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**Hygiene Matters** Report 2016/17

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Essity Foreword

Moving Forward
Hygiene Matters

There is an undeniable connection between hygiene and better health and well-being. As one of the world’s largest companies offering hygiene solutions, Essity* has the knowledge, experience and dedication to help raise hygiene standards in the world, and we are fully committed to making it happen. Through our training programs, reaching 2,000,000 people annually, we raise knowledge, improve care, and break the silence and taboos that surround hygiene-related areas, such as menstruation and incontinence. These taboos affect the dignity and quality of life of millions of people by preventing girls from going to school during their period or isolating incontinence sufferers in their homes over the fear of not finding a toilet.

In 2015, the world’s leaders adopted a common set of goals to end poverty, protect the planet, and ensure prosperity for all. Universal access to clean water and sanitation is goal 6 of the United Nations’ 17 Sustainable Development Goals to be reached by 2030, including a specific target to secure access to adequate and equitable sanitation and hygiene for all. This confirms what we have known for a long time: That good hygiene helps save lives and sustain prosperity.

Our company has gathered insights and ignited the conversation around the role and importance of hygiene in a global perspective through our Hygiene Matters initiative since 2008. To really make a difference, we need to constantly push forward and ask: How can we make progress in hygiene matters? In this year’s Hygiene Matters report, we aim to raise awareness for action by key stakeholders by highlighting the value of investing in hygiene and showcasing innovations and transformative solutions. Partnership is another one of the UN Sustainable Development Goals, and we are proud to have produced this report with the Water Supply and Sanitation Collaborative Council (WSSCC). WSSCC is the only part of the United Nations devoted solely to the sanitation and hygiene needs of marginalized individuals and groups and is at the heart of the global movement to improve sanitation and hygiene.

Since 2014, we have partnered with WSSCC to create a common platform for raising awareness about the importance of hygiene and sanitation and challenging taboos surrounding personal hygiene. Through common advocacy and education initiatives, we can be a stronger voice for the connection between hygiene, health and well-being.

As you will discover in this report, hygiene plays a crucial role within social and economic development the world over. I am convinced that to unlock the value of hygiene, and to break down the barriers standing in the way of progress, partnership is essential. By sharing knowledge and expertise and playing to our respective strengths, we tackle obstacles in the form of taboos and stereotypes, and develop innovative solutions that accelerate hygiene matters and bring health and well-being to people’s lives.

Magnus Groth
President and CEO, Essity

*In June 2017 Essity was listed at Nasdaq Stockholm as a leading hygiene and health company in Personal Care, Consumer Tissue and Professional Hygiene. Essity used to be part of the SCA group on behalf of which this report was originally issued.
Our aim, when joining forces with WSSCC and having an all-female team participate in the Volvo Ocean Race 2014-15, was to break the silence on menstrual hygiene management. The combination brought together WSSCC's technical expertise on sanitation and hygiene issues in developing countries, with our knowledge-based hygiene solutions, global brands and commitment to sustainability, education and innovation. The first phase of the project included informational seminars, menstrual hygiene trainings with local girls and women, and advocacy via the media and local advocates.

**WSSCC and Essity are now working together to:**

- Develop and share joint research on hygiene practices worldwide.
- Provide recommendations for policymakers to ensure hygiene is addressed systematically.
- Inspire action and collaboration.
- Improve hygiene knowledge and education.
In May 2015, we held a joint hygiene seminar with WSSCC in the United Nations headquarters in New York.
Clean Water and Sanitation, SDG Goal 6, is one of the few cross-cutting SDGs without whose achievement the SDGs on Nutrition, Health, Education, Gender Equality, Environment, Good Jobs and Sustainable Cities cannot be achieved. Poverty elimination is also impossible without access to and use of safe water and sanitation. For too long, sanitation and hygiene have been taboo topics, often forgotten in development work, despite the 2.4 billion people on the planet who still lack access to them. In international fora and elsewhere, these issues are now front and center, an acknowledgement that the essential links between water, sanitation and hygiene (WASH) and health, education, nutrition, the workplace, human rights, gender and the environment cannot be ignored.

In this report, we see that hygiene indisputably plays an important role in everyone’s life, whether you’re from Sweden or Nigeria, Sri Lanka or the Netherlands, the US or China. Hygiene affects how you perform at work, how others perceive you and most importantly, how you feel about yourself. Those who suffer most from a lack of safe sanitation and hygiene are the most vulnerable: women and girls, the elderly, the disabled, sanitation workers, migrants, and those living in rural areas, especially in Sub-Saharan Africa and South and Southeast Asia. The need for information, community involvement and people-centered policies and facilities is essential. Despite the great work being done to address the hygiene crisis, the challenges remain enormous and there is so much more work to be done.

