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# Menstrual Health and Management

## OVERVIEW

Of the 1.8 billion people who menstruate each month,<sup>1</sup> 500 million are unable to adequately manage menstruation, leading to health, economic, and safety concerns.<sup>2</sup> Four key indicators of strong menstrual health and management (MHM) are awareness of menstruation before menarche; use of menstrual materials to capture and contain menstrual blood, such as pads, cloths, tampons, or menstrual cups; access to a private place to wash and change while at home; and full participation in activities during menstruation, such as school, work, and social events.<sup>3</sup>

Menstruation remains a taboo topic that is often overlooked within health sectors. But recent attention from global health, international development, women's empowerment, and humanitarian organizations has increased awareness for the impact of menstruation on women's participation in societies and economies. In particular, MHM has become central to water, sanitation, and hygiene (WASH) initiatives, resulting in a greater focus on providing sufficient menstrual hygiene products and safe sanitation facilities.<sup>4</sup>

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This brief was prepared by Deekshita Ramanarayanan, Sophia DeLuca, and Sarah B. Barnes through the generous support of EMD Serono, the healthcare business of Merck KGaA, Darmstadt, Germany.

It is also important to note that while much of the global data on MHM focuses on women and girls, not everyone who menstruates identifies as a woman or girl, and not all women and girls menstruate. Despite its potential widespread impact, existing policies that address MHM are limited at both the national and international levels. Thus, MHM must be prioritized in overall policy and practice, and in both peacetime and during humanitarian crises.

For MHM to be fully recognized, it should be understood as a human security issue. Categorizing MHM as a security issue paves the way for further policy action and supports existing initiatives with greater resources to facilitate essential change. This policy brief will explore MHM in the context of human security, including economic, personal, and health security, as well as in humanitarian and fragile settings; examine current policies and initiatives to promote proper MHM; and offer recommendations to improve MHM globally.

## MHM AS A HUMAN SECURITY ISSUE

Human security is a re-focus on issues that have traditionally been seen as “marginal,” or out of the realm of traditional national security. Human security is “people-centered” and concerns itself with the well-being of communities and individuals.<sup>5</sup> There are seven major components of human security: economic, food, health, environmental, personal, community, and political security.<sup>6</sup> Of these areas, MHM’s most explicit impacts are centered in economic, health, and personal security.

### Economic Security

Economic security refers to the financial stability of an individual or community. Financial costs incurred by personal MHM can take a long-term toll through a menstruator’s lifespan.

For instance, the monthly expense of menstrual products can be a deterrent for some

menstruators to actively seek and access products to manage menstruation, especially for those experiencing financial hardship. A study conducted in eight low-and middle-income countries (LMICs) across sub-Saharan Africa and Southeast Asia found that across all participating countries, individuals from wealthier households were more likely to have access to sanitary pads,<sup>7</sup> and more likely to have access to safe and lockable MHM spaces at home.<sup>8</sup> In the US, a study published in 2022 found that two thirds of low-income women struggled with period poverty during the past year and could not afford menstrual products. In some cases, they were compelled to choose between products and food.<sup>9</sup>

MHM and economic security are also linked through education. School retention is one of the most prominent arguments for ensuring MHM for adolescent girls. It is not uncommon for girls lacking MHM resources to miss valuable education time when they are menstruating, or to drop out of school permanently at menarche.<sup>10</sup> Every year, 23 million girls in India drop out of school when they begin their periods.<sup>11</sup> In Africa, 15% of girls in Burkina Faso, 20% of girls in Ivory Coast, and 23% of girls in Nigeria missed school in the last 12 months due to their periods.<sup>12</sup>

While lack of access to products to manage menstruation is a significant barrier in school retention, access to a private, secure place to manage menstruation at school is also essential to keeping young menstruators in school. Dropout rates are much higher at schools without gender-separated toilets or without toilets at all.<sup>13</sup> In India, 25% of students who menstruated didn’t attend school during menstruation because of inadequate toilets. Inadequate private changing rooms also led 57% of students who faced the same challenge in South Sudan to skip school during menstruation.<sup>14</sup> Even if menstruation doesn’t cause students to drop out, missed





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instructional time during menstruation can have a lasting impact on future academic success.

