

ENGAGING MEN TO IMPROVE MENSTRUAL HYGIENE MANAGEMENT IN THE WORKPLACE

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 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 in Nepal and Kenya to assess the benefits and costs of improved MHM in the workplace, for women workers and the enterprises that employ them. The overall objective was to determine if providing adequate MHM in the workplace contributes to improved business and social outcomes, including women's economic empowerment. An overview of the activity is available [here](#).



As part of the overall workplace intervention, efforts in both Nepal and Kenya intentionally reached out to men—employees, supervisors, managers, and leadership—in strategic ways to improve MHH. This learning brief presents the justification for engaging men in MHH efforts and provides two case studies documenting the activity's approach, findings, learning points, and recommendations for future workplace MHH efforts that engage men. The WASHPaLS male engagement approach focused on people who identify as women and men but the content below can be applied to menstruating and non-menstruating employees, inclusively.



BACKGROUND

Efforts that address MHH tend to approach women and girls as discrete and isolated targets to influence and measure, without considering broader environmental factors and external power dynamics that shape women's menstrual-related experiences (Amaya et al., 2020). Yet interventions in sexual and reproductive health (SRH), at large, acknowledge the important role of men in supporting women's choices and needs (Iskarpatyoti & Adamou, 2018). Specifically, men often hold positions of power in society that limit women's representation, voice, and decision-making related to issues of SRH, including MHH. Gender inequalities that constrain women's agency have contributed to social stigma and taboos around menstruation, affecting women's ability to effectively manage their periods with dignity (Mahon et al., 2015).

In workplaces, managers and supervisors are often men, and the workforce composition of many formalized workplaces is dominated by men employees or is historically comprised predominantly by men. Existing power inequalities within the workplace and societal taboos limit women employees' comfort and opportunities to speak with colleagues and supervisors about menstrual needs, including pain, sick-leave, or even menstruation-related harassment. Increasing the knowledge and understanding of MHH among men in workplaces has the potential to positively affect women employees' ability to raise menstruation-related needs with male colleagues and supervisors, such as needing additional time to access toilet facilities (International Labour Office, 2016). Interventions that engage men can increase men's understanding of the importance of MHH and improve their attitudes about menstruation (Mahon et al., 2015). Improved perceptions about MHH among men have the potential to affect workplace culture by destigmatizing menstruation and removing barriers for menstruating employees, such that workplace cultures "embrace an attitude of period inclusion" (USAID, 2019). Overall, improved knowledge and awareness of menstruation among men can expand their role as agents of change in ways that improve menstrual health for women.

The global evidence and examples in the literature on male engagement in MHH, including in the workplace, are limited, though, interest about this topic is growing. One commentary on menstrual leave policies in formal workplaces in India points to the important role men can play in the efficacy of these policies. The article notes that men's reactions to menstrual leave legislation is significant as their support or disparagement of it can influence whether menstruators choose to use it (Belliappa, 2018). The Business for Social Responsibility's (BSR) HERproject offers an example of an evaluated effort that sought to increase MHH awareness among supervisors and managers (often men) in workplace settings, to best support menstruating employees on the job (Yeager, 2011). From the humanitarian sector, CARE Canada released a guide for aid workers that includes specific recommendations for male employees to better understand and support menstruating colleagues in the humanitarian field. This guide includes organization-level measures that could be applied to men in leadership and to workplace policies that influence men's awareness of MHH (CARE Canada, 2018).

Though a starting point, the existing literature fails to conclusively present best practices in engaging men in workplace MHH. The WASHPaLS *MHM in the Workplace* activity recognized this research gap as an opportunity to better understand male engagement in this distinct space and contribute to the body of evidence, with a primary objective to improve MHH-related working conditions for women employees. The activity carried out novel intervention approaches—designed with inputs from women employees—that intentionally engaged men to improve MHH in target workplaces. The following sections present case studies from Nepal and Kenya to highlight relevant lessons and recommendations for women-centered male engagement in workplace MHH.



CASE STUDY: NEPAL

In Nepal, men's influence over women's ability to manage menstruation at work is significant. Menstruation-related social norms in Nepal are deeply ingrained in belief and practice, and while women have adopted them, men play a significant role as custodians of these norms. Men frequently hold financial decision-making positions within their families, affecting MHH such that women often need to ask them for permission to purchase personal and household items, including menstrual products. Men also tend to hold greater positions of power in management and leadership, shaping corporate culture in the workplace and the ways in which MHH might be supported (or under-supported). These three examples demonstrate men's significant influence on menstrual well-being in Nepal, yet to date, male engagement in MHH efforts has been for the most part overlooked and underprioritized.

