



United Nations Population Fund

Policy Paper Menstrual Health in Egypt

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Relation

Menstruation is a natural, normal event and is part of the menstrual cycle of most girls and women through their reproductive lives. Globally, around 1.8 billion girls and women are menstruating every month. The menstrual health definition was recently established, aligning with the WHO definition of health: "Menstrual health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle." Menstrual Hygiene Management (MHM) is defined 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 menstrual nearting to dispose of used menstrual management materials (WHO/UNICEF, 2012). Menstrual health is a core component for ensuring Sexual and Reproductive Health and Rights (SRHR) for girls and women through improving their informed choices, body autonomy, and dignity. Menstrual health is vital not only for physical well-being but also for achieving social equity, economic prosperity, and mental well-being through a supportive environment where menstruation is normalized and managed with dignity.

The menstrual health components shall include, according to Hennegan and his colleagues (2021a);

- ★ Access to accurate, timely, age-appropriate information about the menstrual cycle, menstruation, changes experienced throughout the life course, and related self-care and hygiene practices.
- ★ Care for their bodies during menstruation such that their preferences, hygiene, comfort, privacy, and safety are supported. This includes accessing and using effective and affordable menstrual materials and having supportive facilities and services, including water, sanitation, and hygiene services, for washing the body and hands, changing menstrual materials, and cleaning and/or disposing of used materials.
- ★ Access to timely diagnosis, treatment, and care for menstrual cycle-related discomforts and disorders, including access to appropriate health services and resources, pain relief, and strategies for self-care.
- ★ Experience a positive and respectful environment in relation to the menstrual cycle, free from stigma and psychological distress, including the resources and support they need to confidently care for their bodies and make informed decisions about self-care throughout their menstrual cycle.
- ★ Decision whether and how to participate in all spheres of life, including civil, cultural, economic, social, and political, during all phases of the menstrual cycle, free from menstrual-related exclusion, restriction, discrimination, coercion, and/or violence.

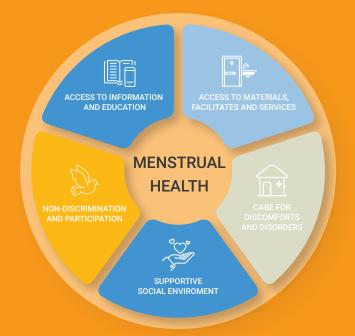


Figure 1: Menstrual Health Compoments (Alarcão & Pintassilgo, 2023)



This comprehensive understanding of menstrual health contributes to improving female body integrity and ownership and their ability to make informed decisions about their bodies. Good menstrual health allows girls to have a good experience with their first menses, manage their menstruation in privacy, and have good access to needed sanitation without experiencing fear or shame; it improves their whole reproductive lives, allowing them to actively participate in private and public lives without restriction or discrimination.



The International Conference on Population and Development (ICPD) Program of Action (PoA) in 1994 provided a strong foundation for advocating for menstrual health and hygiene as integral components of sexual and reproductive health and rights, education, and overall well-being. The ICPD's focus on ensuring gender equality, empowering women, and addressing reproductive health needs directly supports efforts to prioritize menstrual health. Menstrual health is a fundamental aspect of bodily autonomy and human rights, as highlighted in the ICPD PoA. It underscores the right of women and girls to make informed choices about their health, including menstrual management through providing access to reproductive health education and services, eliminating barriers that prevent women and girls from this access, providing access to clean water and sanitation, and alleviating poverty improving their health equity. Human rights and menstrual health emphasize that women and girls have the inherent right to manage their menstruation without stigma. Key human rights include the Right to Education, ensuring access to schooling; the Right to Water and Right to Sanitation, guaranteeing adequate hygiene facilities; and the Right to Health, which encompasses access to health education. Additionally, the Right to Work and Right to Non-Discrimination and Gender Equality underscore the need for equitable conditions, promoting dignity and equality in menstrual health management.