Education levels are strongly linked to economic independence and stability, so the impacts of poor MHM on education during adolescence also can affect economic productivity and opportunities available in adulthood. According to the World Bank, each additional year of schooling for women results in an estimated 11% increase in hourly earnings.<sup>15</sup> And while increased education is not a final determinant for labor force participation and economic independence, it is one of the factors that can advance economic security for women.<sup>16</sup>

Once menstruators have entered the labor force, inadequate MHM can continue to inhibit economic potential, advancement, and productivity. A study on labor participation and MHM in Uganda found that while pain and other physical symptoms related to menstruation were the leading cause for absenteeism, inadequate MHM was a driver as

well. Among those who did miss work because of menstruation-related issues, 43% cited “concerns about menstrual management or facilities” as the reason for absence.<sup>17</sup>

### **Personal Security**

Personal security, or physical safety from violence and harm, is inextricably linked with MHM.

Even in areas where use of menstrual materials is high, lack of access to a private place to wash and change menstrual products can threaten personal security and lead to higher risk of violence.<sup>18</sup> Of the 39 countries globally with data on MHM indicators available, 12 countries reported that at least 10% of women and girls in rural areas did not have access to a private place to wash and change.<sup>19</sup>

Menstruators in situations with limited privacy may choose to manage menstruation in isolated places, often before dawn or after dark. This isolation can leave menstruators susceptible to increased threats of physical and sexual violence.





Almost 40% of women practicing open defecation were concerned about accidents, injury, or animal attacks, and 5% of women were concerned about mental or sexual harassment.<sup>20</sup>

In some settings, menstruators may choose to manage menstruation in isolated areas, even if latrines or toilets exist. This is often the case in refugee camps, where common issues with facilities include a lack of proximity to housing or privacy, as well as a lack of gender-separation, poor lighting at night, and lack of cultural awareness in facility design.<sup>21</sup> One study in two refugee camps after an earthquake in Pakistan, found that the “menstrual hygiene units” constructed with toilet facilities were most likely to be used when they prioritized privacy and security, and if they took women’s feedback and preferences into account during construction.<sup>22</sup> Certain cultural practices can also present safety risks. Sending menstruating girls and women to mud huts for the duration of their menses, has been illegal in Nepal since 2005, it is still practiced in some areas due to the concern for the societal consequences of stopping the practice.<sup>23</sup> There have been reports of death by suffocation, animal attacks, and fire in instances where this practice continues, in addition to increased vulnerability to physical violence.<sup>24</sup>

Studies have also shown that the cost of period products also impact young women and teens safety. A study in Kenya found that 10% of girls surveyed reported using “transactional sex” to acquire period products.<sup>25</sup>

### **Health Security**

Personal security also encompasses the health risks caused by poor MHM.

In the absence of certain MHM products, menstruators may resort to using rags, dirty cloths, newspaper, and other alternatives to manage their periods. If these alternatives are

not clean or changed regularly, menstruators can suffer an increased risk of reproductive tract infections, urogenital infections, or vaginal bruising.<sup>26</sup> Infections can also lead to increased risk for infertility or birth complications.<sup>27</sup>

A study in Odisha, India found that menstruators who reused cloth pads were more likely to suffer from urogenital infection than women who used disposable pads. The study also found that a lack of personal wealth and the place where a woman changes her pads also contribute to infection.<sup>28</sup> Other studies have found that girls who received free sanitary pads had a lower risk for bacterial vaginosis and sexually transmitted infections, both of which are connected to poor menstrual hygiene.<sup>29</sup>

Some harmful practices may also significantly impact menstrual health and hygiene. For example, people who have undergone female genital cutting (FGM/C)—and Type 3, or making the vaginal opening smaller, in particular—may have difficulty passing menstrual blood. This causes longer and more painful menstrual periods, and the resulting complications lead to a higher risk of repeated infection.<sup>30</sup>

