Menstrual Health and Hygiene Management in Kenya

Policy Brief • May 2025

Executive Summary

Adolescent girls in Kenya face significant challenges in managing their menstrual health and hygiene, stemming from inadequate knowledge, limited access to menstrual products and hygienic facilities, and ensuing stigma. These barriers disproportionately affect vulnerable girls, undermining their education, health, well-being and social participation. The International Centre for Reproductive Health-Kenya (ICRH-K), with support from USAID and UNFPA, conducted a study in 2024 to understand menstrual health and hygiene management (MHHM) practices and challenges in Kenya. This policy brief summarizes the key findings of the study and calls on key stakeholders particularly policy makers and line ministries to champion transformative policies, ensure adequate allocation and ringfencing of resources for MHHM. Addressing these critical gaps will ensure that all girls can manage menstruation with dignity, empowering them to thrive and fully participate in society.

Introduction

Menstruation is a normal biological process that affects millions globally, yet many — particularly adolescent girls in Kenya — lack essential sanitary products and facilities. Effective **menstrual health and hygiene management (MHHM)** requires a combination of accessible WASH facilities, affordable and appropriate menstrual hygiene products, accurate information, and a supportive, stigma-free environment.

The neglect of MHHM in public policy creates significant barriers, including inadequate access to safe and affordable menstrual products, a lack of clean and private sanitation facilities, and pervasive stigma and misinformation. These challenges not only hinder girls' education, health, and social participation but also compromise fundamental human rights, including rights to health, education, employment, and gender equality. Ensuring all menstruating individuals can manage their menstruation with dignity is crucial for achieving gender equality and fostering youth development.

Recognition of menstrual health as a rights-based issue has gained momentum. A landmark resolution on menstrual hygiene management, human rights, and gender equality was adopted at the 56th session of the United Nations Human Rights Council (Geneva, 18 June – 12 July 2024). This resolution reinforces the global commitment to integrating MHM into broader human rights and gender equality frameworks. Governments and stakeholders must: Ensure universal access to menstrual hygiene products and facilities; Integrate MHM into education, health, and labor policies; Address stigma and misinformation through public awareness campaigns; and Monitor and report progress in advancing menstrual health as a rights issue.

Contextual analysis

An estimated 1.8 billion individuals menstruate monthly worldwide, with millions encountering significant obstacles in managing their menstrual cycle with dignity.[1,2] Studies have demonstrated a link between poor MHHM and reduced school attendance, social isolation, and increased risks of reproductive and urinary tract infections.[3] The World Health Organization (WHO) estimates that a considerable number of girls globally experience difficulties in menstrual management, primarily due to restricted access to sanitary products, clean water, and menstrual hygiene education. In Kenya, the Government has made significant advancements in addressing menstrual health challenges through various policies and strategies. The Menstrual Hygiene Management (MHM) Policy 2019-2030[4], developed by the Ministry of Health, seeks to ensure universal access to affordable, adequate, and safe menstrual products, appropriate sanitation facilities, and menstrual health education for all girls and women.The Basic Education Amendment Act (2017), places the responsibility on the government to provide free, sufficient and quality sanitary towels to every school going girl and to ensure availability of environmentally sound mechanisms of disposal. Another government effort is scrapping taxes

1 https://www.unicef.org/wash/menstrual-hygiene?
2 World Health Organization (WHO). (2019). *World Health Statistics 2019.*
3 https://www.worldbank.org/en/topic/water/brief/menstrual-health-and-hygiene
4 Ministry of Health, Kenya: *Menstrual Hygiene Management Policy 2019-2030.*

on sanitary towels. The MHM Strategy 2019-2024 and the MHM Teachers' Handbook[5] further support the integration of menstrual health education in schools, promoting open discussion and destigmatizing menstruation. Despite the existing legal and policy frameworks, research indicates that many Kenyan girls, particularly in rural and marginalized areas, continue to face substantial challenges in managing menstruation. The 2022 Kenya Demographic and Health Survey (KDHS)[6] revealed that 65% of girls in rural areas and 52% in urban areas experience difficulty accessing sanitary products. A study in Siaya County found that numerous girls engage in transactional relationships to acquire menstrual products, thereby increasing their vulnerability to sexual exploitation and health risks. Cultural taboos and myths, as evidenced in a study conducted in Migori County, further impede open communication about menstruation, hindering girls' access to appropriate menstrual health management.

