



AUGUST 2023 | ISSUE 16

SLH Learning Paper

The menopause: Hidden WASH needs

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Acknowledgements

Thanks go to all of the participants from Ghana and the UK in this research for their insights. Thank you to Julie Fisher and Brian Reed for their support throughout the research process, and to Harold Esseku, Yvonne Esseku, Gloria Annan, Benjamin Lartey and Kate Simpson for their support in the field. Special thanks to the Sanitation Learning Hub for their support in developing this paper, and to Sue Cavill and Jane Wilbur for their constructive feedback to develop this guidance.

Front cover image:

Caption: The (peri)menopause has a large impact on the amount of laundry that women need to do. Clothes and bedding becomes easily soiled due to heavy menstrual bleeding, urine incontinence and sweating. In 2012, Oxfam built eight laundry slabs across the camp in Rwanda where people can do their washing. These are situated next to tapstands to make it easier to transfer the water needed to do the cleaning. (Credit: Laura Eldon/Oxfam)

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1. Introduction

A significant area of work on sexual and reproductive health issues in the water, sanitation and hygiene (WASH) sector has focused on menstrual health and hygiene (MHH) for adolescent girls (Crofts and Fisher 2012; Jewitt and Ryley 2014; Sommer et al. 2016). To date, this work has informed the provision of MHH in schools and education programmes for schoolgirls. Some WASH programming for women in general has focused on MHH (House et al. 2012), supporting childcare through BabyWASH (MacIntyre and Strachan 2021), WASH to support women through pregnancy and childbirth, and preventing gender-based violence (House et al. 2017). Yet, the needs of women beyond adolescence (age 19 years onwards) to support their reproductive health are still relatively overlooked.¹ Across the world, the perimenopause and menopause are rarely publicly discussed (Bhakta et al. 2021). Women globally seldom know what to expect before they enter this period of their lives and begin to experience symptoms. Multiple taboos can converge to shape women's experiences and may make it more difficult for women to talk about, including erratic menstruation, incontinence, and changing emotions. The local terms may not be widely known, and not all languages have a word for the lifestages (see Annex 1).

The WASH needs of perimenopausal and menopausal women are less known for a range of reasons:

- They have not been widely researched. There is a lack of research and funding on women's reproductive health and health issues more broadly beyond the WASH sector (Smith 2023), including around the causes of miscarriage² and chronic reproductive diseases such as endometriosis, which can start at a woman's first period and last until menopause, and affects an estimated 10 per cent of reproductive age women (WHO 2023). Women are commonly excluded from medical research for a variety of reasons including hormonal changes, pregnancy and are left out of studies because issues such as problems relating to menstrual health are often not reported by women who experience them.
- Ageing in general is a topic which people do not talk about much. The (peri)menopause are phases related to ageing that are particularly unspoken of and taboo.
- Issues of bodily hygiene are not an area of particular focus within a WASH sector influenced

by hand hygiene and the prevention of water-borne diseases (Cairncross and Feachem 2019).

- (Peri)menopausal women meet their hygiene needs in private, behind closed doors, and often do not speak about their symptoms due to the stigma surrounding them.

Compounding this further, there are intersectional aspects of women's identities that leave their WASH needs unknown and unmet. For example, they may be excluded due to their gender and age, and in low- and middle-income countries, issues faced by women are hidden and amplified by poverty and lack of access to WASH services.

Data from Ghana and the UK demonstrates that women have specific requirements for MHH, incontinence, bathing, laundry and drinking to manage their symptoms (Bhakta et al. 2021), yet these needs are rarely addressed. As part of the research to fill this knowledge gap, interviews were held with perimenopausal and menopausal women in the UK to identify their intimate WASH practices which apply to all women irrespective of their level of access to WASH. Data from these interviews were then used to set the research questions for exploration with perimenopausal and menopausal women in low-income communities with limited access to WASH in Accra and Kumasi in Ghana, using feminist oral history interviews, photovoice and participatory mapping. The findings from the data gathered in Accra and Kumasi with perimenopausal and menopausal women were then presented as vignettes, or short case study stories, to local environmental health professionals, who reflected on the vignettes to identify recommendations to meet women's WASH needs during the perimenopause and menopause. This *SLH Learning Paper* opens up this conversation, providing practical suggestions for practitioners and policy makers to meet the additional WASH needs of (peri)menopausal women, aiming to:

- **Raise awareness of the perimenopause in the WASH system and the WASH needs of perimenopausal women.**
- **Provide recommendations on how the needs of perimenopausal women can be integrated into existing programmes and tools and guidance for WASH practitioners.**

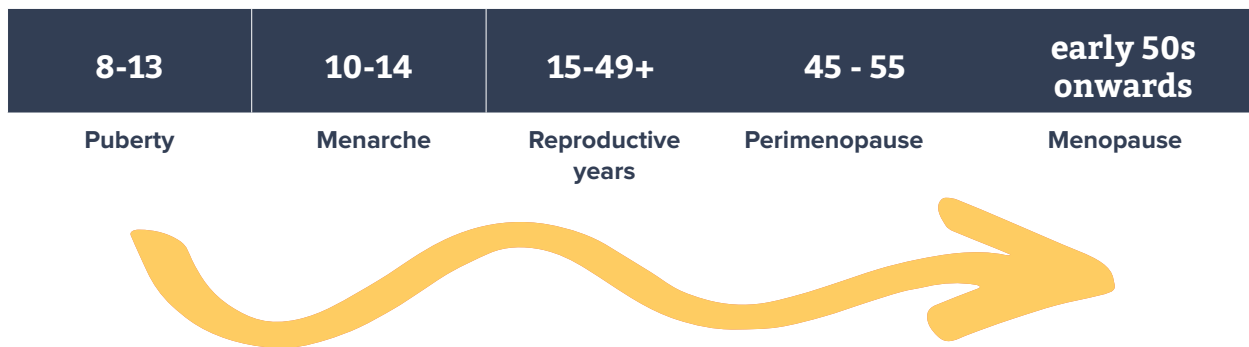
¹ Others have published on the topic, for example Sommer et al. 2017.