## **POLICIES AND PROGRAMS**

### **Commitments to Promote MHM Globally**

In 2023, in honor of Menstrual Hygiene Day, the World Health Organization (WHO) and the Special Programme of Research, Development and Research Training in Human Reproduction (HRP) partnered with the United Nations Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF), the United Nations Educational, Scientific, and Cultural Organization (UNESCO), Global Menstrual Health Collective, and Columbia University to advocate for countries to provide “promotive, preventative, and curative health services, as well as access to adequate water supply and sanitation in their national universal health coverage policies and strategies.”<sup>31</sup>





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As part of this commitment, WHO is working to strengthen data on adolescent health, particularly in the context of menstrual health and health systems strengthening, and also to develop and implement approaches to integrate menstrual health into universal health coverage strategies.<sup>32</sup>

### **MHM in Humanitarian Settings**

The Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Crisis Settings are a set of comprehensive care services that must be included in all types of emergency response efforts. These activities are designed to prevent and manage the impacts of sexual violence, reduce transmission of sexually transmitted infections such as HIV, prevent maternal and newborn mortality, and provide comprehensive reproductive health services.

A key priority detailed in the MISP guidelines is the provision of culturally appropriate menstrual protection materials for women and girls and others who menstruate.<sup>33</sup> However, the implementation of menstrual health product provision in emergency

response settings has been found to be lacking in some contexts.

In 2017, the Columbia Mailman School of Public Health and the International Rescue Committee published “The Toolkit for Integrating MHM into Humanitarian Response” to serve as a guideline for humanitarian organizations to ensure MHM in LMICs.<sup>34</sup> After initial research conducted in Myanmar and Lebanon, authors of the Toolkit determined that a lack of humanitarian response to MHM in these regions had led to a lack of appropriate menstrual hygiene products. These researchers encouraged organizations to provide sanitation facilities, pads, and educational resources to humanitarian organizations.<sup>35</sup>

The Safe from the Start Act is a program implemented by the United States Agency for International Development (USAID) and the U.S. State Department to prevent gender-based violence (GBV) in humanitarian settings and to protect survivors and those at risk.<sup>36</sup> This program allows for funding to support GBV prevention efforts globally,



and it has financed pilot programs related to the distribution of menstrual hygiene kits. The 2019 evaluation of the program reported an initiative in the Kyangwali Refugee Settlement in Uganda implemented by United Nations High Commissioner for Refugees (UNHCR) to support women and girls producing and selling reusable sanitary pads. Local production of menstrual pads through this program was found to have increased girls' school attendance, therefore increasing the likelihood that they continue onto higher education.<sup>37</sup>

### **Policies to Provide “Menstrual Leave” to Workers**

Several countries globally have proposed and implemented policies to allow workers to take time off due to difficult periods or other complications around menstruation.<sup>38</sup> Japanese labor laws dating back to 1947 mandate that employers may not ask those experiencing difficult periods to work during those times. However, a 2022 survey found that less than 10% of female employees in Japan utilize menstrual leave.<sup>39</sup>

In Taiwan, Indonesia, South Korea, and Vietnam, employers are required to provide female workers a certain number of days off for menstrual leave during their cycle (though workers are not required to take these days off).<sup>40, 41</sup> In 2023, Spain became the first European country to provide paid menstrual leave to workers.<sup>42</sup> And in Zambia, women are granted one day of leave per month without requiring a medical reason or certificate.<sup>43</sup>

While these policies signify a shift in global governance to acknowledge the impact of menstruation on participation in the workforce, observers have raised concerns. In some countries, many do not know that menstrual leave is an option.<sup>44</sup> Others believe that implementing this leave could lead to increased workplace stigma, or perpetuate the idea that women are less effective in the workplace while they are menstruating.<sup>45</sup> In some Asian countries with menstrual leave in place, workers worry about facing workplace discrimination for taking this leave.<sup>46</sup>



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## RECOMMENDATIONS

### 1. **Improve data collection and monitoring at the national level for attitudes and awareness towards menstruation, access to menstrual hygiene products, and barriers to full participation in society.**

As of 2020, 42 countries had national data on at least one of the four indicators, and 31 countries had information on at least three indicators. However, these countries are predominantly low- and middle-income countries, and no high-income countries reported national data on any of the four indicators.<sup>47</sup>

Understanding the barriers menstruators face in accessing information about menstruation and menstrual products is key to implementing effective programs to improve MHM.

