

MENSTRUAL HYGIENE MANAGEMENT IN THE WORKPLACE: LEARNINGS FROM KENYA

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 nine-month period in two Kenyan workplaces: a textile manufacturer and a garment manufacturer.

INTERVENTION COMPONENTS

<p>PRODUCTS & INFRASTRUCTURE</p> <p>Increased access to free menstrual products and improved water, sanitation, and hygiene (WASH) infrastructure.</p>	 Distributed 32,172 disposable menstrual pads	 Distributed 350 packs of reusable menstrual pads and menstrual cups	 Upgraded 6 toilet facilities	 Held sensitization sessions with 6 cleaners	 Facilitated 4 menstrual product education sessions
<p>WORKPLACE POLICIES & GUIDANCE</p> <p>Encouraged a more supportive environment for menstruating employees* by recommending menstruation-friendly policy improvements.</p>	 Conducted policy analysis	 Developed 10 high-level policy recommendations	 Presented recommendations, some of which were incorporated into company policies		
<p>WORKPLACE CULTURE</p> <p>Promoted education and behavior change based on the contextual realities of each workplace.</p>	 Recruited 6 MHM Champions	 Created 2 WhatsApp groups and disseminated 17 digital posters to each	 Facilitated 2 Appreciative Inquiry workshops	 Conducted 14 sensitization sessions among key populations	 Created 32 behavior change communication (BCC) products, in Swahili and English

*We use the terms “women” and “employees 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.

LEARNING POINTS

1 ADULTS ARE EAGER FOR MHH INFORMATION, AND CUSTOMIZED BCC MATERIALS CAN MAKE A BIG DIFFERENCE.

Most existing educational materials on menstruation are designed for adolescents, with the assumption that this young population has the highest knowledge deficit. However, the research team found that both women and men had limited knowledge about menstruation and expressed an eagerness to learn. A few key research and intervention elements contributed to raising awareness about MHH. Focus group discussions (FGDs) served as unintended educational sessions where participants shared—often for the first time in such a public setting—what they knew and what they wanted to know about menstruation. FGDs provided an opportunity for colleagues to respond to one another’s questions about menstruation, even if they had only limited knowledge. Men, especially, thanked the FGD facilitator after discussions for the “educational session,” even though the session was not explicitly an information-sharing session; respondents reported gaining information from the dialogue with colleagues. FGDs also served as an opportunity to express questions on a topic that was not normally discussed openly. This confirmed the well-understood notion that research itself is an intervention.

“The hygiene of toilets has increased. Pads used to lie around, and there used to be a plumbing issue [clogged toilets]. There has been a shift in terms of blockages. The number of toilet blockages has reduced.”

SENIOR MANAGER

Menstrual product disposal posters contributed significantly to improved practices in both workplaces. Many women reported not knowing how to properly dispose of menstrual pads prior to the presence of pictorial posters in the toilet facilities. Management noted reduced toilet blockages after this intervention component, and cleaners expressed increased job satisfaction and overall respect from employees due to reduced waste lying around for them to pick up as part of routine cleaning practices. Large anatomical posters developed to accompany sensitization sessions allowed employees to visualize the female reproductive system and provided trainers a means by which to educate participants on the menstrual cycle. Culturally and age-appropriate, visually clear graphics were reported as useful for adult learning of various literacy levels.

RECOMMENDATION:

Expand MHH education to adult populations.



2 PROVIDING A SUITE OF FREE MENSTRUAL PRODUCTS EXPANDS WOMEN’S CHOICE AND CONTRIBUTES TO REDUCED STRESS AS THEY MANAGE MENSTRUATION AT WORK.

Though few women had used reusable menstrual pads prior to the pilot interventions, and no women had previously heard of or used the menstrual cup, uptake of these products—coupled with the provision of quality disposable pads—increased women’s choice in how to manage menstruation at work. Expanded product access and choice, in turn, contributed to reduced anxiety in the workplace.