The WASHPaLS *MHM in the Workplace* activity in Nepal recognized early in formative and baseline research activities the great opportunity—and even necessity—of engaging men in its two interventions. This case study presents noteworthy findings from formative and baseline research activities, highlights the male engagement approach adopted, and documents lessons learned and recommendations from the male engagement component of the workplace MHH intervention.

Women employees in both workplaces emphasized in formative assessments that it was important to work with their men colleagues on menstruation-related issues. The need to engage men surfaced when women discussed multiple spheres of influence in their lives, including family and religious leaders, as well as co-workers and supervisors (Figure 1). Men held dominant positions in each of these influencing groups. Their understanding and support of menstruation within these roles shaped women's menstrual experiences. Women identified religious leaders, who are primarily men, as significant influencers. The team intended to engage religious leaders in the intervention, but regrettably, community outreach efforts needed to be eliminated due to the COVID-19 situation.

Men's beliefs and norms were especially relevant in one of the two workplaces under study, as women and men employees (and their family members) lived in on-site accommodations provided by the company. As such, menstruation-related norms seamlessly moved from the home into the workplace. At the two companies, men comprised 58% and 30% of the staff, respectively. Furthermore, most senior management, supervisors, and owners were men.

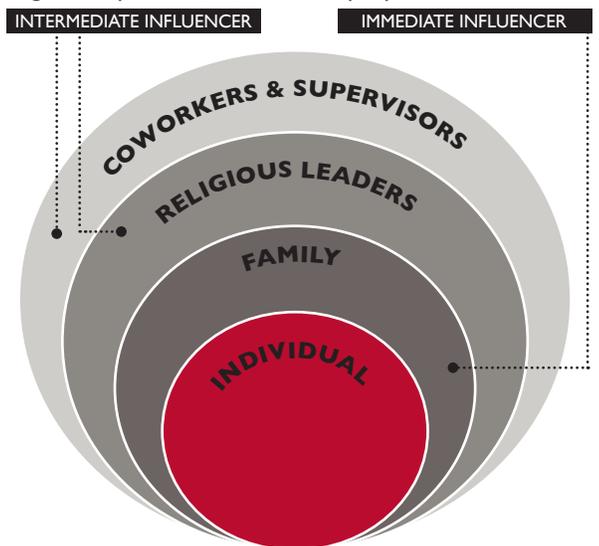
Formative assessment and baseline research findings revealed the depth of the culture of silence and secrecy around menstruation. Women and men employees at both workplaces viewed menstruation as a woman's issue and had not discussed it openly before the intervention. Social and cultural norms around menstruation sanctioned those who did talk candidly about MHH. Many women did not feel comfortable approaching men supervisors about their menstrual needs. When they needed to change menstrual products, women reported covering up the reason for leaving their work stations, claiming to have headaches or stomachaches.

Talking about menstruation was equally taboo for men. Men shared that they had rarely engaged in conversations about menstruation. Their limited knowledge about menstruation came from gossiping with other men or from rare discussions about menstrual issues with their wives. As a result, men's menstruation-related knowledge (e.g., body literacy, the physiology of menstruation, menstrual products and their use) was particularly low.

The influential roles of men as family members, colleagues, and in other positions of power made it imperative for the intervention to engage men to improve menstrual experiences for working women. In doing so, the intervention needed to address the culture of silence around menstruation and men's limited knowledge about menstrual issues and how best to support menstruating colleagues.



Figure 1. Spheres of influence for people who menstruate



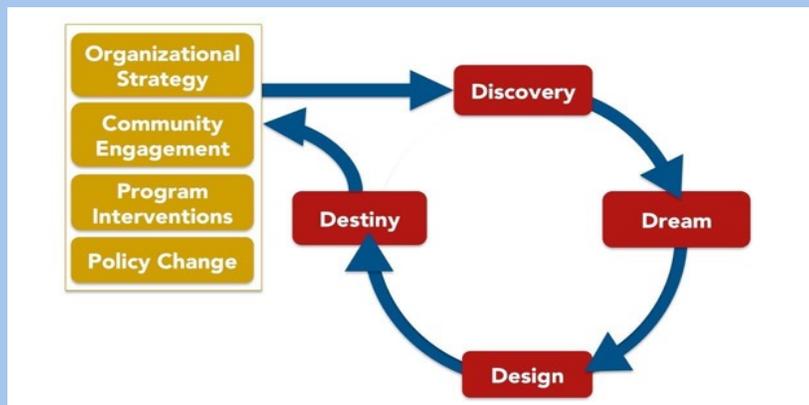
MALE ENGAGEMENT APPROACH & TOOLS

To engage men in improving the conditions under which women managed their periods, the Nepal intervention implemented three approaches:

- 1 While women and men in the workforce were keen for men to be part of the workplace MHH intervention, both groups wanted to ensure women’s right to privacy. As requested by women and men employees, the intervention held parallel, monthly sex-disaggregated education sessions, sharing the same content and using identical behavior change communication (BCC) tools with men and women. The team employed a male country consultant to lead the work with men at both workplaces alongside a woman consulting physician, thereby building trust and creating safe spaces for men and women to discuss this taboo topic.
- 2 The team designed BCC tools and education sessions to address the unique knowledge, attitudes, and beliefs relating to menstruation identified through the formative and baseline assessments. The intervention tailored BCC tools—including posters, playing cards, and an edutainment video—to appeal to men (as well as to women) and to demonstrate men’s behaviors that would be most supportive of MHH in the workplace. The posters and playing cards addressed various taboos associated with interacting with menstruating individuals and norms relating to restrictions on daily activities when menstruating (Figure 2), such as men eating or working together with menstruating women, who wore *Maryadit Karyasthal* bags (menstrual wellness bags with a set of menstrual supplies and products distributed at intervention launch). BCC tools also portrayed men in supportive roles, for example, by depicting men bringing hot drinks to women experiencing menstruating pain (Figure 3). The [edutainment video](#) featured a man supervisor stating that his workplace supports women, including women who were menstruating, and that there should be no stigma around a natural process like menstruation. The supervisor also handed out *Maryadit Karyasthal* bags to women employees, demonstrating empathy and the importance of men’s leadership in supporting MHH.
- 3 Throughout the entire intervention, the research team worked collaboratively with men and women employees as well as with senior management and leadership. When engaging senior management and owners at both workplaces, the research team adapted the Appreciative Inquiry methodology to elicit reflections about how they could create an environment that positively affected staff morale, productivity, and eventually, company profits. The overall approach with both men employees and men in management/leadership aimed to 1) promote shared responsibility about menstrual management in the workplace, and 2) create an enabling environment for men to further engage in MHH, especially considering the normative culture of silence around menstruation that was mentioned earlier.

APPRECIATIVE INQUIRY

Appreciative Inquiry is a methodology that emerged from Case Western Reserve University to serve the private sector by promoting positive growth in organizational strategy and development. This method is highly interactive, allowing participants to take full ownership of their collective experiences through reflective story-telling and other creative approaches that open up expression of the most desired future, both in process and outcome.



In the Discovery phase, participants engage in storytelling and appreciative reflection to recall assets and strengths specific to the session topic. Dream allows participants to envision the best-case scenario for their collective future, using creative elements to step outside of the present reality and imagine what could be possible. Linking what works (Discovery) with what could be (Dream), the Design phase maps out a clear pathway for achieving the imagined future. Destiny is the follow-through of the plan detailed in the Design phase (Cooperrider, 2008).

Figure 2. Playing cards depicting menstruation-related norms and taboos

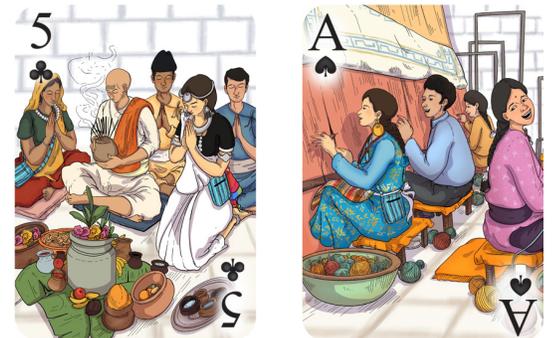


Figure 3. Playing cards depicting men in roles that support workplace MHH



RESEARCH FINDINGS*



Several men employees reported in focus group discussions (FGDs) that they felt more comfortable talking with women about menstruation at endline than they did at baseline. Some men mentioned that they even communicated with women's families if women were experiencing menstrual pain at work and needed rest, instead of reporting them to supervisors.