Additionally, improving contributes to the improvement of many Sustainable Development Goals (SDGs). For example, good menstrual health decreases the risk of having reproductive tract infections and ultimately leads to good reproductive health, contributing to Good Health and well-being (SDG - Goal 3). Additionally, improving the surrounding environment will allow girls not to miss school, allowing them to have a quality education (SDG - Goal 4), and women not to miss any work days, which will provide more economic capital opportunities, advancing their careers to have decent work and economic growth (SGD- Goal 8). Nevertheless, gender equality (SDG-Goal 5) cannot be achieved unless fighting all the taboos, shame, and myths around menstruation that hinder women's participation in the community both in private lives, such as social restriction, mobility, or doing sports, or in public lives through participation in the economy or political lives



as a lot of shame is surrounded women's ability to make decisions during their menstruation (UNFPA ,2021). Additionally, it is worth noting the importance of an enabling environment that could support girls and women to practice their agency and knowledge to better manage their menstruation and improve their relationship with their bodies. For example, having access to clean water, sanitation, and affordable menstrual management products is key to supporting girls and women during their periods, which is highlighted by (SDG- Goal 6). Finally, Sustainable Development (Goal 12) relates to menstrual health by promoting sustainable practices in the production and disposal of menstrual products, reducing waste, and ensuring the availability of safe, affordable, and environmentally friendly options.

The occurrence of menstruation for the first time in a girl's life due to natural physiological changes in hormone production is a sign of the onset of girls' puberty. Many of them struggle with shame, misinformation, social mobility restrictions, lack of menstrual materials, safe access to toilets, soap, water, and privacy (UNFPA, 2021). A review assessing the knowledge of adolescent girls around menstrual health and hygiene in 25 countries from low-and middle-income countries, including Egypt, reported that the lack of knowledge about menstruation caused girls to shy away from social activities routine, going to schools, and playing support (Chandra-Mouli & Patel, 2017). Additionally, there are a lot of unhygienic measures, such as the frequency of changing pads and having showers during menstruation, which put them at risk of reproductive health infections (Chandra-Mouli & Patel, 2017). Not only that, a lot of girls suffered from fear and anxiety as a result of a lack of information, which shaped their experiences badly when they had their first menses (Chandra-Mouli & Patel, 2017). This shapes the negative experience of girls and many women during their reproductive lives.



The Egyptian context

Egypt has the largest population of young people in the MENA region; around 62% of its population is under the age of 29 years, and around 9.5 million of them are girls between the ages of adolescence 10 to 19 years and women in reproductive age between 15 to 49 years are around 26 million (CAPMAS, 2024). According to the Egyptian Family Health Survey (EFHS), 55% of young people live in



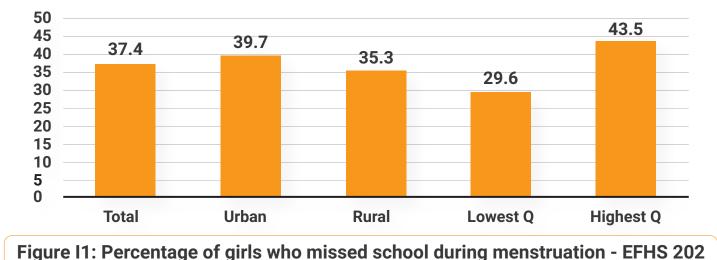
rural areas. Adolescent girls in Egypt have a low level of knowledge about menstrual health. Egypt still doesn't have comprehensive reproductive and sexual health education that is well-implemented in schools. However, the Ministry of Education and Technical Education (MoETE) and UNFPA Egypt Country Office launched the Curriculum Framework for Comprehensive Reproductive Health and Population Issues to include reproductive health messages to students in the school and started training for advisors who are using the framework in 2022 (UNFPA, 2022). According to the 2014 Survey of Young People in Egypt (SYPE), 48% of girls and 22% of boys between the ages of 15 and 29 years old had never talked to their parents about puberty. Around 34% of girls who experienced menarche reported that they did not have any prior knowledge about menarche, and around 52% of girls reported that they were shocked, cried, and/or were afraid of menarche (SYPE, 2014). The EFHS 2021 findings also highlight that nearly half of never-married females aged 15-29 (48%) have not received information about puberty and menstruation. Among those who have received such information, three-quarters received it from their mothers, while about one-third received it from relatives or friends, followed by school and with limited exposure through TV and radio. Approximately only 29% of females learned about puberty and menstruation from school. A study conducted among secondary and preparatory school students in Egypt mentioned that 74% of girls get their source of information about puberty from their friends and peers (Ayed et al., 2012). Another study focused on menstrual health among adolescent girls in Mansoura reported that the main sources of information about menstruation are mainly social media (92%), mothers (92%), and school curricula (18%) (El-Gilany et al., 2005).