Research Overview

The International Centre for Reproductive Health-Kenya (ICRH-K), with support from USAID and UNFPA, conducted a study in 2024 to understand menstrual health and hygiene management (MHHM) practices and challenges in Kenya.

Research Approach

A mixed methods approach was employed in the study, integrating quantitative and qualitative data collection methodologies. Data were gathered from adolescent girls aged 10-19 years, enrolled in and not attending school, across eight counties: **Bungoma, Garissa, Homa Bay, Kitui, Kwale, Marsabit, Nakuru, and West Pokot**.

Key Findings

Data Highlights:

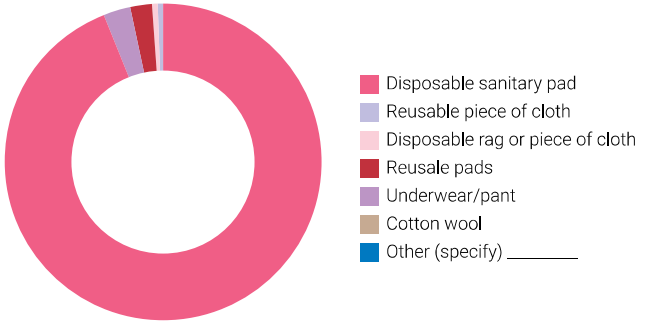
- 45.6% of girls experience difficulties in accessing sanitary products
- 22.5% of girls do not have access to their preferred menstrual hygiene management products.
- 74.4% of girls possess prior knowledge about menstruation before menarche.
- 64.1% of adolescent girls receive menstrual education in schools.
- 85.8% of girls report privacy concerns when changing sanitary products at school.
- Only 45.3% of respondents have access to both water and soap for MHM at school.
- 35.1% reported that menstruating girls are viewed as unclean, reinforcing stigma and myths.

1. Access to Menstrual Hygiene Products

45.6% girls faced difficulties in accessing MHHM products. 12.6% experienced occasional difficulties, while 33.0% encountered perpetual difficulties in accessing the sanitary products. In some counties like West Pokot (43.8%), Homabay (40.8%), and Kwale (38.9%), adolescent girls reported difficulties in accessing disposable sanitary pads, indicating that almost half of the population faces challenges such as affordability or availability of these products.

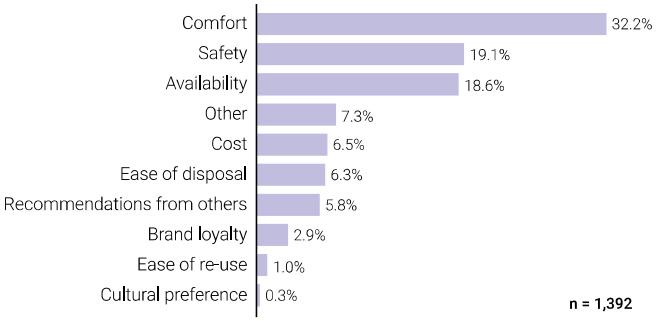
2. Commonly used Menstrual Hygiene Products

From the study findings, **disposable sanitary pads (92.5%) are the most commonly used menstrual hygiene product in Kenya**. Other products used include reusable clothes (2.9%), disposable rags (2.1%), underwear/pants (0.6%), and cotton wool (0.4%). Overall, disposable pads are preferred due to their convenience and hygiene. **77.5% of the girls reportedly have access to their preferred type of menstrual hygiene products.**



3. Considerations in choosing Menstrual Hygiene Products

Comfort (32.2%), safety (19.1%) and availability (18.6%) are the factors most adolescent girls consider while selecting menstrual absorbent products. Comfort and ease of use have been found as key considerations for selecting menstrual hygiene products by other studies.[7] Furthermore, cost (6.5%), ease of disposal (6.3%), and recommendations from others (5.8%) also play a significant role in girls selecting menstrual hygiene products.