Additionally, increased data on the impact of menstruation on full participation in work, school, households, and societies is critical to ensuring that efforts to expand gender equity encompass the full scope of barriers that women and girls face. Finally, investments in data collection on MHM should take in the full range of menstruators, which includes women, girls, and all people who menstruate.

### 2. **Implement inclusive and multisectoral approaches to MHM, recognizing its implications in global health, human security, and WASH sectors.**

In 2022, USAID called for an Agency-wide approach to menstrual health and hygiene.<sup>48</sup> An evaluation of USAID programs related to menstrual health found that most MHM programs are developed and implemented by a single sector. However, MHM programs should ideally be “layered” with other interventions across sectors including reproductive health, WASH, women’s economic empowerment, education, gender equity, security, and governance. Such programming must also be inclusive of those beyond women and girls who menstruate, such as transgender men and non-binary individuals. MHM also must be treated as a cross-cutting issue across sexual and reproductive health and rights (SRHR), especially since menstrual health and SRHR intersect in various ways which influence sexuality, bodily autonomy, and reproductive rights. Both MHM and SRHR also are connected by overarching gender inequities, stigma, and discrimination, which must be overcome to ensure human rights for all.

### 3. **Include MHM as a cornerstone of policies and programs related to human security globally.**

In particular, MHM must be included in global measures to promote economic, personal, and health security. Implementing reforms to remove taxes on menstrual products and the materials that are used to make them may help reduce the cost of these products for the consumer.<sup>49</sup> In addition, making menstrual products available through existing programs could ensure that menstruators can access them without added cost or inconvenience. MHM issues must be incorporated into national plans and strategies on health and safety to ensure that their impact on personal and health security are acknowledged in existing frameworks at the national level.<sup>50</sup>

### 4. **Improve MHM provision in humanitarian settings.**

There is a demonstrated need for more in-depth training and support for health care providers to utilize the resources for menstrual hygiene care in humanitarian settings. Guiding frameworks such as the MISP for Sexual and Reproductive Health and the Toolkit for Integrating MHM in Humanitarian Response may not always be implemented fully in emergency settings due to improper training. This gap in coverage often results in menstrual health products being unavailable to those who need them in emerging crises.<sup>51</sup>

### 5. **Improve workplace policies and insurance coverage of MHM.**

Implementing policies that allow workers the option to take menstrual leave can be a vital first step to reducing the stigma that people who menstruate face in the workplace. While such leave should not be forced, eligible workers should be aware of the option to take menstrual leave without facing implicit backlash or discrimination. Other supportive workplace policies, such as provision of menstrual products, also lessen the stigma of menstruation. Additionally, overcoming the financial burden of menstrual products is a critical step to ensuring that all people can access menstrual products regardless of their socioeconomic status. Ensuring government subsidies and insurance coverage for menstrual products, as well as reducing added taxes on them, is key to achieving health equity for menstruators, and for achieving universal health coverage globally.





