

# MENSTRUAL HYGIENE MANAGEMENT IN THE WORKPLACE: LEARNINGS FROM NEPAL

## ACTIVITY OVERVIEW











All over the world, people who menstruate experience challenges managing their periods, especially those who live and work in environments that do not support adequate menstrual hygiene management (MHM). MHM is a subset of USAID’s holistic approach to menstrual health and hygiene (MHH), which includes reproductive health; water, sanitation and hygiene; education; and social and behavior change. For working women, these challenges may have critical implications for their health and general well-being, as well as for their economic outcomes such as work attendance, performance, and earnings. To better understand the relationship between MHM and women’s economic empowerment, the USAID Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability (WASHPaLS) project conducted action research to assess the benefits and costs of improved MHM in the workplace for women workers and the enterprises that employ them. The overall objective of the research was to determine if providing adequate MHM in the workplace contributes to improved business and social outcomes, including women’s economic empowerment.



## WORKPLACES

The *MHM in the Workplace* action research took place over a 5-9 month period in two Nepali workplaces that manufacture high-end carpets.

## INTERVENTION COMPONENTS

<p><b>PRODUCTS &amp; INFRASTRUCTURE</b></p> <p>Increased access to free menstrual products and improved water, sanitation, and hygiene (WASH) infrastructure.</p>	 <p>Distributed 127 menstrual wellness bags</p>	 <p>Facilitated 4 menstrual product education sessions</p>	 <p>Distributed 380 packs of disposable sanitary pads per month</p>	 <p>Provided disposal bins and collection services at one workplace</p>
<p><b>WORKPLACE POLICIES &amp; GUIDANCE</b></p> <p>Encouraged a more supportive environment for people who menstruate* by recommending menstruation-friendly policy improvements.</p>	 <p>Facilitated the creation of two human resources policy documents with MHH language</p>		 <p>Partnered with MHM Alliance of Nepal to advocate for including workplace as a third pillar of the MHH national policy</p>	
<p><b>EDUCATION &amp; BEHAVIOR CHANGE COMMUNICATION (BCC)</b></p> <p>Promoted education and behavior change based on the contextual realities of each workplace.</p>	 <p>Developed a set of BCC materials, including posters and playing cards, designed for less literate populations</p>	 <p>Created a 3-part edutainment video</p>	 <p>Facilitated monthly sensitization sessions with men and women</p>	 <p>Facilitated Appreciative Inquiry^ workshops with men supervisors and managers</p>

\*We use the terms “women” and “people who menstruate” interchangeably to be as inclusive as possible, recognizing that not all women menstruate and not all who menstruate are women. This activity focused on individuals who identified as women.

^ Appreciative Inquiry is a highly interactive methodology that relies on reflective story-telling and other creative approaches to open up expression of desired outcomes.

# LEARNING POINTS

## 1 A LIGHT TOUCH IN-PERSON INTERVENTION CAN YIELD EFFECTIVE RESULTS

In order to minimize workflow disruptions and potential negative impacts on productivity and profits, in-person sensitization and education activities were limited to 30 minutes per month. This time allotment was further condensed as various holidays approached and employees were keen to increase their working hours and maximize earnings. In addition, during the course of project implementation, Nepal went into a three-month COVID-19 lockdown. During this period, all in-person activities at the workplaces were stopped. Such limited engagement with beneficiaries went contrary to well-established public health behavior change practices, which focus on repeat exposure and multiple opportunities for dialogue and processing of content. Despite this limited engagement, endline analyses demonstrated meaningful changes in MHH knowledge and practices. This highlights that public health behavior change approaches can be altered to fit private sector structures and needs, where only limited engagement may be possible due to competing priorities, and still yield effective results.

### RECOMMENDATION:

Adapt to private sector business priorities and production cycles when implementing workplace interventions. Not only are these types of interventions effective, but they are also more appealing to employers, who may be wary of taking on more time- and resource-intensive programs.

## 2 THERE IS INHERENT TENSION BETWEEN BREAKING THE SILENCE AROUND MENSTRUATION AND PROTECTING WOMEN'S PRIVACY

### RECOMMENDATION:

Understand and adapt to individual preferences for confronting stigma.



Women in the two workplaces revealed experiencing stigma associated with menstruation, including a range of restrictions imposed on women when they have their period (e.g., restrictions on cooking, participating in religious rituals, co-mingling with men, etc.) This underlying sense of shame created a shroud of silence around menstruation, including in the workplace. To normalize menstruation as a healthy condition, and to create a supportive environment for discussing and learning about body literacy and menstrual management, the program actively sought to break down this culture of silence. The team encouraged menstruating employees to express their menstrual needs and concerns with co-workers, management, and supervisors. Interestingly, women who had experienced extensive menstrual stigma were eager to actively break the culture of silence, while women who did not feel significant shame related to their menses were more focused on maintaining their privacy around menstruation. Most importantly, efforts should enable women to have the agency and confidence to manage their own menstrual experiences and be empowered to decide whether to share this intimate information about themselves, when to do so, and with whom.