The quality of information coming from social media, peers, or even mothers is not necessarily accurate and sometimes is rounded with many misconceptions. Even though a lot of girls depend on their mothers to learn about menstruation, they are not necessarily well equipped to provide accurate information to their daughters and face a lot of communicational barriers to such communication (Chandra-Mouli & Patel, 2017; Shams, 2017). Additionally, even The quality of information coming from social media, peers, or even mothers is not necessarily accurate and sometimes is rounded with many misconceptions. Even though a lot of girls depend on their mothers to learn about menstruation, they are not necessarily well equipped to provide accurate information to their daughters and face a lot of communicational barriers to such communication (Chandra-Mouli & Patel, 2017; Shams, 2017). Additionally, even those who received knowledge from their mothers and peers reported that it was not adequate or timely (Chandra-Mouli & Patel, 2017). Despite mothers' interest in being a source of information to their daughters about menstruation, usually, this communication is delayed till the girl already had her period or is surrounded by embarrassment from mothers and shyness from girls (Bader et al., 2022). There are, in general, bad personal hygiene practices among girls about not changing sanitary pads or not bathing during menstruation, this was particularly reported by girls from rural and poor families due to a lack of information about menstrual health (El-Gilany et al., 2005).



Not only does access to information contribute negatively to the lack of good menstrual health in Egypt, but also negative social norms and misconceptions around menstruation. For example, many consider menstruation to be a dirty or shameful event, which leads to discriminatory behaviors against girls and women that deprive them of opportunities in education and work.

In many parts of the world, a growing body of evidence shows that girls' inability to effectively manage their menstrual hygiene in school results in school and women in the workplace leads to absenteeism and productivity loss, which, in turn, has severe economic costs on their lives and the country (Shah et al., 2022; Mohammed et al., 2020). A study focused on three West African countries reported that around 11% to 19% of women aged between 15 to 49 years old are missing work, and 17% to 23% of girls aged between 15 to 24 years old have missed school in the past year due to menstruation (Hennegan et al., 2021b). Another study conducted in the Netherlands examined the productivity loss related to menstruation, and around 13.8% of all women reported absenteeism during their menstrual periods (Schoep et al., 2019). In Egypt, 37% of never-married females aged 15- 29 reported that their menstrual cycle affected their school attendance (EFHS, 2021). Surprisingly, missing school during menstruation in Egypt is more common among girls who live in urban areas and belong to a higher socioeconomic status, which could be related to the period stigma.



The Effects of Menstruation on Girls' School Attendance

Unfortunately, the EFHS did not address other aspects related to menstrual health management other than knowledge and school attendance.

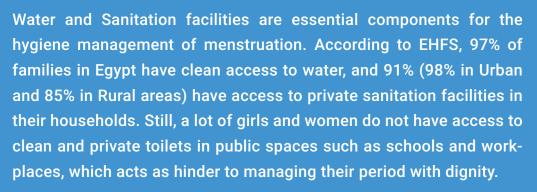
Women's labor force in Egypt is around 25%, while a lot of women tend to work in the informal sector, leaving them unsupported by their workplace to manage their period. Currently, there are no workplace policies in Egypt related to menstrual health, such as allowing women to take sick leave or have work flexibility when needed. This could lead to women missing work days during their menstruation due to a lack of good sanitation facilities or work flexibility. Many developed countries are exploring menstrual policies in the workplace to ensure the right environment for women and experimenting with menstrual leave to provide a day off for women during their mensuration.

In Egyptian society, like many others, puberty is linked to many social behaviors that also affect girls' health and well-being. For example, puberty is linked to marriageability in Egypt as a sign of growth and maturity for a girl to get married and a positive sign of their readiness to be pregnant. In Egypt, around 17% of girls get married before the age of 18 (Girls Not Brides, 2024), which usually happens around the first menarche for girls



(mean age of menarche in Egypt is 13). Furthermore, according to the Egyptian Family Health Survey (EFHS) in 2023, the majority of girls had Female Genital Mutilation (FGM) with mean age between 9 and 12 years old. This makes it more critical for Egyptian girls as it affects the health and well-being of many aspects of their reproductive health. While Egypt has different programs addressing FGM and child marriage, usually in isolation from its relationship to menstrual health. Egypt's current national policies focus on family planning as an intervention for addressing the rising population and its effects on many aspects of the quality of life of Egyptians. Improving women's knowledge about menstrual health will directly affect their knowledge about their fertility and understanding of their menstrual cycle, which could support them by taking the right family planning methods with good compliance.