² See for example <https://acmedsci.ac.uk/more/news/a-mans-world-how-healthcare-and-research-is-failing-women>

2. What are the perimenopause and menopause?

The perimenopause and menopause are two different reproductive lifestages which mark the end of the reproductive stage of a woman's life. For ease of reading this publication, due to the crossover between the lifestages and symptoms experienced, when referring to both the perimenopause and the menopause, it is referred to as the '(peri)menopause'. The perimenopause, the transition phase to the menopause when menstrual periods permanently stop, usually affects women aged in their 40s, 50s and sometimes beyond. In some rare cases, women and girls can go into early menopause and experience these symptoms at a younger age. The perimenopause is a natural phase of women's lives and marks the time in which women's bodies begin to age, lose their fertility, and their ability to have children. It is commonly referred to as 'The Change' or the 'change of life'. Perimenopausal symptoms are brought on due to a decline in levels of a hormone known as oestrogen. Perimenopausal women can experience a range of symptoms, most notably through changes to menstrual periods which can become very heavy or turn lighter in flow and occur at irregular times. Women can begin to experience hot flushes, night sweats, incontinence and more during the perimenopause. The menopause happens when a woman has not had a period for 12 consecutive months, and she permanently stops menstruating. During the menopause, whilst menstruation has ceased, other symptoms such as night sweats, hot flushes and incontinence can continue for many years after the final period. It can be useful to put these phases into context with other female lifestages (Figure 1). Dates are indicative, and vary from person to person.

Figure 1: Timeline of female life stages³



The perimenopause and menopause are marked by a wide range of different physical symptoms, many of which, but not all, require gender-sensitive and user-friendly WASH interventions to manage them, including⁴:

- **Hot flushes:** A sensation of heat which begins in the chest and spreads up to the neck and face, usually lasting for two to three minutes, but can last up to thirty minutes.
- **Night sweats and difficultly sleeping:** Lots of sweating during sleep.
- **Heavy menstrual periods** (perimenopause only): Loss of up to six tablespoons (80ml) of blood during menstruation.
- **Irregular menstrual periods** (perimenopause only): Monthly periods can be missed and occur when women do not expect them to. The length of the menstrual cycle begins to vary, and changes from the expected 28-day cycle to 14-50 days.
- **Urine incontinence:** Involuntary loss of urine, or the leakage of urine, or when women are not able to hold onto their urine. Recurrent urinary tract infections (UTIs) are also common.
- **Dizziness.**
- **Heart palpitations.**
- **Ageing-related joint-pain.**
- **Emotional impacts** such as mood swings, anxiety, shame and low self-esteem (see Box 1).

³ Sources: Puberty: <https://www.nhs.uk/conditions/early-or-delayed-puberty/>; Menarche: <https://washmatters.wateraid.org/sites/g/files/jkxooof256/files/Menstrual%20hygiene%20matters%20low%20resolution.pdf>; Reproductive years: [https://www.who.int/data/maternal-newborn-child-adolescent-ageing/indicator-explorer-new/mca/women-of-reproductive-age-\(15-49-years\)-population-\(thousands\)](https://www.who.int/data/maternal-newborn-child-adolescent-ageing/indicator-explorer-new/mca/women-of-reproductive-age-(15-49-years)-population-(thousands)); Peri-menopause: <https://www.acog.org/womens-health/faqs/perimenopausal-bleeding-and-bleeding-after-menopause>; Menopause: Menopause <https://www.who.int/news-room/fact-sheets/detail/menopause#:~:text=Most%20women%20experience%20menopause%20between,natural%20part%20of%20biological%20ageing.>

⁴ Symptoms listed are only those which are directly connected to WASH, for a full list of common symptoms see e.g. <https://www.nhs.uk/conditions/menopause/symptoms/>

These symptoms can have a profound impact on women's lives and health, further exacerbated by inadequate access to WASH. Lack of WASH services in the workplace can lead (peri)menopausal women to work for fewer hours, resign from leadership roles and even stop working altogether. Being unable to work can therefore reduce their income, making it a further challenge for perimenopausal women to meet their own WASH needs through buying menstrual products and water for bathing and laundry, and making it difficult to provide for their families. The perimenopause and the menopause both have significant emotional

impacts that converge. Women have to come to terms with the fact that they can no longer have children, which can take time to accept. This can be particularly challenging for women who are going through the perimenopause at a much earlier age than expected, and women who have been unable to conceive. (Peri)menopausal women with disabilities are likely to face additional challenges with isolation and be unable to easily share their experiences with other people because they are often socially excluded more generally, and therefore may not be able to access the support they require.

Box 1: Emotional impacts of the (peri)menopause on women⁵

"...one minute, you're 20 and you're having babies and all of that and the next minute, you're 50 and your babies are having babies. It's a very bizarre thing and it's just gone in a flash." (Jenny, UK)

"I always imagined I would have one more child, but on the other side of that, I have got two already so it's not like I've not got any. I always hoped there would be that option to have one more." (Natalie, experiencing early menopause aged early 30s, UK)

"... because once your period has finished, I'm like that's it, that's it now, I'm done with life. Then everything starts to sag." (Bharti, UK)

3. How to talk about the (peri)menopause

It is important to check whether WASH solutions implemented through programmes are effectively meeting the needs of (peri)menopausal women. (Peri)menopausal women's WASH experiences are very personal. Each individual woman can have a very different experience to other women who are also going through the same stage and therefore their WASH needs can differ. The combination of symptoms and dealing with different taboos simultaneously (e.g. menstruation, incontinence, strong emotions) can increase the challenges for women. Their experiences must be at the centre of adaptive WASH programming to support them during these lifestyles. Engaging with men and boys will also help to challenge and change social

norms and stigma, and increase awareness and understanding (Cavill et al. 2022). Participatory and feminist approaches can be useful for understanding women's issues that are not spoken about and hidden. For example:

Feminist oral history: Oral history interviews involve talking to people to understand and record their memories of the past. Interviews are flexible and allow women to raise and focus on topics that matter to them. Ideas for adaptations and local innovations may emerge during these conversations. WASH programmes can then be adapted according to the issues raised through these discussions. See [Australian Women's History Network, 2017](#).

⁵ Pseudonyms have been used to anonymise quotes throughout this paper.