Reusable pads had previously been associated with poverty and were considered less hygienic than disposable pads by many women. Reusable pad provision, along with products education, allowed women to see these products as not only affordable and clean, but also good for the environment. Learning how to properly clean reusable pads increased women’s confidence in using them, though use at work was still limited due to inadequate means of washing and drying on site. In order to maximize the use of reusable pads on site, workplaces must invest in appropriate infrastructure, such as private locations to wash (e.g., taps in stalls) and dry (e.g., discreetly located drying lines) pads.



“I plan to use the cup for the rest of my life!”

WOMAN EMPLOYEE

Similarly, the action research sought to understand if the menstrual cup would be accepted and adopted by women as an effective MHH solution in the workplace. Country-specific data from activity partners Ruby Cup and the Menstrual Cup Coalition illustrated that the menstrual cup (an insertable product) had been relatively well received by Kenyan women exposed to the product, despite overall cultural stigma associated with tampons (also an insertable product). According to these sources, the relatively successful uptake of the cup in the general population was due, in part, to the product’s reusability—and, therefore, cost-saving—features. Though actual numbers of women in the WASHPaLS pilot interventions who reported using the menstrual cup were few, those who chose to adopt “the cup” reportedly loved it; the menstrual cup became a strong alternative to disposable products, for some.

Overall product access at work (both disposables and reusables) contributed to reduced anxiety in the workplace. Concerns of blood leaks, product discomfort, and resource limitations to purchase products were mitigated significantly according to women employees, due to the distribution of a suite of menstrual products to choose from and use. This reduced anxiety lessened women’s preoccupation with menstruation-related concerns and allowed them to focus more fully on work.

RECOMMENDATION:

Offer product options paired with education on their proper use to working women so they can individually choose the method that will most reduce their stress and best meet their needs to adequately manage menstruation at work.



3 BREAKING THE SILENCE AROUND MENSTRUATION OPENS THE DOOR FOR WOMEN'S EMPOWERMENT AND BROADER GENDER-EQUITABLE PRACTICES IN THE WORKPLACE.

Providing a safe and open space for menstruating employees to discuss menstruation contributed to self-reported feelings of comfort by women to express their menstrual needs. Many women also embraced menstruation as a natural and even celebrated function. Increased comfort to speak about menstruation contributed to women's increased confidence and voice in the workplace more broadly. Before the intervention, women participants were timid and reserved; the intervention contributed to feelings of importance and value, as well as increased assertiveness at work.

One workplace established a Menstrual Health Committee as part of that company's sustainability plan for the intervention. The committee comprised men and women employees. Though its primary purpose was to raise issues pertaining to managing menstruation at work, the committee was commissioned by the Managing Director to bring women's issues to the surface, such as increased representation, an important step toward gender equality in this historically male-dominated workplace. Additionally, the *MHM in the Workplace* pilot interventions revealed that supervisors often operated hierarchically with limited understanding of how to motivate and incentivize staff, including how to respond to underperformance through non-punitive measures. Targeting supervisors with MHH awareness provided an opportunity for them to consider leadership styles and management practices that addressed both the needs and assets of employees under their supervision. MHH sensitization for men supervisors enabled this cadre to practice greater empathy toward women employees, which reduced harmful and unequal power dynamics.

“Women are now bold to express themselves if needed. They are enabled to open up.”

SENIOR MANAGER

RECOMMENDATION:

Recognize workplace MHH as an opportunity to promote gender equality.



4 THOUGHTFUL ENGAGEMENT OF MEN IN MHH IS IMPORTANT IN INFLUENCING WORKPLACE CULTURE.

“Being supportive means [men] treat me in a positive way because they understand.”

WOMAN EMPLOYEE

At the start of the intervention, menstruating employees expressed explicit hesitancy to engage men in MHH-related conversations, especially in workplaces that were male-dominated. The taboos surrounding menstruation contributed to great shame among women and the need to persevere in silence, even if increased male knowledge of menstruation could support women's working experiences. Women did not want their male colleagues to know that they were menstruating and did not want men to speak about menstruation amongst themselves at work.

RECOMMENDATION:

Engage menstruating employees in the design process of MHH intervention components, especially regarding male engagement.



