**Menstrual Hygiene Management in Resource-Poor Countries**

Anne Sebert Kuhlmann, PhD,* Kaysha Henry, BSc,† and L. Lewis Wall, MD, DPhil‡

*Assistant Professor of Behavioral Sciences and Health Education and †Graduate Student, College for Public Health and Social Justice, Saint Louis University; and ‡Professor, Department of Anthropology, College of Arts and Sciences, and Department of Obstetrics and Gynecology, School of Medicine, Washington University in St Louis, St Louis, MO

**Importance:** Adequate management of menstrual hygiene is taken for granted in affluent countries; however, inadequate menstrual hygiene is a major problem for girls and women in resource-poor countries, which adversely affects the health and development of adolescent girls.

**Objective:** The aim of this article is to review the current evidence concerning menstrual hygiene management in these settings.

**Evidence Acquisition:** A PubMed search using MeSH terms was conducted in English, supplemented by hand searching for additional references. Retrieved articles were reviewed, synthesized, and summarized.

**Results:** Most research to date has described menstrual hygiene knowledge, attitudes, and practices, mainly in sub-Saharan Africa and South Asia. Many school-based studies indicate poorer menstrual hygiene among girls in rural areas and those attending public schools. The few studies that have tried to improve or change menstrual hygiene practices provide moderate to strong evidence that targeted interventions do improve menstrual hygiene knowledge and awareness.

**Conclusion and Relevance:** Challenges to improving menstrual hygiene management include lack of support from teachers (who are frequently male); teasing by peers when accidental menstrual soiling of clothes occurs; poor familial support; lack of cultural acceptance of alternative menstrual products; limited economic resources to purchase supplies; inadequate water and sanitation facilities at school; menstrual cramps, pain, and discomfort; and lengthy travel to and from school, which increases the likelihood of leaks/stains. Areas for future research include the relationship between menarche and school dropout, the relationship between menstrual hygiene management and other health outcomes, and how to increase awareness of menstrual hygiene management among household decision makers including husbands/fathers and in-laws.

**Target Audience:** Obstetricians and gynecologists, family physicians.

**Learning Objectives:** After completion of this educational activity, the obstetrician/gynecologist should be able to define what is meant by “adequate menstrual hygiene management,” identify the challenges to adequate menstrual hygiene management that exist in resource-poor countries, and describe some of the intervention strategies that have been proposed to improve menstrual hygiene management for girls and women in those countries.
in higher-income countries, yet an apparent decline in age at menarche has been documented in both developed and developing countries over the past few decades. One challenge of menstruation that is taken for granted in affluent countries is the simple question of how to manage or contain the menstrual flow and what happens to a girl or woman who is not able to do this successfully. The United Nations defines adequate menstrual hygiene management as “women and adolescent girls using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials.” Particularly in poor countries, girls and women face substantial barriers to achieving adequate menstrual management.

Gender equity in education has long been heralded as a cornerstone for social and economic development. The education of girls and women holds a prominent position in both the United Nations’ Millennium Development Goals and in the recently adopted Sustainable Development Goals. Although much progress has been made since 2000, in many countries (especially in South Asia and sub-Saharan Africa) a large number of girls either never attend school or attend only a few years of primary school before dropping out. Furthermore, the number of out-of-school girls is rising again after years of improvement.

Earlier menarche and a greater emphasis on education mean that many adolescent girls are in school while menstruating. With a typical menstrual cycle lasting 25 to 30 days within which bleeding occurs for 4 to 6 days, postmenarcheal girls will experience menstrual bleeding on at least some school days every month. Menstrual hygiene management is therefore an increasingly important (yet often unrecognized) issue that is heavily intertwined with girls’ education, empowerment, and social development.

**EVIDENCE ACQUISITION AND EXTRACTION**

As part of an ongoing program of menstrual hygiene management research and intervention in Ethiopia (www.dignityperiod.org), we carried out a systematic review of the published literature on menstrual hygiene management to understand the current state of knowledge and gaps in evidence surrounding these practices in resource-poor countries. We searched PubMed with the help of a reference librarian for English-language articles published through December 2015 using the MeSH search terms hygiene or menstrual hygiene products and menstruation. The PubMed search included the following: (“Hygiene”[MeSH] OR “Menstrual Hygiene Products”[MeSH]) AND English[lang]) AND (“Menstruation”[MeSH] AND English[lang]) AND (Journal Article[ptyp] AND English[lang]).

Our electronic search identified 199 unique citations that we then screened for relevance based on title and abstract (Fig. 1). Full-text screening was conducted of 58 articles, of which 27 were retained for inclusion and data extraction. We hand searched the reference lists of these articles plus key background articles to identify an additional 58 citations for screening. From the combined electronic and hand search, we identified 67 articles for inclusion that met the dual criteria of focusing on menstrual hygiene management in the setting of a low- or middle-income country. These 67 articles include 43 descriptive studies, 11 intervention evaluation studies, 11 commentaries/editorials, and 2 review articles. For each included article, we extracted essential information into a spreadsheet to facilitate analysis. Extracted information for all articles included bibliographic information, research question or purpose, and information on the setting or location in which it was carried out. For descriptive studies, intervention evaluations, and review articles, we also extracted information on study design, sample characteristics, results, and limitations. We also extracted a description of the intervention that was used in those evaluation studies.

**THE CURRENT STATUS OF MENSTRUAL HYGIENE MANAGEMENT IN RESOURCE-POOR COUNTRIES**

Most of the existing literature is descriptive in nature, explaining menstrual hygiene practices, knowledge, and attitudes—including beliefs and cultural taboos—and where girls get their information about menstruation. There are also observational studies that look at the associations between menstrual hygiene management practices and various sociodemographic and contextual characteristics (e.g., lack of privacy, water, and/or proper sanitary disposal at school). Many of these studies are school based and often compare urban versus rural schools and/or private versus public schools. These articles frequently conclude that menstrual hygiene management is worse for girls in rural areas and for those who attend public schools (which tend to serve families of lower socioeconomic status). Studies are heavily concentrated in a handful of sub-Saharan African countries and the South Asia region. Very little is published in English from Latin America, North Africa and the Middle East, or Central Asia. The academic literature
has recently been paying more attention to issues surrounding menstrual hygiene management. Only 10 of the 67 articles included in this review were published prior to 2000.

Girls in resource-poor countries around the world tend to use old cloths, tissue paper, cotton or wool pieces, or some combination of these items to manage their menstrual bleeding \(^{10-31}\) (Table 1). Egypt appears to be an exception to this pattern, where a large majority of girls report using commercially produced sanitary pads or napkins instead of homemade menstrual hygiene devices.\(^{48,52}\) Qualitative studies indicate that girls who know about commercial sanitary products may prefer these products because they are seen as more comfortable and less likely to leak, but for many girls such products are usually unavailable and/or unaffordable.\(^{13,19,24,40,44}\)

