



While efforts to improve MHM have been initiated, focusing solely on hygiene does not address the broader socio-cultural and structural barriers. Early marriage, teenage pregnancy, and gender-based discrimination further compound these challenges. A **holistic view of menstrual health, encompassing education, empowerment, and access to healthcare, is essential for ensuring that girls can lead healthy, dignified, and productive lives.** In Tanzania, **MHH remains a significant issue for many schoolgirls**, with widespread implications for their health, education, and overall well-being.

The 2021 Menstrual Health and Hygiene study, conducted by the Tanzanian government in partnership with UNICEF and other stakeholders, sheds light on the challenges faced by schoolgirls in managing menstruation. The study identifies critical gaps in MHHM, particularly in rural and underserved regions, where access to adequate sanitation facilities and menstrual products is limited.

Tanzania's sociocultural context also plays a crucial role in shaping the experiences of girls during menstruation.



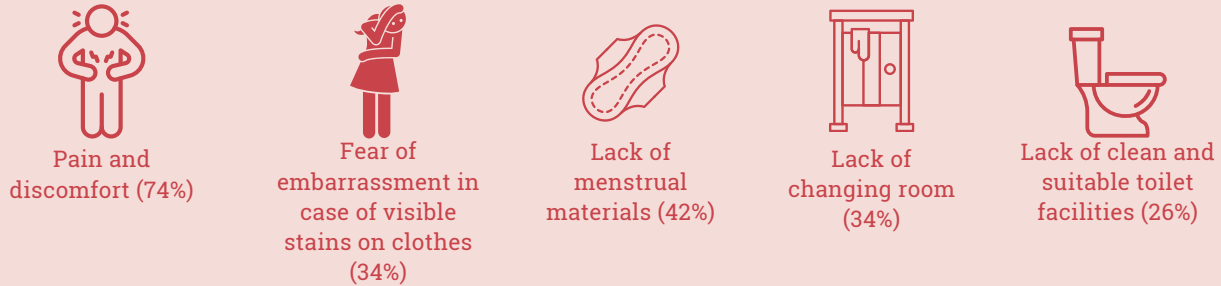
Cultural taboos, religious beliefs, and gender norms often lead to embarrassment, stigmatization, and restrictions on girls' daily activities, further exacerbating the challenges they face. These factors, combined with inadequate school infrastructure and sanitation services, create barriers to proper MHHM, which negatively impacts girls' academic performance and overall quality of life.

MAIN FACTORS INFLUENCING MHM AMONG SCHOOLGIRLS IN TANZANIA



Menstruation and Academic Performance

In Tanzania, many girls miss school during menstruation due to factors like:



These absences **negatively affect their academic performance**, especially in regions with inadequate support as North Pemba, Kaskazini Unguja, and Tandahimba (UNICEF, 2021).



Sociocultural Norms

Sociocultural and religious factors influencing MHM among schoolgirls is complex. **Despite these advancements, national guidelines specific to MHH, which would holistically address both the physical and socio-emotional dimensions of menstrual health, are still lacking.** For girls, this often means facing various restrictions, especially during their menstrual periods. In some **religious communities**, such as among Muslims, there are strict taboos around menstruation, while others, like Christian communities, may have more lenient views. These cultural norms can prohibit girls from participating in social activities, engaging in physical exercise, or performing daily tasks like cooking, especially due to fears about the perceived “uncleanliness” of menstruation.



Gender Role in Menstruation

Viewed from a gender lens, **male figures – both within school and family – are socio-culturally conditioned not to be concerned with menstruation.**



WASH and MHH

Most schools have pit-latrines, with an average ratio of one toilet per 62 students (UNICEF, 2021). However, significant variations exist between regions, school types, and urban/rural settings. **Government schools generally have a higher pupil-to-toilet ratio than private schools, and rural areas tend to have worse access than urban ones.** Many schools also lack privacy in toilets, and inadequate hygiene facilities lead to poor MHM, with girls often avoiding toilets or staying home during menstruation due to discomfort and stigma.



