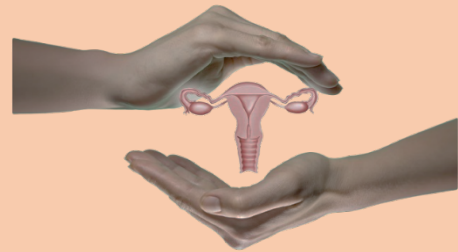


Improving Menstrual Hygiene Management in Asia and Africa

Co-creation of Women's Health



Overview

Menstrual Health and Hygiene (MHH) remains a critical yet often overlooked aspect of women's health in the Global South. Specifically, limited access to Water, Sanitation and Hygiene (WASH) facilities, information, affordable products, and sociocultural factors (e.g., stigma) contribute to suboptimal Menstrual Hygiene Management (MHM) practices, negatively impacting women's health and well-being. However, it is critically important to realize and understand that these MHH issues are equally affecting girls and women living in the Global North, which are relatively not spotlighted and hence neglected.

For example, in High-income Countries (HICs) such as Japan, “period poverty” has recently been recognized as a serious issue among young females, which can be described as inadequate access to menstrual products, lack of consideration of menstruation in society, and cultural factors (e.g., stigma). It goes without saying that these issues are commonly and strikingly seen in the Low- and Middle-Income Countries (LMICs), particularly in densely populated areas like slums. Regional and ethnic differences should also be considered between Asia and Africa (e.g., emerging countries and least developed countries).

In terms of cultural contexts of MHH, it is important to carefully consider and map indigenous knowledge and behaviors that are rooted in each community. Exploring similarities and differences among cultures may be a significant key to solving the existing issues in other living contexts.

The objectives of this proposal are (1) to investigate country and regional specific MHH issues in both HICs and LMICs, namely, Japan, Bangladesh, Indonesia, Cameroon and Zambia, particularly in three different living contexts: urban (Japan) and peri-urban (Indonesia, Zambia) communities, rural (Bangladesh) and indigenous (Cameroon) communities and (2) to explore local ways of knowing and dealing with MHH. The overall goal is to co-create bottom-up approaches with local communities (women and girls, men and boys, and

community members) that are tailored to each study site but are applicable to other countries and areas to improve and enhance girls and women's health and well-being.

Essence

We propose a comprehensive, transdisciplinary approach to revolutionize MHH by integrating data, innovative research methodologies (e.g., participatory action research, PAR), and market-driven solutions, empowering women and girls, and advancing female health and wellbeing.

Study sites and specific research topics

The following research is based on existing research networks that have been built during our previous studies.

Gender and MHH: Sapporo, Japan



The data shows that Japan has the low score (118th out of 146 countries) of gender equality in the world and our ongoing study has revealed that not only Japanese men, but women also have stigma towards MHH (e.g., hiding,

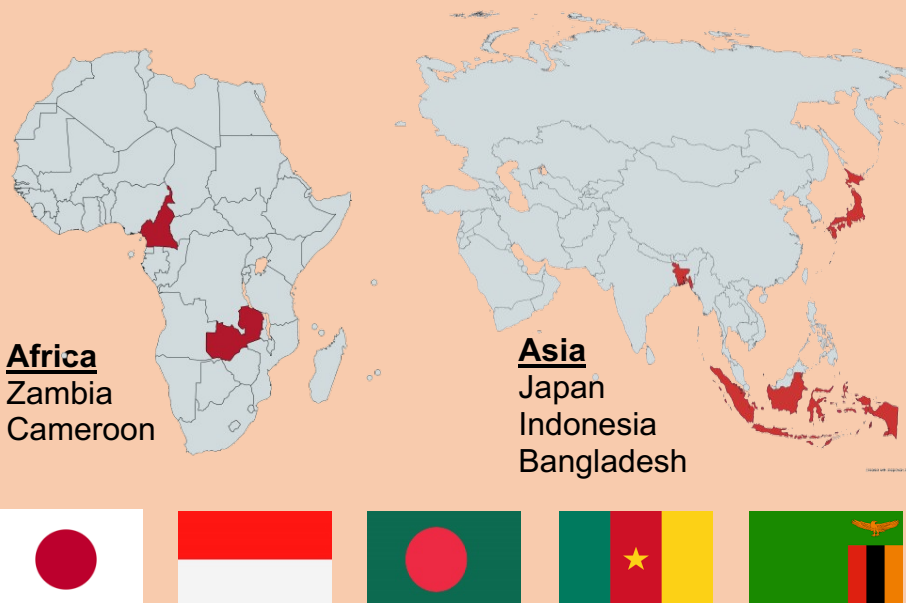
trying not to speak about it in public). We will investigate the everyday lived experiences of both Japanese and non-Japanese women living in Japan as a comparative study to examine gender gap. Besides, we will interview men's (spouses, friends, siblings) knowledge and attitude that may help us understand the factors that shape women's menstrual values.