5 Ministry of Education, Kenya. *(2022). MHM Teachers' Handbook*. Nairobi: Government of Kenya.

6 Kenya National Bureau of Statistics (KNBS). (2022). *Kenya Demographic and Health Survey 2022*. Nairobi: KNBS.

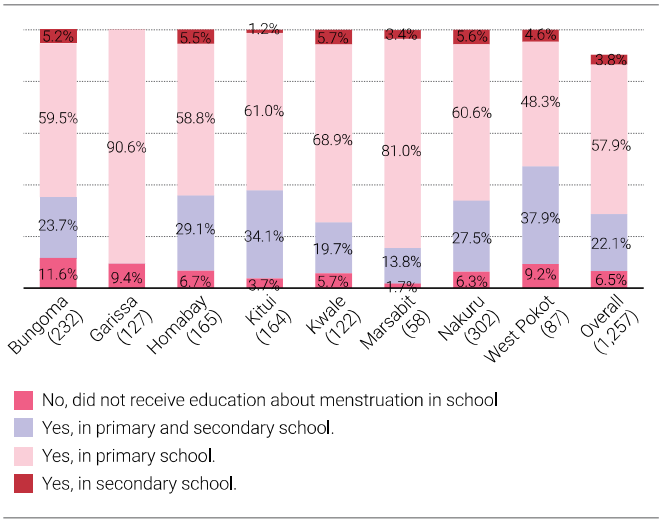
7 Mekonnen, T., Yalew, M., & Asres, Y. (2021). Determinants of menstrual hygiene management among adolescent girls in Ethiopia: A cross-sectional study. Reproductive Health, 18(1), 15.

Prior Knowledge on Menstrual Health.

Although 74.4% of adolescent girls surveyed across eight counties reported prior knowledge of menstruation before menarche, notable regional variations persist. West Pokot (83.5%) and Nakuru (82.2%) counties demonstrated the highest levels of menstrual awareness, potentially indicative of successful early menstrual awareness initiatives or increased cultural openness. Conversely, Bungoma County (54.3%) exhibited the lowest levels, suggesting possible deficiencies in menstrual education or social factors impeding open discourse on menstruation in that region. Furthermore, pre-menarche awareness was particularly low among girls with disabilities, with only 53.1% reporting prior knowledge.

4. Menstrual Education in School

A substantial proportion of adolescents (64.1%) receive menstrual education during primary schooling, with 24.4% receiving such education in both primary and secondary settings. Garissa exhibited the highest percentage (90.6%) of girls receiving education exclusively in primary school, whereas West Pokot presented the highest percentage (37.9%) receiving education in both primary and secondary schools. Conversely, Marsabit demonstrated the lowest percentage (13.8%) of girls receiving menstrual education across both levels. This discrepancy indicates that while certain regions have effectively incorporated menstrual education across various educational stages, others may encounter difficulties in extending menstrual health education beyond the primary level, potentially impeding the efficacy of outreach to adolescents throughout their academic tenure.



5. Safety and privacy of hygienic facilities

The lack of adequate and private Menstrual Health and Hygiene Management (MHHM) facilities in Kenyan schools presents a significant barrier to girls' dignity, well-being, and education. The fact that **85.8% of girls worry about being seen while changing menstrual products** highlights the need to provide safe facilities with guaranteed privacy. Existing school latrines often suffer structural issues and poor sanitation, thus discouraging proper menstrual hygiene practices. **54.7% of adolescent girls do not have access to both clean water and soap** for hand washing. Moreover, the embarrassment girls face when managing their periods in mixed-gender settings highlights a lack of sensitivity and inadequate infrastructure.

6. Menstrual Health Challenges and Sociocultural Influences on Care-Seeking Behavior

Some cultural and religious ideologies significantly hinder adolescent girls' access to menstrual health education and services. Such ideologies frequently stigmatize menstruation, thereby constraining girls' activities and social engagement. In aggregate, 26.9% of respondents indicated that open discourse regarding menstruation is strictly prohibited, with notable regional variations: Garissa exhibiting the highest rate at 48.5% and Homabay County the lowest at 5.6%, as detailed in the table below. The imposition of restrictions on menstruating girls and women's participation in religious activities is particularly pronounced in Garissa and Kwale counties, at 95.5% and 94.2% respectively, and least prevalent in Kitui, at 14.4%.