Use of commercially produced sanitary pads is reported more commonly among girls in private schools, which typically serve wealthier families\(^{43}\); among those...
| Year (Reference) | Setting | Purpose | Study Design and Sample | Results |
|------------------|---------|---------|-------------------------|---------|
| 201532 | India | To determine the association of MHM practices with urogenital infections in women, and to determine the influence of any other contextual factors | Case-control study | Women using reusable cloths were 2 times more likely to have a urogenital infection vs women who used disposable pads. Lab-positive cases of urogenital infection were more likely than negative to change their absorbents outdoors and to change these absorbents less often. |
| Gynecology, outpatient, and family welfare department of Odisha medical centers | 18- to 45-y-old women | (N = 486) | |
| 201433 | Ethiopia | To examine knowledge about menstruation, determinants of menstrual management and its influence on school attendance | Cross-sectional | Girls who do not use sanitary napkins were 5.37 times more likely to be absent from school. Students living in urban areas were 2.32 times more likely to use sanitary pads. 85.49% did not change menstrual materials at school. |
| Schools in Amhara state | 10- to 19-y-old adolescent girls | (n = 574 surveys, n = 9 interviews) | |
| 201434 | Uganda | To examine the menstrual hygiene practices and knowledge of girls, and assess the extent to which poor MHM affects their education | Cross-sectional | 61.7% of the respondents miss school at least once per month due to menstruation. Main reasons for menstrual related absenteeism was lack of private changing/washing place at school (63.8%), fear of staining clothes (59.4%), discomfort from bloating/tiredness (55.1%), and pain (51.4%). |
| 6 rural government primary schools in Rukungiri district | 13- to 16-y-old girls | (N = 140) | |
| 201435 | India | To document existing perceptions and misconceptions girls may have regarding menstruation, menarche, and various menstrual restrictions. | Cross-sectional | Girls asked few questions on sanitary pad usage, but those asked indicated girls were unsure about usage and disposal. Girls avoided school, dance classes, outdoor games, visiting temples, and doing daily chores during menstruation. |
| 3 girls’ only schools in Pune | 9- to 13-y-old girls | (N = 381) | |

* (Continued on next page)
| Year (Reference) | Setting | Purpose | Study Design and Sample | Results |
|------------------|---------|---------|-------------------------|---------|
| 2014 | Ethiopia | To assess girls’ knowledge and contextual factors related to MHM | Cross-sectional | • 69.3% felt uncomfortable being in school during menstruation.  
• 51.2% were absent during menstruation.  
• Urban residents were 1.8 times more likely to be knowledgeable about MHM |
| 2014 | Kenya | To investigate the cultural and spatial limitations associated with menstruation and puberty | Cross-sectional | • Girls used cotton wool, plastic bags, mattresses, dried leaves, cow dung, and paper from school classrooms  
• These alternatives cause physical discomfort and frequently leak |
| 2013 | India | To document the menstrual hygiene practices of rural women and assess their willingness to pay for sanitary napkins | Cross-sectional | • 28.8% of women used sanitary napkins and 58.5% used old clothes.  
• 25.3% of nonsanitary pad users were willing to buy napkins |
| 2013 | Malawi | To examine school and individual factors associated with menstrual-related absenteeism. | Cross-sectional | • Students who thought that the school toilets lacked privacy had more than twice the odds of being absent during their last menstrual period.  
• Students travelling 30–60 min to school had 79% higher odds of menstrual-related absenteeism vs students who take less than 30 min |
| 2013 | Kenya | To examine girls’ attitudes, experiences, and concerns about menarche and menstruation | Cross-sectional | • The most common MHM items were old clothes, blankets, mattress pieces, underwear, socks, towels, and cotton wool/tissue.  
• If menses started unexpectedly, girls would pluck grass from the schoolyard |

Secondary and preparatory schools in Amhara province  
9th- to 12th-grade adolescent girls (N = 492)  
| 2014 | Kenya | To investigate the cultural and spatial limitations associated with menstruation and puberty | Cross-sectional | • Girls used cotton wool, plastic bags, mattresses, dried leaves, cow dung, and paper from school classrooms  
• These alternatives cause physical discomfort and frequently leak |
| 2013 | Malawi | To examine school and individual factors associated with menstrual-related absenteeism. | Cross-sectional | • Students who thought that the school toilets lacked privacy had more than twice the odds of being absent during their last menstrual period.  
• Students travelling 30–60 min to school had 79% higher odds of menstrual-related absenteeism vs students who take less than 30 min |
| 2013 | Kenya | To examine girls’ attitudes, experiences, and concerns about menarche and menstruation | Cross-sectional | • The most common MHM items were old clothes, blankets, mattress pieces, underwear, socks, towels, and cotton wool/tissue.  
• If menses started unexpectedly, girls would pluck grass from the schoolyard |

Primary schools in Kisumu and surrounding rural areas  
Adolescent girls and schoolteachers (N = 53) (Qualitative results only)  
9th- to 12th-grade adolescent girls (N = 492)  
| 2013 | Malawi | To examine school and individual factors associated with menstrual-related absenteeism. | Cross-sectional | • Students who thought that the school toilets lacked privacy had more than twice the odds of being absent during their last menstrual period.  
• Students travelling 30–60 min to school had 79% higher odds of menstrual-related absenteeism vs students who take less than 30 min |
| 2013 | Kenya | To examine girls’ attitudes, experiences, and concerns about menarche and menstruation | Cross-sectional | • The most common MHM items were old clothes, blankets, mattress pieces, underwear, socks, towels, and cotton wool/tissue.  
• If menses started unexpectedly, girls would pluck grass from the schoolyard |
| Year | Country | Study Objectives | Study Design | Sample Size | Key Findings |
|------|---------|-----------------|--------------|-------------|--------------|
| 2012 | Ghana   | To explore girls’ experiences of menstruation and schooling in rural and urban Ghana to adapt the Tanzania girl’s book to Ghana | Cross-sectional | 16- to 19-y-old girls (n = 10–20 individuals in n = 8 focus groups) | - There were insufficient latrines in schools, poor water/sanitation facilities, limited privacy, and inadequate disposal mechanisms for girls managing menses  
- Girls purchase “pure water,” plastic bags of clean drinking water, and carry this to school for use in the latrines  
- 33% of girls cited a lack of pads as the main reason for menstrual related absenteeism  
- 54% of students usually changed in latrines, 27% changed in dormitories/bedrooms, and 19% changed in bathing place  
- Low-cost products (Afripads and Makapads) were used most in poor schools |
| 2012 | Uganda  | To explore the difficulties schoolgirls face in managing menstrual hygiene and to investigate the extent to which low-cost sanitary pads may be part of the solution | Cross-sectional | 13- to 20-y-old girls (n = 134 girls, n = 9 sanitary pad leaders) | - 33% of girls cited a lack of pads as the main reason for menstrual related absenteeism  
- Low-cost products (Afripads and Makapads) were used most in poor schools |
| 2012 | Nigeria | To assess the level of knowledge on menstruation and hygiene practices among adolescent schoolgirls | Cross-sectional | 15- to 20-y-old girls (N = 122) | - 65% of respondents had high knowledge of menstruation, while 35% of them had low knowledge  
- 87% of the girls used sanitary pads, 4% used toilet paper, 8% use new pieces of cloth, and 1% used old pieces of cloth |
| 2012 | India   | To assess the menstrual hygiene knowledge and practices of rural and urban adolescent girls | Cross-sectional | 8th–10th Standard of high school (Standard) (N = 321) | - There was a statistically significant association between source of knowledge about menstrual hygiene and rural/urban status (P < 0.05)  
- 60% of urban and 7% of rural girls used sanitary pads  
- 72% of rural girls attended school during menstruation vs 94% of urban girls  
- Knowledge scores were higher among girls who attained menarche, girls from BPL families and girls in older age groups  
- 34.7% used cloth, 44.1% used sanitary pad, and 21.2% used cloth with sanitary pads |
| 2012 | India   | To assess menstrual hygiene perceptions and practices in high schoolgirls | Cross-sectional | 8th–10th Standard girls (N = 506) | - 34.7% used cloth, 44.1% used sanitary pad, and 21.2% used cloth with sanitary pads |

