

Brief: Mitigating the impacts of COVID-19 and menstrual health and hygiene

This brief complements other [UNICEF guidance](#) on aspects of the response to the global COVID-19 pandemic and should be read together with the guidance on [monitoring and mitigating the secondary impacts of the COVID-19 pandemic on WASH services availability and access](#).

Primary impacts of an outbreak are defined as the direct and immediate consequences of the epidemic on human health. Secondary impacts are defined as those caused by the epidemic indirectly, either through the effect of fear on the population or because of the measures taken to contain and control it. COVID-19 is a new disease and evidence is evolving. The virus is thought to spread mainly from person to person through respiratory droplets and contact with these droplets on surfaces. COVID-19 does not spread through faeces or blood, including menstrual blood. To date there is no evidence of impacts of COVID-19 on the menstrual cycle directly, though stress, anxiety and malnutrition can impact reproductive health.

The COVID-19 pandemic will, however, have secondary impacts on girls' and women's ability to manage their menstruation and their health. The impacts will vary based on the country context and ability to respond through social protection and health systems. Similarly, the most affected will be the poorest and most vulnerable to economic and social shocks. Certain occupations will bring greater vulnerability.

An estimated 1.8 billion girls, women, and gender non-binary persons menstruate, yet millions of menstruators across the world cannot manage their monthly cycle in a dignified, healthy way. Even in the best of times, gender inequality, discriminatory social norms, cultural taboos, poverty and lack of basic services often cause menstrual health and hygiene needs to go unmet. In emergencies, these deprivations can be exacerbated. The result is far-reaching negative impacts on the lives of those who menstruate: restricting mobility, freedom and choices; reducing participation in school, work and community life; compromising safety; and causing stress and anxiety.

Challenges for menstruators during the COVID-19 pandemic and considerations for mitigating impacts

A summary of essential considerations to ensure continuation of MHH during the pandemic:

1. Ensure MHH supplies and WASH facilities are in place for healthcare workers and patients.
2. Mitigate the impact of lack of access to menstrual materials and WASH facilities by providing menstrual materials in NFI and food assistance for girls and women with limited movement or in camps or institutions.
3. Provide basic WASH facilities and services in communities, camps, and institutional settings.

Additionally, all assistance should follow the principles of:

- Do no harm: During this pandemic, physical distancing measures are in place. Therefore agencies should ensure that essential person to person contact is kept to a minimum and protective measures taken and switch to contactless methods such as mass media and social media as far as possible.
- Gender sensitive and inclusive response: Agencies should identify those who are most marginalised and hard to reach, incorporate measures to reach them, and monitoring whether such measures are effective. This includes girls and women with disabilities, those in conflict-affected contexts, and those in remote and rural communities. Adapt formats as needed to reach those who may be hearing and visually impaired, or low-literacy.

Additional essential considerations for different groups

Health care workers

Globally, **women make up 70 percent of the health workforce** and are more likely to be front-line health workers, especially nurses, midwives and community health workers.¹ This has been true across country income levels; for example, it is estimated that 50 percent of the doctors and 90 percent of the nurses in China’s Hubei Province are women, while nearly 80 percent of American health care workers are women. These women face additional challenges managing their menstruation, which compromises not only their health and dignity, but also the ability of the health system to deliver.

Challenges	Measures to consider
Facility managers are not aware of and/or do not prioritize MHH needs of female health care workers.	<ul style="list-style-type: none"> • Document and raise awareness of needs to facilities' managers and health departments. • Advocate for the measures in this paper.
Lack of documented contextual evidence of MHH experiences and challenges of women in health care settings, which may differ from context to context.	<ul style="list-style-type: none"> • Formative research with health care workers (adding questions to KAP surveys/qualitative tools) to understand experiences and needs. • Ensure data collection methods do not put staff or participants at risk of infection; for instance, consider phone interviews.
Lack of menstrual hygiene materials for healthcare workers provided by health systems.	<ul style="list-style-type: none"> • Consider menstrual hygiene materials as essential supplies for female and other menstruating health care workers and procure in sufficient quantity (e.g., for disposable pads or tampons, 20-30 per month per woman depending on absorbency; reusable material quantity will vary depending on type and may require washing facilities.)
Putting on and removing PPE prevents quick changing of menstrual hygiene materials,	<ul style="list-style-type: none"> • Support access to sufficient quantity of PPE that would allow women to take breaks at least every 4 hours to change

