

MENSTRUAL HEALTH IN EAST ASIA AND THE PACIFIC

REGIONAL PROGRESS REVIEW

TIMOR-LESTE

COUNTRY CONTEXT

The Democratic Republic of Timor-Leste is a Southeast Asian country with a population of over 1.3 million, including over 400,000 adolescent girls and women of reproductive age.¹ An estimated 25 per cent of Timorese women aged 15-49 years had an unmet need for contraception in 2016.² Only 28 per cent of households and 60 per cent of schools had basic hygiene services, while 57 per cent of households had access to at least basic sanitation services.^{3,4}

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.⁵ 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

Policies and plans

The Government of Timor-Leste has limited integration of menstrual health into national policies, standards and guidelines. The only integration found in the review was in water sanitation and hygiene (WASH) in schools:

- **Water, Sanitation and Hygiene in Schools Guidelines for Timor-Leste (2016)**, which establishes the minimum standards to guide infrastructure provisions for female toilets for students and teachers to support hygienic and private management of menstruation.
- **Community Action Plan for Sanitation and Hygiene (PAKSI) Guidelines (2012)**, which includes menstrual health information and education as part of sanitation behaviour change in rural communities.

 Information and education	 Services and materials	 Care for discomfort and disorders	 Supportive social environment	 Non-discrimination and participation
<input checked="" type="checkbox"/> Community Action Plan for Sanitation and Hygiene (PAKSI) Guidelines (2012) includes menstrual health information and education as part of sanitation behaviour change in rural communities.	<input checked="" type="checkbox"/> Ministry of Education Youth and Sport's Water Sanitation and Hygiene (WASH) in Schools Guidelines (2016) establishes the minimum standards to guide infrastructure provisions for private management of menstruation.	<input type="checkbox"/> Not included.	<input type="checkbox"/> Not included.	<input type="checkbox"/> Not included.

Lessons and insights: Opportunities to link existing policies to menstrual health

The review identified opportunities to strengthen the linkage between national policies and guidelines and menstrual health in Timor-Leste:

- **The Ministry of Education's curriculum Learning About Myself:** Contains adolescent sexual and reproductive health information for secondary school students
- **The National Strategic Development Plan (2011–2030)** contains clear commitments to achieving gender equality; however WASH and sexual and reproductive health are not explicitly outlined.

In addition, informants noted that the Ministry of Transport, Communication and Public Work's Water Service Decree (04/2004) is currently under review, led by the National Platform for Water, Sanitation and Hygiene. This provides an opportunity to explicitly include menstrual health.

Lessons and insights: A high-profile champion increases interest in menstrual health

Menstrual health has received high-profile support. Between 2017 and 2022, the First Lady of Timor-Leste, Cidália Lopes Nobre Mouzinho Guterres, championed menstrual health. During Menstrual Hygiene Day celebrations, she shared her personal experiences of menstruation as an adolescent girl. Stakeholders reported this led to greater attention to menstrual health across the Ministry of Health as well as across rural communities.

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The first time we did an activity on menstrual health, it was quite taboo even for the Ministry of Health staff. But after that, when we do a lot of interventions in schools and communities... and including the high-level persons like the First Lady... now... in Timor-Leste the discussions about menstrual health are not as hidden. – Review informant, international non-governmental organization (NGO)

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Implementation arrangements

Implementation arrangements for different aspects of menstrual health are not well documented. The Ministry of Education, Youth and Sport is responsible for WASH in schools and curriculum development, with three relevant national directorates: National Directorate for School and Social Action, National Directorate for Basic Education, and National Directorate for Curriculum and School Evaluation.

The Ministry of Health has a newly established Adolescent Health Department, which could present a new opportunity to specify responsibilities and requirements for menstrual health.

Stakeholders reported that at the school level, menstrual health education implementation was difficult due to turnover among teachers and student leaders. For example, training of trainers on menstrual health education with school student committees were not sustained once new students were elected or teachers left the school.

 Information and education	 Services and materials	 Care for discomfort and disorders	 Supportive social environment	 Non-discrimination and participation
<input checked="" type="checkbox"/> Ministry of Education, Youth and Sport is responsible for curriculum development and implementation.	<input checked="" type="checkbox"/> Ministry of Education, Youth and Sport are responsible for implementation of the WASH in Schools Guidelines and coordination with Ministry of Health.	<input type="checkbox"/> No evidence was found.	<input type="checkbox"/> No evidence was found.	<input type="checkbox"/> No evidence was found.



Lessons and insights: Some coordination is underway between the education and health departments

The Ministry of Education, Youth and Sport highlighted that they coordinated with the Ministry of Health prior to delivering education and information sessions on health topics to rural schools. They also were very receptive to improving coordination, and other stakeholders suggested monthly coordination meetings could help improve coordination further.

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We always work together with the Ministry of Health in national level and district level. Before we go to district level we coordinate first with municipal level and go together to share information to students and teachers. – Review informant, Government

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Financing

The amount of public budget allocated to menstrual health in Timor-Leste was not available. The Ministry of Education Youth and Sport reported that they allocate funding to the Directorate of School and Social Action to undertake capacity building, but this budget did not include infrastructure. Though menstrual health is included in the WASH in Schools Guidelines (2016), there were no government budget lines, which was cited as a constraint by informants.



Lessons and insights: Funding needed to integrate menstrual health

Both government and non-government informants reported that despite government commitment, funding for menstrual health activities was needed to integrate it fully into adolescent health and education efforts led by Timor-Leste's Ministry of Education, Youth and Sport and Ministry of Health. Departments responsible for WASH delivery in schools and health education of students reported that they had the technical skills to address menstrual health, but lacked funding to integrate menstrual health into school-based services.