(Continued on next page)
| Year (Reference) | Setting | Purpose | Study Design and Sample | Results |
|------------------|---------|---------|-------------------------|---------|
| 201130           | India   | To assess the knowledge and practices around menstrual hygiene in rural and urban school going adolescent girls | Cross-sectional | 8th-9th Standard girls (N = 387) |
|                  |         |         |                         | • 49.35% of the sample used sanitary pads, 45.74% used old cloth, and 4.9% used new cloth |
|                  |         |         |                         | • More urban girls used sanitary pads (60.58%) vs rural girls (30.83%) |
|                  |         |         |                         | • 86.63% of girls did not change materials in school |
|                  | Girls’ school in Nagpur district |         |                         |         |
| 201142           | India   | To identify the existing social and cultural practices related to menstruation in urban residential areas and slum areas of Ranchi | Cross-sectional | 11- to 20-y-old girls and mothers (n = 117 girls, n = 41 mothers) |
|                  |         |         |                         | • Most girls from residential areas use sanitary napkins due to their economic status |
|                  |         |         |                         | • Most girls from slum areas used cloth because of the cost of sanitary napkins |
|                  | Residential colonies and urban slums in Ranchi |         |                         |         |
| 201124           | Kenya   | To examine the knowledge and practices surrounding menstruation and menstrual management among primary school girls | Cross-sectional | 12- to 16-y-old girls (n = 48 girls, n = 9 teachers) |
|                  | Primary school in Nyanza Province |         |                         | • Girls used cloth from shirts/dresses, scraps of old towels/blankets, mattress cuttings, sanitary pads, and dried grass. |
| 201228           | India   | To study knowledge about reproductive health and to assess treatment seeking behavior regarding reproductive health problems | Cross-sectional | 10- to 19-y-old girls (N = 241) |
|                  | Urban slum of Mumbai |         |                         | • Bathing is a preferred practice for girls managing menses. |
|                  |         |         |                         | • Sanitary pads (43.2%), new cloth (10.8%), old cloth (30.7%), and others (15.4%) |
|                  |         |         |                         | • 72.2% of girls thought sanitary pads should be ideally used during menstruation, 22% thought cloth pieces should be used, and 5.8% thought other absorbents should be used |
| 201053           | Pakistan | To explore the menstrual practices among female adolescents of urban Karachi, Pakistan, by using interviews | Cross-sectional | 13- to 19-y-old schoolgirls and community girls (N = 1275) |
|                  | 3 squatter settlements in Karachi |         |                         | • Sanitary pads were highest in private schools (33.5%) vs government (16.4%) and community (13%) |
|                  |         |         |                         | • Old cloth use was highest in community girls (70%) vs private schools (50%) and government school (82.6%) |
| Year | Country | Study Title | Study Design | Study Population | Findings |
|------|---------|-------------|--------------|------------------|----------|
| 2010 | Nigeria | To examine the knowledge and practices of adolescent schoolgirls in Kano, Nigeria, around menstruation and menstrual hygiene | Cross-sectional | 10- to 19-y-old girls | Girls' knowledge was significantly associated with their age group, but not with the type of school they attended. 88.7% of girls practiced good menstrual hygiene. 93.8% of girls started menstruation using sanitary pads. 6.2% used either specific pieces of cloth, or any available cloth they discarded after use. |
| 2010 | Tanzania | To describe pubescent girls' experiences of menstruation and schooling. | Cross-sectional | 16- to 19-y-old girls | There were insufficient water/sanitation facilities at school and sanitary materials in the marketplace were unaffordable. These factors, or pressures from home to stop attending school, push girls who are already struggling with academics to leave school. |
| 2010 | India | To understand the perceptions, source of information, and status of menstrual hygiene | Cross-sectional | 10- to 19-y-old girls | 46.67% of girls use cloth and 15.67% of girls use sanitary napkins. 65.70% of cloth users vs 12.3% of sanitary pad users were suffering from genital infections. |
| 2010 | Nigeria | To understand the prevalence of pre-menarcheal training among schoolgirls, and to determine whether this training affected girls' menstrual hygiene practices | Cross-sectional | 10- to 19-y-old girls | 55.2% of the students received premenarcheal training. Sanitary pad use was higher among trained girls (75.1%) vs untrained girls (61.7%). Toilet paper and cloth use was higher among untrained girls (27.5% and 10.9%) vs trained girls (18.2% and 7.7%). |
| 2009 | Zimbabwe | To explore current menstrual practices, the effects of menses on daily life, unmet menstrual protection needs, and the acceptability of Duet as a menstrual management device | Cross-sectional | 18- to 45-y-old women | Women managed menses with cloth/wool (53.5%), rags/cloth/towel pieces (27.9%), pads (16.3%), and tissue (2.3%). Women were willing to try Duet for menstrual management because of low cost (100%), ease of cleaning (100%), ease of drying/storage (97.7%), and ensured privacy (97.7%). |
| Year (Reference) | Setting | Purpose | Study Design and Sample | Results |
|------------------|---------|---------|-------------------------|---------|
| 2009<sup>31</sup> | Ethiopia | To determine the age at menarche, patterns of menstruation among secondary school girls, and the magnitude of menstrual disorders | Cross-sectional | - 37.6% used sanitary pads, and 62.4% used pieces of cloth
- Of the pad users, 57.3% were urban, and 42.1% were rural |
| High school in Dabat and Kola Diba | 9th- to 10th-grade girls (N = 612) |
| 2008<sup>12</sup> | Nigeria | To investigate secondary school girls' perceptions of menstruation, medical problems associated with menstruation, and their key practices during menstruation | Cross-sectional | - Girls managed menses with tissue paper (41.3%), sanitary pads (32.7%), clothes (14.4%), multiple materials (10.7%), and tampons (0.9%)
- The predominant medical problem associated with menstruation was abdominal pain/discomfort (66.2%) |
| Private, public, girls' only, and coeducational schools in Onitsha | Adolescent girls in JSS III and SSS II classes (N = 550) |
| 2008<sup>15</sup> | India | To elicit the beliefs, sources of information about menstruation and the status of menstrual hygiene | Cross-sectional | - 11.25% used sanitary pads, 6.25% used new cloth pieces, 42.5% used old cloth pieces, and 40% used all of the above
- 98% used old clothes to make pads, and 2% used special pads
- 88.7% of the sample reused pads |
| Secondary school in West Bengal | Adolescent girls in class 9 (N = 160) |
| 2007<sup>11</sup> | Nepal | To evaluate the knowledge and practices related to menstruation and menstrual hygiene | Cross-sectional | - 0.4% of women used sanitary pads for MHM.
- Women considered used clothes dirty and shunned the idea of reuse. They considered clothes to be abundant and easily available when needed
- Reuse was considered an urban practice done only when there is a lack of space for disposal |
| Schools in the Chitwan district | 13- to 15-y-old girls (N = 150) |
| 2006<sup>27</sup> | India | To determine the perceptions and experiences of women regarding menstruation and reproductive health | Cross-sectional | - 88.7% of the sample reused pads |
| 33 villages in 2 primary health centers areas | 15- to 49-y-old women (n = 1056 surveys, n = 16 key informants, n = 24 FGDs, n = 1205 interviews) |
| Year | Country | Study Objective | Study Design | Age Group | Key Findings |
|------|---------|-----------------|--------------|-----------|-------------|
| 2005 | Egypt  | To determine the knowledge and practices of menstrual hygiene among adolescent secondary school girls | Cross-sectional | 14- to 18-y-old girls (N = 664) | 66.8% of girls used sanitary pads, 15.9% used reusable clothes (after boiling/washing), 12% used old pieces of cloth and disposed after one use, and 5.3% used other materials (cotton, gauze, soft tissue, or nothing) |
| 2005 | India  | To deduce the important issues related to menstrual practices and its association with reproductive morbidity among girls | Cross-sectional | 13- to 19-y-old girls (N = 730) | 75.6% of girls used old cloth (64.2% urban vs 89% rural girls and 62.2% school going vs 88.9% out-of-school girls) |
| 2004 | India  | To assess the knowledge, beliefs, and practices regarding menstruation by women | Cross-sectional | 15- to 49-y-old women (N = 254) | 60.2% of women used pads made from clothes, 11% used clothes with sanitary napkins, and 28% exclusively used sanitary pads |
| 2003 | Nigeria | To investigate students' knowledge, beliefs, attitudes, and practices during menstruation | Cross-sectional | Freshman undergraduates and secondary school girls (N = 200) | 73.4% of women in the 20- to 29-y age range used only sanitary napkins vs other age groups |
| 2001 | India  | To determine the "coming of age" celebrations, reproductive health issues and menstrual hygiene practices of urban and rural girls | Cross-sectional | 12- to 17-y-old girls (n = 823 girls, n = 60 community members) | 60.9% used sanitary pads (42.22% of secondary school girls vs 81.82% of undergraduates) |

