



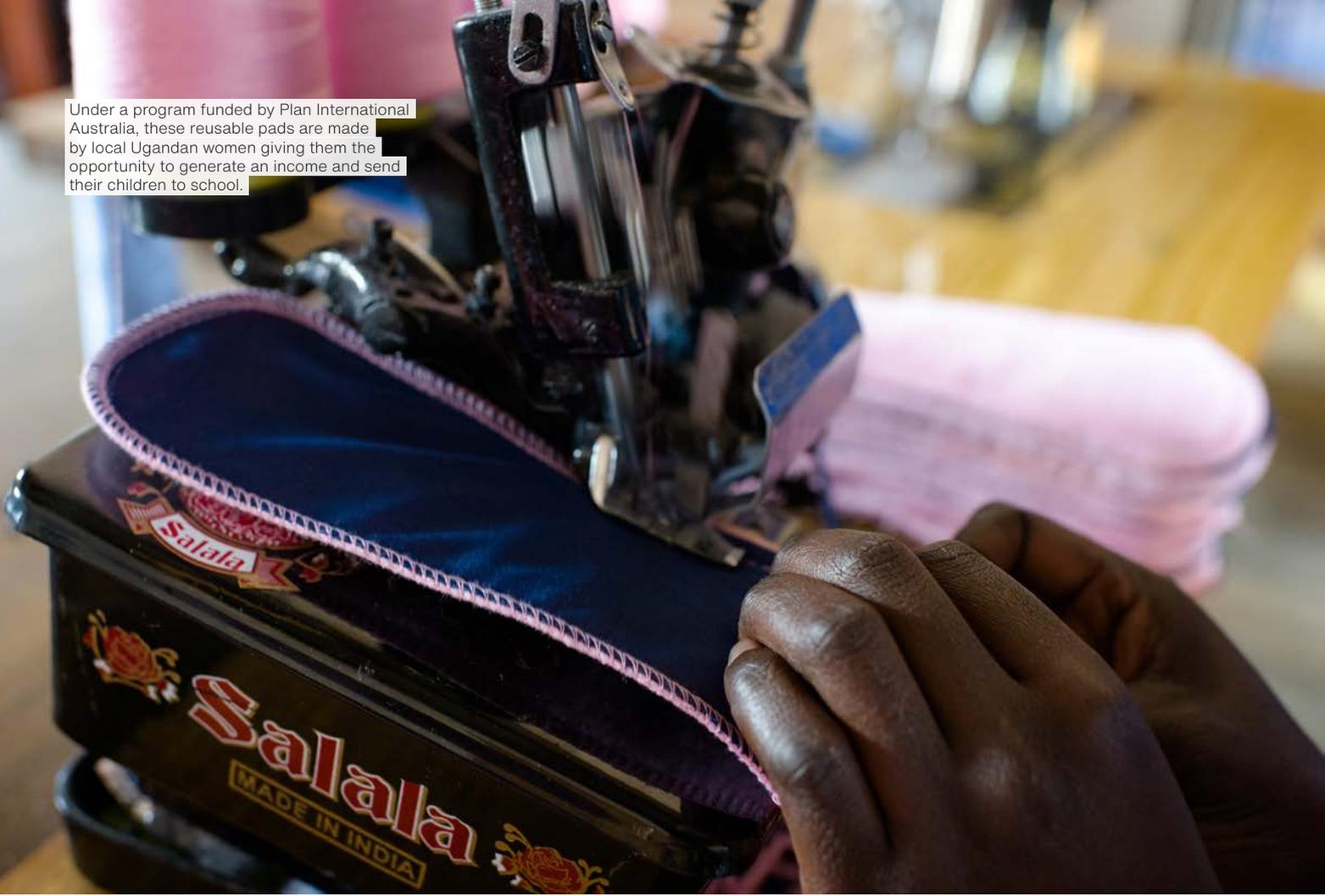
The charity for
girls' equality

PERIODS IN A PANDEMIC

Menstrual hygiene management in the time of COVID-19



Under a program funded by Plan International Australia, these reusable pads are made by local Ugandan women giving them the opportunity to generate an income and send their children to school.



