

MENSTRUAL HEALTH IN EAST ASIA AND THE PACIFIC

REGIONAL PROGRESS REVIEW

MYANMAR

COUNTRY CONTEXT

Myanmar is a Southeast Asian country with a population of over 55 million people, including around 16.5 million adolescent girls and women of reproductive age (10-49 years).¹ In 2017, 16 per cent of women aged 15-49 years had an unmet need for contraception. An estimated 70 per cent of schools in Myanmar had access to basic sanitation services, and 54 per cent of primary schools had access to basic hygiene services.² An estimated 75 per cent of households had access to at least basic sanitation services and 74 per cent had basic hygiene services.³

OBJECTIVES

1. Document the state of policy and programming to support menstrual health. Collate lessons learned and stakeholders' insights on barriers and enablers to effective action.
2. Review the evidence for menstrual health interventions across the region. Document lessons learned and the barriers as well as the enablers of high-quality monitoring and evaluation.

This review report assesses the progress and opportunities using five dimensions of the definition of menstrual health.⁴ Menstrual health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in relation to the menstrual cycle. Achieving menstrual health implies that women, girls and all other people who experience a menstrual cycle throughout their life course can engage in the following five dimensions.



Access accurate, timely, age-appropriate information about the menstrual cycle, menstruation and changes experienced throughout the life course, as well as related self-care and hygiene practices.



Care for their bodies during menstruation such that their preferences, hygiene, comfort, privacy and safety are supported. This includes accessing and using effective and affordable menstrual materials and having supportive facilities and services, including water, sanitation and hygiene services, for washing the body and hands, changing menstrual materials and cleaning and/or disposing of used materials.



Access timely diagnosis, treatment and care for menstrual cycle-related discomfort and disorders, including access to appropriate health services and resources, pain relief and strategies for self-care.



Experience a positive and respectful environment in relation to the menstrual cycle, free from stigma and psychological distress, including the resources and support they need to confidently care for their bodies and make informed decisions about self-care throughout their menstrual cycle.








Decide whether and how to participate in all spheres of life, including civil, cultural, economic, social and political, during all phases of the menstrual cycle, free from menstruation-related exclusion, restriction, discrimination, coercion and/or violence.

PROGRESS: ENABLING ENVIRONMENT

Standards, guidelines and plans


In Myanmar, the following national standards, guidelines and plans addressed menstrual health:

- **National Strategy for Rural Water, Sanitation and Hygiene (WASH), WASH in Schools and WASH in Health Care Facilities (2016)**, which stipulates menstrual health as a key principle of gender and WASH; as well as practical WASH requirements for menstrual health and hygiene, such as a private space for girls in school to manage menstruation; menstrual health linked to safe birthing in health care facilities and reproductive health. It also mentions menstrual health education for girls in school and teachers support, and safe disposal and menstrual health in WASH in emergencies.
- **Myanmar National WASH Cluster Menstrual Hygiene Management Guidance Note (2021)**, which sets key menstrual health considerations for programming, such as minimum WASH standards for menstrual health in camps for internally displaced persons, and practical resources such as training guides.
- **Five-Year Strategic Plan for Young People's Health (2016-2020)**, which notes that menstrual pain is a poorly managed health issue for young people.

 Information and education	 Services and materials	 Care for discomfort and disorders	 Supportive social environment	 Non-discrimination and participation
<p>✓ National Strategy for Rural Water, Sanitation and Hygiene (WASH), WASH in Schools and WASH in Health Care Facilities (2016) stipulates menstrual health education for girls in school, and training for teachers to educate students.</p>	<p>✓ National Strategy for Rural Water, Sanitation and Hygiene (WASH), WASH in Schools and WASH in Health Care Facilities (2016) makes provisions for practical WASH requirements, such as private space and safe disposal mechanisms</p>	<p>✓ Five-Year Strategic Plan for Young People's Health (2016-2020) notes that menstrual pain is a poorly managed health issue for young people.</p>	<p>✗ Not included.</p>	<p>✗ Not included.</p>

PRACTICE: ADDRESSING MENSTRUAL HEALTH

Most examples found through this review came from humanitarian response. The National WASH Cluster leads menstrual health in coordination with other sectors. The focus of current service delivery delivered by non-governmental and civil society organizations is mostly on humanitarian responses, although not all. More examples were found on the provision of menstrual health information and materials, and no examples on supportive social environments or non-discrimination and participation.

 **Information and education:** Puberty and menstruation have been included in life skills education for middle schools since 2008; life skills education became a compulsory co-curriculum in 2013. The organization Pan Ka Lay has distributed comic books to promote menstrual health information through its partners and used social media targeting girls aged 18–25-year-olds. WaterAid has led training of trainers targeting schoolteachers and peer-to-peer education along with developing information, education and communication materials. WaterAid has also piloted menstrual health awareness raising with garment workers. Oxfam and Solidarités International trained women in camps in Sittwe Township on menstrual health to organise peer-to-peer awareness sessions on healthy menstrual practices, dispel myths, and break taboos. ACTED has focused on raising menstrual health awareness at the communities and internal displacement sites by training local women to disseminate menstrual health information as part of sanitary pad distribution. The Burnet Institute supported selected monastic education schools and government basic education schools to educate students and to provide menstrual health management-friendly WASH facilities. The Burnet Institute also provided communities with awareness sessions and menstrual hygiene management kits and assisted integrating menstrual hygiene management into adolescent-youth friendly health services package of basic health staff. UNFPA recently launched Baykin 2 Mobile application to promote access to information on gender equality, and sexual reproductive health, including puberty. UNFPA and the organization People in Need have also included menstruation as part of the awareness raising at internal displacement camps. UNICEF is planning to localize the Oky app (girl-friendly period app) to Myanmar.