Figure 2: Laundry of a menopausal woman in Kumasi, Ghana. Source: Photovoice project: Elizabeth

Photovoice: Photovoice is a participatory technique which enables people to share their experiences, by being given a camera to take photographs that reflect the reality of their lives, and to allow other people to understand their issues (Blackman and Fairey, 2014; Wang and Burris, 1997). Photovoice has been used in the WASH sector to explore topics including understanding the needs of perimenopausal women in Ghana (see for example Figure 2), the MHH needs of adolescent girls with disabilities in Nepal, the impact of incontinence on people with disabilities and their caregivers in Pakistan and other topics. See '[Uncovering WASH Realities through PhotoVoice](#)' (Bhakta 2020).

Participatory mapping: Participatory mapping is useful to look at the effectiveness of community-based WASH services being delivered through programmes for meeting the needs of (peri) menopausal women. Maps produced with (peri) menopausal women as part of WASH programme activities can highlight issues that they are facing with WASH services at a community level in trying to meet their MHH, bathing, laundry, drinking, toileting and solid waste management needs. See '[Finding hidden knowledge in WASH](#)' (Bhakta et al, 2016) for practical insights into how this can be used with (peri) menopausal women.

4. The hidden WASH needs of (peri)menopausal women

(Peri)menopausal women have a range of different needs which can be addressed through adaptations to existing WASH solutions. For menopausal women, all of these apply apart from MHH. Many of these symptoms and adaptations are relevant to all menstruating, incontinent or older people, however, it is the convergence of these multiple symptoms and sudden, often unexpected, nature of the onset of many of them that can amplify the challenge for (peri)menopausal women.

4.1 Water needs

Bathing

Bathing is a critical WASH need for (peri)menopausal women that is largely overlooked in general by the sector in infrastructure delivery (Bhakta et al. 2017). (Peri)menopausal women need to bathe regularly and often multiple times in the day and during the night.

Bathing and washing regularly is important for (peri)menopausal women to keep themselves clean when they are experiencing heavy menstrual bleeding, urine incontinence, and night and day sweats, as demonstrated in the following quotes:

Heavy menstrual bleeding

“It comes in big clots and flows down my legs...when I am menstruating, I bath three times a day.” (Martha, Ghana)

“...if it was heavy you would have to wash, because sometimes the gush is so much so you wash yourself...” (Liz, UK)

Urine incontinence

“It feels uncomfortable wearing the same panty and clothes you have drops of urine in [...] I wash down because of the cold feeling between my thighs and in my pants as a result of urine incontinence.” (Oheama, Ghana)

Night and day sweats

“Lots of showering, I’d shower in the middle of the night sometimes. I’d always wear a nightie or a t-shirt or something because that sort of soaked up some of the moisture. Even though I knew I was going to have to get up and shower, it was just less unpleasant to have something that was soaking that up. So that was really extreme and it really surprised me the amount that you actually sweat” (Jenny, UK)

“I sweat at night sometimes and when that happens, I clean myself with a wet towel and at certain time, I enter the bathhouse to pour water on myself.” (Mansa, Ghana)

Bathing challenges include:

- **Lack of seating:** A challenge for women suffering from joint pain, or women with certain disabilities.
- **Hard to carry water from community water points to their homes:** (Peri)menopausal women often have to rely on their daughters to collect and dispose of water.
- **Lack of covered drainage:** Water can become blood stained, if drains are unavailable the wastewater runs into the open street, exposing the community environment to the risk of disease and causing embarrassment for women in communities where menstruation is taboo.
- **Security:** If bathhouses are located outside in spaces such as compounds, (peri)menopausal women do not feel safe when using them at night to manage symptoms such as night sweats: *“I can’t come out at night to take a shower because the town is very quiet around that time and for security reasons, I will prefer to clean with a towel instead.”* (Efua, Ghana).
- **Increased cost:** Buying larger volumes of water to bathe on a more frequent basis is costly for (peri)menopausal women on low incomes.
- **Increased time to collect water:** Many people spend a significant amount of time collecting water for the family, sometimes from a distance. Access to water may be seasonal (e.g. water scarcity in drought periods, and during hot weather the impact of sweating and hot flushes (Bhakta et al, 2017) as well incontinence on personal health and hygiene may be greater) (Rosato-Scott et al, 2020).

Figure 2: Disposing of wastewater after a bath



Source: Photovoice project, Elizabeth, Ghana

Figure 3: Bathhouse in Kumasi, with drainage connection



Source: Photovoice project, Abla, Ghana

Laundry

The (peri)menopause has a large impact on the amount of laundry that women need to do. Clothes and bedding becomes easily soiled due to heavy menstrual bleeding, urine incontinence

and sweating. (Peri)menopausal women therefore change their clothes very often over a 24-hour period and wash more clothes and bedding:

“Sometimes when I go to sleep and wake up in the morning I realise my bedspread is soiled with blood. That makes me wash all the time.” (Abla, Ghana)

“You know we were not using pads in our days so when you are menstruating, you can soil your cloth at any time and that increases my laundry.” (Efua, Ghana)

“I guess with the night sweat thing, that definitely had an impact on the laundry, because I remember going to buy more duvet covers because I needed to change it every night during that time, because I just couldn’t bear the thought of sleeping in a dried sweaty duvet cover, urgh, horrid.” (Jenny, UK)

Laundry challenges include:

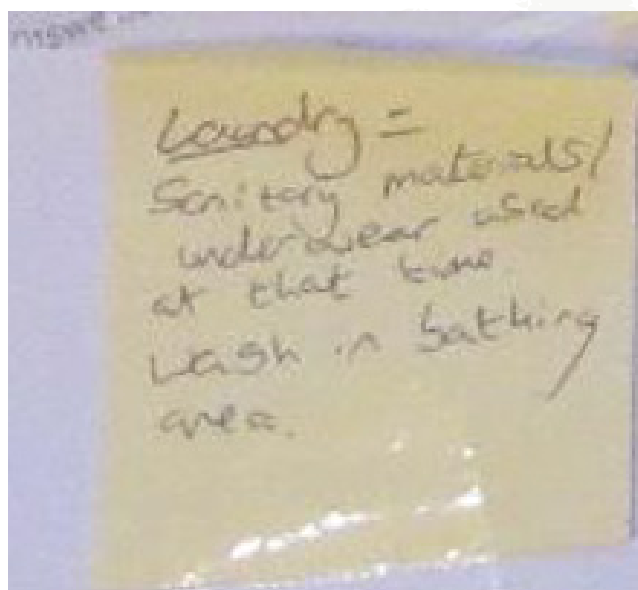
- Lack of infrastructure and cleaning products to wash clothes and bedding.
- In low-income communities in Ghana, clothes are mostly washed by hand in bowls of water. This is challenging for (peri)menopausal women who find it difficult to bend down due to joint pains or wider health issues including sight disorders and dizziness, and for (peri)menopausal women with disabilities.
- Women often use bathhouses as laundry spaces to wash clothes and heavily soiled menstrual materials. Appropriate covered drainage is often not available (see earlier point on bathing).

Figure 4: Doing laundry in a washing bowl



Source: Photovoice study, Elizabeth, Ghana

Figure 5: Mapping comment about separating laundry



Source: Amita Bhakta

Drinking water

Drinking plenty of water is important for the management of different (peri)menopausal symptoms, and for maintaining general good health. Drinking water can help (peri)menopausal women to manage and treat urine infections. Women who experience day and night sweats

can gain better physical comfort through drinking water, which can also help to relieve symptoms including anxiety, heart palpitations, headaches and dizziness. At times, women may prefer to drink warm water to manage their symptoms.

Drinking challenges include:

- Lack of available drinking water at home (Rosato-Scott et al. 2020; White et al. 2016).
- Women also experiencing urine incontinence may reduce and limit the amount of water that they drink when they go out due to anxiety of leaking urine and needing to use pay-per-use toilets regularly, which they cannot afford if they are on low incomes (Rosato-Scott et al. 2020).

4.2 Sanitation and hygiene needs

(Peri)menopausal women need regular access to secure, private latrines with suitable disposal and drainage facilities for managing MHH and incontinence.

Menstrual health and hygiene

MHH needs for perimenopausal women can be very different to girls who are at puberty, and women who are in their reproductive years. As women enter the perimenopause, they can experience very heavy menstrual periods compared to earlier stages of their lives, which can in some cases lead to women requiring

hospital treatment due to the large volumes of blood being lost. Some women can experience lighter flow. Menstrual periods can also start when perimenopausal women least expect them to, with sudden heavy bleeding, because menstrual cycles begin to vary in length and can be shorter or longer.

MHH challenges include:

- **Lack of access to high-absorbency sanitary products or menstrual materials:** products may need to be more absorbent and changed more frequently. Multiple menstrual materials may be needed at the same time, for example Ghanaian perimenopausal women may layer cotton wool pieces on top of cloths, or if they can afford to, use sanitary pads as well as cloths together, as the following quotes demonstrate:

Increased layers of cloths

“...I don’t wait to get soiled because I increase the number of cloths I use to soak up the blood properly.” (Audrey, Ghana)

Menstrual cloths and cotton wool

“I put the cotton on the cloth in order not to soil the cloth and when I’m going to take my bath I dispose of just the cotton while the cloth remains unsoiled.” (Audrey, Ghana)

Menstrual cloths and sanitary pads

“I had to do that to help soak up the blood [...] I use both because of heavy bleeding, else the pad alone would have been okay. [...] I changed three times in a day and that was because I supported the pads with the cloth.” (Abla, Ghana)

Changes in product being used

Cloth to pad

“What I used from the house was so much soiled up, so we threw it away then afterwards I started using the pad.” (Berta, Ghana)

Thicker pad

“Sometimes I had to have the very thick pads, especially at nights... If you had a gush, a heavy flow, it would leak out and get on the bed and so on so you would put heavy pads on. If you’re working, like in my case I was a midwife and I had to use heavy pads, thick pads, so they could really absorb you understand. It wasn’t the little thin fancy pads that you would use when you’re just starting a period, but heavy, thick pads.” (Liz, UK)

Nappies or diapers

“It started flowing very heavily, and that was not how it was when it started, when it gets full; we were using diapers at the time and I change, then it full again until the fifth day when it will reduce.” (Audrey, Ghana)

Using different products at the same time

“I was also finding that on those days, I’d started to use a pad and a tampon because I didn’t trust the fact that I wouldn’t leak. So I was basically doubling the amount of materials that I was using, and I was finding that generally I was leaking before I got to change my tampon... [So] that’s still going on, so for two / three days a month I would wear a pad and tampons now which I never used to do.” (Sally, UK)

- **Increased need to change menstrual materials:** The number of times women change their menstrual materials can increase, because they are bleeding heavily and need to be more aware and cautious of blood leaking through their materials or products and staining their clothes. Perimenopausal women can find it harder to manage their menstruation at work. They may find it hard to discuss with colleagues as it is often viewed as a taboo subject in the workplace. Affordability can be an issue.
- **Uncertainty of access to public or shared facilities:** Women need regular access to toilets away from home to enable them to change materials frequently, as materials and products become soiled very quickly if they are experiencing heavy menstrual flow. Many women do not have HH latrines and rely on shared facilities, which often have issues around access, security, washing and disposal.

“I am not really bothered when I am home, but I get worried whenever I have to travel outside.” (Abla, Ghana)

“Sometimes when I have heavy periods, it does come through my clothes, it’s just so constant, so I want to stay home just in case of any accidents.” (Natalie, UK)

Incontinence

Incontinence is a significant and highly stigmatised global health challenge which can affect people of all ages, and requires urgent attention from the WASH sector (Rosato-Scott et al, 2020). Women can experience the onset of urine incontinence as a symptom of the perimenopause, even if they have not experienced it before at other lifestages such as during pregnancy or after giving birth.

This can at times continue into the menopause and beyond into older age. Evidence from the UK and Ghana demonstrate that women learn to use different techniques to manage urine incontinence, and worry about leaking urine due to being unable to hold onto their urine and reach toilet facilities in time.