We need regular funding to holistically have all activities related to adolescents, so when we go to the school, we need to include topic of how to manage the menstruation, how to prevent the non-communicable diseases and communicable diseases and how we teach them how to have lifestyle without tobacco, alcohol and other drugs. We need to have an integrated program, not only menstruation. – Review informant, Government



PROGRESS: SERVICE DELIVERY AND PROGRAMMING APPROACHES

In Timor-Leste, government service delivery is constrained by lack of a clear policy framework, institutional arrangements, and funding. Some international NGOs and local civil society organizations have integrated menstrual health into some sexual and reproductive health programmes and in schools. There was little progress found on the provision of a supportive social environment and non-discrimination and participation.



Information and education: Education for menstrual health has mostly focused on schools and has been supported by UNICEF, WaterAid and MSI Reproductive Choices Timor-Leste. WaterAid and MSI Reproductive Choices delivered a joint menstrual health programme (2017-2020), integrating sexual and reproductive health and rights, and WASH across schools and communities. MSI Reproductive Choices has continued to integrate menstrual health education and information into anaemia testing with adolescent girls in Oecusse municipality in 2021, and into their hotline phone services and as part of their 'Youth Corner' informal information sessions with young people. UNFPA has supported Comprehensive Sexuality Education teaching aids, which included menstrual health, working with Ministry of Education, Youth and Sport and the Secretary of State for Youth and Sport to roll out with 136 primary school teachers in Liquica municipality.



Services and materials: UNICEF, WaterAid and MSI Reproductive Choices have supported local enterprises to produce reusable pads and build supply chains and market demand in Timor-Leste, such as with the local social enterprise Bele Kria. In supporting WASH in healthcare facilities, the European Union and UNICEF include access to sanitary pads in maternity wards. WaterAid supports WASH in schools, communities and healthcare facilities in Liquica and Manufahi districts that incorporates menstrual-health-friendly infrastructure.



Care for discomfort and disorders: Plan International is supporting the Ministry of Health to establish two adolescent-friendly health clinics in Aleiu and Ainaro. Though menstrual health is not yet integrated, there is a plan to include private rooms for counselling which will contain menstrual health services.



Lessons and insights: More work needed to include people with disabilities in menstrual health programmes

Stakeholders highlighted that disability inclusion efforts had focused on ensuring WASH facilities were accessible to people with disabilities, but less focus was on accessibility for menstrual health. Similarly, when asked about inclusion of people with diverse sexual orientation and gender identities and expressions into menstrual efforts, stakeholders reported there had been limited discussions yet.



To make sure no one left behind in accessing information, we need clear behaviour change communications and to make sure that it includes every person, especially people with disabilities. We have to make an assessment on their needs, and know if people have difficulty hearing or seeing, and how can we improve access to the information. – Review informant, international NGO



Lessons and insights: A request for cross-sectoral capacity strengthening

Stakeholders highlighted the cross-sectoral nature of addressing menstrual health holistically, departments focused on education, health and WASH required, capacity strengthening and cross learning with one another.








This directorate doesn't have health focus so it needs capacity building. – Review informant, Government



PROGRESS: MONITORING, EVALUATION AND EVIDENCE

National monitoring of WASH in schools is led by the Ministry of Health and Ministry of Education Youth and Sport, and includes a proxy indicator related to menstrual health: functionality of sex-segregated toilets. Despite this, menstrual health is not included in the education management information system. Review informants reported that the Ministry of Health is not doing any monitoring of menstrual health. They noted that the new Adolescent Health Department strategy development will involve designing indicators, which is an opportunity to embed menstrual health.

Menstrual health programme monitoring by development partners, international NGOs or civil society organizations is also weak, with review informants expressing doubts about the effectiveness of monitoring tools such as pre- and post-knowledge tests. Only one international NGO reported having done an evaluation on a menstrual health programme and that was in 2021.

 Information and education	 Services and materials	 Care for discomfort and disorders	 Supportive social environment	 Non-discrimination and participation
<p>✘ No monitoring data were found.</p>	<p>✔ National monitoring for WASH in schools is led by the Ministry of Health and the Ministry of Education Youth and Sport, and includes a proxy indicator related to menstrual health: functionality of sex-segregated toilets.</p>	<p>✘ No monitoring data were found.</p>	<p>✘ No monitoring data were found.</p>	<p>✘ No monitoring data were found.</p>



Lessons and insights: Monitoring systems need to be strengthened

Review informants highlighted that monitoring menstrual health is a gap. Informants saw opportunities to integrate menstrual health into existing government monitoring systems. Where data collection was happening, there were only weak mechanisms available to share it across ministries to inform planning and financing or to track progress.



In Timor, the system is in place. However coordination and knowledge is needed to strengthen [it] more. Demographic and Health Surveys have information; [the] education monitoring system in place but there is a need to emphasize more on WASH and menstrual hygiene management indicators to follow SDG indicators and update this in the line ministries online data information system. – Review informant, UN agency



Review methods

Regional progress review methods



5 policies reviewed across the gender, education, WASH, and health sectors

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

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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>

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Endnotes

1 Defined as 10–49 years in 2021. See United Nations Population Division Projections, 2022, <<https://population.un.org/wpp/>>, accessed 1 December 2022.

2 General Directorate of Statistics, Ministry of Finance and ICF, *Timor-Leste Demographic and Health Survey 2016* <<https://www.dhsprogram.com/publications/publication-fr329-dhs-final-reports.cfm>>.

3 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>>

4 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>>

5 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.