¹ WHO (2019). Gender equity in the health workforce: Analysis of 104 Countries: <https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf?ua=1>

leading women to bleed into protective suits, suppress menstruation through the use of oral contraceptive pills, or potentially miss days of work. ²	<p>menstrual materials, particularly where tampons are used to avoid the risk of toxic shock syndrome.</p> <ul style="list-style-type: none"> ● If pads are used, consider high absorbency pads that are safe to be changed less frequently, if accepted by women. ● Support women’s continued access to contraceptives, but advocate to ensure women are not coerced into taking oral contraceptive pills against their will to avoid menstruation.
Lack of access to WASH facilities at health care facilities, preventing women from managing basic hygiene including menstrual hygiene while at work.	<ul style="list-style-type: none"> ● Ensure access to WASH facilities and services at HCF, refer to Infection prevention and control measures in health-care facilities and resources on WASH in HCF. Ensure facilities are female-friendly and inclusive of people with disabilities; and that disposal systems for menstrual waste are in place.
Pain during menstruation may make it challenging to work.	<ul style="list-style-type: none"> ● Consider providing pain killers to manage menstrual pain. ● Provide adequate breaks, hydration and provisions for rest throughout the workday.

Female patients in health care facilities (HCF)

Female patients will require materials and access to WASH facilities and may need support to manage their menstruation if severely ill with COVID-19.

Challenges	Measures to consider
Girls and women hospitalized or in quarantine centres for COVID-19 may lack access to WASH and MHH supplies.	<ul style="list-style-type: none"> ● Provide menstrual materials and painkillers at HCF and quarantine centres. ● Support WASH in HCF for patient access to facilities for menstrual hygiene. ● Train caretakers in assisting girls and women with personal hygiene including menstrual hygiene if needed.

Girls and women in communities

Girls and women in communities may also face increased challenges accessing services, resources and information that are critical to MHH. This might include:

Challenges	Measures to consider
Gaps in provision of water and sanitation service, such as disruption of safe water supply or lack of sewerage system maintenance, or	<ul style="list-style-type: none"> ● Mitigate disruptions – guidance provided here Monitoring and mitigating the secondary impacts of the COVID-19 pandemic on WASH services availability and access

² As reported in various news stories and opinion pieces, such as [this one](#) and [this one](#)

due to increased costs driven by scarcity of supply	
Girls and women with confirmed or suspected COVID-19 quarantined or isolated at home may lack access to piped water supply, on-site sanitation, handwashing facilities, soap and MHH supplies.	<ul style="list-style-type: none"> ● Support continuity of WASH services in the home when possible, or regular deliveries of essential WASH supplies ● Consider separate shared facilities for girls and women with COVID-19 and those without. ● Include menstrual materials in distributions of food or non-food items to girls and women in home quarantine.
<p>Disrupted access to menstrual hygiene materials, particularly disposable menstrual hygiene materials that require monthly replenishment.</p> <p>This may be due to stock-out or increased price as a result of panic buying, supply chain disruptions in supply chains due to stay-at-home orders or simply increased demand due to recommendations to keep 'extra' essential supplies on hand.</p> <p>In settings where the poorest women and girls commonly use disposable materials, financial stress may lead to families to prioritize other needs such as food or essential utility bills over purchasing menstrual hygiene materials.</p>	<ul style="list-style-type: none"> ● Ensure that sanitary pads are deemed essential commodities, removing barriers to manufacturing and supply³. ● Discourage panic buying and hoarding. Encourage pragmatic purchasing of two months' supply of disposable materials to safeguard one's own access while respecting the needs of others. ● Where washing is possible, consider promoting reusable materials as an alternative, such as a menstrual cup, washable pads, or absorbent underwear. Promote do-it-yourself designs and instructions for safe reuse and disposal through women's networks or digital platforms that reach girls and women⁴. ● To increase supply, encourage manufacturers in adjacent industries (such as clothing or paper products) to consider expanding into reusable or disposable menstrual materials to meet increased demand. Prioritize support to women-owned businesses. ● Consider soliciting contribution-in-kind from large private sector manufacturers of quality disposable products. ● Expand the reach and benefit levels of social assistance programmes that target women, such as cash transfers and social pensions, and suspending all conditionalities for the duration of the COVID-19 crisis⁵. ● Introduce new cash transfers, including for women with care responsibilities. ● Advocate for the removal of taxes from menstrual hygiene materials⁶

³ The Government of India recently provided a good example [as reported here](#)

⁴ Refer to resources such as those from Days for Girls <https://www.daysforgirls.org/dfg-kit-making-resources> and encourage emergency alternatives such as folded cloth pinned into underwear or tied around the waist.