Not all men were comfortable approaching women colleagues to talk about menstruation; however, they discussed menstruation with other men at endline, which they did not do at baseline.



In FGDs, men employees credited the intervention with showing them that menstruation is not just a woman's issue and that it affects others in the family and in the workplace. They expressed that they would not treat menstruating women differently because everyone talked about menstruation as a normal phenomenon.



At baseline, men reported that they wouldn't want menstruating women to touch kitchen utensils or cook while menstruating; however, at endline, men reportedly felt that menstruating women should not experience any restrictions to daily activities, including doing daily religious rituals (*puja*).

"It is very important for men to understand about menstruation because it helps us to take care of our female family members when they are on their period."



MAN EMPLOYEE

"In the past, most people used to think of 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 [against]."



MAN EMPLOYEE



* More research findings from the *MHM in the Workplace* interventions in Nepal are available [here](#).

LEARNINGS FROM NEPAL

1 COLLABORATING WITH WOMEN AND MEN EMPLOYEES TO POSITIVELY PORTRAY MEN IN MHH-SUPPORTIVE ROLES ENHANCED THE INTERVENTION'S BEHAVIOR CHANGE EFFORTS.

Men co-workers and influencers generally held more power than women. Therefore, the research team thoughtfully considered ways that education and BCC materials might portray men's engagement with MHH in a positive light. This contributed to men's improved attitudes towards MHH in the workplace. The content of the education and BCC materials was dictated by the needs of women employees, who articulated particular ways in which men could be more supportive. Men employees were also given the opportunity to collaborate with the research team in defining new, more positive roles. For example, women suggested that men supervisors and colleagues could give women more time to use toilets when menstruating. Another suggestion was that owners and supervisors could allow women to work flexible hours, enabling women to take time off when menstruating and make up lost hours another time, in order to meet their production quotas. These needs had never before been considered by men in positions of power at the workplaces. Once they were built into the new narrative and presented in education and BCC tools, men expressed more willingness to adopt these practices, and in some cases, also changed their behavior.

RECOMMENDATION:

Use BCC materials as an opportunity to showcase men in constructive roles that reinforce men's support of menstruating women colleagues.



2 MEN EMPLOYEES HAVE GOOD IDEAS AND WANT TO BE INVOLVED IN SHIFTING WORKPLACE CULTURE AROUND MHH.

During early phases in the *MHM in the Workplace* intervention, men employees shared that they did not want to be passive recipients of information. Rather, they wished that intervention activities would actively engage them, address their knowledge gaps around MHH, and provide more information about how they could better support women in the workplace. When given the opportunity, men wanted to significantly contribute to changing restrictive norms around menstruation. The team ensured that male engagement sessions included time for men to jointly brainstorm active ways in which they could both respect women's privacy and support menstruating colleagues. These brainstorming sessions generated constructive ideas that led to transformative components of the intervention.

RECOMMENDATION:

Create opportunities for men to collaborate with women and improve workplace culture around MHH.

3 MALE BUSINESS OWNERS' COMMITMENT TO IMPROVING MHH HAS A TRICKLE-DOWN EFFECT THROUGHOUT THE COMPANY.

Through their efforts, the research team succeeded in building the commitment of the owners (most of whom were men) at both workplaces to improve workplace conditions and affect employees' menstrual experiences. Extensive conversations with the team strengthened the owners' support for MHH overall. By the end of the intervention, the owners publicly advocated for women's menstrual needs and for a work environment that respected and valued them. Their outspoken commitment had a ripple effect through the ranks of each of their workplaces, from managers and supervisors to employees on the factory floor. Given their positions of authority, owners influenced the managers and supervisors to become more accommodating of women's menstrual needs. Men employees became more supportive of MHH-related improvements, for instance, by allowing women colleagues to take breaks to use the toilets when menstruating, even though doing so disrupted the work of the entire loom. In short, the activity observed the positive and widespread effects of conscientious, strategic, and results-based discussions with men in leadership about workplace MHH.

RECOMMENDATION:

Engage men business owners and senior management in consistent and strategic ways, encouraging them to use their authority and influence to foster an environment in which menstruating workers are treated with dignity and respect.