Going to the toilet regularly

"What I mean is because I drink a lot of water, that's what I've apportioned it to. When I need to go to the loo, I need to rush and go there. If I don't, it becomes very uncomfortable for my bladder to contain it here. So, in other words, my bladder becomes full more constantly, such that it affects the way I operate in the way menstruation was affecting me but again I'm aware that if I don't drink as much fluid as I need to, it will be a problem for my kidneys. So I need to keep drinking as much as I can." (Felicity, UK)

Use of chamber pots:

- *At night due to lack of access to household toilets.*
- *When they take a bath.*

"I don't urinate at the toilet, I urinate into a chamber pot at the bathhouse and later pour it into the drain." (Abena, Ghana)

"I visit the toilet more often to urinate, if I have not taken my bath I go to the toilet but after taking a bath I just take a chamber to the bathhouse if I want to urinate and after urinating I pour it down the drain." (Oheama, Ghana)

Drinking less water

"The problem I have is that, when going out I don't want to drink water because of the frequent urination. Because should I be in a bus and feel like urinating, this will cause a lot of inconvenience." (Abena, Ghana)

Use of pads

"In case I leak before I get access to a toilet, [...] I haven't thrown away my (incontinence) pad, just for security sake. That's one thing that has changed recently but I wasn't really good with my water before." (Felicity, UK)

Incontinence challenges include:

- Inability to access a toilet at short notice, or access a toilet at all (Hafskjold et al. 2016; Rosato-Scott et al. 2020).
- Inability to access and afford sufficient soap and water to manage the incontinence hygienically and with dignity (ibid).
- The increased costs of regularly using pay-per-use public and community toilet facilities can lead women to urinate later than they need to so that they use toilets less often and therefore pay less, which can have a negative impact on their health.
- Affordability of incontinence pads for women on low incomes. Women in Ghana try to protect themselves from urine leaks by increasing the layers of clothes that they wear, for example by wearing two layers of pants.
- Anxiety over the lingering smell of urine that has leaked into their clothes. Women using shared toilets to manage their incontinence during the (peri)menopause are also concerned about the additional smell of public and community toilets and urine remaining in their clothes.

5. What the WASH sector can do

The solutions to meeting the WASH needs of (peri)menopausal women already exist, many of which can also support people with disabilities, other menstruating people or people suffering from incontinence, but they need to be adapted, combined, and applied in the delivery of programmes.

Programme design and start up activities

- Undertake formative research to for example:
 - Identify (peri)menopausal women's WASH challenges, needs and adaptations they require. This may include using participatory methods (see section 3).
 - Identify potential achievable solutions already used in the context;
 - Understand the local social norms, customs and taboos regarding MHH and the (peri)menopause.
 - Identify potential champions and RBOs who can help improve levels of knowledge, challenge social norms, including men's groups (Cavill et al. 2022).
 - Identify the stakeholders who need to be engaged in this within and beyond the WASH sector, and map roles and responsibilities.
- Consider how to integrate (peri)menopause into existing sanitation demand creation activities such as CLTS and sanitation marketing.
- Include (peri)menopausal women in the design and siting of facilities and products.
- Undertake market and supply chain assessments to assess availability of products in local markets, and identify locally available adaptations.
- Develop training and capacity building programmes for health workers and WASH staff to improve levels of knowledge.⁵
- Develop appropriate MEL processes and indicators to enable evaluation of interventions (Robinson 2021).

Programming activities

Capacity building and cross-sectoral collaboration

Work with health ministries to develop a cross-sectoral awareness raising campaign to integrate the (peri)menopause into existing health and hygiene promotion activities. This could include:

- Providing and sharing information about the (peri)menopause at regional levels. Media such as TV and radio could be used as routes to highlight the (peri)menopause and related needs such as MHH.
- Integrate education sessions for WASH professionals and women in communities who are approaching the perimenopause on what the (peri)menopause is, advocate for good hygiene practices and challenge myths. (Peri)menopausal women can be champions for hygiene promotion if they are involved in the delivery of education programmes at a community level.
- Building girls and young women's awareness of the (peri)menopause at an appropriate age, so they can easily distinguish menarche and menopause as different lifestages, and be aware of the potential symptoms and ways to adapt.

⁵ See <https://www.amita-bhakta-hidden-wash.net/workshops/> for details on a training workshop available for the sector, and this blog on how it has been conducted with Masters students in India <https://www.amita-bhakta-hidden-wash.net/understanding-infrastructure-needs-for-perimenopausal-women/>

Training health workers and medical experts

Facilitating access to health workers, pharmacists and medical experts can help to ensure that (peri)menopausal women's health can be monitored and that they can access any treatment needed. For instance, medical experts can facilitate referral to specialists, and help to change or improve (peri)menopausal women's hygiene practices.

- Provide training to health workers to build their levels of knowledge and awareness of the (peri)menopause.
- Health workers should then provide advice about the (peri)menopause as a normal biological process and what to expect during this life stage to help to raise awareness among women about the WASH issues they may face.
- Traditional birth attendants and midwives at a community level should be trained and supported to support (peri)menopausal women to address their needs. Targeted guidance for traditional birth attendants and midwives should be developed.

Water access adaptations

Engineering and supply: A 24-hour household water supply, or access to water in shared sanitation services would support (peri)menopausal women to bathe and wash their clothes more often, to deal with heavy menstrual periods, incontinence, hot flushes, and day and night sweats. (Peri)menopausal women can also benefit from access to potable (drinking) water when they need it to relieve their symptoms. In many water scarce areas this is unachievable at least in the short term. Immediate adaptations include:

- Locate community water points as near to people's homes as possible, so that (peri)menopausal women can access it easily and safely during the day or night.
- In areas with good access to water, design supply systems with capacity to meet needs for bathing and laundry as well as drinking water, including adaptations such as showers in community facilities.
- Shared sanitation facilities such as community and public toilets require water to be available for (peri)menopausal women to meet their MHH and incontinence needs. 'Availability' in the short term may involve provision of water in a bucket inside the stalls, if piped connections are part of longer-term community planning.
- Drainage:
 - Covered drains connected to bathing and laundry facilities can help to discreetly carry away blood-stained wastewater for perimenopausal women with heavy menstrual periods.
 - Soakaways, or soak pits, may be a useful way to avoid the exposure of blood-stained wastewater in public, and reduce embarrassment for women in communities where menstruation is taboo. Providing soakaways should however be approached with caution and risks to public health in the community need to be carefully considered.

