



There is a weak enabling environment for menstrual health and hygiene in Rwanda including limited political support, lack of policy framework and lack of resource allocation.

MHH CONTEXT

In Rwanda, menstrual health & hygiene (MHH) is an issue that has not yet been prioritized and falls under no specific line ministry. Until 2015, the Ministry of Education (MOE) provided little guidance for WASH facilities in schools. However, the MOE has since developed MHH standards for schools and began construction of sex-segregated toilets (UNFPA). Additionally, the MOE collaborated with the Ministry of Health to offer safe spaces at schools for young girls menstruating that would seek to provide sanitary products and other basic necessities (detergents, soap, water etc.) (SNV Study). In 2020, the government also introduced the idea of a VAT exemption on sanitary pads, though further action has not been taken. Accessibility and affordability of sanitary pads remains a problem and recognition of the importance of additional menstrual products has yet to be made.

There is increasing momentum by NGOs to bring to light MHH, however progress by the Rwandan government has been slower than expected in terms of policy coordination and funding.

Absenteeism

In Rwanda, 15.2% of girls attribute missing school due to their period, while 23.3% of women and girls report missing participation in economic activities (WEEAT and WaterAid, 2022). The lack of access to affordable menstrual products, especially in rural areas, is a contributing factor to women and girls missing school and/or economic activities during their menstrual cycle (Morgan et al., 2017). One study done by Isano et al., 2022 shows that Rwandese women and girls possess limited knowledge about the physical changes their bodies will experience as they advance through life. As such, the onset of menstruation can cause them to be frightened or confused, which may further disrupt learning. Additionally, World Bank statistics indicate that at least 20% of Rwandese school girls, specifically in rural areas, miss up to 50 days of school per year (Aime & Pugalenthi, 2020). This means that for the basic schooling period, students in grade 4 through grade 6 miss approximately 150 days of school due to menstruation-related factors (Aime & Pugalenthi, 2020). According to the SHE campaign²⁸, academic limitations due to menstruation can lead to a potential loss of GDP of US \$215 per woman each year - a total of US \$115 million per year in Rwanda (Akaliza, 2019).



of the population are women and girls

Girl Friendliness Index



Household WASH Access

- 57% have basic water
- 94% have basic latrine access
- 5% have basic hygiene services



MHH CONTEXT

Access to Products

According to a World Bank study from 2021, 18% of women and girls across Rwanda are forced to miss school or work because they can not afford menstrual pads. (World Bank, 2021). The price of disposable pads remains high for most women and girls, with prices ranging from Rwf 800 (USD 0.77) to Rwf 1200 (USD 1.15) for quality pads. Because of this, some argue there is a need to remove all taxes levied on the materials used to make the pads to help drive costs down (Isano et al., 2022). In refugee camps, sometimes parents will prioritize food over girls' MHH needs. This often leads to girls feeling neglected, and it forces some to resort to sexual transactions in exchange for commodities (Ruzibiza, 2021). While many women and girls use reusable sanitary

pads to manage their menstruation, they are not always an available option due to their continued limited accessibility (Bolten and Kerry, 2015). According to a joint study from WEEAT and WaterAid Rwanda, 92.1% of Rwandese women would welcome increased access to reusable sanitary pads, both to ensure the consistent use of safe MHH products and to avoid the financial and environmental burden of single-use products. While numerous non-governmental organizations and social enterprises attempt to provide sufficient reusable pads, there remains significant unmet demand due to unclear product standards (WEEAT and WaterAid, 2022). Consequently, many reusable pad manufacturers and factories regularly encounter difficulties due to lack of production regulations and a standard for these pads (WEEAT and WaterAid, 2022).