### 3 ADDRESSING WORKPLACE MENSTRUATION IN ENTERPRISES THAT OFFER HOUSING FOR EMPLOYEES PROVES PARTICULARLY BENEFICIAL

Some workplaces offer dormitory housing on the factory campus or nearby, especially when workers migrate from rural villages to seek employment in urban settings. Both participating workplaces in this intervention provided housing on the premises, which meant that the majority of employees shared living quarters as well as daily workspaces. In one workplace, several members of the family (or close relatives) were sometimes employed together. This cohabitation fostered continuous discussions about MHH not only on the factory floor but also after hours, which created a more intensive exposure to program messages. Married couples who worked together had access to the same sensitization content, which facilitated intra-familial conversations about menstruation and enabled men to be more supportive. In addition, migrant employees who lived on the factory premises shared new knowledge about MHH with their families in other parts of the country during their regular communications by phone.

#### RECOMMENDATION:

Adapt to the living arrangements of employees as opportunities to expand program reach and actively engage family members.



### 4 SPECIFIC WORKING CONFIGURATIONS OF STAFF AT THE ENTERPRISE, PARTICULARLY WHEN EMPLOYEES WORK IN CLOSE PROXIMITY TO ONE ANOTHER, OFFER OPPORTUNITIES TO PROMOTE MHH

At both factories, most employees worked closely on shared looms for hours at a time. Many women preferred to change their menstrual products in their living spaces as this offered them a higher degree of privacy. However, menstruating employees could not always leave their work positions to use the toilet and change their menstrual products as they would disrupt the flow of production. This highlighted the need for more privacy with regards to the toilet infrastructure within the factory premises and ample supply of products. Furthermore, employees' close proximity to one another and their lack of knowledge regarding proper product use made unhygienic situations more pronounced, resulting in uncomfortable working conditions. During endline, both women and men made note of the fact that menstruating women no longer smell because they knew that they should change their materials more frequently and because they had sufficient materials to do so.

**“There is no more foul smell nowadays”**

WOMAN EMPLOYEE

#### RECOMMENDATION:

Investigate physical working arrangements and address the unique MHH challenges and opportunities associated with those conditions.

### 5 ADULT AUDIENCES IN WORKPLACES ARE EAGER TO ENGAGE ON MENSTRUAL HEALTH ISSUES, PARTICULARLY WHEN CONTENT IS TAILORED TO THEIR NEEDS

#### RECOMMENDATION:

Adapt intervention approaches and BCC content to the unique age, literacy, and ethnic structure of the workforce.



Employees at both factories varied along a range of characteristics, including age, marital status, level of education, ethnic and religious background, and language spoken. Despite these differences, a common element among them was the need for accurate knowledge about the physiology of menstruation, body literacy, and menstrual health. Younger women employees and unmarried men employees were particularly shy and hesitant to discuss menstruation-related issues. To increase their comfort level, the team separated employees by age and gender and ensured that sessions with women were facilitated by women, and sessions with men were led by men. Members of the research team spoke a variety of local languages and were able to bridge linguistic gaps with employees. To accommodate the very low levels of literacy at the workplaces, the team developed pictorial BCC materials which included almost no written text. Content showed adult workers in factory settings similar to the workplaces to make the materials relatable. In addition, the characters featured in the BCC

materials portrayed the range of ethnic groups represented by the workforce. The team also used playing cards as a BCC tool capitalizing on card games as a common past time in Nepal. The team's flexible approach to in-person meetings and the contextual specificity of BCC materials helped establish trust with the employees, resulting in increased curiosity and active engagement in MHH sensitization sessions.



# FINDINGS FROM THE INTERVENTION\*

**62%** → **72%**

More women employees strongly agreed that they felt confident in managing their menstruation at **endline** than at **baseline**.

**65%** → **77%**

More women employees could always get more menstrual products when they needed to at **endline** than at **baseline**.

**51%** → **95%**

More women employees felt that their menstrual products were always comfortable at **endline** than at **baseline**.

BOTH WORKPLACES INVESTED IN IMPROVED WASH INFRASTRUCTURE IN ONE OR MORE OF THE FOLLOWING WAYS:



Building and upgrading new toilets



Instituting regular cleaning and maintenance of toilets

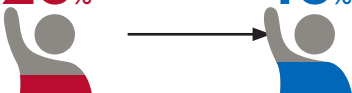


Increasing employees' access to soap and running water



Installing menstrual waste disposal bins and collection services

**28%** → **48%**

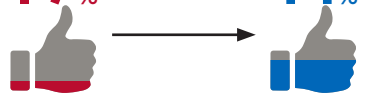


More women employees felt comfortable to a large extent asking their supervisors for menstruation-related leave at **endline** than at **baseline**.

“Now for us talking about MHM is not an old tradition. We are able to talk to each other and peer support is seen among the group. We also know that engaging men is very important in the whole process.”

WOMAN EMPLOYEE


**17%** → **44%**



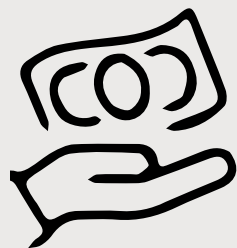
More women employees reported that their job satisfaction had improved compared to this time last year at **endline** than at **baseline**.

“In the past, most people used to think menstruation as something very dirty but these days, even the people of older generation are taught about what menstruation actually is. Thus, menstruating women are not discriminated.”

MAN EMPLOYEE



## COST-BENEFIT ANALYSIS: THE BENEFITS OF THE INTERVENTION OUTWEIGHED THE COSTS



Over the 10 month intervention period

EVERY **100 NPR** INVESTED → RETURNED **125 NPR** IN BENEFITS

That is, every \$1 invested returned \$1.25 in benefits

A learning brief with the detailed cost-benefit analysis methodology and findings [is available here.](#)

\* All listed quantitative changes between baseline and endline are statistically significant (p<0.05)