Disposal Practices

Sanitary materials are usually thrown into pit-latrines or buried in the ground. Throwing them into pit-latrines is a common practice at home and in rural settings where pit-latrines are common. On the other hand, burning appeared to be common in urban areas where flushing toilets are common. In some schools, **sewage systems were clogged due to improper disposal practices.** Furthermore, fears of witchcraft, shame and contamination, and the type of MHH materials used have a strong influence on the disposal practices, especially in the choice between burning, throwing in pit-latrines or in bushes.

The challenges surrounding menstrual health and hygiene in Tanzania are multifaceted, with significant barriers stemming from inadequate infrastructure, sociocultural taboos, and gender norms. Despite some progress, there is a clear need for more comprehensive and regionally tailored approaches to addressing both the physical and socio-emotional dimensions of menstrual health.

Building on this understanding, WeWorld has conducted a series of focus groups in Tanzanian schools involving over 100 girls, aged 12 to 20. These focus groups provide valuable insights into the lived experiences of girls, offering a deeper understanding of how menstrual health and hygiene is managed on the ground. In the following sections, the findings from these focus groups will be discussed, exploring the intersection of infrastructural challenges, cultural norms, and the impact of menstruation on girls' academic performance and daily activities. This analysis aims to contribute to the ongoing dialogue on improving menstrual health and hygiene management for Tanzanian schoolgirls.

THE CRITICAL LINK BETWEEN CLIMATE CHANGE AND MENSTRUAL HEALTH IN TANZANIA



Climate change poses a significant threat to the health and social opportunities of women, girls, and other menstruators. Droughts and other extreme weather events, such as floods and cyclones, are disrupting access to menstrual products, private spaces, clean water, and sanitation. These disruptions hinder menstruators from managing their periods safely and with dignity, exposing them to health risks and increasing social stigma. Moreover, menstrual health is often neglected due to stigma and is not prioritised in disaster relief efforts, which tend to focus on food and shelter. Consequently, menstrual health and hygiene management (MHHM) initiatives may be suspended during emergencies. Similar challenges arise during climate-induced migration, which is expected to increase in the coming decades. However, menstruation does not cease during disasters, compounding difficulties for affected women and girls (Thurston et al., 2021).

In many parts of the world, the effects of climate change have become a constant rather than an emergency. **Droughts, in particular, can hinder women and girls' ability to use certain menstrual products, especially reusable ones that require clean water for washing. The availability of water often varies throughout the year and can be severely limited** (Shannon et al., 2021). **Thus, climate change influences the types of menstrual products available and restricts choice for women menstruators.**

Water-related challenges arising from climate change also impact WASH (Water, Sanitation, and Hygiene) services, exacerbating menstrual health issues. The lack of adequate, separate, and private latrines with clean water for washing, and spaces where menstrual hygiene products can be changed, cleaned, or disposed of, disproportionately affects women and girls in water-scarce regions (WHO/UNICEF, 2023). Inadequate access to menstrual products and WASH services has serious consequences, leading to school absenteeism, reduced participation in social activities, and increased risks of gynecological problems and infections. Thus, the climate crisis and menstrual injustice are closely intertwined.

In Tanzania, addressing menstrual health is increasingly intertwined with climate change and sustainable practices. **The lack of access to clean water, sanitation, and hygiene (WASH) infrastructure poses a significant challenge, especially in water-scarce rural areas. Climate-induced issues, such as droughts, worsen this problem, making reusable menstrual products difficult to maintain.**

Cultural norms and disposal practices for menstrual hygiene products in Tanzania can have significant environmental consequences, particularly in the context of climate change. **Burning used pads, a practice often seen in urban areas, releases harmful pollutants such as carbon dioxide and particulate matter into the atmosphere,** contributing to air pollution and exacerbating climate issues. This practice is influenced by social fears, including beliefs around witchcraft or contamination, which discourage other disposal methods.

In rural areas, disposal in pit latrines or open ground is common. These methods can contaminate soil and water sources, especially during floods or heavy rains, increasing the risk of groundwater pollution. Pads made from non-biodegradable materials can persist in the environment, further aggravating waste management challenges in areas where formal waste systems are lacking.