INTRODUCTION: PERIODS DON'T STOP FOR PANDEMICS

Water, sanitation and hygiene (WASH) are the first line of defence against COVID-19. It's widely recognised that access to clean, running water and soap for handwashing is a critical need that must be met in our global response to the pandemic, however there are other essential aspects of WASH that should not be forgotten at this time.

On any single day during this health emergency, 800 million diverse women and girls are menstruating and grappling with the unique challenges of doing so in a global pandemic.¹

Periods don't stop during a pandemic and for millions of people² in the countries that Plan International works in privately and safely managing menstruation and addressing the taboo and stigma associated with it is critical to ensuring their human rights, health and dignity.

As some countries emerge from the peak of the pandemic and restrictions on movement begin to ease, the challenge for millions of people who menstruate continues.

The gendered impacts of COVID-19 are being seen all over the world. Meeting the critical menstrual hygiene management needs of women and girls is central to an inclusive global response that promotes equality and social inclusion.

This report looks at how the current implications of COVID-19 is exacerbating key challenges for people who menstruate around the world and provides recommendations on how to include menstrual hygiene management (MHM) within a COVID-19 response.

Cover image: As part of our COVID-19 response in Zambia, Plan International distributed 615 menstrual hygiene kits to girls and young women as well as 1,020 bars of soap to vulnerable households in Kafue District.

EXPERTS WORLDWIDE SPEAK OUT ABOUT COVID-19 AND MENSTRUAL HYGIENE MANAGEMENT

To gain a deeper understanding of the specific problems COVID-19 has posed for managing menstrual health and hygiene, Plan International conducted an online survey exclusively for professionals who work in the WASH and Sexual Reproductive Health Rights (SRHR) fields across the Plan International federation.

The online survey was live from 11 May to 17 May 2020 and attracted 61 responses from professionals working in 30 countries.

Responses were gathered from:

- Australia
- Bangladesh
- Cambodia
- Canada
- China
- Colombia
- Denmark
- Dominican Republic
- El Salvador
- Ghana
- India
- Indonesia
- Kenya
- Laos
- Lebanon
- Liberia
- Mozambique
- Myanmar
- Nepal
- Netherlands
- Philippines
- Rwanda
- Solomon Islands
- Sweden
- Tanzania
- Togo
- Uganda
- UK
- Zambia
- Zimbabwe

The number leading concerns about the impact of COVID-19 on menstrual hygiene management amongst Plan International's professionals who took this survey were:

1. 81% were concerned people who menstruate would not be supported to meet their menstrual hygiene management (MHM) needs
2. 78% worried the pandemic would further limit freedom of movement; and
3. 75% said COVID-19 may pose increased health risks for people who menstruate, as resources, such as water, are diverted to other needs.

In addition to the WASH professionals' survey, a second survey for people who menstruate was distributed across Australia, Ireland, Fiji, the Solomon Islands, Papua New Guinea, Indonesia and Vanuatu, to provide further evidence.

While these samples are not statistically significant, and the data is not weighted, qualitative evidence from these participants has been included in this report in the form of quotes and – where possible – percentage of respondents per country who indicated an issue.

KEY FINDINGS: PERIODS IN A PANDEMIC REPORT

In relation to MHM, WASH professionals in 30 countries have reported that COVID-19 has worsened key challenges for people who bleed by:

1. Restricting access to products, through either shortages or disrupted supply chains: 73% agreed*
2. Restricting access to WASH facilities to help change, clean and dispose of sanitary products: 68% agreed
3. Increased and prohibitive prices of products: 58% agreed
4. Lack of access to information about menstrual hygiene management: 54% agreed
5. Reduced access and availability of clean water to help manage periods: 51% agreed
6. A less hygienic environment for sanitary hygiene product disposal: 47% agreed
7. Increased stigma, shaming or harmful cultural practices associated with menstruation: 24% agreed

*N=45 (16 survey takers skipped the multiple choice questions)

SEVEN KEY ISSUES RELATED TO CORONAVIRUS AND PERIODS

1 COVID-19 lock-downs, border closures and supply disruptions have limited access to menstrual hygiene products

As global supply chains are disrupted and smaller scale private sector enterprises cease trading, deliveries of goods has slowed, particularly in remote areas. Shops and markets remain closed and restrictions on movement due to lockdowns have made sourcing goods more challenging.