Bathing infrastructure:

- User-friendly design with handrails and seating in the construction of bathing facilities is key to supporting (peri)menopausal women with ageing-related joint pain and/or physical impairments. Bathrooms within homes have been found preferable in terms of access and safety (Bhakta et al. 2017). For more information on design options for accessible and user-friendly bathrooms, please see the *Compendium of Accessible WASH Technologies* by Jones and Wilbur (2014).
- Provision of seating in bathing spaces can help women with ageing-related joint pain to bathe more easily.
- Water heating mechanisms, either through access to charcoal or a boiler if households have access to electricity, can help (peri)menopausal women to bathe with warm water, which can help to soothe their joint pains.

Laundry infrastructure: Designs for laundry facilities exist,⁷ however they could be made more accessible and user friendly. Suggestions include:

- User-friendly laundry facilities could include: raised platforms upon which bowls of water can be placed, access to soap, a drying area for clothes and menstrual cloths, handrails and ramps, and access to water close by.
- Encourage use of cold water and laundry detergent to remove blood stains.
- Community-based facilities could be set up as a business and provide a source of income generation for perimenopausal women and other people who find it challenging to do their laundry, such as people with disabilities and older people. Communal facilities can also provide a route for women who have difficulties washing clothes and bedding to access support from other women to do their laundry.
- Undertake market research to identify the availability of manually operated washing machines such as the Divya 1.5 machine, an innovation from [The Washing Machine Project](#), that has a hand propelled drum, and saves water and time needed to wash clothes. Locally available adaptations may be identified.

Sanitation adaptations

Individual household toilets and shared community and public toilets need to be gender-sensitive and user-friendly.

Basic facilities at home:

- **Accessibility:** 24 hr access required for menstruation and incontinence needs. On-site household toilets can ensure that (peri)menopausal women have access to a toilet with ease on a 24-hour basis, and can manage their symptoms with dignity.
- **Provision of stool or simple seating and handrails.**
- **Safety:** door with a lock on the inside, covered roof.
- **Disposal:** provision of discrete covered bin adjacent to or in latrine for safe disposal for menstruation products. Consideration of emptying processes. Provision of household waste collection services where possible, that ensures safety of the sanitation worker. Where this is not possible, alternative on-site disposal options may be needed such as composting or incineration. See for example the Red Dot campaign in India, which seeks to enable discrete disposal of sanitary waste at the household level in Pune: <https://pushingforpeacepune.weebly.com/red-dot-campaign.html>
- **Drainage:** connected to facilities, covered.
- **Washing:** Provision of bucket for personal cleaning, bathing, laundry. Where space allows, erect a simple bathing shelter by the home with sufficient space and a seat.

Adaptations for communal toilets:

- Involve women and girls in the design and siting of latrines.
- Promote universal design of toilets.
- Ensure privacy, safety and dignity, solid doors and locks on the inside, secure covered roofing, appropriate lighting in and around the facility. Screening could be provided for privacy in front of the doors.
- Ensure communal latrines are evenly distributed across the area so women do not need to travel far.
- Provide sanitary disposal facilities in all cubicles with a waste management process set up for regular, safe emptying that also considers the safety of the worker.
- Sell a range of menstrual products including those with high-absorbency.
- Regular cleaning.
- Ensure availability of changing areas.
- 24hr opening and sufficient number of cubicles.
- Provide showers where water is available.

⁷ See for example <https://wiserschisto.com/blog/2017/7/7/water-sanitation-and-hygiene-for-the-control-of-schistosomiasis>

6. Recommendations

This *SLH Learning Paper* is intended to provide practical guidance for WASH practitioners on how the sector can integrate the needs of (peri)menopausal women into programmes. New WASH solutions are not needed to support women during these life stages, but existing measures to support women and girls require adaptation, and different infrastructural water and sanitation components need to be put together correctly and more effectively. Experts working on inclusive WASH need to collaborate with experts in water engineering, sanitation engineering, faecal sludge management, solid waste management, and health and social care to meet the needs of women from the onset of the perimenopause and beyond. To support this process, the WASH sector needs to:

- **Talk about the perimenopause and menopause!** Engage with women going through these lifestages about their experiences. Make the conversation around the menopause as normal as conversations around menstrual hygiene management among colleagues.
- **Engage in capacity building** about the perimenopause and menopause and why it is important to consider these life stages in WASH programmes. Training is not only needed among gender and social inclusion experts and health professionals working in WASH, but also among professionals such as water and sanitation engineers and urban planners. See [here](#) for a training workshop on the needs of perimenopausal women which is currently available for the WASH sector, and this [blog](#) about a session in India on the WASH needs of perimenopausal women.
- **Engage in formative research** at a national and regional level to understand the state of knowledge around the perimenopause and menopause. This can help practitioners to understand social norms around the (peri)menopause and how they differ from menstrual hygiene, identify appropriate terms in the local language to describe these life stages and associated symptoms, and adapt techniques to engage with (peri)menopausal women accordingly.
- **Create accessible information to raise awareness of the perimenopause and menopause.** Simple informational guides about what these life stages are and what to expect with visual images can help women who are approaching this phase of their lives but are unaware of what happens to feel better prepared for them. Basic guides about the perimenopause and menopause can also raise awareness about these life stages among WASH programmers, and encourage them to think more proactively about how (peri)menopausal women can be supported.
- **Collaborate with colleagues to adopt an intersectoral approach to support perimenopausal and menopausal women.** WASH experts from a range of backgrounds, from gender and social inclusion to faecal sludge management need to collaborate to support women going through the perimenopause and menopause. WASH professionals involved in programming should collaborate with civil society organisations, communities and community leaders, the health sector, the education sector, women's rights and sexual and reproductive health organisations, organisations of people with disabilities and trade and workers' unions to ensure that hardware and software measures to support (peri)menopausal women are fully implemented. WASH measures are needed for (peri)menopausal women in communities where programmes are based, and to support women working within the sector such as sanitation workers who are going through the (peri)menopause.
- **Adapt existing sexual and reproductive health guidance for WASH professionals to include the perimenopause and menopause.** Existing guidance for practitioners relating to reproductive WASH and MHH should incorporate the perimenopause and menopause as key stages in which women require WASH interventions. The perimenopause should be mentioned as part of MHH and disability-inclusive WASH guidance for practitioners.
- **Develop official standards for body washing facilities.** The JMP could monitor access to facilities for body washing (as for handwashing), and define a ladder⁸ for private and public facilities to enable global benchmarking and comparison of service levels. Criteria for public facilities could include the incorporation of shower facilities.