The **stigma surrounding menstruation also discourages public discussions or development of sustainable disposal systems.** Instead, secretive practices often lead to unsafe disposal methods, compounding environmental issues. For instance, improper disposal at schools can clog sewage systems, creating additional sanitation challenges and requiring costly repairs (Save The Children, 2023; Action Against Hunger, 2023; World Bank Group, 2018)

These practices underscore the need for culturally sensitive and environmentally sustainable solutions to address menstrual health while mitigating environmental harm.



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Chapter 3. WEWORLD'S SURVEY IN TANZANIA

The **focus group discussions (FGDs)** conducted by WeWorld **involved 126 girls between the ages of 11 and 22** in different regions of Tanzania within schools and centres benefiting from WeWorld's support.

✱ **17 Vulnerable Girls** from the **KIWOHEDE School** and Shelter Center and School in Dar es Salaam **aged between 14 and 22**

✱ **109 Girls** from three schools in **Dar es Salaam** (32 participants), three schools in the **Ludewa district** (Njombe region - 37 participants) and four schools on **Pemba Island** (40 participants) **aged between 11 and 16.**

A total of **126 girls** participated in the focus groups.



¹ Kiwohede is an NGO focused on promoting reproductive health, children's rights, development, and advocacy. Two FGDs were conducted: one at the school in Bunju district, where vulnerable girls are present, and another at the HQ location in Ilala. Since the girls were of the same age range and in similar vulnerable situations, the results were aggregated. Any differences that may affect the analysis will be reported.

The objective of the FGDs were aimed at gathering insights into the challenges girls face in managing their periods and the support they need to improve their menstrual health.

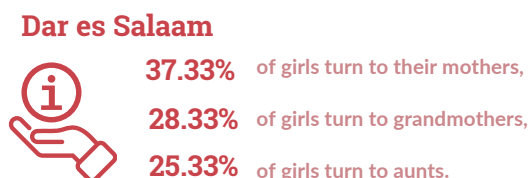
This initiative underscores **WeWorld's commitment to raising awareness about menstrual health and ensuring access to accurate, context-specific information for vulnerable communities**. By including participants from diverse regions—urban (Dar es Salaam), rural (Ludewa), and island (Pemba)—WeWorld ensures a comprehensive understanding of the distinct challenges faced by girls across different cultural and geographic contexts.

The results of these FGDs are crucial for the development of targeted interventions that address the specific needs of girls in both urban and rural settings. They also contribute to a broader understanding of barriers to MHH, including privacy concerns, lack of materials and environmental conditions, thus enabling informed and evidence-based programming.

3.2 FGDs: MENSTRUAL HEALTH KNOWLEDGE AND MANAGEMENT

Menstrual health and hygiene are fundamental to adolescent **pervasive cultural taboos , misinformation and limited access to resources** girls' well-being, yet hinder their effective management.

Across Tanzania, **knowledge and practices around menstruation vary significantly depending on geographic, socio-economic, and cultural contexts**, revealing a mix of shared challenges and region-specific differences. Nationwide, mothers are often the primary source of menstrual health information, as seen in **Dar es Salaam**, where:



Conversely, in more rural and culturally distinct areas such as **Pemba Island**, religious institutions like madrasas play a more prominent role, with **7 girls** citing **madrasas as their primary source of information**.

However, in **Kiwohede** (Dar es Salaam) **media platforms like TV programs and social media were key sources** showing the influence of urbanization and technological access in shaping menstrual health awareness.

A recurring issue across all contexts is the **lack of timely and comprehensive education**. For example, in Pemba, 7 girls only received information after their first period, often from parents, while others cited storybooks or Quran classes. Similarly, many participants in Kiwohede School-Shelter and Dar es Salaam noted that schools played a limited role, leaving girls to rely on informal or inconsistent sources.