Nutrition has a strong link to menstrual health for women and girls. Many women and girls in Egypt face nutritional deficiencies, particularly in iron and vitamins, which are critical for managing menstrual health. In Egypt, the prevalence of anemia among women of reproductive age is С 28.3% in 2019 (WHO, 2023). Egypt has the third highest E Get your Vitamins incidence (63% in 2016) among children between 5 to 19 years old (WHO, 2023). Iron deficiency anemia, prevalent among Κ adolescent girls, exacerbates menstrual pain and fatigue. **B**₁₂ A study conducted among females in Beni-Suef reported that B there is poor adherence to diet and sports among participants, which is highly associated with menstrual disorders (Ahmed & Lofty, 2024).



Access to health care services that are sensitive to girls' and women's needs to provide counseling about menstruation, address concerns, manage pain, and diagnose any menstrual irregularities or disorders is a crucial part of menstrual health. Egypt is investing in youth-friend-ly services to attract adolescents and young girls and provide them with health services tailored to their needs. Youth-friendly clinics are now only provided by the public health sector; there is no clear role for civil society and private sectors. A study in 2013 mentioned that the intervention is promising. Still, it is underutilized by young people (Oraby, 2013), and the number of clinics is not enough to cover Egypt

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and match the needs of young people, with no clear referral system for specialized services (UNFPA, 2022b). Additionally, healthcare workers need to be trained and well-equipped to address young people's needs (UNFPA, 2022b). The Ministry of Health and Population is making efforts to improve the current situation. Furthermore, social norms for girls, especially to seek health care for their menstrual health, are usually not prioritized by families and neglected till marriage. Many girls and women pass undiagnosed for menstrual disorders or irregularities as they seek health care late or their physician does not take their pain seriously (Abouhussein & Abdel-Tawab, 2023; Abdel-Sattar, 2018). Menstrual

disorders affect girls' and women's social and academic lives; one study reported that only 9% of girls seek health services (Abdelmoty, 2015). A study found that around 60-90% of adolescent girls and women experience dysmenorrhea at some point in their lives, with varying degrees of severity affecting daily activities (Arafa et al.,2018; Alshaikh,2020). Undiagnosed menstrual disorders such as polycystic ovaries, Pre-menstrual dimorphic disorder, dysmenorrhea, and endometriosis affect girls' and women's psychological and physical well-being in addition that can influence their future fertility and reproductive health. Additionally, healthcare workers' training and education still miss the management of menopause and pre-menopause for many women who also miss the opportunity to get a diagnosis early and manage their menopause better.

Concerning access to sanitary products, the market in Egypt is well-established, with availability mainly single-use pads as the most dominant sanitary product. P&G's brand, which is manufactured in Egypt, takes 75% of that market despite a substantially higher price than other brands. Two other locally manufactured single-use pad brands each have 10% of the market share. New brands are entering the market, both domestically made and imported (Wilson & Tamir, n.d.). In 2023, the total annual cost of menstrual products in Egypt was estimated at \$496 million. The manufacturing of sanitary pads depends on imported materials, which have taxation which contributes to the price of the sanitary pads. Some companies have utilized ARSO (African Organization for Standardization) standards for disposable products to enter the market, with permits issued by the Ministry of Health and Population (MoHP). However, there is no established precedent for reusable products. Egypt does not have national standards for menstrual products, but it participates as a member of ISO Technical Committee 3881, which deals with menstrual products. Other than sanitary pads, few companies are providing tampons and period pants, with almost no availability of menstrual cups. Recently, Egypt has had rising femtech and start-ups with a focus on women's

health, which promotes education, promotes reusable pads/pants, and provides some health services. This carries the potential to improve the menstrual health of some communities in Egypt and provide more choices for girls and women.



A recent qualitative study conducted in Assuit and Sohag in 2023 reported that a pack of 18 sanitary pads costs approximately 20 Egyptian pounds (\$0.65), a cost that was considered high by some girls and mothers (Abouhussein & Abdel-Tawab, 2023). Since 2022, inflation and devaluation of the currency affected a lot of prices of services and goods, including the price of sanitary pads, the most common period products used by girls and women in Egypt. In 2024, the cheapest 18 sanitary pads start from 40 EGP to 80 EGP (\$0.82 to 2.05), which makes them less affordable to girls and women. On average, women in Egypt spend 0.64% to 0.85% of their income on menstrual products, which is 14 times more than women in Germany spend (Wilson & Tamir, n.d.; Dalberg Advisors, 2023).