This has the follow-on effect of sanitary products becoming a scarce resource. People may avoid going to local markets or supermarkets to obtain essential supplies in fear of exposure to COVID-19 in public places.

When sanitary products are hard to obtain, individuals may be forced to resort to using unhygienic alternatives that can increase their risk of reproductive and urinary tract infections.³

This lack of access to safe sanitary products during COVID-19 poses a real threat to the health and safety of people that menstruate.

Three-quarters (73%) of WASH professionals say access and distribution has been hampered by COVID-19.

One in three girls and women surveyed in the Pacific said (30%) that period products had become harder to find during the pandemic.

“Due to the COVID-19, sanitary products are getting scarce, stores in rural areas are empty.”

WASH Project officer, Solomon Islands.

“Challenges observed particularly when distributing sanitary pads [during the pandemic] includes poor knowledge on how to use sanitary pads and high demand of sanitary pads by adolescent girls.”

Head of COVID-19 response Tanzania.

“One of Plan International’s partners who manufactures reusable sanitary pads has been impacted by disruptions in the supply chain of their core materials for fabrication, reducing their ability to produce pads.”

Program Manager WASH, Australia.

“Those who rely on food banks have been hard hit due to middle classes stockpiling [sanitary pads] from supermarkets thus leaving vulnerable and those in poverty to go without.”

Head of Disaster Response Management, United Kingdom.

“Most school-going girls have challenges in accessing the products.”

Public Health Officer, Kenya.

“Communities are far apart, making logistics hard to get to the target groups. Solomon Islands recently just had a tropical cyclone come through parts of the country wreaking havoc, and equally destroying roads, so it was difficult to get out to distribute.”

WASH Officer, Solomon Islands.

“Due to bulk buying it has been extremely hard to find any products at all, and when you do find them, they are quite expensive,”

Young woman, Australia.

“There are no tampons available anymore.”

Teenage girl, Papua New Guinea.

“The pads I use - in most supermarkets - is out of stock.”

Young woman, Fiji.

“As most shops have run out, I sometimes have to substitute in different ways instead.”

Teenage girl, Solomon Islands.

“Last month I had gone to get pads I like and they weren’t in two stores I tried,”

Young woman, Ireland.

“The products is rare and hard to find. Many people buy too much for themselves,”

Young woman, Indonesia.

“I went to the supermarket and there were absolutely no tampons available of any brand,”

Young woman, Australia.

“The products are rare and hard to find. Many people buy too much for themselves,”

Young woman, Indonesia.

CASE STUDY: ETELFINA, 17, TIMOR LESTE

I am really worried about my family since all public activities have been suspended and my family depends on the market to earn income. As many other girls, I feel unsafe when all small shops closed. It is difficult for girls to get sanitary and hygiene products during this pandemic.



CASE STUDY: DIANA, 21, KENYA

Diana recently received a care package from Plan International containing period products. “The pandemic has denied us access to sanitary towels and diapers. We used to be able to get them in school for those of us who went back, but since the schools have been closed, we have been unable to access them.”



2 Limited or disrupted access to facilities for changing, washing or cleaning during menstruation

At least 500 million women and girls globally lack adequate facilities for MHM.⁴

A lack of access to clean water to wash, toilets with doors for privacy and a lack of means to dispose of used products are some examples of the challenges that people face in managing their menstrual hygiene in a private, safe and dignified manner.

“While transit, women preferred not using common toilets due to fear of infection from COVID-19.”

Senior Technical Advisor WASH, India.

“Due to lack of sanitary pad supply, females are depending on using traditional cloth napkins. Many of them don’t know the proper way of cleaning it... There is ample scope for bacterial infection.”

Technical specialist SRHR Bangladesh.

“Most adolescent girls dispose [their products] at school and because schools were closed due to lockdown, disposing has been a challenge.”