*(Continued on next page)*
| Year (Reference) | Setting | Purpose | Study Design and Sample | Results |
|------------------|---------|---------|-------------------------|---------|
| 2001<sup>50</sup> | India Slum in central Delhi | To understand women’s perceptions of menarche and menstruation in the sociocultural context of an urban slum, and whether menstrual behaviors and beliefs changed after moving from a rural to urban setting | Cross-sectional 15- to 45-y-old slum residents and health care leaders (n = 380 surveys, n = 52 in-depth interviews, n = 3 FGDs, n = 5 informant interviews) | • 11.5% of the women interviewed used sanitary napkins and old cloth; 2.9% of the quantitative sample used sanitary napkins or new cotton • The remaining women (both qualitative and quantitative) were using either old or worn cloth • Washing cloths for reuse was practiced in the rural village but not in the urban slum due to a lack of space and privacy |
| 2000<sup>10</sup> | Nigeria Secondary schools in Ille-Ife | To determine the menstrual knowledge and practices of secondary school girls | Cross-sectional 9- to 20-y-old adolescent girls (N = 352) | • 54% of the girls used tissue paper, 21.9% used sanitary pads, 12.3% used cloth, and 2.7% used tampons |
| 1997<sup>21</sup> | Zimbabwe | To examine how women conceptualize their menstrual and premenstrual experiences | Cross-sectional Professional women and domestic workers (N = 50) | • At menarche, 64% of professional women vs 52% of domestic workers were given pads/cotton wool • 36% professional vs 60% domestic workers were instructed on menstrual hygiene |
| 1997<sup>18</sup> | India Private and Government school in Punjab | To determine the knowledge and practices of adolescent schoolgirls regarding menstrual hygiene and its relationship with selected factors | Cross-sectional 9th- to 10th-grade girls (N = 150) | • More than half of the girls used unsterilized cotton as pads or old cloth pieces and reused old cloth after washing • A majority of the girls changed their pad at fixed times during the day instead of whenever it was soaked |
| 1994<sup>16</sup> | India Rural high school in Andhra Pradesh | To study the knowledge and practices of school going girls about menstruation | Cross-sectional 8th- to 10th-grade girls (N = 65) | • 98.5% used old cloth, and 1.5% used cotton • 78.5% of the sample used clean materials, and 15.4% used boiled and dried cloth |
| 1990<sup>52</sup> | Egypt Nursing secondary school in Alexandria | To investigate the knowledge and practices related to menstruation in a sample | Cross-sectional Nursing students (N = 513) | • 62.38% of students go to school on the first day of menstruation • 98.83% of students use sanitary pads during menstruation |
| 1988<sup>21</sup> | India 4 schools in Dayalpur Centre | To understand the attitudes and practices of girls during menstruation | Cross-sectional 13- to 16-y-old girls (N = 65) | • Girls predominantly used cloth (56.9%) and cotton (3.1%) • 70.8% of girls used clean materials, 9.2% used unclean materials, and 1.54% used any type of material • 53.85% of participants attended school during menses |
in urban areas\textsuperscript{41}; and among girls who have received explicit training in how to use commercial sanitary products.\textsuperscript{46} The evidence is mixed, however, from urban slums where some studies report higher use of sanitary pads,\textsuperscript{28} whereas others report higher use of old cloths.\textsuperscript{42} Furthermore, knowledge about menstruation and menstrual hygiene tends to be higher in girls from urban areas compared with rural girls\textsuperscript{25,36,41} and in older as compared with younger adolescent girls.\textsuperscript{22,25,29}

Girls from resource-poor countries around the world attribute frequent school absences to difficulties managing their menses. In a Ugandan study of rural school-girls, nearly two-thirds said they miss school at least once per month because of menstruation.\textsuperscript{34} In India, only 54\% of girls reported attending school while menstruating.\textsuperscript{21} In Egypt, more than one-third of girls in an urban secondary school reported staying home from school on the first day of menstruation.\textsuperscript{52} Similarly, in Amhara province, Ethiopia, more than half of girls in secondary and preparatory schools reported being absent during menstruation,\textsuperscript{36} and those who did not use sanitary pads were more than 5 times as likely to be absent.\textsuperscript{33} Even if girls are not absent and manage to attend school during menstruation, they report being distracted, unable to concentrate, and less willing to participate because, for example, standing to answer questions is the custom in many schools, and writing on a blackboard in front of the class may expose them revealing menstrual stains, leakage, or odors.\textsuperscript{19,23,24,33,34}

Absenteeism appears to be closely associated with lack of privacy and limited availability of water and sanitation facilities at schools. In Malawi, girls who reported that school toilets lacked privacy were more than twice as likely to be absent during their menstrual periods than girls at schools where more privacy was available.\textsuperscript{38} In Uganda, girls cited a lack of privacy and washing space, fear of leakage and stains, discomfort, and a lack of pads as reasons for school absences during menstruation.\textsuperscript{34,40} Given the opportunity to design their ideal toilet for school, girls emphasize the need for better lighting in latrines to be able to spot leaks and clean themselves\textsuperscript{34,40}, more privacy including doors on latrines and functioning locks for the doors\textsuperscript{34,39,44}; a water supply within the latrine in order to wash soiled hands, legs, or clothes\textsuperscript{34,39,44}, lack of soap\textsuperscript{34,39,44} and toilet paper\textsuperscript{34}, and no disinfectant or cleaning supplies to clean latrines after use.\textsuperscript{39,44}

While only a few studies have tested the relationship between infections and the type of material or product used to manage menstrual bleeding, those that have done so suggest that reusing old cloths may increase the risk of urogenital infections. In a case-control study from India, women with urogenital infections were...
that tried to improve menstrual hygiene management instead of disposable sanitary pads. In another study of schoolgirls in India, 65.7% of homemade menstrual cloth users reported urogenital infections compared with only 12.3% of those using sanitary pads. Qualitatively, women and girls recognize that the way they manage their menstrual blood may be unhygienic, but they do not have better alternatives. For example, women in Zimbabwe expressed concerns about reusing old cloths and know that ironing or drying the cloths in the sun would be best, but they often avoid doing this because of embarrassment, a desire for secrecy, and/or a lack of electricity or coal to heat an iron. Other girls feel they must store or hide cloths in places they know are unhygienic so that they are readily available when they need them. Some women also insert newspaper or tissue paper into their vaginas to reduce the chance of menstrual leakage despite their concerns that this might not be safe and that the newspaper ink might cause cancer.

The qualitative studies provide strikingly insightful information about women’s and girls’ perspectives on menstrual hygiene. These studies complement the evidence from quantitative studies. Girls realize that their menses may lead to school absences or even to their leaving school altogether. Water and sanitation facilities at school are often so inadequate for menstrual hygiene management that some girls report carrying plastic bags of drinking water to use in the school latrines. Nonetheless, girls are often highly resourceful at making sanitary “pads” out of whatever materials are available if menses start unexpectedly while they are at school, often resorting to the emergency use of leaves or grass. These homemade options are often uncomfortable, leak frequently, and cause distress. Especially in rural areas, women and girls may not even know about the existence of commercially manufactured sanitary products, do not know how to use or dispose of them, and/or perceive these products to be unaffordable. In India, female residents of urban slums report particular challenges in dealing with their menses. They do not have the space to dispose of soiled clothes or other materials; neither do they have sufficient privacy to wash and dry used clothes as they would be able to do in rural areas. In some cases, girls even report exchanging sex for money so they can purchase commercial sanitary products.