Sexual and Reproductive Health is always perceived as not a priority in the challenging economy of Egyptians; this might affect their ability to purchase sanitary products to access health services even more. This could lead to traditional and more affordable menstrual products such as cloth, which could affect their health if not managed well. Also, it will affect girls' and women's participation in their regular activities, such as going to school or work. This will create a vicious circle as they will lose more academic and economic opportunities, perpetuating their economic disparities. Egypt's current classification of period products as luxury products means they have a higher margin of taxation, contributing to making them more unaffordable. The standard VAT rate is 14%, and the import duty is 10%3, though actual duties and fees can rise to 60%. Countries such as Kenya, Malaysia, Lebanon, Tanzania, Ireland, Colombia, Mexico, and Rwanda abolished the value-added taxes (VAT) on period products. Similarly, Nigeria removed VAT from locally manufactured products (World Bank, 2022).

Kenya developed a menstrual hygiene management policy in 2020 to lay out all interventions needed to improve access in addition to providing sanitary products for free in public institutions. A study on the impact of stigmatization: the tampon tax across the European Union showed that the subsidies or removal of taxes on menstrual products reduce the economic burden on women and improve access (Coffey, 2024).



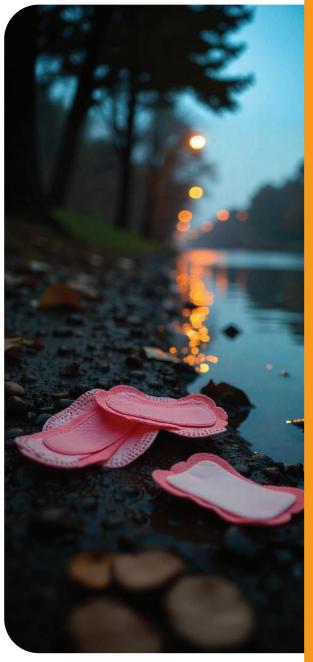
The above challenges are exacerbated by many socially vulnerable women and girls, for example, women and girls in dangerous/street situations, at care facilities, migrants and refugees, and with disabilities. According to (CAPMAS), 10% of the population has some form of disability, and around half of them are girls and women. Their health and social needs remain understudied in Egypt. They suffer severely from a lack of knowledge about menstrual health and hygiene practices (Hebia et al., 2023; Mahazam et al., 2023). Additionally, public and institutional facilities often do not accommodate the needs of women with disabilities – particularly sanitation facilities, leading to difficulties in managing menstruation effectively.



The lack of menstrual health components contributes greatly to the mental health and well-being of girls and women. The lack of knowledge, misconceptions, and strong stigma and shame around menstruation affect a lot of girls' experiences of menstruation. Many girls reported that they cried or were afraid when they had their first period (Bader et al., 2021). Research in Egypt has shown that girls often face stigma and limited access to menstrual education, which can lead to low self-esteem and increased depressive symptoms (Safi et al., 2021; Siddiq et al., 2022). A study found that many girls missed school during their periods due to the unavailability of proper sanitation, contributing to

stress and academic pressure (Mennatallah et al., 2020). The inability to manage menstruation effectively can lead to feelings of isolation among girls. Social withdrawal can negatively impact their peer relationships and mental well-being (Ismail et al., 2019). In addition to that, the normal hormonal changes related to menstruation can lead to mood swings and anxiety. Additionally, girls and women who experience period poverty mainly financially suffer stress due to their inability to afford period products and need to resort to other traditional products such as rags or clothing (Abouhussein & Abdel-Tawab, 2023).





Globally, every year, there are around 150 kilograms of non-biodegradable waste as a result of menstrual products, which affect the environment negatively (World Bank, 2022). Densely populated urban areas like Cairo face significant waste accumulation due to rapid urbanization and The waste population arowth. city's management infrastructure is often overwhelmed, resulting in uncolleced waste and environmental hazards (Zahran et al., 2021). Poor waste management practices have led to increased pollution and health risks. Open dumping and inadequate sanitary facilities contribute to environmental degradation health hazards, and pose especially underserved communities (Badran, 2019). Egypt is one of the countries that is highly affected by climate change, especially for communities living around the delta. Climate change affects girls and women disproportionately due to their lack of economic capital, such as land ownership, access to resources, and education. Climate change will deepen gender injustice and poverty. This will put girls and women in Egypt at higher risk of period parity. The dire effects of climate change through rising temperatures, especially in Upper Egypt, can influence the menstrual cycle, causing heavy bleeding, more severe pain, or changes in pre-menstrual syndrome changes (UNFPA, 2023). These points illustrate the multifaceted nature of menstrual health challenges in Egypt highlighting the need for comprehensive policy interventions and community -based initiatives to improve awareness, access, and supportive environments for menstrual health management.