Religious and cultural values and MHH: Surabaya, Indonesia



Our previous studies have revealed the health impact of access to WASH facilities among children in an urban slum. In this study, we will focus on sociocultural factors (e.g.,

cultural values) that may hinder and/or improve MHH practices through interview surveys with local women and men, girls, and schoolteachers. Besides, we will conduct a



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questionnaire-based survey to investigate girls' MHH knowledge, attitude and practices and their relationship with a range of factors.

Healthcare providers and MHH: Rajshahi, Bangladesh



We will target Nursing and Midwifery school students including males to examine their MHH knowledge and practices. As students will be in an important position to disseminate health information to the public, particularly in the rural area

that is often characterized with a lack of healthcare providers, it is critical to have a better understanding of this aspect. We will conduct an intervention focusing on knowledge, attitude and practices and examining before-and-after changes

Participatory Action Research (PAR) and MHH: Lusaka, Zambia



During our previous global project, we have built a community-based child-youth club in Lusaka, Zambia. In this study, children and youth will investigate MHM-related experiences using the PAR

methods (e.g., photovoice, art, digital storytelling). Research findings will be used to co-create healthy and culturally acceptable practices and solutions. An example could be co-creation of menstrual products that are made of locally accessible and affordable ingredients with the broader community.

Indigenous MHH: Lomie, East Region, Cameroon



We have been conducting research on the lifestyle and health of Baka hunter-gatherers living in the forest in Cameroon for over 30 years. Based on the rapport built between researchers, local NGOs and residents,

we will explore indigenous (boys and girls) MHH (knowledge, attitude and behaviors) through intensive fieldwork (observation and interviews) to explore similarities and differences with other living contexts.

Expected Essential Data

Demographic information, menstrual knowledge, hygiene practices (pre/post-intervention), health/nutrition status, barriers to MHH, and community behaviors.

Path to Impact

If successful, our steps include translating research outcomes into policies, collaborating with local communities for implementation, advocating for gender-intentional policies globally, and facilitating educational programs for capacity building and market access.

Implementation of Findings

Publication of the findings and translating research outcomes into actionable policies, novel research methodologies and product innovations.

Community Engagement

Collaborate with residents, organizations and governments for effective implementation, ensuring cultural relevance and community acceptance.

Advocacy

Promote gender-intentional policies globally, fostering collaboration and knowledge-sharing among stakeholders.

Capacity Building

Facilitate educational programs for the research and healthcare workforce, empowering local staff and graduate school students and early career researchers in MHH research and leadership roles.

Expected Outcomes

- Increased awareness and understanding of MHH in each study site.
- Improved accessibility and affordability of menstrual products.
- Enhanced research capacity and collaboration in MHH in HICs and LMICs.
- Policy recommendations and regulatory frameworks addressing MHH.
- Empowerment of women through education and career opportunities in MHH.

Time Frame

01 September 2024 to 30 September 2025

Principal Investigator



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Advisor to the President, Professor at the Faculty of Health Sciences and Director of the Center for Environmental and Health Sciences at Hokkaido University. His research spans Human Ecology, Global Health, WASH, and Nutritional Anthropology, with fieldwork in regions including Southeast Asia, Sub-Saharan Africa, and the South Pacific.

Team Members



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Md Nahid Uz Zaman, RN

Ph.D. candidate researching MHH among female nursing students in Bangladesh. His work addresses coping strategies in MHH within this population.



Joy Sambo

Ph.D. candidate focused on MHH among schoolgirls and Solid Waste Management in Lusaka, Zambia.



Jessy Zgambo

Ph.D. candidate engaged in epidemiological research on WASH in urban slums in Zambia, with a focus on GIS mapping.



Yurina Kameya, RN

Master’s student investigating MHH among schoolgirls in Yaounde, Cameroon.

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