4 ENGAGING MEN EMPLOYEES IN MHH CAN EXTEND THE REACH OF THE INTERVENTION INTO THE BROADER COMMUNITY.

The interventions' male engagement activities influenced women beyond the two workplaces, especially family members of men workers. At one Nepali workplace, where many male workers came from the Indian border regions, the owner stated: "I have heard men at the workplace speaking to their family members on the phone and telling them about the proper use of menstrual products, including how often to change products. They even discuss the health benefits and need for proper menstrual hygiene." In comparison, women also shared what they had learned about MHH with their families and community members, but they often only did so when prompted; men, however, took it upon themselves to initiate these discussions. Men employees will likely take their newfound knowledge and practices with them out into the community, benefiting other menstruating women in the community, and possibly even extending to other workplace settings.

RECOMMENDATION:

Recognize the important role that men employees play in breaking the culture of silence around menstruation within their community and prepare them to share accurate information about MHH across their spheres of influence in a sensitive and destigmatizing manner.



CASE STUDY: KENYA

The following case study details the male engagement approach and learning points at one of the two Kenyan workplaces participating in the *MHM in the Workplace* action research. In this workplace, the majority of employees were men, with women representing 9% of the total workforce at the start of the intervention (and 13% at the end of the intervention). Additionally, with the exception of the company's Managing Director, men comprised almost all management and leadership positions at this workplace.

According to respondents at baseline, one of the key challenges to addressing MHH in this workplace was the power dynamic among employees, specifically gender inequalities embedded into the workplace culture. Women were expected to show up and perform exactly like men, without any consideration of their unique needs and roles associated with their identities as women. As such, there was limited sensitivity towards, and awareness of, menstruation at work.



Many men at baseline reported that menstruation was a curse and something to avoid. A number of men understood the physiology of menstruation as the process of removing dirt from women's bodies. While some men expressed curiosity about menstruation prior to the intervention, they were largely silent on the issue. As also found in Nepal, most men reported that menstruation was solely a woman's issue and should be kept a secret; it was not an issue that should be discussed at work, as work entailed targets and production—not personal matters. Women reported that the workplace perpetuated derogatory attitudes and behaviors about menstruation, specifically that men would sometimes direct offensive jokes and remarks toward women who these men assumed were menstruating.

Women, like men, did not discuss menstruation at work, including with women colleagues. They reported at baseline that discussing menstruation was shameful, unprofessional, and attention seeking. Like men, women saw menstruation as their secret and something to hide, especially from men. As in Nepal, women were unable to voice menstruation-related concerns because of menstrual stigma—a broader cultural norm that seeped into the workplace. In essence, women were uncomfortable speaking about menstruation with one another, and unlike Nepal, women expressed considerable hesitancy about engaging men in MHH-related discourse. This “culture of silence around menstruation” at work was a theme that emerged from baseline data collection in this workplace. To address these dynamics, the activity in Kenya designed a unique and inclusive approach to male engagement.

MALE ENGAGEMENT APPROACH & TOOLS

Women's expressed hesitancy to engage men colleagues in MHM-related efforts at work encouraged the research team to consider a participatory approach for designing this intervention component. The Appreciative Inquiry methodology was selected for this approach; a facilitated co-creation process ensued among a select group of menstruating employees (later deemed the factory's Menstrual Health Committee). Appreciative Inquiry allowed for collective reflection and idea generation to design the best possible future for male engagement in MHM at this workplace in Kenya.



RESEARCH FINDINGS*



In an endline key informant interview (KII), the Human Resources (HR) Assistant (woman) reported that employees and staff treated menstruating employees more positively after participating in sensitization sessions. Because of this education, according to the HR Assistant, men no longer believed menstruation to be a disease, a curse, or some thing shameful.



Very few men employees spoke of menstruation as a dirty process in endline FGDs, as compared to baseline. In one endline FGD, when some men employees mentioned menstruation as dirty, other men employees corrected them.



In endline FGDs, several women reported that they were able to approach supervisors (mostly men) for menstruation-related support and that they felt confident about approaching them.



Men reported at endline increased comfort (compared to baseline) in talking about menstruation with women colleagues.

“There has been openness [in talking] about [menstruation] and lack of shame. Before [the intervention] it seemed that it was some thing bad that happened... [Menstruation is] not a secret as before.”
WOMAN SUPERVISOR



More women thought their supervisors would respond respectfully to an MHM-related question to a large extent at **endline** than at **baseline**.