iii Policy Analysis

Currently, Egypt does not have a menstrual health policy as a standalone policy, despite addressing the issues of menstrual health in other programs. Egypt has multiple national strategies, such as the National Strategy for the Empowerment of Egyptian Women 2030, Egypt Vision 2030, the National Population and Development Strategy 2023-2030, and the National Reproductive Health Strategy that reinforce the focus on women's/girls health and rights, including menstrual health. Additionally, those strategies follow Egypt's international commitment to the Cairo Declaration on Population & Development and the Beijing Declaration and Platform for Action.

Period poverty is the inability to afford and access menstrual products, sanitation and hygiene facilities and education and awareness to manage menstrual health.

For instance, The ICPD's focus on education and empowerment aligns with ensuring girls have the tools, knowledge, and reproductive health services to manage their menstruation with dignity, enabling them to attend school and participate fully in society. The Beijing Declaration and Platform for Action supports good menstrual health through its emphasis on gender equality, women's health, and access to education. While it does not explicitly mention menstruation, its call for universal healthcare, reducing school dropouts, eliminating stigma, and addressing poverty provides a foundation for



improving menstrual health. It highlights the need for accessible WASH facilities, menstrual education, and policies to tackle economic and social barriers affecting women and girls. Integrating menstrual health into broader gender equality efforts empowers women and girls to lead healthier, more equitable lives, advancing broader goals of human rights, dignity, and sustainable development.



Current policies also focus on improving the general access to health services. Egypt's Universal Health Coverage (UHC) is a cornerstone of the country's health reform agenda, designed to ensure equitable access to quality healthcare for all Egyptians without financial hardship, which could improve girls' and women's access to reproductive health services and potentially improve the period of poverty. Additionally, there are efforts from civil society and international organizations in Egypt to improve the knowledge around menstrual health in different communities and advocate for better access to sanitary products to alleviate the period of poverty that a lot of adolescent girls and women experience.

The mandate of UNFPA is to improve reproductive health knowledge and access to healthcare services for girls and women, empowering them to make informed decisions and promoting their health and well-being. UNFPA provides women and girls with menstrual supplies and safe sanitation, especially during emergencies. They educate communities about menstrual health, dispelling myths and promoting informed strengthens health systems choices. UNFPA by supporting youth-friendly services and training healthcare providers to address menstrual needs. UNFPA Egypt Country Office developed this policy brief on Menstrual Health in Egypt to underline the key challenges and barriers to menstrual health and also provide key policy recommendations to improve the health and well-being of girls and women, allowing them to manage their health with dignity, bodily integrity, and overall life opportunities of women and girls.



Key Recommendations

Recommendations are categorized into immediate, short-term, and long-term based on the public health impact, feasibility, and economic impact (based on CDC's Policy Analytic framework). In general, there is a need for cross-sectoral collaboration, showing how menstrual health intersects with education, health, economic empowerment, and environmental sustainability. Integrated programming opportunities that build upon existing efforts, such as linking menstrual health with gender equality, girls and women empowerment, and family planning and reproductive programs, etc.

Immediate Recommendations

1. Enhance Access to Menstrual Products: Create subsidies or support programs by the Ministry of Social Solidarity that ensure affordable access to sanitary products, particularly in low-income areas. Consider reevaluating the classification of menstrual products as luxury items by the Egyptian Customs Authority and advocating for a reduction or elimination of taxes on these products. In Egypt, there is a huge opportunity to classify menstrual products and their imported raw materials as health products, linking the removal taxes to companies only using the raw materials to produce menstrual products. Additionally, pads are available to purchase in schools to make it easier for girls to manage their period, especially the first one, through cooperation between the Ministry of Health and Population and the Ministry of Education.



Stakeholders:

Government: Ministry of Finance, Parliament of Egypt, Egyptian Customs Authority, Ministry of Social Solidarity Private Sector: manufacturers of menstrual products.