**INTERVENTIONS TO IMPROVE MENSTRUAL HYGIENE MANAGEMENT IN RESOURCE-POOR COUNTRIES**

We found only 11 studies evaluating interventions that tried to improve menstrual hygiene management or change menstrual hygiene practices. All of the interventions evaluated have been published since 2000. Seven of these studies were conducted in South Asia, whereas the other studies were done in Ghana, Tanzania, Iran, and Saudi Arabia (Table 2). Nearly all of the interventions were purely educational in nature, most of them taking place in or through the school setting. The 2 quasi-experimental educational interventions both reported better menstrual health and hygiene practices among the intervention groups. The studies that assessed menstrual hygiene knowledge and practice on a pretest-posttest basis within a single intervention group all reported some improvements, ranging from an increase in knowledge and implementation of hygienic practices (such as drying cloths in the sun and washing with soap and water) to an increased use of sanitary pads (either disposable or reusable) instead of old homemade cloths.

The 3 interventions that distributed sanitary products—either pads of various materials or menstrual cups—to schoolgirls all evaluated these interventions using quasi-experimental designs. In Ghana, a 3-arm trial showed that both in the pad-with-underwear-distribution-plus-education arm and in the education-only arm attendance improved significantly over the control subjects who received neither pads nor education; however, attendance increased more quickly in the pad-plus-education arm than in the education-only arm of the study. In India, an intervention provided schoolgirls with falalin cloth—a short, absorbent, woven cloth—for 3 months, followed by sanitary pads for 3 months. Absenteeism was highest when girls were using old traditional cloths. Absenteeism decreased when falalin cloth was available, but there were no absences among girls when using commercially produced sanitary pads. Interestingly, however, a greater proportion of the girls preferred the falalin cloths to the commercial sanitary pads. In Nepal, an intervention that distributed menstrual cups to schoolgirls and their mothers in the treatment group and education booklets to all girls failed to find an impact on school attendance. The majority of the girls did not report that the cups were convenient or easy to use. There is limited (but mixed) evidence to suggest that distribution of sanitary products may reduce school absenteeism among girls.

The study from Nepal is the only one we found that evaluated outcomes beyond menstrual hygiene
| Year (Reference) | Setting | Purpose | Study Design and Sample | Intervention Description | Results |
|-----------------|---------|---------|-------------------------|--------------------------|---------|
| 201454          | Bangladesh | To assess the impact of school-based menstrual education on menstrual knowledge, beliefs, and practices | Single group, pretest-posttest Grades 6–8 11- to 16-y-old girls (N = 416) | Menstrual health education was conducted in twelve 45-min lessons. The girls were shown demonstrations using clean cloths and pads | • Sanitary pad use among the sample increased from baseline to follow-up (16%–39%)  • School absence during menstruation decreased (7.7%–2.6%)  • Knowledge of poor menstrual hygiene predisposing to infection increased (68.3%–95.7%) |
| 201359          | India | To determine adolescent girls’ menstrual practices and experiences using old cloth, a new cloth, and sanitary pads | Pretest-midtest-posttest Unmarried and school going adolescent girls (N = 164) | Falalin cloths were offered to girls for 3 mo at a subsidized cost through village-based Accredited Social Health Activists (ASHAs). Sanitary pads were offered for another 3 mo at a subsidized cost through ASHAs | • At baseline, when using old cloths, 10.8% of the girls were absent from school  • When using falalin cloths for 3 mo, 3.8% of girls were absent from school  • When using sanitary pads for 3 mo, no girls were absent from school  • At the end of the study, 68% of the girls preferred falalin cloths, and 32% preferred sanitary pads |
| 201262          | Iran | To investigate the effectiveness of a health promotion project on improving menstrual health | Quasi-experiment, posttest only 14- to 18-y-old girls Low socioeconomic students (N = 689) | The experimental group engaged in ten 2-hour educational sessions The control group received no education | • Intervention participants had significantly better menstrual health vs control (P = 0.013).  • 61.6% of the education group vs 49.3% of the control group engaged in regular bathing during menstruation |

(Continued on next page)
| Year (Reference) | Setting | Purpose | Study Design and Sample | Intervention Description | Results |
|-----------------|---------|---------|-------------------------|--------------------------|---------|
| 2012<sup>60</sup> | Ghana   | To conduct a pilot-controlled study to determine the role of sanitary pads in girls' education | Experimental 3 arm study | Pads with education groups received: one pair of underwear, 12 pads per month, a daily calendar, a pencil, and a sharpener | • In the pads with education groups, attendance rose by 6 d per 65-d term  
• In the education-only group, attendance rose at 5 mo  
• No significant difference in attendance between the rural and periurban sites |
|                  |         |         |                         | Education-only group received information on puberty changes, the biological process of menstruation, menstrual hygiene, and demonstrations on use and disposal of pads |         |
|                  |         |         |                         | The control group received neither intervention |         |
|                  | Periurban and rural school sites in Accra | 12- to 18-y-old girls (N = 120) |                         | Official school records were used to obtain attendance records |         |
| 2011<sup>56</sup> | Nepal   | To estimate the impact of menstruation on school attendance and investigate the effect of menstrual cups on school attendance | Experimental 2 arm study | 25 girls from each school and their mothers were given a menstrual cup and instructions | • Treatment girls were not more likely to attend school on all days  
• No impact of the menstrual cup on period-specific symptoms or on self-esteem/empowerment  
• Treatment girls expressed that the cups were easy to use (31%), convenient for walking and cycling (14%), didn't require washing (19%), and convenient for managing menses (25%) |
|                  |         |         |                         | All girls received a booklet of time diaries for each month. At the end of the study, control group girls were given menstrual cups |         |
|                  |         |         |                         |                         |         |
|                  |         |         |                         |                         |         |

<sup>60</sup> Obstetrical and Gynecological Survey
| Year | Country     | Description                                                                 | Project Phases                                      | Key Findings                                                                                                                                                                                                 |
|------|-------------|------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2011 | Tanzania    | To describe the Tanzania girl's puberty book project, which was developed through participatory research in 3 phases | Three phase book project Phase I: 16- to 19-y-old adolescent girls Phase II: 11- to 12-y-old girls Phase III: Standards 5-7 and form 1 girls (n = 136 phase I, n = NR phase II and III) (Qualitative results only) | • Girls responded positively to the book, and their suggestions were incorporated into edits made to the English and Swahili texts and illustration • Girls found the book useful in helping to understand their body and supplement advice when there was no one else available |
| 2009 | India       | To assess the impact of health education on menstrual knowledge, misconceptions, and menstrual hygiene practices | Single group, pretest-posttest Health education on menstruation and healthy menstrual practices was given to the girls through lectures and the use of audiovisual aids | • Girls reporting washing their genitalia with soap and water when changing cloths and sanitary pad use increased from pretest to follow-up (29.95%–94.93%) • Knowledge of the uterus as the source organ for menstruation increased (33.64%–99.54%) • Washing cloths with soap and water increased (48.72%–87.18%) |
| 2007 | India       | To study the effect of a community-based health education intervention on MHM | Single group, pretest-posttest Participatory and community-based health education Girls and peer groups were mobilized to disseminate health education messages using prepared flipbooks | • Ready-made pad users increased (5.2%–24.9%) and cloth users declined (94.8%–72.7%) • Reuse of cloth declined (84.8%–57.1%) • If reusing cloth, sun-drying cloths increased (78.4%–90.0%) |