These disparities highlight the **urgent need for targeted interventions that address stigma and leverage trusted community structures, including families, religious institutions, and media, while expanding menstrual health education in schools**. Studies indicate that stigma around menstruation often leads to absenteeism and reduced participation, particularly in schools lacking adequate facilities and support (Sommer et al., 2015; UNESCO, 2019).

School-based programs that include **peer education** and **awareness campaigns** have proven effective in reducing misconceptions and fostering inclusive environments (House et al., 2012). Moreover, **family communication gaps** can exacerbate stigma, leaving girls unprepared or ashamed (Mason et al., 2013).

3.3 FGDs findings: Health and Sociocultural Aspects of Menstruation.

Menstrual health in Tanzania is **deeply influenced by cultural beliefs and practices that shape girls' physical and emotional experiences**. In **Dar es Salaam**, many girls report common menstrual symptoms like cramps and discomfort, with pain management strategies including hot water, painkillers, and staying home from school. This reflects broader research indicating **limited access to proper healthcare for menstrual symptoms, especially in underserved areas** (Sommer et al., 2015). Anxiety and embarrassment around menstruation are also widespread, particularly due to fears of leaking or staining clothes, which is compounded by cultural taboos that view **menstruation as a private and shameful subject**.



On **Pemba Island**, girls manage menstrual pain with **traditional remedies**, including herbal treatments, reflecting **resource constraints and cultural influences** that guide their coping mechanisms (Said et al., 2020). **Anxiety over leakage and odors exacerbates stress**, particularly in schools with inadequate facilities (House et al., 2012).



The **stigma** surrounding menstruation is reinforced by **boys' teasing and social taboos**, limiting girls' participation in activities and their emotional well-being.



Religion, particularly in **Pemba's Muslim-majority context**, influences perceptions of menstruation through **cultural interpretations of Islamic teachings about cleanliness**. These interpretations often intertwine with traditional views, which can lead to restrictions on menstruating girls, such as limited participation in certain social or physical activities and interactions. For example, menstruation is sometimes seen as a state requiring specific practices of cleanliness, which can shape societal expectations.

Religious institutions, such as madrasas, according to the participants play a significant role in shaping girls' understanding of menstruation, but the education provided may vary widely, leaving some girls with incomplete information before their first period. As documented in various studies, this can limit access to comprehensive menstrual health education, resulting in challenges such as **emotional distress or physical discomfort** due to insufficient guidance (Mason et al., 2013; Said et al., 2020).

In **Ludewa and Kiwohede School-Shelter** (where girls are typically older) similar **cultural restrictions and menstrual-related anxieties persist**.

In **Ludewa**, menstruation is often linked to impurity and **readiness for marriage, affecting girls' confidence and social participation**. Many girls report restrictions on physical activities, such as cooking or interacting with boys, which reinforces feelings of shame.

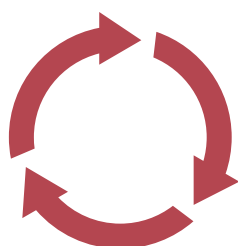


The desire for more information about menstruation is evident across regions, with girls expressing confusion about bodily changes and seeking more comprehensive education on menstrual health.

These findings highlight the need for **culturally sensitive menstrual health education** that addresses both physical and emotional aspects of menstruation, alongside efforts to dismantle the stigma that surrounds this natural process.

3.4 FGDs findings: Menstrual Hygiene Practices and WASH Facilities.

Menstrual hygiene practices in Tanzania are influenced by both **cultural beliefs and the availability of adequate WASH infrastructure**. Generally disposable pads are commonly used, but improper disposal methods such as:



28-30% Burning

59-71% Burying

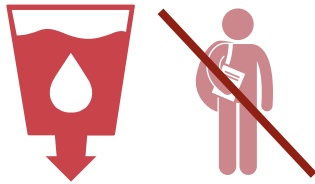


Or discarding pads in dump sites

That reflect the lack of appropriate waste management facilities. These practices are deeply tied to cultural taboos around menstruation, with **burning often driven by concerns about privacy and stigma, as well as beliefs in witchcraft associated with menstruation**.