“Many supervisors were older men so there was no freedom to talk [about menstruation] before... Talking has helped in breaking the culture [of silence around menstruation].”
WOMAN EMPLOYEE



* More research findings from the *MHM in the Workplace* interventions in Kenya are available [here](#).

LEARNINGS FROM KENYA

1 WOMEN'S CONTROL OF THE MALE ENGAGEMENT DESIGN PROCESS CONTRIBUTED TO A SAFER INTERVENTION.

Women's initial discomfort in engaging men in MHH efforts stemmed from their fear of sanctions by men colleagues for discussing menstruation or their own menstrual needs. Women worried that men might gossip or make jokes, or think of women as weaker or needy and not worthy of their role at work. Women employees did not wish for their men colleagues to see them (women) as anything other than a co-worker, an employee just like them (men).

The research team recognized the potential harmful effects of engaging men in MHH efforts without women's consent. For this reason, the team agreed to pursue intervention efforts with men only if and when women were comfortable. Additionally, they allowed women to control the situation—specifically to map the male engagement process, dictate content, express desires, and voice concerns. Such an approach ensured women's safety and comfort. This application of the “Do No Harm” principle resulted in positive outcomes, both for women and men.

“We worry they [men] will share our menstrual status or experience outside, or to others.”

WOMAN EMPLOYEE

RECOMMENDATION:

Engage men on women's terms. Women's voices must remain at the center of male engagement programming; their comfort in engaging men colleagues is paramount to rolling out any intervention with men.

2 BREAKING THE SILENCE AROUND MENSTRUATION WITH WOMEN PAVED THE WAY FOR MENSTRUATING EMPLOYEES TO ENGAGE MEN IN MHH AT WORK.

Women employees' willingness to engage male colleagues in menstruation-related issues at work required the culture of silence around menstruation to change; in other words, the comfort to speak about menstruation needed to grow, first among women themselves and then more broadly. This shift was achieved gradually, in a stepwise process:

- 1 Women were exposed to MHH discussions through baseline research activities and the launch of the intervention. Both of these touchpoints raised the topic of MHH and initiated menstruation-related discussions in the workplace.
- 2 Women received two brief education sessions about menstrual products and their use, reuse, and disposal. These informative, and even playful, sessions allowed women to engage with trainers who were confident about periods and who embraced menstruation, further chipping away at the culture of silence about menstruation that had been instilled in women over time.
- 3 Women were given a safe space to speak openly about menstruation at work. The intervention itself encouraged discussions about menstruation; MHH Champions inquired about menstruation-related needs among employees; and the company's own adoption of the action research indirectly communicated approval of MHH discussions on site.
- 4 Women were provided with opportunities to discuss menstruation with fellow female colleagues, whether in awareness-raising sessions, WhatsApp group question prompts and ensuing dialogues, or other behavior change communication efforts. Normalizing MHH in conversation, especially in a male-dominated environment, removed the previously predominant belief that speaking about menstruation was taboo.
- 5 Mid-way through the workplace intervention, women were ready to discuss menstruation with men. They decided to hand-pick men from each department and convene a meeting to discuss menstruation. This small group also discussed ways in which they—as men and women—could further educate the greater male-dominated workforce. This small group became known as the company's Menstrual Health Committee.

Women employees were more open to engaging their male colleagues in menstruation-related efforts once they felt comfortable discussing menstruation with each other.

RECOMMENDATION:

Undo the culture of silence around menstruation before engaging men in MHH at work. Women's collective comfort to speak freely about menstruation in the workplace will foster a more welcoming environment for men to participate in MHH-related discourse and advocacy.



“Telling bosses [about menstruation-related concerns] has become better, and understanding about menstruation has helped a lot. It's more acceptable.”

WOMAN EMPLOYEE

3 BY AND LARGE, MEN ARE INTERESTED IN ENGAGING IN MHH EFFORTS IN THE WORKPLACE.

Many men employees at the start of the intervention requested more information about menstruation and wished to better support their menstruating colleagues, but they didn't know how. A number of men had limited knowledge about the basic physiology of menstruation, and still others shared that it was difficult to engage in MHH efforts because of the culture of silence around menstruation. Specifically, menstrual taboos left men feeling unsure about how to discuss menstruation at work. The culture of silence around menstruation contributed to social expectations about how men should or should not behave with regard to menstruation, whether due to derision from men or embarrassment from women. Therefore, men at that time were uninformed and uninvolved.