County	Open Discussion of Menstruation Forbidden	Confinement During Menstruation	Restricted from Performing House Chores	Restricted from Religious Activities	Menstruating Girls Considered Unclean/Impure
Bungoma	36.5%	18.5%	11.9%	25.0%	20.8%
Garissa	48.5%	6.0%	6.7%	95.5%	93.3%
Homabay	5.6%	2.8%	6.1%	30.0%	27.8%
Kitui	21.1%	8.3%	5.0%	14.4%	17.2%
Kwale	29.0%	4.3%	6.5%	94.2%	89.1%
Marsabit	17.6%	0.0%	2.9%	48.5%	26.5%
Nakuru	25.1%	13.4%	12.2%	20.9%	20.6%
West Pokot	32.0%	6.2%	25.8%	24.7%	19.6%
Overall	26.9%	9.6%	9.8%	38.1%	35.1%

While a significant majority of adolescent girls (75.1%) expressed comfort in discussing menstrual health with friends, family, or healthcare professionals, indicating a degree of openness regarding menstruation in certain contexts, notable challenges remain. Specifically, 45.5% of respondents reported discomfort in close proximity to male students during menstruation, and a further 13.7% reported experiencing teasing from male students during menstruation, which illustrates persisting stigma and social difficulties within educational environments.

Policy Recommendations

a. Develop/Improve sanitation facilities to allow for dignified menstrual hygiene management and ensure safe disposal of used sanitary products

The Ministry of Education and the Ministry of Health, in collaboration with relevant national and county authorities including constituency development and affirmative action programmes should prioritize allocation of resources for the establishment and maintenance of adequate sanitation facilities that ensure privacy and dignified menstrual hygiene management in all primary and secondary schools nationwide. These spaces must incude:

- **Private changing areas:** Secure, enclosed spaces where girls can change menstrual products without fear of being seen.
- **Clean water access:** Reliable access to clean water within or near the MHHM space for washing hands and menstrual products (if reusable).
- **Safe disposal mechanisms:** Hygienic and appropriate disposal bins for used menstrual products.
- **Sanitary conditions:** Regular cleaning and maintenance to ensure a clean and safe environment.

Recognizing the varying challenges across counties, the national government should provide a standardized framework with minimum requirements for these MHHM spaces, while allowing for county-level adaptation to address local contexts and needs. Furthermore, budgetary allocations at both national and county levels must prioritize the construction, equipping, and ongoing maintenance of these essential facilities.

Regular monitoring and evaluation mechanisms should be implemented to assess the functionality and accessibility of these MHHM spaces and address any emerging challenges effectively.

b. Prioritize MHHM education in basic education

The Ministry of Education in conjunction with the Ministry of Health should ensure that inclusive Menstrual Health and Hygiene Management (MHHM) education is an integral part of the national curriculum and that it is taught to all learners in basic education spanning from primary to Junior and Senior school. This education must be age-appropriate, culturally sensitive, and accessible to girls with disabilities, incorporating diverse teaching methods to meet the needs of all learners. The government must prioritize continuous capacity building of teachers to ensure they can effectively deliver accurate and sensitive MHHM education. Targeted initiatives should be implemented in regions with low awareness, drawing on successful models from areas with higher awareness levels. Fostering open communication and reducing stigma around menstruation are essential to empowering girls with the knowledge and support they need to manage their menstrual health with dignity.

c. Ensure last-mile Supply of sanitary products to adolescent girls - Efficient distribution of sanitary products to schools

The National and County Governments should adopt a multi-pronged approach to ensure the affordability, and availability of menstrual products for adolescent girls.

- Honour the commitment to provide free sanitary pads to school girls, ensuring a consistent and adequate supply. Considerations should be given to girls in Alternative Provision of Basic Education and Training (APBET) schools.
- Prioritize, expand, and strengthen the provision of sanitary products and establish **community-based distribution mechanisms for out-of-school girls**.
- Promote initiatives that increase access and affordability of alternative products, such as reusable pads and menstrual cups, through social enterprises and local production.
- Strengthen supply chains, alongside regular monitoring of product access and preference across regions, to ensure effective and responsive interventions that meet the needs of all girls.

d. Sustainable Funding for Menstrual health and Hygiene Management including Social Behavior Change for MHHM (Sufficiency of sanitary products)

The government(s) should allocate sustainable funding for Menstrual Health and Hygiene Management (MHHM) initiatives, with a focus on underserved and marginalized communities. These efforts should prioritize the implementation of robust Social Behavior Change Communication (SBCC) programs nationwide to dismantle stigma and promote positive attitudes toward menstruation. Additionally, governments must integrate MHHM needs into emergency preparedness and response plans, ensuring access to essential menstrual products and support during humanitarian crises and recovery phases.