Improper disposal practices also have **environmental consequences**. Burning pads, while providing privacy, releases harmful pollutants into the air, contributing to environmental degradation. Burying pads or discarding them in dump sites exacerbates waste management problems and increases environmental contamination. These unsustainable disposal methods highlight the need for more effective recycling programs and safer, environmentally friendly disposal systems in schools and communities.

The absence of proper WASH facilities compounds these issues. Inadequate toilet facilities and lack of waste disposal bins force many girls to hold onto used pads for longer periods, exacerbating hygiene concerns. **Privacy remains a critical issue**, with girls often **drying reusable pads in secret locations to avoid social stigma**. In **Ludewa**, where disposable pads are less affordable, **the lack of washing and drying facilities at schools forces girls to clean their cloth pads at home, presenting logistical challenges due to limited resources and cultural sensitivities**.



These sanitation challenges directly contribute to **absenteeism and dropout rates**. Studies have shown that inadequate menstrual hygiene management in schools leads to increased absenteeism, as girls may stay home to avoid discomfort, embarrassment, or stigma during their periods (Sommer et al., 2015).

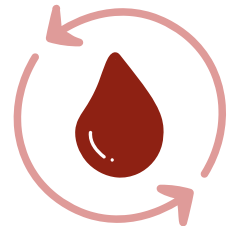
3.5 FGDs findings: Item MHM .

MHM in Tanzania is shaped by regional differences, resource availability, and cultural beliefs.

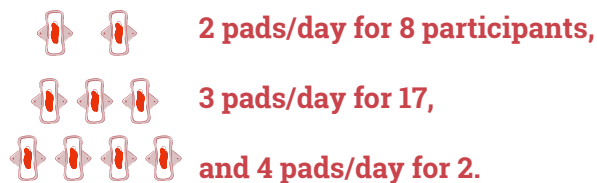
In Dar es Salaam:

Approximately 70-90% use disposable pads, with a preference for pads with wings for added comfort and security.

3 participants use reusable pads



The **average number of pads needed per day** ranges from 2 to 4:



However, access to water is a critical challenge: **water is often either unavailable or unsafe**.

In Pemba **disposable pads are similarly the most common choice**, primarily due to their convenience, as they don't require washing, drying, or extra water.

However, some students (a small group) opt for reusable cloth pads due to their affordability and sustainability.

Water access remains a challenge, and soap use (bar soap and powdered soap) is common. Despite their awareness of hygiene, the lack of proper disposal facilities and water access hinder effective menstrual hygiene practices.

In Njombe (Ludewa district), reusable pads are more common due to their affordability, with disposable pads being used when available.

Same as in Dar es Salaam, **the average number of pads needed per day ranges from 2 to 4:**



Bar soap is typically used for washing pads, but limited access to resources and inadequate WASH facilities remain significant barriers.

Disposable pads are also preferred in **Kiwohede** due to their comfort and accessibility. However, discomfort with the smell of pads highlights the embarrassment that still surrounds menstruation.

The lack of adequate infrastructure—such as soap, water, disposal bins, and emergency pads—continues to limit effective MHM in schools across regions. **Girls also emphasize the need for better menstrual health education to address gaps in understanding about menstrual pain and cycle-related changes.**

3.6 FGDs findings: MHM in schools.

Many students reported not receiving menstrual hygiene products, or receiving them in limited quantities, such as a single pack of pads insufficient for an entire menstrual cycle.

In regions like **Dar es Salaam and Pemba**, where **access to sanitary products is inconsistent**, students **emphasized the need for regular and sufficient distribution of menstrual hygiene items.**

A **lack of appropriate changing facilities** further complicates the situation, with many students changing pads in school toilets, which often lack essential features like doors, water, and privacy. **Overcrowded and inadequate facilities exacerbate this issue, leaving girls with few options but to change pads at home.**

Cultural stigma continues to play a significant role in how menstruation is perceived and managed in school settings. Many students report feeling embarrassed during the **distribution of menstrual products**, particularly when done in public or in the presence of boys. This embarrassment often results in **reduced participation in school activities and low self-esteem**, highlighting the need for more discreet and respectful distribution methods. Suggestions include ensuring that products are distributed in private, women-only spaces or through individual allocations to preserve dignity.