## ENDNOTES

- 1 "Menstrual Hygiene." UNICEF. [www.unicef.org/wash/menstrual-hygiene](http://www.unicef.org/wash/menstrual-hygiene).
- 2 Dfitzgerald. "Advancing Gender Equity by Improving Menstrual Health - FSG." FSG, August 19, 2022. <https://www.fsg.org/resource/advancing-gender-equity-improving-menstrual-health/>.
- 3 "Progress on household drinking water, sanitation and hygiene 2000-2020: five years into the SDGs." World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), 2021. <https://washdata.org/sites/default/files/2021-07/jmp-2021-wash-households.pdf>
- 4 "Menstrual Health and Hygiene: Technical Brief." USAID, 2022. [https://www.globalwaters.org/sites/default/files/usaaid\\_mhh\\_tech\\_brief\\_508\\_6.1\\_0.pdf](https://www.globalwaters.org/sites/default/files/usaaid_mhh_tech_brief_508_6.1_0.pdf)
- 5 "Human Security Handbook: An integrated approach for the realization of the Sustainable Development Goals and the priority areas of the international community and the United Nations system." United Nations Trust Fund for Human Security, 2016. <https://www.un.org/humansecurity/wp-content/uploads/2017/10/h2.pdf>
- 6 "Human Security Milestones and History." *The United Nations Trust Fund for Human Security*. <https://www.un.org/humansecurity/human-security-milestones-and-history/>.
- 7 Rossouw, Laura, and Hana Ross. "Understanding Period Poverty: Socio-Economic Inequalities in Menstrual Hygiene Management in Eight Low- and Middle-Income Countries." *International Journal of Environmental Research and Public Health* 18, no. 5 (March 4, 2021): 2571. <https://doi.org/10.3390/ijerph18052571>.
- 8 Rossouw, Laura, and Hana Ross. "Understanding Period Poverty: Socio-Economic Inequalities in Menstrual Hygiene Management in Eight Low- and Middle-Income Countries." *International Journal of Environmental Research and Public Health* 18, no. 5 (March 4, 2021): 2571. <https://doi.org/10.3390/ijerph18052571>.
- 9 Michel, Janet, Annette Mettler, Silvia Schönerberger, and Daniela Gunz. "Period Poverty: Why It Should Be Everybody's Business." *Journal of Global Health Reports* 6 (February 22, 2022). <https://doi.org/10.29392/001c.32436>.
- 10 Winkler, Inga T., and Virginia Roaf. "Taking the Bloody Linen out of the Closet: Menstrual Hygiene as a Priority for Achieving Gender Equality." *Cardozo Journal of Law & Gender* 21, no. 1 (01/01/ 2014): 1-38. [https://www.ingawinkler.com/uploads/4/8/6/0/48601803/winkler\\_&\\_roaf\\_-\\_menstrual\\_hygiene.pdf](https://www.ingawinkler.com/uploads/4/8/6/0/48601803/winkler_&_roaf_-_menstrual_hygiene.pdf)
- 11 Lee, Chanel. "Silencing the Stigma of Menstruation." *New Security Beat*, 2022. <https://www.newsecuritybeat.org/2022/05/silencing-stigma-menstruation/>.
- 12 "FACT SHEET: Menstrual health and hygiene management still out of reach for many." UNICEF, 2022. <https://www.unicef.org/press-releases/fact-sheet-menstrual-health-and-hygiene-management-still-out-reach-many>
- 13 Das, Maitreyi Bordia. "The Rising Tide: A New Look at Water and Gender." *World Bank*, 2017. <https://openknowledge.worldbank.org/handle/10986/27949>.
- 14 "Menstrual Health and Hygiene." World Bank, 2022. <https://www.worldbank.org/en/topic/water/brief/menstrual-health-and-hygiene>
- 15 "Education Overview." World Bank, 2023. <https://www.worldbank.org/en/topic/education/overview>
- 16 Heath, Rachel, and Seema Jayachandran. "The Causes and Consequences of Increased Female Education and Labor Force Participation in Developing Countries," 2016. <https://doi.org/10.3386/w22766>.
- 17 Hennegan, Julie, Justine Bukonya, Fredrick Makumbi, Petranilla Nakamya, Natalie G. Exum, Kellogg J. Schwab, and Simon P. S. Kibira. "Menstrual Health Challenges in the Workplace and Consequences for Women's Work and Wellbeing: A Cross-Sectional Survey in Mukono, Uganda." *PLOS Global Health* 2, no. 7, 2022. <https://doi.org/10.1371/journal.pgph.0000589>.
- 18 "Progress on household drinking water, sanitation and hygiene 2000-2020: five years into the SDGs." World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), 2021. <https://washdata.org/sites/default/files/2021-07/jmp-2021-wash-households.pdf>
- 19 "Progress on household drinking water, sanitation and hygiene 2000-2020: five years into the SDGs." World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), 2021. <https://washdata.org/sites/default/files/2021-07/jmp-2021-wash-households.pdf>
- 20 "Share / WSSCC Research Briefing Notes - Impact of Inadequate Access to Water, Sanitation and Hygiene (Wash) Facilities on Women and Girls in India and Bangladesh" WSSCC/LSHTM, 2015. <https://reliefweb.int/report/bangladesh/share-wsscc-research-briefing-notes-impact-inadequate-access-water-sanitation-and>
- 21 "Building Bridges to End Gender-Based Violence: How Prevention and Menstrual Equity Go Hand in Hand - Days for Girls International." Days for Girls International, 2021. <https://www.daysforgirls.org/blog/building-bridges-to-end-gender-based-violence-how-prevention-and-menstrual-equity-go-hand-in-hand/>.
- 22 Nawaz, Jamila, Lal. Shamma, Saira Raza, and Sarah Watt House. "Oxfam Experience of Providing Screened Toilet, Bathing and Menstruation Units in Its Earthquake Response in Pakistan." *Gender & Development* 18, no. 1, 2010. <https://doi.org/10.1080/13552071003600067>.
- 23 "Chhaupadi and Menstruation Taboos." *ActionAid UK*, 2023. <https://www.actionaid.org.uk/our-work/period-poverty/chhaupadi-and-menstruation-taboos>.
- 24 Joshi, Supriya. "Chhaupadi Practice in Nepal: A Literature Review." *World Medical and Health Policy* 14, no. 1, 2022. <https://doi.org/10.1002/wmh3.491>.
- 25 Mensah, Kent. "FEATURE-Period Pad Prices Push Girls out of School in Africa." *U.S.*, 2022. <https://www.reuters.com/article/africa-inflation-women/feature-period-pad-prices-push-girls-out-of-school-in-africa-idINL4N2Z830X>.