SRHR Thematic Lead, Zimbabwe.

“No toilets, no soap, no private areas for girls or even no pads at all, these are some of the challenges they face. Most of the time during menstruation, girls have to spend the whole day in the river or water taps washing just to ensure water to control their bleeding.”

WASH Program Officer. Solomon Islands.

Two-thirds (68%) of WASH professionals report access to facilities to help girls manage their periods has been disrupted.

Across the Pacific girls and women surveyed, almost half (40%) said they had trouble finding facilities for changing and disposing of period products safely, privately and hygienically.

“It’s very difficult to change the used pads when we are out in town because the public conveniences charge to use, which is more expensive in this pandemic time.”

Young woman, Fiji.

“If we go on lockdown again for months, especially for girls and mothers, we will really find it hard to manage periods.”

Young woman, Papua New Guinea.

“With public restrooms closed almost everywhere changing tampons or emptying cups became quite difficult.”

Young woman, Australia.

“I work outside and use public toilets often but with COVID-19 a lot of the toilets are closed and also a lot of them do not have soap available to wash your hands.”

Woman 30+, Australia.



Sisters Fatouma, 18, and Koumba, 16, are both deaf. They are the eldest of six children and live with their family in Lomé, the capital of Togo. Since the start of the COVID-19 outbreak, the sisters have been left worried by the changes which they don't understand as no-one has properly explained the situation to them.

THE SITUATION FOR WOMEN AND GIRLS WITH DISABILITIES

Women and girls with disabilities in particular are likely to be severely impacted by the pandemic and their ability to manage their periods safely and with dignity significantly affected.

There are over one billion people living with disabilities globally, many of whom are women and girls and who face multiple and intersecting forms of discrimination due to their age, gender and disability.⁵

With social distancing restrictions and fear of transmission of COVID-19 the essential community based social services and specialised services that women and girls with disabilities rely on for information and to assist with hygiene management are likely to be stopped or disrupted.⁶ Similarly, care givers in the community or family members who are in isolation, will be unable to provide the daily assistance of washing and toileting that is essential to good menstrual hygiene management.

Community responses must be created with a strong gender and inclusion lens to ensure those who are hardest hit by the pandemic are reached and their needs are met.

3 Increased price of sanitary products

Alongside the issues of global supply chains, girls and WASH professionals reported an increase in the price of sanitary products. In part, the increase in prices can be attributed to limited supplies of sanitary products, but survey participants also suggest that in some areas, prices have been opportunistically inflated.

With the pandemic significantly affecting livelihoods and household incomes, it is harder now for people, including adolescent girls, to afford to buy sanitary products than before the COVID-19 pandemic began, even when products are available.⁷

Two-thirds of WASH professionals (58%) report that menstrual hygiene products had become more expensive since the pandemic started.

One in five (22%) girls and young women surveyed in the Pacific reported the cost of sanitary products had risen since COVID-19 started.

“Lebanon is experiencing a huge economic crisis. The prices of all goods including sanitary pads are increasing every week. Due to the lockdown, girls and women can’t access the shops nor do they have the financial means to buy sanitary pads.”

Gender Based Violence and Sexual Reproductive Health Rights Program Manager, Lebanon.

“Menstrual hygiene management is becoming more expensive especially for girls and women in rural areas who are failing to buy, hence end up using old clothes for menstrual hygiene management.”

Health Programs Coordinator, Zambia.

“Since the lockdowns were effected across the world, and specifically in Zimbabwe, most retail shops have taken advantage of the situation and hiked prices.”

Program Facilitator, Zimbabwe.

“Due to supply has been interrupted and lack of products in market, the products are becoming very expensive.”

Sexual and Reproductive Health Rights Technical Specialist, Bangladesh.

“Prices went up as soon as there was a confirmed case of COVID19 in Fiji. Sometimes I have to forgo buying hygiene products as money will have to be used on food and bills.”

Young woman, Fiji.

“I have no income and I have to wonder where I will get \$5 for a pad.”

Girl, Fiji.