WASH facilities are universally noted as inadequate for effective menstrual hygiene management. Many schools lack designated spaces for pad disposal, leading students to either take pads home or use culturally sensitive methods like burning or burying them. The absence of private changing rooms, emergency pads, and proper waste disposal systems further complicates the management of menstruation in schools. **Despite some schools offering basic menstrual health education, there is a strong call for more in-depth and practical education on menstrual hygiene, along with better teacher training.**

3.6 Recommendations

This research has demonstrated that **menstrual hygiene management (MHM) in Tanzania is deeply interwoven with not only physical well-being but also the mental health and social rights of girls and women.** The challenges of inadequate access to menstrual products, poor sanitation facilities, and the stigma surrounding menstruation are barriers to health, dignity, and educational participation. It is essential to recognize that **menstrual health must be addressed holistically**, considering **cultural sensitivities** and **the broader context of individual rights**.

WeWorld's role in shaping actions around MHM has been pivotal in fostering a deeper understanding of these challenges, promoting a more informed approach that transcends physical health.



The organization's focus on breaking stereotypes, tackling stigma, and addressing taboos has been critical in creating an environment where girls and women can discuss their needs openly and without shame. Furthermore, WeWorld has contributed to improving WASH facilities, which are crucial for safeguarding both physical health and the dignity of girls and women

The organization's efforts to improve water access, provide safe disposal options, and ensure private changing rooms have helped to address critical barriers to proper menstrual hygiene, ensuring that girls' health is not compromised and that their participation in education is supported.

To ensure more comprehensive, culturally sensitive interventions, it is **recommended** that:

- ✱ **Improved Infrastructure:** Schools and communities must be equipped with adequate WASH facilities, including private changing rooms, water access, and safe disposal mechanisms for menstrual products.
- ✱ **Sustainable Product Distribution:** The distribution of menstrual products should be consistent, private, and respectful, with an emphasis on emergency supplies and tailored solutions that meet the needs of local communities.
- ✱ **Mental and Emotional Support:** Comprehensive menstrual health education that addresses both the physical and mental aspects of menstruation should be incorporated into school curricula, including practical guidance on managing menstruation and debunking myths and taboos.
- ✱ **Empowerment through Education:** Girls and women should have access to knowledge about menstrual health, the menstrual cycle, and their rights. This will empower them to manage menstruation with confidence and dignity.

Conclusion. TOWARDS AN AGENDA FOR MENSTRUAL HEALTH JUSTICE IN TANZANIA

WeWorld has always been committed to ensuring menstrual health globally, placing menstruating individuals at the forefront. **We prioritise menstrual rights alongside other interrelated rights such as the right to education and health, access to menstrual products and WASH services, and sexual and reproductive rights.**

As part of the global WASH 2020-2023 strategy, we have adopted the MHHM working modality in the many countries where we operate. This document provides guidelines that countries can adapt for various activities, from rehabilitating and constructing water and sanitation facilities suitable for managing menstruation to promoting menstrual health education courses in schools and communities.

These efforts enable individuals to manage their menstrual cycles with dignity, without feeling uncomfortable or afraid, while educating them about their bodies and needs, thus empowering them to make free and informed choices. Furthermore, by targeting both those who menstruate and those who do not, these activities help combat stigma and taboos, fostering a positive, non-judgemental narrative about menstruation (see the box WeWorld's Menstrual Hygiene and Health Management Modality).

In Tanzania **WeWorld** has a strong commitment to **promoting menstruation justice and defending women's and girls' rights**. This dedication has been demonstrated by a **number of significant projects**.

WeWorld worked with Arusha-based RealRelief to produce **reusable pads**, giving menstruators in the area an affordable and environmentally friendly alternative.