(Continued on next page)
| Year (Reference) | Setting | Purpose | Study Design and Sample | Intervention Description | Results |
|------------------|---------|---------|-------------------------|--------------------------|---------|
| 2007[63]         | Saudi Arabia | To assess the impact and suitability of a menstrual health education program | Quasi-experiment, posttest only | Health education lectures and group discussions were conducted using visual aids. Hygiene practices were assessed using a 32-item scale | • The knowledge scores of the intervention classes were significantly higher than the control groups. • The mean hygienic practice scores of the intervention classes were significantly higher than the controls. |
|                  | Government girls’ secondary schools in Riyadh | 1st and 2nd grade high school girls (N = 248) | | | |
| 2006[57]         | Bangladesh | To reveal the findings of a pilot study on reproductive health education | Single group, pretest-posttest | Reproductive health, HIV/AIDS, and gender education were provided at 5 selected residential youth training centers. The topics were delivered using stories, quizzes, riddles, debates, visuals, and discussions | • Participants not considering menstruation a disease increased (57%–90%). • At pretest, around 30% of respondents agreed that menstrual cloth should be dried under the sun. At posttest, there was a 2-fold increase. |
|                  | Bangladesh | Adolescent males and females 16–24 y (N = 379) | | | |
| 2000[58]         | Bangladesh | To explore the effects of the Adolescent Reproductive Health Education (ARHE) program | Single group, posttest only Adolescent boys and girls 12 y and older (N = NR) (Qualitative results only) | The ARHE program curriculum included: education on physical and mental changes, reproduction, guidance on age for marriage and childbearing, STDs, family planning and disease prevention, substance abuse, and gender issues | • Before the program, girls would leave their menstrual cloths in inappropriate places. Girls kept their cloths in a plastic packet or cloth wrapper, after washing and drying the material, once the program was completed. • Girls discussed menstrual hygiene with other girls in the village based on their new knowledge on hygienic menstruation practices. |
|                  | Community libraries and government secondary schools | | | | |

HIV indicates human immunodeficiency virus; MHM, menstrual hygiene management; NR, not reported; STDs, sexually transmitted diseases.
management practices and school attendance. This study did not find any effect of the menstrual cup intervention on test scores, cramps, premenstrual symptoms, or self-esteem/empowerment indicators; however, actual use of the menstrual cups within the intervention group was relatively low.56

ADDITIONAL PERSPECTIVES

Eight of the 11 commentaries and editorials on menstrual hygiene management were penned in the last decade, demonstrating how this issue has started to gain prominence. One commentary summarizes a history of menstrual hygiene products,64 and another focuses on differences in menstrual hygiene management between Western nations and other countries, mostly in sub-Saharan Africa.65 Another commentary compares experiences across cultures, albeit between countries in different regions, noting that old cloths and naturally absorbent substances are the most common materials used in menstrual hygiene management, although a few cultures utilize menstrual huts or otherwise exclude women from their usual social interactions during menstruation.66

India and Kenya have received attention over the last few years as these countries have moved to subsidize commercial sanitary products for rural girls and to remove the value-added tax on menstrual hygiene products, respectively. In India, the subsidy plan faces potential pitfalls due to the lack of knowledge and awareness of family members, teachers, and health care providers; lack of water and sanitation facilities available in schools; and lack of sufficient solid-waste disposal in villages.50 Other authors have called attention to the disconnect between focusing on menstrual hygiene management when there is still a serious lack of access to water and sanitation facilities in schools, especially in the South Asia region.67

Sommer68 has written 4 of these commentaries and has become a voice of advocacy for improved menstrual hygiene management for girls in low-resource environments. She has advocated for adding menstrual hygiene management to the agenda of access to clean water and improved sanitation in schools68 and to including menstrual hygiene management as part of the response to humanitarian emergencies.69 She and her colleagues have also argued that menstrual hygiene management should be part of any educational agenda for school-aged girls5 and should be promoted more broadly as a general public health issue.70

The findings from our review are consistent with and expand upon the other review articles that we found on this topic. One review that focused on water and sanitation in schools found that the availability of water and sanitation facilities in schools is a key determinant of girls’ school attendance in general and that lack of such facilities increases the challenges girls face with respect to managing menstrual hygiene.71 Studies included in this review reported that girls often experience discomfort at school during menstruation, have special concerns about privacy when handling menstrual issues, fear teasing from peers (both male and female), lack mechanisms for the proper disposal of menstrual products, and have insufficient water for cleaning themselves while menstruating.71

One other review focused more directly on menstrual hygiene management, but found it difficult to define this term given the variation in definitions used across the included articles.72 Education interventions were found to improve knowledge, awareness, and some menstrual hygiene practices, but documenting the effect of menstrual hygiene management on school attendance and dropout rates is much more difficult, given how poorly records are often kept and the often-ambiguous reasons for school absences.72

We limited our search to peer-reviewed articles published in English. There may be additional interventions reported to improve menstrual hygiene management among adolescent girls in resource-poor countries that have not been published in the peer-reviewed English literature. This may account for the disproportionate number of articles originating from countries in sub-Saharan Africa and South Asia. In addition, the lack of consistency between studies in terms of how “good” menstrual hygiene management is defined and measured makes it challenging to compare studies and generate accurate summaries. Because menstrual hygiene management is a relatively new (but vitally important) topic for research and advocacy, we expect these definitions and measurements will become more standardized as the field evolves and our understanding of the issue improves.

FUTURE RESEARCH AND ADVOCACY DIRECTIONS

The existing literature on menstrual hygiene management in resource-poor settings highlights common challenges experienced across different cultures. Major barriers to improved menstrual hygiene among girls include a lack of awareness and support from teachers, many of whom are male; lack of familial support; lack of cultural acceptance of certain menstrual hygiene products; limited economic resources to purchase commercially produced products; inadequate water and sanitation facilities at school with concurrent concerns
about washing, privacy, and menstrual pad disposal; cramps, pain, and discomfort associated with menstruation irrespective of the menstrual hygiene products used; and travel difficulties to/from school, which can extend time away from home and increase the likelihood of leaks/stains, embarrassment, and discomfort. Fear of embarrassment from menstrual accidents and teasing by peers is a common thread in many qualitative studies.

Our review identified several important gaps in the existing evidence base concerning menstrual hygiene management. First, there is a lack of knowledge around the household decision-making process for school enrollment. How is this decision made for postmenarcheal girls and by whom? What is the level of knowledge and awareness around menstrual hygiene management among those who are making these decisions? We found 1 intervention that targeted menstrual hygiene education at mothers in addition to schoolgirls, but we did not find any that also targeted fathers, in-laws, and/or community leaders who might be influential in valuing (or hindering) girls’ access to education. Considering how culturally and religiously embedded beliefs and practices about menstruation are, it is important to understand better the decision-making process for girls’ school enrollment and to extend intervention efforts beyond female relatives only to include all of those involved in the decision-making process. Increasing male understanding of menstruation and the importance of menstrual hygiene management is likely to emerge as a key consideration in improving both school attendance and the availability of suitable water and sanitation facilities at schools in poor countries.

Second, most intervention studies have been school based and focused on the absenteeism of girls who are already enrolled in school. Few studies have looked at girls who are out of school and whether education and awareness efforts with these girls and their families before menarche might reduce the number of girls who drop out around the time menstruation begins. Postmenarcheal girls who are still enrolled in school are likely to be from families who are more supportive of girls’ education. Once a girl drops out of school, getting her reenrolled may be difficult, even if the menstrual hygiene management situation improves.

Third, except for the trial from Nepal that reported low use of provided menstrual cups and few significant findings, there are almost no studies looking at outcomes other than absenteeism in schoolgirls. No studies have looked at girls’ school performance or their absenteeism rates with respect to absenteeism among boys. A few qualitative studies identify fear, embarrassment, and pain as important barriers to attending school during menstruation, but these are measured quantitatively less frequently. Other outcomes such as school performance, self-confidence/self-esteem, empowerment, quality of life, and genitourinary infections are almost entirely absent from the reporting. While many of these are culturally constructed and can be difficult to measure, improvements in these areas have the potential to confer important benefits on girls.