“Tampons are expensive and I’m changing them less regularly than I should be so I can use less, it’s led to some leakage which has been awful.”

Young woman, Australia.

“In general prices have gone up, this includes pads too, the normal ones I get have gone up by a couple of dollars,”

Young woman, Indonesia.

CASE STUDY: SAJJU, 20, NEPAL

The day when lockdown was announced, I was on the first day of my period. I went to the nearby shop to buy sanitary napkins while there were people rushing to buy food items and stock because they were worried about shortages. I was worried that there would be shortages of sanitary napkins as well. The government should not forget that while there is a lockdown in the country, our periods are not going to lockdown at all. Government should ensure the accessibility of sanitary napkins for all the girls in the country.

4 COVID-19 lock-downs have caused problems with access to reliable information and support around menstrual health and hygiene.

With millions of students out of school around the world, the immediate connections that adolescent girls have with their teachers, schools, friends, health workers and family networks are absent and can result in girls having limited information on their first period and menstrual hygiene management. This is particularly heightened in areas where young people have limited to no access to online resources.

Health centres are important access points for women and girls to access information on MHM and their sexual and reproductive health and the closure of these can have a detrimental impact. Additionally, schools that have curriculums and programs around MHM may not have incorporated this into learning materials for children studying at home.

Without access to accurate and timely information on menstruation and reproductive health, adolescent girls are also at a higher risk of early and unplanned pregnancy.⁸

More than half (54%) of WASH professionals report information and education about menstrual hygiene management has been disrupted.

One in three girls and women surveyed in the Pacific said (30%) that period products had become harder to find during the pandemic.

“Schools are the only formal venue for menstrual hygiene promotion, but schools are closed so no information about menstrual hygiene management is being distributed formally.”

Program Manager for Plan Indonesia’s Water for Women Project, Indonesia.

“Adolescent girls and young women have limited access to hygiene products and more so due to the lockdown.”

Zimbabwe, Program Facilitator.

“Family and friends don’t meet up as often under current circumstances and data deals are expensive, so staying in contact with those I feel comfortable speaking to or finding information about periods is difficult.”

Young woman, Solomon Islands.

“I want to go to the doctors to discuss significant pain I’m having during my period. But I’m not sure if I’m allowed or if the doctor will think less of me for using their time rather than those with COVID-19.”

Young woman, Australia.

CASE STUDY: MANISHA, INDIA

I have been spending time with my family members during the covid-19 pandemic. Right now adolescent girls and women are facing a big problems due to non-availability of sanitary pads during periods. Therefore, we are using clean clothes available at home to keep ourselves safe from diseases



5 Access to clean water to maintain good menstrual hygiene even more difficult during COVID-19

Access to clean and reliable water is essential for managing menstruation safely and hygienically. For people who were already facing difficulties with reliable supply of water, this may have become more profound during COVID-19.

The pandemic has placed restrictions on movement which pose challenges, particularly for women and girls, who are often responsible for collecting household water, walking considerable distances

to do so. With COVID-19 intensifying household water needs in water scarce environments and with lockdown reducing access to water, women and girls may not prioritise water for their menstruation needs. Similarly, they may be unable to access a toilet that is in another household or is shared with others due to the risks of contracting COVID-19.

In a time of scarce resources, basic items such as soap may also be difficult to find or may be rationed for handwashing. For those people in refugee and internally displaced camps, this lack of access is even more acutely felt.

Just over half the WASH professionals surveyed (51%) reported that water shortages were causing problems.

Some girls in the Pacific (15%) said access to water to manage menstrual hygiene was a problem for them.

“Some adolescent girls and young women in rural areas may resort to unclean sources of water as a result of the lockdown.”

Program Facilitator from Zimbabwe.

“Most of the schools have no clean and safe water hence most of the adolescent girls decide to stay at home during menstruation.”

Head of COVID-19 Response team, Tanzania.

“The access and availability of water to practice good menstrual hygiene management has become more serious and difficult at this time.”

WASH Officer from Togo.

“If there is water problem. I’ll go down to the river or spring nearby.” -

Young woman, Fiji.

