There is a lack of academic research studies on menstrual health and hygiene (MHH) in Malawi, but anecdotal evidence and grey literature suggest that MHH is a challenge for women and especially for adolescent girls in schools and those in rural and/or low socio-economic status households.

**Absenteeism**
In Malawi, many girls get their period while in primary school and miss school days. The information on how much days they do not attend school due to menstruation varies:
A study from 2011 shows 58% of girls missed school for one or two days and 15% were absent for more than three days, the main reason ahead of Malaria. In a survey with 717 female students, 32% of female respondents who have begun menstruating reported anonymously that they missed at least one day of school the last time that they had their menstrual period, with an average length of absence of 2.8 days.

**Access to products**
As the country is one of the poorest in the world, many girls and women in Malawi suffer from period poverty, with especially disposable pads not affordable. 24.8% of girls and women in rural areas have access to disposable pads versus 45.8% in urban areas (MICS, 2019-2020).
Near to the capital, refugee camps have been built since more than two decades for victims and refugees from Burundi or Rwanda. Though, more than half of women reports not being satisfied with the menstrual materials and facilities available to them.

Common menstrual products being promoted include locally made reusable pads, commercially made disposable pads and menstrual cups, with reusable pads only available in some markets and cups are only available in the capital. Due to the high upfront cost associated with disposable pads and cups organizations are trying to make reusable pads more available and affordable locally, however products differ in quality and material. In addition, poor disposal methods and the lack of standard protocols to regulate the quality of menstrual products are a challenge.
**Access to education & information**
82% of girls in Malawi were unaware of menses before menarche and 30% were scared by menarche. In secondary schools there is a puberty education curriculum in the syllabus as part of health education as well as life-skills, but how far MHM is included depends on the teachers' comfort. Especially hygiene and girls' clubs in schools have proven a great way to include MHM messages, but how widely established that is, is unknown. Usually, Peers, mother and grandmothers are the main source of information.

**First menarche**
The onset of menstruation was a bad experience (feeling scared, shocked, embarrassed, disgusted, upset) for 85% of a survey with 197 girls.

**Myths & taboos**
Ignorance about menstrual issues is prevalent not only amongst schoolgirls but also in communities. Cultural beliefs and practices associated with girls during menstruation include denying girls talking to male figures like fathers, brothers and teachers; not cooking not putting salt in relish and not passing behind men's back. In a study, 97% of 421 responding boys and girls mentioned restrictions that girls in menses had to follow. Parents do not talk to their children about menstruation – it is seen as 'strictly secret'. There are initiation rites for the first menarche in rural areas, where girls were kept at home and locked in a room for one to seven days during their first period-but it is officially illegal. Myths and taboos are diminishing with more and more MHH interventions.

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**Menstrual Product Access**

<table>
<thead>
<tr>
<th>Area</th>
<th>Access to Disposable Pads</th>
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<tbody>
<tr>
<td>Rural areas</td>
<td>24.8%</td>
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<tr>
<td>Urban areas</td>
<td>45.8%</td>
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</tbody>
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**Access to Education & Information**

<table>
<thead>
<tr>
<th>Girls were unaware of menses prior to menarche.</th>
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<td>82%</td>
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**MHH POLICY LANDSCAPE**

**MHH policies**
Malawi has no standalone policy on MHH.

**VAT on products**
In 2022, Malawi announced the removal of VAT and import duty on imported sanitary pads, but not for locally manufactured pads, and not on other MHM products, which stands at 16.5%. 

**VAT on Products**

<table>
<thead>
<tr>
<th>VAT on Products</th>
<th>0%</th>
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<td>since</td>
<td>2022</td>
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Policies including MHH

- The National Sanitation and Hygiene Strategy 2018 - 2024 includes a dedicated chapter on MHM. The objective is to increase sustained access to quality and appropriate menstrual hygiene services. All WASH programs should have MHM activities in all the 29 district councils by 2024.
- National Girls Strategy (NGES) suggests improving school sanitation facilities. Suggested specific activities include: the construction of toilets with change rooms in primary schools, procure and distribute sanitary pads in schools for adolescent girls and print and distribute booklets on menstrual hygiene management to all adolescent girls.
- Integrated School Health and Nutrition strategy (ISHN) stipulates to provide safe water and sanitation, including MHM facilities.
- The National Strategy for Adolescent Girls and Young Women 2018 – 2022 acknowledges lack of adequate sanitation facilities to affect girls education during menstruation, but has no further details.
- One district in the northern region, which has instituted bylaws to ensure that no girl misses school due to menstruation, otherwise parents or guardians are fined (Kambala et al, 2020).

REFERENCES


FOR COMPLETE REFERENCES AND ADDITIONAL RESOURCES, CLICK HERE