WeWorld has also actively taken part in events and webinars, like the **Marathon for Menstruation** to overcome the stigma associated with menstruation and increase awareness

The **adaptation of the Italian menstruation diary**, ensuring it is contextually appropriate and sensitive to the local culture, has been a significant accomplishment in our work in Tanzania. This adaptation is part of our bigger efforts to empower people so they may take charge of their own health and better understand their menstrual health and hygiene.



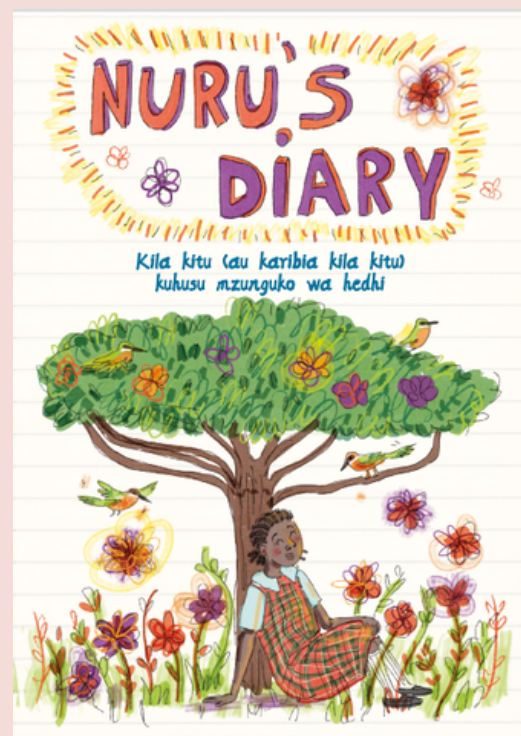
WEWORLD TANZANIA'S MENSTRUAL DIARY

In 2024, we proudly introduced an adapted version of the Italian menstrual diary for our Menstrual Health and Hygiene Management (MHHM) courses and activities with children and youth in Tanzania, aligning with our play-based learning and awareness methodologies.

This valuable resource serves multiple purposes: it allows menstruators to track the duration and regularity of their menstrual cycles, predict the onset of their next period, and monitor changes or irregularities in flow duration and intensity. It also helps record specific symptoms such as pain or mood swings. Furthermore, it fosters greater awareness of one's body and menstrual cycles, offering a comprehensive overview of habits and changes over time.

The menstrual diary is also a powerful tool for spreading awareness and breaking the stigma surrounding menstruation. This tool exemplifies the global connections we nurture between countries. Starting with the original version developed in Italy, we have produced a Tanzanian edition, adapting it to the local context and cultural sensitivities to ensure it resonates with the needs of the community.

As an Italian NGO with a global reach and vision, we are dedicated to promoting the exchange of best practices locally and worldwide. Through initiatives like the menstrual diary, we aim to inspire and support individuals globally, advancing health, awareness, and empowerment.



WeWorld also strongly supported the abolition of the tax on tampons, joining forces with other organisations to **promote menstrual justice and ensure that menstruation is recognised as a basic health need, not a luxury.**

In addition, we are organising an **art exhibition in Dar es Salaam in 2025** focusing on women's empowerment and breaking down taboos related to menstruation, fostering open dialogue and awareness of women's rights.

In addition, WeWorld has been actively involved in improving the **F-WASH (Female Water, Sanitation, and Hygiene)** facilities in **schools across Tanzania**. This work aims to promote access to safe water and sanitation, creating a healthier and more supportive environment for young people to manage their menstrual health.

By highlighting the cultural and practical obstacles that women and girls have when managing their periods, this study, which was carried out through focus group discussions (FGDs), supports these initiatives further. The results support WeWorld's holistic approach by highlighting the significance of addressing MHHM's mental and social components in addition to its physical ones.

WeWorld continues to significantly advance menstrual justice in Tanzania through these efforts and the insightful findings of this study.



WeWorld wants to guarantee that menstruation no longer stands in the way of Tanzanian women's and girls' achievement and well-being by breaking cultural taboos, enhancing health outcomes, and advocating for women's rights.

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