- 26 Winkler, Inga T., and Virginia Roaf. "Taking the Bloody Linen out of the Closet: Menstrual Hygiene as a Priority for Achieving Gender Equality." *Cardozo Journal of Law & Gender* 21, no. 1 (01/01/ 2014): 1-38. [https://www.ingawinkler.com/uploads/4/8/6/0/48601803/winkler\\_&\\_roof\\_-\\_menstrual\\_hygiene.pdf](https://www.ingawinkler.com/uploads/4/8/6/0/48601803/winkler_&_roof_-_menstrual_hygiene.pdf)
- 27 "Menstrual Health and Hygiene." World Bank, 2022. <https://www.worldbank.org/en/topic/water/brief/menstrual-health-and-hygiene>
- 28 Das, Padma, Kelly J. Baker, Ambarish Dutta, Tapoja Swain, Sunita Sahoo, Bhabani S. Das, Bijay Panda, et al. "Menstrual Hygiene Practices, WASH Access and the Risk of Urogenital Infection in Women from Odisha, India." *PLOS ONE* 10, no. 6, 2015. <https://doi.org/10.1371/journal.pone.0130777>
- 29 "Menstrual Health and Hygiene." World Bank, 2022. <https://www.worldbank.org/en/topic/water/brief/menstrual-health-and-hygiene>
- 30 "Female Genital Mutilation or Cutting." Office on Women's Health. <https://www.womenshealth.gov/a-z-topics/female-genital-cutting>.
- 31 "Menstrual Health, Not Just Hygiene: The Path toward a Strong Cross-Sectoral Response." World Health Organization, 2023. <https://www.who.int/news/item/28-05-2023-menstrual-health-not-just-hygiene-the-path-toward-a-strong-cross-sectoral-response>.
- 32 "Strengthen Action on Menstrual Health for Adolescent Girls in the Context of Adequate Water Supply and Sanitation and Universal Health Coverage" *Department of Economic and Social Affairs*. <https://sdgs.un.org/partnerships/strengthen-action-menstrual-health-adolescent-girls-context-adequate-water-supply-and>.
- 33 "Minimum Initial Service Package (MISP) for Reproductive Healthcare in Crisis Situations." Women's Refugee Commission, 2006. <https://www.healthynewbornnetwork.org/hnn-content/uploads/4e8d6b3b14-1.pdf>
- 34 "A Toolkit for Integrating Menstrual Hygiene Management (MHM) into Humanitarian Response" Reliefweb. IRC and Columbia University, 2017. <https://reliefweb.int/report/world/toolkit-integrating-menstrual-hygiene-management-mhm-humanitarian-response>
- 35 "A Toolkit for Integrating Menstrual Hygiene Management (MHM) into Humanitarian Response" Reliefweb. IRC and Columbia University, 2017. <https://reliefweb.int/report/world/toolkit-integrating-menstrual-hygiene-management-mhm-humanitarian-response> "
- 36 "Safe from the Start Act Policy Summary | Women's Refugee Commission," March 14, 2023. <https://www.womensrefugeecommission.org/research-resources/safe-from-the-start-act-policy-summary/>.
- 37 "Safe from the State Initiative Evaluation: Evaluation Report." U.S. Department of State Bureau of Population, Refugees, and Migration, 2019. <https://www.state.gov/wp-content/uploads/2020/06/SfS-Final-Evaluation-Report-PRM.pdf>
- 38 Masih, Niha. "Need Time off Work for Period Pain? These Countries Offer 'Menstrual Leave.'" *Washington Post*, February 17, 2023. <https://www.washingtonpost.com/world/2023/02/17/spain-paid-menstrual-leave-countries/>.