Engaging women in a strengths-based Appreciative Inquiry exercise proved constructive in enabling them to consider the benefits of involving men co-workers in MHH, and gave women the control to shape the terms of male engagement in the workplace. As part of the Appreciative Inquiry facilitated process, women employees designed a detailed plan of engaging men colleagues, including recruiting men supervisors to join them in a self-organized Menstrual Health Committee that would take on specific roles and responsibilities throughout the year. Women who participated in the design session led the recruitment and initial roll-out process of male engagement at this factory. Future efforts ensued through the Menstrual Health Committee's joint male-female collaboration, including facilitated MHH discussions during departmental morning prayer meetings. Men on the Menstrual Health Committee expressed enthusiasm to be part of the group and took the responsibility seriously. Through involvement in the committee, they gained knowledge and purpose to advance the cause of MHH—and gender equality more broadly—in the workplace.

5 WORKPLACE MHH INTERVENTIONS PROVIDE OPPORTUNITIES TO ADDRESS SEXUAL AND REPRODUCTIVE HEALTH (SRH) TOPICS MORE BROADLY.

Throughout the intervention, menstruating employees shared questions and concerns about contraception-induced bleeding changes, including whether their experiences were normal, when to seek care, how to manage heavy bleeding or increased pain, and if particular contraceptive methods were safe. Some women employees had limited access to reproductive health care and did not receive adequate information about SRH from their primary health provider, highlighting inadequate care in the local health system. Some employees reported feeling uncomfortable to speak about menstrual health with anyone—whether friend, relative, or health provider—due to taboos around menstruation, which kept these questions unanswered. Others did not feel it socially acceptable to inquire about menstruation-related SRH issues with their primary health providers, believing that women were meant to persevere through menstrual challenges and endure such experiences in silence. Still, others did not trust the health system to share truthful SRH information and felt that outside experts would provide more accurate details than what they had heard from providers. Breaking the silence around menstruation at work empowered women to reach out to colleagues about SRH-related issues, especially with those in the workplace who had explicit health-related roles (e.g., MHH champions, nurse, first aider, and those responsible for menstrual product distribution). The amount and accuracy of information transferred to employees was dependent upon these champions' level of knowledge about SRH and menstrual health. The more training and sensitization they were offered, the better they were able to support colleagues with MHH/ SRH concerns.

RECOMMENDATION: Strengthen the intersection of MHH and SRH by customizing MHH interventions and creating linkages to quality, client-centered SRH services.



“Why does period flow change? Some times it is heavy, other times it is light.”

WOMAN EMPLOYEE

FINDINGS FROM THE INTERVENTION*

41% → **98%**

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

43% → **95%**

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

56% → **98%**

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

38% → **88%**

More women employees never worried about leaking through their menstrual products at **endline** than at **baseline**.

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



Installed taps in toilet stalls so that employees could wash reusable products privately



Distributed toilet paper to all women employees



Increased frequency of menstrual waste collection



Ensured that running water was consistently available every day of the week



Provided constant supply of soap



Renovated women's toilet facilities, including closing a wall gap between men and women's facilities

27% → **42%**

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

59% → **98%**

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

CLOSER LOOK: ABSENTEEISM

27% → **3%**

Fewer women employees missed a part of a work day due to menstruation-related reasons at **endline** than **baseline**.

"Before [the intervention]... women would be forced to miss work because all the money is spent and there is no money for pads. These days, even if you are broke and you do not have pads, you just come to work because you know you will get pads at work."



WOMAN EMPLOYEE

"Women are more free and confident to discuss menstruation; before [the intervention], they didn't think of it as normal."

SUPERVISOR

"I can now carry my pad proudly without secrecy."

WOMAN EMPLOYEE

"The [intervention] makes you feel that there is someone to help you, that you are not alone. You can tell a colleague and you will find support. It creates less stress to know that you can get help."

WOMAN EMPLOYEE

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



Over the 10 month intervention period
 EVERY **100 KSH** INVESTED → RETURNED **154 KSH** IN BENEFITS
 That is, every \$1 invested returned \$1.54 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)