Finally, the literature on water and sanitation regarding schools in resource-poor countries is currently disconnected from the literature on menstrual hygiene management. Much of the menstrual hygiene literature mentions the importance of having good access to water and sanitation in schools, but few menstrual hygiene interventions actually attempt to address these issues. Conversely, menstrual hygiene management does not appear to be a significant outcome measure in studies in the literature on water and sanitation. We did not identify a single intervention that tried to improve menstrual hygiene management by focusing on what seems to be the important triad of (1) improved education regarding menstrual hygiene for girls, teachers, parents, and other decision makers; (2) adequate menstrual hygiene supplies; and (3) clean water and improved sanitation in schools. The ability of girls and women to manage their menses hygienically and without disruption of their daily activities is taken for granted in affluent countries. In these countries, access to menstrual hygiene supplies is generally easy and affordable. This is not the case for women and girls in resource-poor countries. We suspect that this is also true in impoverished parts of the United States and other seemingly resource-rich nations. We are learning that poor menstrual hygiene management may have serious health and developmental consequences for adolescent girls. This seems to be an important factor in hindering the education and empowerment of women in the world’s poor countries. Because these issues affect half of the world’s people, they merit increased attention by educators, policy makers, and government officials. Improved menstrual hygiene management needs to be on the health agendas of all resource-poor countries, particularly as those countries strive to train large cadres of teachers and community-based/primary-care health workers.

In the United States and other high-income countries, we must also strive to increase the awareness of the importance of menstrual hygiene management among clinicians so that they can better serve their patients, particularly those who are recent immigrants from resource-poor countries where menstrual hygiene management may be a serious issue. Lack of adequate menstrual hygiene management may also be present in the poorest parts of affluent countries, where access
to menstrual supplies is taken for granted and where these problems may easily be overlooked. Clinicians everywhere should be active partners in promoting better access to menstrual hygiene products, better water and sanitation in schools, and better knowledge within local communities concerning the basic biology of menstruation and how to manage the problems that may arise with it. Finally, we seek to make clinical researchers aware of the existing knowledge gaps concerning menstrual hygiene management among the world’s poor, especially gaps in our knowledge concerning the relationship between menstrual hygiene management and health outcomes such as genitourinary infections, healthy social development, and sound mental health.

ACKNOWLEDGMENTS
The authors thank Donghua Tao, reference librarian at Saint Louis University, for her assistance in developing and implementing the search strategy in PubMed.

REFERENCES
1. Thomas F, Renaud F, Benefice E, et al. International variability of ages at menarche and menopause: patterns and main determinants. Hum Biol. 2001;73:271–290.
2. McDowell MA, Brody DJ, Hughes JP. Has age at menarche changed? Results from the National Health and Nutrition Examination Survey (NHANES) 1999–2004. J Adolesc Health. 2007;40:227–231.
3. Talma H, Schönbeck Y, van Dommelen P, et al. Trends in menarcheal age between 1955 and 2009 in the Netherlands. PLoS One. 2013;8:e60056.
4. Pathak PK, Tripathi N, Subramanian SV. Secular trends in menarcheal age in India—evidence from the Indian human development survey. PLoS One. 2014;9:e111027.
5. Sommer M, Sahin M. Overcoming the taboo: advancing the global agenda for menstrual hygiene management for schoolgirls. Am J Public Health. 2013;103:1556–1559.
6. United Nations. Sustainable Development Knowledge Platform [SDG Web site]. Available at: https://sustainabledevelopment.un.org/sdg/. Accessed August 12, 2016.
7. UNESCO Institute of Statistics. A growing number of children and adolescents are out of school as aid fails to meet the mark [Internet]. Available at: http://unesdoc.unesco.org/images/0023/0023236/233610e.pdf. Accessed August 12, 2016.
8. Reed BG, Carr BR. The normal menstrual cycle and the control of ovulation. In: de Groot LJ, Beck-Peccoz P, Chrousos G, et al, eds. Endotext [Internet], South Dartmouth, MA: MDText.com, Inc; 2015.
9. World Bank. World Bank Country and Lending Groups [World Bank Web site]. Available at: http://data.worldbank.org/about/country-and-lending-groups. Accessed August 12, 2016.
10. Abioye-Kuteyi EA. Menstrual knowledge and practices amongst secondary school girls in Ile Ife, Nigeria. J R Soc Promot Health. 2000;120:23–26.
11. Adhikari P, Kadel B, Dhungel SI, et al. Knowledge and practice regarding menstrual hygiene in rural adolescent girls of Nepal. Kathmandu Univ Med J (KUMJ). 2007;5:382–386.
12. Adinma ED, Adinma JL. Perceptions and practices on menstruation amongst Nigerian secondary school girls. Afr J Reprod Health. 2008;12:74–83.
13. Averbach S, Sahin-Hodoglugil N, Musara P, et al. Duet for menstrual protection: a feasibility study in Zimbabwe. Contraception. 2009;79:463–468.
14. Baridalyne NR, Reddiah VP. Menstrual knowledge, beliefs and practices of women in the reproductive age group residing in an urban resettlement colony of Delhi. Health Popul Perspect Issues. 2004;27:9–16.
15. Dasgupta A, Sarkar M. Menstrual hygiene: how hygienic is the adolescent girl? Indian J Community Med. 2008;33:77–80.
16. Drakshayani DK, Rahia V. A study on menstrual hygiene among rural adolescent girls. Indian J Med Sci. 1994;48:133–143.
17. Iocano FL. Maternal and child care among the Tagalogos in Bay, Laguna, Philippines. Asian Stud. 1970;8:277–300.
18. James A. Menstrual hygiene. A study of knowledge and practices. Nurs J India. 1997;88:221–222.
19. Jewitt S, Ryley H. It’s a girl thing: menstruation, school attendance, spatial mobility and wider gender inequalities in Kenya. Geoforum. 2014;56:137–147.
20. Khanna A, Goyal RS, Bhawars R. Menstrual practices and reproductive problems: a study of adolescent girls in Rajasthan. J Health Manage. 2005;7:91–107.
21. Kumar R. KAP of high school girls regarding menstruation in rural area. Health Popul Perspect Issues. 1988;11:96–100.
22. Lawan UM, Yusuf NW, Musa AB. Menstrual and menstrual hygiene amongst adolescent school girls in Kano, Northwestern Nigeria. Afr J Reprod Health. 2010;14:201–207.
23. Mason L, Nyothach E, Alexander K, et al. ‘We keep it secret so no one should know’—a qualitative study to explore young schoolgirls’ attitudes and experiences with menstruation in rural western Kenya. PLoS One. 2013;8:e79132.
24. McMahon SA, Winch PJ, Caruso BA, et al. ‘The girl with her period is the one to hang her head’. Reflections on menstrual management among schoolgirls in rural Kenya. BMC Int Health Hum Rights. 2011;11:7.
25. Narayan KA, Srivinasa DK, Peltz PJ, et al. Puberty rituals, reproductive knowledge and health of adolescent schoolgirls in South Asia. Asia Pac Popul J. 2001;16:225–238.
26. Oche MO, Umar AS, Gana GJ, et al. Menstrual health: the unmet needs of adolescent girls in Sokoto Nigeria. Sci Res Essays. 2012;7:410–418.
27. Osuji M. Menstruation problems in Nigerian students and sex education. J R Soc Health. 1986;106:219–221.
28. Prateek B, Saurabh S. A cross sectional study of knowledge and practices about reproductive health among female adolescents in an Urban Slum of Mumbai. J Fam Reprod Health. 2011;5:117–124.
29. Shanbhag D, Shilpa R, D’Souza N, et al. Perceptions regarding menstruation and practices during menstrual cycles among high school going adolescent girls in resource limited settings around Bangalore city, Karnataka, India. Int J Collab Res Intern Med Public Health. 2012;4:1353–1362.
30. Thakre SB, Thakre SS, Reddy M, et al. Menstrual hygiene: knowledge and practice among adolescent school girls of Saoner, Nagpur District. BMC Womens Health. 2015;15:e13077.
31. Zegeye DT, Megabawi B, Mulu A. Age at menarche and the menstrual pattern of secondary school adolescents in northwest Ethiopia. BMC Womens Health. 2009;9:29.
32. Das P, Baker KJ, Dutta A, et al. Menstrual hygiene practices, WASH access and the risk of urogenital infection in women from Odisha, India. PLoS One. 2015;10:e0130777.
33. Tegegne TK, Sisay MM. Menstrual hygiene management and school absence among school female adolescents in Northeast Ethiopia. BMC Public Health. 2014;14:118.
34. Boosry R, Prestwich G, Deave T. Menstrual hygiene management amongst schoolgirls in the Rukungiri district of Uganda and the impact on their education: a cross-sectional study. Pan Afr Med J. 2014;19:233.
35. Chotke V, Khubchandani J, Seabert D, et al. Students’ perceptions and doubts about menstruation in developing countries: a case study from India. Health Promot Pract. 2014;15:319–326.
36. Gultie T, Hallu D, Workineh Y. Age of menarche and knowledge about menstrual hygiene management among adolescent school girls in Amhara province, Ethiopia: implication to health care workers & school teachers. PLoS One. 2014;9:e108644.
37. Misra P, Upadhyay RP, Sharma V, et al. A community-based study of menstrual hygiene practices and willingness to pay for sanitary napkins among women of a rural community in northern India. *Natl Med J India*. 2013;26:335–337.