- 39 "Less than 10% of Female Employees Take Menstrual Leave | Global Services | Nikkei Inc.," n.d. [https://www.nikkei.co.jp/nikkeiinfo/en/global\\_services/nikkei-bp/less-than-10-of-female-employees-take-menstrual-leave.html](https://www.nikkei.co.jp/nikkeiinfo/en/global_services/nikkei-bp/less-than-10-of-female-employees-take-menstrual-leave.html).
- 40 台北時報. "Paid Menstrual Leave: A Rare Right." *Taipei Times*, December 18, 2022. <https://www.taipetimes.com/News/feat/archives/2022/12/19/2003790976>.
- 41 "Vietnam to Introduce Extra Pay for Women's Work on Period." *Tuoi Tre News*, December 18, 2020. <https://tuoitrenews.vn/news/society/20201218/vietnam-to-introduce-extra-pay-for-womens-work-on-period/58334.html>.
- 42 "Need Time off Work for Period Pain? These Countries Offer 'Menstrual Leave.'" *Washington Post*, February 17, 2023. <https://www.washingtonpost.com/world/2023/02/17/spain-paid-menstrual-leave-countries/>.
- 43 Gondwe, Kennedy. "Zambia Women's 'day off for Periods' Sparks Debate." *BBC News*, 2017. <https://www.bbc.com/news/world-africa-38490513>.
- 44 "Should women be entitled to period leave? These countries think so" Hollingsworth, Julia. *CNN Business*, 2020. <https://www.cnn.com/2020/11/20/business/period-leave-asia-intl-hnk-dst/index.html>
- 45 Melillo, Gianna. "The controversy behind paid menstrual leave explained." *The Hill*, 2022. <https://thehill.com/changing-america/respect/accessibility/3650921-the-controversy-behind-paid-menstrual-leave-explained/>.
- 46 Melillo, Gianna. "The controversy behind paid menstrual leave explained." *The Hill*, 2022. <https://thehill.com/changing-america/respect/accessibility/3650921-the-controversy-behind-paid-menstrual-leave-explained/>.
- 47 "FACT SHEET: Menstrual health and hygiene management still out of reach for many." UNICEF: East Asia and Pacific, 2022. <https://www.unicef.org/eap/press-releases/fact-sheet-menstrual-health-and-hygiene-management-still-out-reach-many>
- 48 "Menstrual Health and Hygiene Technical Brief." USAID, 2022. <https://www.globalwaters.org/resources/assets/menstrual-health-and-hygiene-technical-brief>
- 49 "Policy Reforms for Dignity, Equality, and Menstrual Health." World Bank, 2022. <https://www.worldbank.org/en/news/feature/2022/05/25/policy-reforms-for-dignity-equality-and-menstrual-health>.
- 50 "Menstrual Health and Hygiene Technical Brief." USAID, 2022. <https://www.globalwaters.org/resources/assets/menstrual-health-and-hygiene-technical-brief>
- 51 "The Integration of Menstrual Health Into Sexual and Reproductive Health and Rights Policies and Programmes." UNFPA, 2021. [https://esaro.unfpa.org/sites/default/files/pub-pdf/mhm-srhr\\_integration\\_digital.pdf](https://esaro.unfpa.org/sites/default/files/pub-pdf/mhm-srhr_integration_digital.pdf)



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