2.Improve Menstrual Health Education: to improve access to information about menstrual health and management in the school by providing those key messages to adolescent girls and training teachers and social workers to provide counseling and support building on the existing collaboration between MoHP, MoETE, and UNFPA Egypt office. This will help not only girls but also boys early on, helping in fighting the negative social norms, misinformation around menstruation, and gender norms through a gender transformative approach. Menstrual health education integration with other programs that target girls and women, such as Noura Program² .For example, economic empowerment interventions implemented by the NCW and MoSS). Menstrual health integration also could be implemented with civil society organizations and the private sector in health programs. Investing in digital education can leverage education beyond physical programs, especially with high internet penetration in Egypt. In alignment with Egypt Vision 2030 and Egypt's digital transformation strategy building on Digital Egypt, investing in menstrual health education through the use of digital health and social media could help in reaching adolescent girls mainly, especially with the Education "Education 2.0 initiative" through providing iPads to students in public schools

Stakeholders:

Government: Ministry of Health and Population (MoHP), Ministry of Education and Technical Education (MoETE), National Council for Women (NCW) and the Ministry of Social Solitary (MoSS), Ministry of Communications and Information Technology (MCIT).

UN organization: UNFPA Egypt, UNICEF Egypt, Others: Civil Society organizations, private sector, Femtech

Short Term Recommendations

3. Design Social and behavioral change communication interventions: integrate menstrual health knowledge through other programs such as Family Planning, Female Genital Mutilation (FGM), Child Marriage, and any other intervention that targets girls and women. Additionally, there is a need to design social-behavior interventions that address the linkages between menstruation, FGM, and child marriage, as experiencing the first menses means a sign of womanhood, which in many areas of Egypt trigger harmful practices such as FGM and child marriage. Community programs need to influence and promote positive narratives around menstruation, reducing the stigma and myths around it, promoting new or other sustainable menstrual products, encouraging the usage through education, and fighting any misinformation around it. Integration of menstrual health in other sexual and reproductive health or health in general or livelihood programs has shown a promising outcome.

<image>

Stakeholders:

Government: Ministry of Health and Population (MoHP), Civil Society Organizations (CSO), National Council for Women (NCW), National Council for Childhood and Motherhood (NCCM), National Committee for FGM Eradication, UN organization: UNFPA Egypt, UNICEF 4. Develop Quality Standards Regulations and Guidelines: The Egyptian Organization for Standardization & Quality (EOS), in cooperation with the Ministry of Health and Population (MoHP), develops quality standards for local production of menstrual products and reusable pads, such as criteria on absorption, comfort, durability, and fabrics to be used. There are many products available in the market in rural areas in Upper Egypt that are not approved and do not follow the health standards, which makes these products contribute to discomfort or infection. Developing the quality standards will improve the monitoring mechanism to ensure good quality, and having standards for reusable pads could encourage local production.



Stakeholders:

Government: Ministry of Health and Population (MoHP), Egyptian Organization for Standardization & Quality (EOS) Private sector: manufacturers of menstrual products



5. Strengthen girls' and women's friendly Health Services: The Ministry of Health and Population (MoHP) invests more in establishing and improving youth-friendly health clinics with trained healthcare workers who are well-equipped to meet the needs of young girls and women. These clinics could offer comprehensive services, including counseling, pain management, and diagnosis of menstrual-related disorders. Additionally, training of nurses in primary healthcare units on menstrual health can support women's experience and promote early diagnosis of menstrual disorders and better management. Also, there is an opportunity for social marketing intervention with collaboration with civil society organizations, femtech, and the private sector working in digital health to promote the clinics for adolescent girls to make it accessible and attractive for them to visit to feel safe to get counseling.

Stakeholders: Government: Ministry of Health and Population (MoHP) Others: Civil Society organizations, Femtech, digital health private sector

6.Create Private Sector Partnership: The private sector should be engaged on a strategic level with the government and other development partners on addressing negative social norms and stigma surrounding menstruation, as well as health education initiatives at the community level. This is to enable leveraging their resources, innovation, and distribution networks to initiate the menstrual health initiatives on product innovation and access. For Example, private companies of period products can support their ads in the media for their products to promote correct health messages about menstrual health and avoid promoting the stereotypical image of menstruating women. The Ministry of Health and Population (MoHP) and the National Council for Women (NCM) can encourage the private sector/foundation/charity organization to engage their social corporate responsibility and their program in providing menstrual products, especially substantial ones, to underprivileged girls and women. Additionally, there is an opportunity to follow different models in Africa for small businesses led by women to produce local reusable pads in their communities, which will improve access in these communities affordably. This could be implemented as part of women's empowerment programs done by the National Council for Women (NCM) and The Ministry of Social Solitary (MoSS).