“We sometimes have water cuts. So menstrual hygiene is sometimes tedious.”

Young woman, Solomon Islands.

“Water cuts are frequent. This becomes more burdensome during rainy periods.”

Young woman, Solomon Islands.

6 COVID-19 disruptions have created a less hygienic environment for disposal of products and waste-management

The disposal of sanitary products has become more difficult for people who menstruate. Without access to rubbish disposal systems, people often burn or bury pads some distance from home.

Due to restrictions of movement this may not be possible and can increase the risk of environmental contamination and increase risks of disease transmission. Additionally, the embarrassment and stigma of soiled sanitary products being found close to or in homes reduces the likelihood that people will use safe and hygienic sanitary products.

More than 280,000 refugees living in northern Uganda in Bidi Bidi, which in 2016 became the world’s largest refugee camp. Eighty per cent of the people living there are women and children and most have moved there to escape the brutal conflict which has gripped South Sudan since 2013. Plan International, with support from Dubai Cares, is responding to the educational needs of refugee children in the camp by establishing safe and secure learning spaces for girls and boys to go to school. We are also providing dignity kits to schoolgirls to help them manage their menstrual cycle and stay in school.



Nearly half (47%) said there had been issues with disruptions to hygienic management of periods

One in three girls and women surveyed in the Pacific (34%) said they had trouble knowing where they could comfortably dispose of period products.

“We work in remote communities where there is no electricity, no water, with very basic amenities. There are no disposal facilities. Used sanitary pads are either buried in the ground, thrown into the sea and rivers or burnt.”

WASH Officer, Solomon Islands.

“The lockdown has restricted garbage collection in most areas and disposal becomes an issue.”

Gender and Inclusion Technical Lead, Zimbabwe.

“There are no proper disposal because coverage for rubbish disposal does not reach my area.”

Young woman, Solomon Islands.

“We were not allowed to move around to dispose [products] and it was really uncomfortable.”

Young woman, Papua New Guinea.

7 Stigma, shaming or harmful cultural practices associated with menstruation have become more profound

In cultures where menstruation is considered impure, people who menstruate are often systematically excluded from daily activities and discriminated against. The discrimination for those who face intersecting issues such as being transgender, non-binary, intersex and a-gender is even greater.

Additionally, if a person is suspected of having or has been diagnosed with COVID-19 that stigma is even further entrenched. The deep shame and stigmatisation that may be felt at this time poses a serious risk to women and girls’ access to essential services and scarce resources as well their mental health and well-being.

This lack of knowledge alongside the stigma and taboo concerning menstruation increases girls’ feelings of shame, embarrassment and discomfort which can lead to increasingly poor mental health outcomes.

One in four (24%) WASH professionals noted an increase in stigma associated with menstrual hygiene management during the pandemic.

Around one in five girls and women surveyed in the Pacific (17%) said they felt more embarrassed about their periods during the pandemic.

“COVID-19 in Mozambique is making girls and woman stay at home as result of school closure. Lack of information about MHM will lead to early pregnancies and school drop outs.”

MHM Coordinator, Mozambique.

“Males generally do not support or see sanitary wear as an essential service and cultural taboos associated with menstruation have increased. Girls are not allowed to cook when menstruating according to the culture.”

SRHR Thematic Lead, Zimbabwe.

“Stigma regarding hormones and female mental health [has increased]. Increase in media discourse around men being “stuck” home with hormonal women.”

Disaster Response Manager, United Kingdom.

“Sometimes [I feel shame]. Especially when I am not able to clean myself during water cuts. I feel embarrassed to walk around family.”

Young woman, Solomon Islands.

“Sharing a home with my family where there is not much privacy has been more difficult to keep periods private.”

Young woman, Ireland.



THE SITUATION FOR REFUGEES AND DISPLACED PEOPLE.

When Virginia, 23, received one of thousands of baby kits distributed to survivors of Cyclone Idai, she knew they'd be useful for more than just her two year-old daughter. "I used the diapers during my period because I have no sanitary pads," she says.

People who are in refugee camps and camps for internally displaced people, living in conflict affected areas or are in the aftermath of a natural disaster, face an added burden in managing their periods during the pandemic.