38. Grant MJ, Lloyd CB, Mensch BS. Menstruation and school absenteeism: evidence from rural Malawi. *Comp Educ Rev*. 2013;57:260–284.

39. Sommer M, Ackatia-Armah NM. The gendered nature of schooling in Ghana: hurdles to girls’ menstrual management in school. *J Cult Afr Women Stud*. 2012;20:63–79.

40. Crofts T, Fisher J. Menstrual hygiene in Ugandan schools: an investigation of low-cost sanitary pads. *J Water Sanitation Hig Dev*. 2012;2:50–56.

41. Salve SB, Dase RK, Mahajan SM, et al. Assessment of knowledge and practices about menstrual hygiene amongst rural and urban adolescent girls—a comparative study. *Int J Recent Trends Sci Technol*. 2012;3:65–70.

42. Kumar A, Srivastava K. Cultural and social practices regarding menstruation among adolescent girls. *Soc Work Public Health*. 2011;26:594–604.

43. Ali TS, Rizvi SN. Menstrual knowledge and practices of female adolescents in urban Karachi, Pakistan. *J Adolesc*. 2010;33:531–541.

44. Sommer M. Where the education system and women’s bodies collide: the social and health impact of girls’ experiences of menstruation and schooling in Tanzania. *J Adolesc*. 2010;33:521–529.

45. Mudey AB, Kesharwani N, Mudey GA, et al. A cross-sectional study on awareness regarding safe and hygiene practices amongst school going adolescent girls in rural area of Wardha District, India. *Global J Health Sci*. 2010;2:225–231.

46. Aniebue UU, Aniebue PN, Nwanwko TO. The impact of premenarcheal training on menstrual practices and hygiene of Nigerian school girls. *Pan Afr Med J*. 2009;2:9.

47. Singh AJ. Place of menstruation in the reproductive lives of women of rural North India. *Indian J Community Med*. 2006;31:10–14.

48. El-Gilany AH, Badawi K, El-Fedawy S. Menstrual hygiene among adolescent schoolgirls in Mansoura, Egypt. *Reprod Health Matters*. 2005;13:147–152.

49. Irinoye OO, Ogungbemi A, Ojo AO. Menstruation: knowledge, attitude and practices of students in Ile-Ife, Nigeria. *Niger J Med*. 2003;12:43–51.

50. Garg R, Goyal S, Gupta S. India moves towards menstrual hygiene: subsidized sanitary napkins for rural adolescent girls-issues and challenges. *Matem Child Health J*. 2012;16:767–774.

51. McMaster J, Connick K, Pitts M. Menstrual and premenstrual experiences of women in a developing country. *Health Care Women Int*. 1997;18:533–541.

52. el-Shazly MK, Hassanain MH, Ibrahim AG, et al. Knowledge about menstruation and practices of nursing students affiliated to University of Alexandria. *J Egypt Public Health Assoc*. 1990;65:509–523.

53. Dongre AR, Deshmukh PR, Garg BS. The effect of community-based health education intervention on management of menstrual hygiene among rural Indian adolescent girls. *World Health Popul*. 2007;9:48–54.

54. Haque SE, Rahman M, Itsuko K, et al. The effect of a school-based educational intervention on menstrual health: an intervention study among adolescent girls in Bangladesh. *BMJ Open*. 2014;4:e004607.

55. Nemade D, Anjenaya S, Gujjar R. Impact of health education on knowledge and practices about menstruation among adolescent school girls of Kalamboli, Navi-Mumbai. *Health Popul Perspect Issues*. 2009;32:167–175.

56. Oster E, Thornton R. Menstruation, sanitary products, and school attendance: evidence from a randomized evaluation. *Am Econ J Appl Econ*. 2011;3:91–100.

57. Rahman L, Rob U, Bhujiya I, et al. Achieving the Cairo Conference (ICPD) goal for youth in Bangladesh. *Int Q Community Health Educ*. 2005;24:267–287.

58. Rashid SF. Providing sex education to adolescents in rural Bangladesh: experiences from BRAC. *Gend Dev*. 2000;8:28–37.

59. Shah SP, Nair R, Shah PP, et al. Improving quality of life with new menstrual hygiene practices among adolescent tribal girls in rural Gujarat, India. *Reprod Health Matters*. 2013;21:205–213.

60. Montgomery P, Ryus CR, Dolan CS, et al. Sanitary pad interventions for girls’ education in Ghana: a pilot study. *PLoS One*. 2012;7:e48274.

61. Sommer M. An early window of opportunity for promoting girls’ health: policy implications of the girl’s puberty book project in Tanzania. *Int Electron J Health Educ*. 2011;14:77–92.

62. Fakhri M, Hamzehgardeshi Z, Hajikhani Golchin NA, et al. Promoting menstrual health among persian adolescent girls from low socioeconomic backgrounds: a quasi-experimental study. *BMC Public Health*. 2012;12:193.

63. Fetohy EM. Impact of a health education program for secondary school Saudi girls about menstruation at Riyadh City. *J Egypt Public Health Assoc*. 2007;82:105–126.

64. Jones IH. Menstruation: the history of sanitary protection. *Nurs Times*. 1980;76:407–408.

65. Moseley S. Practical protection. *Nurs Stand*. 2008;23:24–25.

66. Milligan A. Nursing Aid. Lifting the curse. *Nurs Times*. 1987;83:50–51.

67. Hamilton T, Fernandez M. Menstrual hygiene in South Asia: a neglected issue for WASH (water, sanitation and hygiene) programs. *Gend Dev*. 2010;18:99–113.

68. Sommer M. Putting “menstrual hygiene management” into the school water and sanitation agenda. *Waterlines*. 2010;29:268–278.

69. Sommer M. Menstrual hygiene management in humanitarian emergencies: gaps and recommendations. *Waterlines*. 2012;31:83–104.

70. Sommer M, Hirsch JS, Nathanson C, et al. Comfortably, safely, and without shame: defining menstrual hygiene management as a public health issue. *Am J Public Health*. 2015;105:1302–1311.

71. Jasper C, Le TT, Bartram J. Water and sanitation in schools: a systematic review of the health and educational outcomes. *Int J Soc Hist Waterlines*. 2012;9:2772–2787.

72. Sumpter C, Torondel B. A systematic review of the health and social effects of menstrual hygiene management. *PLoS One*. 2013;8:e62004.