Stakeholders:

Government: Ministry of Health and Population (MoHP), National Council for Women (NCM), Ministry of Social Solitary (MoSS) Private sector: Manufacturers of menstrual products, Small businesses (Femtech)



7. Engagement of the Workplace: The Ministry of Labor can encourage the public and private sectors to apply menstrual health policies to improve the condition of their employees and leverage discussion around menstrual/sick leave or work flexibility, especially for those who suffer from menstrual disorders. Strengthening labor policies for women in the workplace, specifically that many women experience hostile environments or discrimination. Additionally, investing in menstrual health education among health programs in the workplace has shown a return on investment. For example, a study involving a textile factory in Egypt showed a \$4 return on every \$1 invested in MHH initiatives, highlighting the productivity boost and broader economic impact of such efforts (Yeager, 2011).

Stakeholders:

Government: Ministry of Health and Population (MoHP), National Council for Women (NCM), Ministry of Social Solitary (MoSS), Ministry of Labor, Chamber of Commerce

Private sector: Manufacturers of menstrual products, Small businesses (Femtech)

8. Improving water and sanitation facilities in public institutions: a lot of girls in schools/universities and women in their workplaces, where they spend half of their days, suffer from the bad infrastructure of bathrooms. Improving the cleanness, availability of water and cleaning products, and privacy for bathrooms in schools, universities, and workplaces, allowing girls and women to manage their periods in a healthy and with dignity. The Ministry of Housing, Utilities & Urban Communities needs to lead in improving water and sanitation facilities in schools and universities with the cooperation of the Ministry of Education and Technical Education and the Ministry of Higher Education. The Ministry of Labor could encourage private sector workplaces to ensure good quality sanitation facilities, especially in women-dependent industries. This will improve girls' and women's participation in public life such as education, economy, sport, ...etc.

Stakeholders:

Government: Ministry of Water Resources & Irrigation, Ministry of Housing, Utilities & Urban Communities, Ministry of Education and Technical Education, Ministry of Higher Education, Ministry of Labor Others: Civil society organizations, private sector

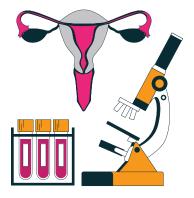
> 9. Improve Menstrual Health Inclusion and Equity: some of the programs and interventions leave behind socially vulnerable girls and women from reaching menstrual health education, products, and services. For example, women with disabilities, women in care facilities, girls in dangerous situations, and out-of-school girls are left behind in reaching such interventions.

> > Integrating menstrual health components with tailored design to socially vulnerable groups to period poverty. Ministry of Health and Population (MoHP), in cooperation with the National Council for Persons with Disabilities, can improve menstrual health knowledge and accessibility to girls and women with disabilities through the production of educational materials with sign and bril languages and training social workers and key staff.

Stakeholders:

Government: Ministry of Health and Population (MoHP), Ministry of Youth and Sports, Ministry of Social Solidarity, National Council for Women (NCW), National Council for Persons with Disabilities Others: Civil society organizations, private sector

10.Menstrual Health Research: The Ministry of Health and Population (MoHP) can develop nationwide research on knowledge, attitudes, and behaviors/practices around menstrual health among girls and women to understand the situation and assess the period poverty in Egypt that could be integrated into the Egyptian Family Health Survey (EFHS) or the Survey of Young People in Egypt (SYPE), and that allows better informing, monitoring and assessment of improvement of implemented interventions.



Stakeholders: Government: Ministry of Health and Population (MoHP), Central Agency for Public Mobilization and Statistics (CAPMAS) Others: Research institutions, Civil Society organization

Long Term Recommendations

11.Environmental products: The most common menstrual products in Egypt are sanitary pads, which contribute to environmental waste and are not environmentally friendly. Encouraging the private sector to provide other sustainable products that are eco-friendly, such as menstrual cups, reusable pads, and period pants, providing girls and women with more choices and, in the long run, are more affordable to girls and women, contributing to reducing period poverty and improving the environment.



Stakeholders: Private sector, Ministry of Trade and Industry



12. Emergency Preparedness and Response: implement measures to ensure that menstrual health needs are included in disaster response planning, with adequate supplies and facilities for affected communities, especially since Egypt is becoming increasingly a host for immigrants and refugees. As part of the Minimum Initial Services Package (MISP) for sexual and reproductive health (SRH), UNFPA provides dignity kits that include cleaning materials and menstrual health products. It is good practice to include dignity kits in emergency response interventions, improving access to affected girls and women by UN agencies and civil society organizations with this mandate.

Stakeholders: UN agencies: UNFPA, UNCHR, IOM, Civil Society organizations

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