Access to Education and Information

There is a need to normalize and further mainstream menstrual health education and access to information so as to improve MHH. Due to the stigmatization of menstruation and an insufficient number of teachers to implement the National School Health Policy (2014) and the Comprehensive Sexuality Education (2016), sexual reproductive health and MHH education is rarely taught in schools, especially if there are no female teachers available. A common practice among girls is to not tell their parents when they are menstruating (Mason et.al 2013). Fathers often do not understand that menstruation is a natural bodily function, and because of this, young girls may be punished when “accidentally” seen washing stained clothes (Sommer et.al., 2014). This is a result of the misconception that menstruation is an indicator of sexual activity. While some girls do receive support from other females in their households, menstruation is still considered a very private issue. As a result of lack of education on menstrual health, girls are often ridiculed by boys in school when they stain their clothes due to menstruation. This can cause girls to experience anxiety when attending school, as they assume that everyone knows they are bleeding (Marni et.al., 2016). Additionally, girls lack knowledge on proper hygiene management practices, like when to change their soiled products and what type of products to use during their cycle (World Bank, 2021).

Menstrual Product Access



18% cannot afford monthly products

MHH CONTEXT

Access to WASH, Including Schools

Rwanda expressed commitment to increasing sanitation and hygiene throughout the country, with a goal of achieving 100% household sanitation and hygiene coverage by 2020 (Nelson et.al, 2014). However, many schools and communities in Rwanda are still faced with water and sanitary facilities challenges, with only 64% of the Rwandese population having access to basic sanitation services (Isano et al., 2022). Multiple different government agencies are responsible for “promoting WASH facilities and infrastructure” (UNICEF, 2021) across Rwanda. However, Rwanda has instated a minimum health package requirement that stipulates the construction of sex-segregated toilets and the availability of sanitary pads, water and soap, hand washing points and minimum cleaning materials be allocated (e.g. brooms, soap detergents etc.) (Keppler et.al., 2020). The mentioned add-on items were considered “good to have” and were entirely dependent on resource availability (Akaliza, 2019).

Myths and Taboos

Throughout Rwanda, most still believe that menstruating women and girls are dirty, and that menstrual blood is contaminated and may cause harm to plants, food and livestock (Ippoliti et al., 2021). As a result, women and girls may face restrictions on their day-to-day behavior, including prohibition to attend religious ceremonies, handling food or sleeping in the house (Iradukunda et.al., 2022).

Physical & Mental Health Impacts

Young women and girls in Rwanda often experience fear or anxiety because of menstruation, particularly when they do not receive comprehensive MHH education (Coast et. al, 2019). One study highlighted that menstruation can cause Rwanda women and girls to be scared of teasing and humiliation during their cycle, and some may even experience social ostracization while menstruating (Coast et. al, 2019). Inadequate MHH hygiene and products may also cause women and girls to experience additional health issues, including reproductive and urinary tract infections (Ward, 2021). These issues are compounded in rural or conflict-affected areas, where women and girls often experience greater obstacles to their menstrual health (Ward, 2021).

MHH POLICY LANDSCAPE

MHH Policies

Currently, at the national level, no government department is responsible for menstrual health or coordinating efforts. Instead, various stakeholders within the WASH sector are focusing on MH issues (UNICEF, 2018). Previously, there was a working group for girls education in the Ministry of Education which had a component of menstrual health. Unfortunately, the working group was dissolved.

While the Ministry of Education and the Ministry of Health have collaborated to create safe spaces for young girls experiencing menstruation, such policies are not comprehensive enough to directly meet the MHH needs of all girls and women. Free sanitary products and other basic necessities (e.g. detergents, soap, etc.) are only considered ‘good-to-have’ and remain entirely dependent on resource availability (SNV Study).

VAT on Products

0%

since 2020



MHH POLICY LANDSCAPE

Policies including MHH

The Rwandan government has pledged to support MHH through policy action, community participation and developmental partnerships (UNFPA). In 2018, the government announced its intention to improving adolescent sexual and reproductive health, protecting bodily rights, and expanding bodily health resources (Results for All).

In order to improve learning environments, the Rwandan government developed a comprehensive School Health Policy and strategic plan with recommended policy actions in several key areas: health promotion, disease prevention and control, HIV/AIDS and other STIs, sexual and reproductive health and rights.

Product Standards

- Disposables
- Washable Pads
- Cups

Key Government Actors

- MHH falls under no specific line ministry in Rwanda

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