

## Prioritising periods and preventing unwanted pregnancy: addressing menstrual and reproductive health in Timor-Leste and Papua New Guinea

**Author :** Batya Atlas and Chelsea Huggett

**Date :** May 26, 2017

The largest ever generation of girls are entering a critical time in their education as they move into adolescence. Challenges in managing their reproductive health, however, can pose significant barriers to educational attainment. This limits girls' social and economic prospects and perpetuates gender inequality.

Adolescent pregnancy is a major factor in poor school attendance, as last year's [Guttmacher Institute report highlights](#). More alarmingly, it is a leading cause of death and disability for girls aged 15-19. In Timor-Leste, less than 1% of girls aged 15-19 have used contraception, and 20% of 19-year-olds have begun childbearing, according to their [2010 DHS report](#). In Papua New Guinea (PNG), 22% of girls have had at least one child, contributing to the country's high maternal mortality.

Poor menstrual health (MH) poses similar challenges to girls' health and education. Menstruation is often shrouded in stigma and taboo, which are perpetuated by [poor knowledge](#). This limits girls' ability to manage menstruation in hygienic and dignified ways, resulting in poor health and school absenteeism. A [recent Ugandan study](#) found girls missed up to 24 school days per year (11%) due to menstruation.

While evidence on MH and school attendance in the Asia-Pacific is poor, [exploratory research](#) in Timor-Leste highlights that understanding of menstruation is limited, with girls unaware of menstruation prior to menarche. Research also shows menstruation can be a deterrent from attending school, but access to appropriate facilities and products can help overcome this. New research is currently being undertaken on these issues in Solomon Islands, Fiji, and PNG with funding from the Australian Government, which will provide further evidence on MH in the Pacific.



Globally, some influential women are speaking out around MH – Chelsea Clinton penned an [essay](#) on the topic last month, and Michelle Obama delivered a landmark [speech](#) last year. Global coalitions such as the [Global Partnership for Education](#) recognise that cross-sectoral partnerships are needed to address MH. #Itsbloodytime is an online movement calling on world leaders to prioritise menstrual hygiene for girls'

education. Here in Australia there has been campaigning to stop the [tampon tax](#), not to mention last year's '[I got that flow](#)' viral video by Australian comedy group Skit Box.

Reproductive health has also been in the news. There has been a public outcry in response to the U.S. Administration's reinstatement of the [harmful and counterproductive](#) Mexico City Policy – greatly [expanded](#) to apply to all global health funding for the first time – and a renewed rallying of support for family planning and the sexual and reproductive health rights of women and girls. Responses range from internet memes of seven male administrators signing an Executive Order on women's reproductive health decisions to the global [She Decides](#) initiative, raising awareness and funding to ensure full access to sexual health and family planning worldwide.

While the links between pregnancy and menstrual health are obvious, programming approaches have been disparate. The water, sanitation and hygiene (WASH) sector has focused on menstrual health and hygiene, while the health sector has focused on sexual and reproductive health (SRH). While both sectors are often working towards the same goal of supporting girls to stay in school, the two issues are rarely looked at together.

Now, however, there is opportunity to harness the global momentum on MH and SRH and bring these issues together to better meet the needs of women and girls. Both issues fall on the reproductive health spectrum and share common barriers that could logically be addressed simultaneously: poor knowledge and awareness; limited access to appropriate services and facilities; and poor availability of appropriate methods and products.

For Timor-Leste and PNG, with rapidly increasing youth populations, this is a crucial opportunity to improve adolescent health and address the barriers to education. In both countries, adolescent pregnancy is a major contributing factor to poor school attendance and completion. Similarly, the inability of many girls to manage menstruation in hygienic and dignified ways, or to access quality and affordable sanitary products, contributes to poor health and social outcomes, including school absenteeism.

In an innovative new partnership supported by the Australian Government through the [Gender Action Platform](#), Marie Stopes International Australia (MSIA) and WaterAid Australia aim to tackle these two areas simultaneously, recognising that both reproductive and menstrual health are critical to girls' ability to be healthy, educated and empowered.



In PNG and Timor-Leste, the partnership will test one of the first integrated health and WASH approaches in the region, offering a holistic solution to improving girls' health and education. Sexual and reproductive

health services (including family planning) and menstrual health education will be provided to adolescent girls and boys, as well as adult community members, in rural and urban Timor-Leste and PNG. Facility upgrades will take place so school toilets are better equipped, and more discrete and local sanitary product development will be tested by women entrepreneurs. The project will also strengthen cross-collaboration and learning within the development sector. A new community of practice will be developed to encourage greater collaboration, joint action and learning among diverse Australian and regional development practitioners.

The project success lies in leveraging WaterAid and MSIA's unique strengths to deliver strong technical responses (service delivery and infrastructure). The emphasis on shared learning, partnership and strengthened organisational practice will make a valuable contribution to other practitioners – recognising little to no literature or experience exists on the intersection between SRH/family planning and MH.

To find out more about the project, click [here](#).

*Batya Atlas is Senior Manager, External Relations for Marie Stopes International Australia. Chelsea Huggett is the Equality, Inclusion and Rights Advisor for WaterAid.*