⁸ See <https://washdata.org/monitoring/sanitation>

7. References

- Australian Women's History Network (2017) 'Oral history and liberating women's voices' <http://www.auswhn.org.au/blog/oral-history/>, accessed 18 July 2023
- Bhakta, A. (2020) 'Uncovering WASH Realities Through PhotoVoice, *SLH Learning Paper 9*, The Sanitation Learning Hub, Brighton: IDS, <https://sanitationlearninghub.org/resource/uncovering-wash-realities-through-photovoice/>, accessed 31 July 2023
- Bhakta, A., Esseku, H., Esseku, Y., Fisher, J., and Reed, B. (2021) 'The hidden WASH needs of perimenopausal women' *Journal of Water, Sanitation and Hygiene for Development* 11.6: 1016-1025 doi: <https://doi.org/10.2166/washdev.2021.101>, accessed 31 July 2023
- Bhakta A., Reed, B., and Fisher, J. (2017) 'Cleansing in hidden spaces: the bathing needs of perimenopausal women' Paper 2827 in *Proceedings of the 40th WEDC Conference, 24th-28th July 2017*, Loughborough University, UK. Loughborough: WEDC, Loughborough University, https://repository.lboro.ac.uk/articles/conference_contribution/Cleansing_in_hidden_spaces_the_bathing_needs_of_perimenopausal_women/9436346, accessed 18 July 2023
- Bhakta A., Annan, G., Esseku, Y., Esseku, H., Fisher, J., Lartey, B. and Reed, B.J. (2016) 'Finding hidden knowledge in WASH: effective methods for exploring the needs of perimenopausal women in Ghana' Briefing paper 2568 in *Proceedings of the 39th WEDC International Conference, 11th-15th July 2016*, KNUST, Kumasi, Ghana Loughborough: WEDC, Loughborough University https://repository.lboro.ac.uk/articles/conference_contribution/Finding_hidden_knowledge_in_WASH_effective_methods_for_exploring_the_needs_of_perimenopausal_women_in_Ghana/9594296, accessed 18 July 2023
- Blackman, A. and Fairey, T. (2014) *The PhotoVoice Manual: A guide to designing and running participatory photography projects*, https://eclass.hmu.gr/modules/document/file.php/YK128/PV_Manual.pdf, accessed 31 July 2023
- Cairncross, S., and Feachem, R. (2019) *Environmental Health Engineering in the Tropics: Water, Sanitation and Disease Control*, Abingdon: Routledge
- Cavill, S.; Huggett, C. and Mott, J. (2022) 'Engaging Men and Boys for Gender-Transformative WASH: Part 2', *Frontiers of Sanitation: Innovations and Insights*, The Sanitation Learning Hub, Brighton: Institute of Development Studies, DOI: 10.19088/SLH.2022.004, <https://sanitationlearninghub.org/resource/engaging-men-and-boys-for-gender-transformative-wash/>, accessed 31 July 2023
- Crofts, T., and Fisher, J., (2012) 'Menstrual hygiene in Ugandan schools: an investigation of low-cost sanitary pads' *Journal of Water, Sanitation and Hygiene for Development* 2.1: 50-58
- Hafskjold, B., Pop-Stefanija, B., Giles-Hansen, C., Weerts, E., Flynn, E., Wilbur, J., Brogan, K., Ackom, K., Farrington, M., Peuschel, M., Klaesener-Metzner, N., Cordero, R., Cavill, S. and House, S. (2016) 'Taking Stock: Incompetent at incontinence – why are we ignoring the needs of incontinence sufferers?', *Waterlines*, 35.3, DOI: 10.3362/1756-3488.2016.018
- House, S., Ferron, S., Sommer, M. and Cavill, S. (2017) *Violence, Gender and WASH: A Practitioner's Toolkit*, <https://violence-wash.lboro.ac.uk/>, accessed 25 April 2023
- House, S., Mahon, T. and Cavill, S. (2012) *Menstrual Hygiene Matters: A Resource for Improving Menstrual Health around the World* London: WaterAid, <https://washmatters.wateraid.org/sites/g/files/jkxoof256/files/Menstrual%20hygiene%20matters%20low%20resolution.pdf>, accessed 25 April 2023
- Jewitt, S. and Ryley, H., (2014) 'It's a girl thing: Menstruation, school attendance, spatial mobility and wider gender inequalities in Kenya' *Geoforum* 56.1: 137-147, DOI: 10.1016/j.geoforum.2014.07.006
- Jones, H. and Wilbur, J. (2014) *Compendium of Accessible WASH Technologies* Loughborough: WEDC, WaterAid and SHARE, https://wedc-knowledge.lboro.ac.uk/resources/learning/EI_Compendium_of_accessible_WASH_Technologies.pdf, accessed 18 July 2023
- MacIntyre A., and Strachan, C. (2021) 'Sanitation, Hygiene and Environmental Cleanliness for Child Development', *Frontiers in Sanitation: Innovations and Insights*, Brighton: IDS, <https://sanitationlearninghub.org/resource/>

[sanitation-hygiene-and-environmental-cleanliness-for-child-development/](#), accessed 18 July 2023

Pushing for Peace (nd) 'Red Dot Campaign', <https://pushingforpeacepune.weebly.com/red-dot-campaign.html>, accessed 18 July 2023

Robinson, A. (2021) *Monitoring and Evaluation for Rural Sanitation and Hygiene: Framework*, The Sanitation Learning Hub, Brighton: Institute of Development Studies, DOI: 10.19088/SLH.2021.027, <https://sanitationlearninghub.org/resource/monitoring-and-evaluation-for-rural-sanitation-and-hygiene-framework/>, accessed 31 July 2023