Services and materials: UNICEF introduced Minimum Requirements for WASH in Schools and a Thant Shin Star Schools Guidebook, based on the Three Star Approach to WASH in Schools, and supported by capacity building for teachers. UNICEF supported menstrual hygiene management-friendly WASH facilities construction and renovation and a standard design of child-friendly gender-sensitive latrines for schools. UNICEF also supports installation of facilities in schools and learning centres. Several non-governmental organizations (NGOs) have included sanitary pad distribution as part of their humanitarian response. UNICEF also supports monthly distribution of menstrual hygiene supplies to internally displaced persons in camps, temporary displacement sites and those taking shelter in host communities.



Care for discomfort and disorders: UNFPA worked with clinics run by civil society organizations and ethnic health groups to provide sexual reproductive health services, including health care support on menstruation.

Stakeholders also reported that a previous multi-sector working group focused on menstrual health is being re-established within the emergency response cluster system.



Lessons and insights: Changing attitudes is key to addressing menstrual health in humanitarian response

Review informants highlighted that addressing menstrual health in humanitarian response is challenging because it requires changing attitudes. Some organizations are managing behaviour change and awareness-raising campaigns on social media to shift attitudes, alongside delivery of sanitary pad provision.



Social norms are one of the challenges. As part of the kit distribution, it is important to increase knowledge and attitude, and address social norms that might limit the impact of our programme.

– Review informant, UN agency



Lessons and insights: Displaced women and girls continue to have challenges accessing menstrual pads

Informants cited their focus on menstrual health as a response to the demands of affected women and girls, who cited major challenges accessing menstrual pads. Informants reported that their programmes responded to severe menstrual pad supply shortages.



Girls and women who are displaced, their hardship is deepened with monthly struggle to manage their period without access to sanitary pad, underwear, private changing room. This plight often made it extremely painful, uncomfortable, embarrassing for girls and women. They are also exposed to risk of infection and possibly compromised health, safety and psychological wellbeing. There is a need for continued support on supply of sanitary pads to ease some hygiene related hardships for girls and women who are displaced. – Review informant, UN agency



PROGRESS: MONITORING, EVALUATION AND EVIDENCE OF MENSTRUAL HEALTH IN HUMANITARIAN RESPONSE

There is limited monitoring and evaluation of the menstrual health in humanitarian response efforts in Myanmar. The progress is tracked at the output level, such as number of pads distributed, informational materials distributed, or participants reached through education programmes. In WASH humanitarian response, review informants highlighted that they monitored menstrual health through indicators such as the number of sex-segregated toilets, the privacy of toilets, and disposal mechanisms for pads. Sexual and reproductive health programmes monitored counselling sessions and services but did not track menstrual health within this. Stakeholders reported many challenges in data collection given the nature of humanitarian response.

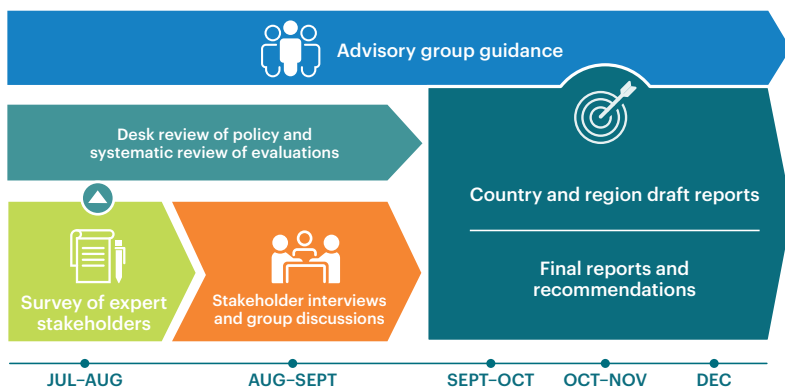
There were examples of small baseline studies conducted on menstrual health prior to the humanitarian crises, which NGOs and UN agencies had used to inform menstrual health in their humanitarian response programmes. No examples of menstrual health evaluations were found.



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Review methods

Regional progress review methods



5 informants participated in interviews and surveys capturing programme and policy action

3 policies and guidelines reviewed across the health, WASH and humanitarian response sectors

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The *Menstrual Health in East Asia and the Pacific Regional Progress Review* report is available at: <https://washmatters.wateraid.org/publications/menstrual-health-in-east-asia-and-the-pacific>

Citation and references

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Endnotes

1 United Nations Population Division Projections, 2022, <<https://population.un.org/wpp/>>, accessed 1 December 2022.

2 United Nations Children's Fund (UNICEF) and World Health Organization (WHO), *Progress on drinking water, sanitation and hygiene in schools: 2000-2021 data update*. New York: UNICEF and WHO, 2022. <<https://washdata.org/reports/jmp-2022-wins>>

3 UNICEF and WHO, *Progress on household drinking water, sanitation and hygiene 2000-2020: five years into the SDGs*. New York: UNICEF and WHO, 2022. <<https://washdata.org/reports/jmp-2021-wash-households>>

4 Hennegan, J., et al., 'Menstrual Health: A definition for policy, practice and research', *Sexual Reproductive Health Matters*, vol. 29, no. 1, 2021: 1911618. doi: 10.1080/26410397.2021.1911618. PMID: 33910492; PMCID: PMC8098749.