Menstrual hygiene management can often be overlooked in emergency and protracted crises settings and as humanitarian services and resources in camps are diverted to respond to the COVID-19 emergency, the availability of sanitary products, clean underwear, safe water and toilets for women and girls may be reduced.⁹

Adolescent girls face complex issues during emergencies and protracted crises which are exacerbated by the pandemic. For example, due to social distancing measures, adolescent girls cannot access the child and adolescent girl friendly spaces where they may ordinarily have had access to information and education about menstruation.

Plan International recently surveyed 1100 adolescent girls and boys, caregivers and community leaders in Lebanon (both citizens and Syrian refugees) on their survival needs during the COVID-19 pandemic.

"We are learning a lot about good hygiene practices and handwashing these days. But we need soap, face masks and towel for our hygiene and personal cleanliness. Where would we get those? We don't have enough soap and hygiene materials for our personal use in the camp." Kawsara, 15, refugee camp Bangladesh

The research found that over one third of adolescent girls surveyed did not have access to menstrual supplies. Among those, an overwhelming two-thirds were Syrian refugee girls. As well as access, affordability has been another issue that girls are grappling with. Of those surveyed, 66% of adolescent girls reported they did not have the financial means to buy hygiene pads. More than half of these were Syrian refugees.

For donors and humanitarian actors that are focussed on a COVID-19 health response in emergency and protracted crises settings, building in menstrual hygiene management as a core part of the health and safety of women and girls is essential.



RECOMMENDATIONS

Governments must invest in inclusive water, sanitation and hygiene services and facilities.

One of the most effective strategies to support people's access to good menstrual hygiene, especially in resource-constrained settings, is investing in core public health infrastructure, including water and sanitation systems. Good WASH and waste management practices, consistently applied in households, communities, health centres, institutions and public spaces, are essential, not only as the first line of defence in preventing the spread of COVID-19 but also in promoting the health and dignity of women and adolescent girls during the pandemic and into the future as countries focus on recovery efforts.

Build menstrual hygiene management into COVID-19 health responses.

Ensuring that menstrual hygiene management is part of every donor government's emergency health response during the COVID 19 pandemic is crucial. This includes information on menstruation distributed as part of a package of health information, broader health messaging campaigns that address the period stigma and working closely with Ministries of Health and Education to ensure that menstrual hygiene management is built into recovery responses. The supply of sanitary products can be improved by supporting local small business and micro-enterprises to meet demand and reduce the reliance on global supply chains.

Include menstrual hygiene management in remote learning curriculums.

With so many children out of school at this time, integrating menstrual hygiene management into remote and online learning curriculums is an important way of ensuring that people, including adolescent girls have the knowledge that they need on their first period and safely manage their menstrual health during this time. Donors that are working with Ministries of Education and other relevant Ministries can build this into their response.

Apply a strong inclusive and participatory lens in the COVID-19 response.

In order to meet the needs of the most marginalised people, such as adolescent girls, those living with a disability, those who identify in a sexual and gender minority, or those who live in conflict settings and refugee and internally displaced person camps, must be part of COVID-19 planning and response.

Importantly, a good MHM response is one that is part of a wider gender equality and socially inclusive response that seeks to not only tackle the practical barriers (e.g. access to water for all), but one that also contributes to tackling strategic barriers (i.e. those that address discriminatory power relations, such as women's meaningful decision making in households and communities). Doing so, enables development interventions to shift from just a momentary response to COVID-19, to supporting the transformation of the lives of the most marginalised.

ABOUT PLAN INTERNATIONAL

We strive to advance children's rights and equality for girls all over the world. We recognise the power and potential of every single child. But this is often suppressed by poverty, violence, exclusion and discrimination. And it's girls who are most affected.

As an independent development and humanitarian organisation, we work alongside children, young people, our supporters and partners to tackle the root causes of the challenges facing girls and all vulnerable children. We support children's rights from birth until they reach adulthood, and enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge. For over 80 years we have been building powerful partnerships for children, and we are active in over 75 countries

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