Rosato-Scott, C., Barrington, D. J., Bhakta, A., House, S. J., Mactaggart, I. and Wilbur, J. (2020) 'Incontinence: We Need to Talk About Leaks', *Frontiers of Sanitation: Innovations and Insights* 16, Brighton: Sanitation Learning Hub, Institute of Development Studies, <https://sanitationlearninghub.org/resource/incontinence-we-need-to-talk-about-leaks>, accessed 25 April 2023

Smith, K. (2023) 'The Funding Gender Gap', *Nature*, 617, <https://www.nature.com/immersive/d41586-023-01475-2/index.html>, accessed 18 July 2023

Sommer, M., Caruso, B., Sahin, M., Calderon, T., Cavill, S., Mahon, T. and Phillips-Howard, P. (2016). 'A Time for Global Action: Addressing Girls' Menstrual Hygiene Management Needs in Schools' *PLOS Medicine*, 13.2: 1001962 DOI: <https://doi.org/10.1371/journal.pmed.1001962>

Sommer M., Phillips-Howard P.A., Mahon, T. et al. (2017) 'Beyond menstrual hygiene: addressing vaginal bleeding throughout the life course in low and middle-income countries', *BMJ Global Health*, 2:e000405, <https://gh.bmj.com/content/2/2/e000405>, accessed 31 July 2023

Wang, C. and Burris M.A. (1997) 'PhotoVoice: Concept, methodology and use for Participatory Needs Assessment', *Health Education and Behaviour* 24.3: 369-387

White, S., Kuper, H., Itimu-Phiri, A., Holm, R. and Biran, A. (2016) 'A qualitative study of barriers to accessing water, sanitation and hygiene for disabled people in Malawi', *PLoS ONE*, 11(e0155043)

World Health Organization (2023) 'Endometriosis: Key Facts' <https://www.who.int/news-room/fact-sheets/detail/endometriosis#:~:text=Endometriosis%20is%20a%20disease%20in,period%20and%20last%20until%20menopause>, accessed 18 July 2023

Annex 1: Terms for the perimenopause and menopause in different languages

The perimenopause and menopause are taboo issues in many countries and are rarely spoken about. The local terms may not be widely known, because many people may be unaware of these stages in a woman's life in general. In many cases, women may only come across the term 'perimenopause' after they enter it and start to experience symptoms, others may consider it the onset of the menopause. In some languages, there is only one word known to describe the broader phase of women's lives which includes both the perimenopause and menopause, and there are no specific words for each of the two phases. This Annex 1 shows some examples of words from a few languages around the world to describe the perimenopause, menopause, and the broader time during which women go through both stages⁹:

REGION	LANGUAGE	TRANSLATION
Asia	Hindi and Marathi (India)	रजोनिवृत्ती (Pronounced Rajonivrutti) (perimenopause/menopause)
	Gujarati (India)	રજોનિવૃત્તિ (Pronounced Rajonivrutti) (perimenopause/menopause) or રિતુનિવૃત્તિ (Pronounced Ritunivrutti) (perimenopause/menopause)
	Kannada (Karnataka, India)	ಋತುಬಂಧದ (Pronounced R-tu-bandha) (perimenopause/menopause)
	Tamil (India)	Maadhavidaai niruththam Or Eruthi maadhavidaai. (menopause)
	Malayalam	Aarthavaviraamam (menopause)
	Cambodian	វស្សា ឬ អស្សា (perimenopause/menopause)
Asia Pacific	Maori (Aotearoa/New Zealand)	Ruahinetanga (menopause or old age of a woman)
Africa	Pokot (Western Kenya and Eastern Uganda)	Ng'atat (menopause)
	Ewe (Ghana)	gbɔtsitsi ɔ (menopause)
	Amaharic (Ethiopia)	ማረጎ (Pronounced 'Mareth' menopause)
	Kirundi (Burundi)	Guca imvyaro (menopause)
Middle East	Arabic	سن اليأس 'âge du désespoir' or 'age of despair' (menopause)
European	Swedish	Klimaktieriet (perimenopause) Menopaus (menopause)
	Norwegian	Overgangsalder (menopause) Forstadium til overgangsalder (perimenopause)
	Spanish	Menopausia (menopause)




⁹ Words known in certain languages for the separate stages of perimenopause and menopause have been specified. These words were collected through emails sent to the RWSN Leave No One Behind and Incontinence in low- and middle income countries mailing lists, via Twitter, and by word of mouth.

German	die Wechseljahre, meaning 'the change years' (perimenopause)
Finnish	Esivaihdevuodet (perimenopause) Vaihdevuodet- literally meaning 'change years' (menopause) Slang: menopausi.
Macedonian / Serbian / Croatian / Bosnian / Russian	'klimakterijum' or <small>менопауза</small> (peri-menopause)
French	La préménopause (perimenopause) La ménopause (menopause)
Italian	(perimenopause) Menopausa (menopause)

The menopause: Hidden WASH needs

This *SLH Learning Paper* provides practical guidance for the WASH sector on meeting the additional needs of women going through the (peri)menopause, a phase of life rarely spoken about. The paper outlines what the perimenopause and menopause are, and how the WASH sector can use feminist and participatory methods to engage with this taboo topic. It draws on data from Ghana and the UK to illustrate (peri)menopausal women's hidden water needs for bathing, laundry and drinking, and sanitation and hygiene needs to support menstrual health and hygiene, and incontinence management. The paper provides practical tips for WASH practitioners to adapt existing programmes to integrate the (peri)menopause, outlining actions for programme start up and design, and programming activities which need to be undertaken.



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Correct citation: Bhakta, A. with Vernon, N. (2023) 'The menopause: Hidden WASH needs', *SLH Learning Paper 16*, The Sanitation Learning Hub, Brighton: IDS, DOI: 10.19088/SLH.2023.014

First published in 2023
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ISBN 978-1-80470-137-9

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This document has been financed by the Swedish International Development Cooperation Agency, Sida. Sida does not necessarily share the views expressed in this material. Responsibility for its contents rests entirely with the authors.