⁵ An example of this flexibility is the American COVID aid package that allows people to use their health spending accounts to also include menstrual materials.

⁶ Note that VAT removal has not been shown to lead to price decreases for the end customer. Sales tax removal, on the other hand, does lead to direct price decreases.

<p>Limited access to critical information related to menstruation or women’s health due to disruption in routine health services and diversion of funding from women’s health to other issues</p>	<ul style="list-style-type: none"> ● Ensure that MHH information is included standard health services and make provisions for these services to be continued⁷ ● Consider the use of alternatives to interpersonal community such as online, radio, telephone or messaging services.
<p>Limited access to critical information due to limited access to technology and digital platforms, school closures, suspension of community-based programming, and low levels of literacy in some settings (particularly among the most vulnerable) – particularly for adolescent girls.</p>	<ul style="list-style-type: none"> ● Determine whether girls and women are able to access sources of digital information. ● Partner with women and girls’ organizations who are central to the response and provide frontline services with limited resources and ensure they include MHH. ● Ensure women and girls are specifically targeted on online platforms and messaging apps like U-Report with MHH information. ● Provide MHH information together with other self-care or health information and programmes.
<p>Sexual and reproductive health care services mischaracterized as non-essential or “elective,” and therefore unavailable. Lack of access to contraceptives will result in changes to women’s experiences of menstruation (e.g., menstruation or heavier periods).</p>	<ul style="list-style-type: none"> ● Maintain access to sexual and reproductive health care services. ● Ensure education about the effects of stopping hormonal contraceptives are shared to limit anxiety about new symptoms and prevent unwanted pregnancy.
<p>Gender-specific and MHH-related questions not integrated into baseline data collection or monitoring systems, leading to limited country-specific, contextual evidence on needs of COVID-19 related MH challenges for girls and women in communities.</p>	<ul style="list-style-type: none"> ● Formative research to understand context specific needs using data collection methods that do not put communities at risk (i.e. FGDs in the traditional sense are not advised as physical distancing cannot be assured, instead use alternative ways to collect data such as telephone interviews, etc.)

⁷ Refer to the [PSI brief on integrating menstrual health in SRHR](#).

Girls and women in shared or institutional settings (e.g. camps, prisons, hostels)

Girls and women in camp settings may face many of the same challenges as girls and women in communities, with additional vulnerabilities due to the lack of household WASH services. In addition to the considerations in the table above, challenges may include:

Challenges	Measures to consider
<p>Limited distributions of NFIs, or diversion of resources away from menstrual hygiene supplies (materials and supportive supplies such as underwear and laundry soap) towards other NFIs</p>	<ul style="list-style-type: none"> ● Ensure that menstrual hygiene supplies are considered essential and distributed with other NFIs (such as WASH or dignity kits) or with household nutrition or medical supplies, and as an essential part of the SRHR emergency package (e.g., MISP). ● Provide a greater quantity of disposable menstrual hygiene products at each distribution (if less frequent) or consider providing reusable products as a supplement or alternative ● As above, consider promoting reusable materials where acceptable. ● Ensure disposal and waste management systems are available and maintained, and budget is allocated for this purpose.
<p>Reliance on shared water supply, on-site sanitation, or household bathing and laundry facilities</p>	<ul style="list-style-type: none"> ● Where possible consider adding additional facilities and dedicating certain facilities to girls and women with confirmed cases. ● Mitigate disruptions – guidance provided here Monitoring and mitigating the secondary impacts of the COVID-19 pandemic on WASH services availability and access ● Provide gender-separated laundry facilities with sufficient water, soap, drying space and drainage
<p>Limited access to critical information related to menstruation or women’s health due to disruption in routine health services and diversion of funding from women’s health to other issues.</p> <p>Limited access to critical information due to limited access to technology and digital platforms and low levels of literacy.</p>	<ul style="list-style-type: none"> ● Determine whether girls and women are able to access sources of digital information and adapt accordingly. ● Ensure that MHH information is included standard health services and make provisions for these services to be continued⁸ ● Consider the use of alternatives to interpersonal community such as radio or announcement systems. ● Provide information in accessible formats to those who are hearing and visually impaired, or low-literacy.

⁸ Refer to the [PSI brief on integrating menstrual health in SRHR](#).

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