“This forum is breaking the taboo. We men are not ashamed or afraid to talk about it.”

SENIOR MANAGER

Mid-way through the intervention, a select group of men employees were recruited to join the Menstrual Health Committee. These men expressed enthusiasm to be part of the committee and engage in MHH efforts. They took the responsibility seriously and expressed pride in partnering with their menstruating colleagues to improve workplace culture, specifically around MHH. Through involvement in the committee, they gained knowledge and purpose to advance the cause of MHH. Similar to learning point #2 in the Nepal case study, men have good ideas and want to be involved.

RECOMMENDATION:

Engage men in workplace MHH interventions. Men care about women, are curious about menstruation, and want to be included.

4 MENSTRUATING EMPLOYEES KNOW BEST WHAT TYPE OF MALE ENGAGEMENT INTERVENTION WILL WORK—AND BE SUSTAINED—IN THEIR WORKPLACE.

Insider knowledge of institutionalized systems and workplace culture was paramount to designing sensitive intervention components, such as male engagement efforts, to improve workplace MHH. Adult women employees had managed periods at work for years, giving them the upper hand in understanding what was needed to further support MHH at work. Not only were women employees more aware than the research team of their own needs and one another's strengths to inform an intervention that would engage men, but they also had an understanding of what would be acceptable to management in their workplace. Their suggestions, which later turned into design elements, addressed issues of implementation, target reach, employee appeal, time availability, and management approval. Additionally, since ideas emerged from employees and were intended to be carried out by employees, design elements were innately sustainable. Women's roll-out of the intervention would not only fit into institutionalized systems, it would also last.

“Any public message needs to be official, it needs approval, and these messages should be public, to show that women are valued here.”

WOMAN EMPLOYEE
ON MENSTRUAL
HEALTH
COMMITTEE

RECOMMENDATION: Don't underestimate participants' design acumen, especially regarding male engagement in MHH. Menstruating employees know what will work best in their context—allow them to lead the male engagement intervention design process!



5 APPRECIATIVE INQUIRY ALLOWED EMPLOYEES TO LEVERAGE “WHAT WORKS” TO DESIGN THE BEST-CASE SCENARIO FOR ENGAGING MEN IN MHH AT WORK.

The Appreciative Inquiry process contributed further to women employees' willingness to engage men in MHH improvements at work. While not ignoring women's experiences of shame, stigma, and ridicule vis-à-vis menstruation, Appreciative Inquiry focused primarily on the positive elements of engaging men in MHH. Appreciative Inquiry encouraged women to shift perspectives away from challenging realities toward positive possibilities. Through this asset-based and generative process, women were able to see how engaging men could benefit them and contribute to improved MHH at work. The method opened up a safe space and paved the way for women to collectively design a plan for engaging men colleagues in MHH. This plan, as noted previously, included recruiting men supervisors to join them in a self-organized Menstrual Health Committee that would take on specific roles and responsibilities during and beyond the intervention. Women who participated in the Appreciative Inquiry session led the recruitment and initial roll-out process of male engagement at this factory. Afterwards, efforts ensued through the Menstrual Health Committee's joint male-female collaboration, including facilitated MHH discussions during departmental morning prayer meetings. Appreciative Inquiry provided the creative space for women employees to speak, imagine, and design a vision for what good could come from engaging men in MHH at work.

RECOMMENDATION: Use participatory, strengths-based methodologies when designing stigma-reduction efforts around menstruation at work. Women's unmet MHH needs and hidden social barriers to engaging men in MHH programming can emerge via the generative capacity in participatory methods, coupled with a focus on best possible outcomes.

“If men here are truly supportive of me, I am able to maintain my dignity.”

WOMAN EMPLOYEE

CONCLUSION

Engaging men in workplace MHH efforts has the potential to improve working environments for menstruating employees, while also enhancing the working experiences of all staff in companies. Men frequently lack accurate knowledge about menstruation, and in some situations, they reinforce and perpetuate existing stigma. In many settings, menstruation is relegated as a “women’s issue” that some men are uncomfortable broaching (as in Nepal), or that women are reluctant to share with men (as in Kenya). For these reasons, the particular approach to engaging men in workplace MHH matters. As seen in the WASHPaLS *MHM in the Workplace* action research, careful considerations of women’s voices in formative research, including social norms related to their comfort with involving their male counterparts, must inform the design and implementation of a male engagement MHH intervention in the workplace.



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