Since 2014, WSSCC has partnered with Essity (formerly SCA) to break the silence on sanitation and hygiene issues worldwide, to fill evidence gaps on hygiene habits and perspectives, and to share potential solutions to these taboo-ridden issues. In 2015, WSSCC and our company ran several seminars and training sessions in Africa, Asia, Europe and North America to discuss Menstrual Hygiene Management and the silent stigma that surrounds menstruation in many parts of the world.

In 2017, the partnership has moved into a new phase and is now focused on research, education and advocacy. This report marks the beginning of a partnership not only focused on the impact on Goal 6, but on working together collaboratively and substantially - a key element of SDG Goal 17: Partnerships. Without building the foundation together, without responding to basic human needs like safe sanitation and hygiene, it is clear that we cannot attempt to reach our other goals.

As we look to the future, we imagine a world where social justice and dignity prevail for everyone, everywhere. We imagine a world where the most disadvantaged and marginalized have a voice and agency over their own lives, where there are no barriers to the fulfillment of human rights. How do we get there? We have the SDGs. We have a global commitment. We have the expertise. Now is the time for taking action.

Amina J. Mohammed
WSSCC Chair, Minister of Environment, Federal Republic of Nigeria
Hygiene Matters

No one, no matter who they are or where they live, should have to suffer physically or mentally due to insufficient hygiene. This is a basic human right.

Through its Hygiene Matters initiative, Essity aims to raise awareness of the connection between hygiene, health and well-being among decision makers, experts and the general public around the world. Through regular surveys, reports and events, the initiative contributes to a more knowledge-based public dialog that drives change and contributes to improved hygiene for people everywhere. “We can all contribute to the dialog, to raise awareness and to break taboos; we all have a voice,” says Joséphine Edwall Björklund, SVP Group Communications at Essity.

12 countries surveyed

- China
- France
- Germany
- India
- Italy
- Mexico
- Russia
- Spain
- Sweden
- The Netherlands
- United Kingdom
- United States
The 2016 survey was conducted between May 31 and June 13, 2016 through web panels in 12 different countries, collecting answers from a total of 12,000 respondents. National quotas have been used to obtain accurate representation of age and gender. Questions in the 2016 survey centered on hygiene taboos and stereotypes, hygiene at home, public hygiene, personal hygiene and menstruation and active life.

The survey has been planned, monitored and analyzed by consulting firm United Minds and the data has been collected through digital questionnaires with the assistance of survey provider CINT.

Access the full results and previous surveys and reports here: www.hygienematters.com
Chapter 1
The value of hygiene

Many of us take good personal hygiene and access to basic sanitation facilities such as clean water or a toilet for granted. But what happens when your access is limited? What if you do not have access to clean water or a toilet, or cannot afford hygiene products? Personal hygiene is a problem strongly linked to education and socioeconomic development. Good hygiene practices must be guaranteed to enable universal participation in education, the workplace and the development of society as a whole.

Sanitation with hygiene at the center is a universal human right. This human right “entitles everyone to sanitation services that provide privacy and ensure dignity, and that are physically accessible, affordable, safe, hygienic, secure and socially and culturally acceptable” (Realizing the Rights to Water and Sanitation Handbook, Catarina de Albuquerque).

As part of its 2030 Agenda, the United Nations (UN) set as Goal 6 of the 17 Sustainable Development Goals (SDGs) the ambition to “ensure access to water and sanitation for all”, including the target to “achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.” This effectively places access to sanitation and hygiene alongside goals such as eliminating poverty and ending hunger. Furthermore, good hygiene and challenging taboos surrounding personal hygiene can contribute to reaching other goals, such as gender equality (Goal 5) and health and well-being (Goal 3).

The UN estimates that 2.4 billion people worldwide lack access to sanitation facilities. Around the world, social norms also often work against, rather than for, progress in hygiene. We therefore need to keep showing why hygiene matters for personal, social and economic development. This chapter will do so by focusing on the value that hygiene creates in terms of health and well-being, and on the repercussions of poor hygiene on individuals – especially women and girls – as well as on society and the economy.
As many as 1.7 million people die every year from diarrheal diseases and, of these, 90 percent are children under the age of five.

The World Health Organization

Hygiene and health
- a matter of life and death

Diseases associated with poor sanitation and unsafe water accounted for about 10 percent of the global burden of disease, according to the World Health Organization (WHO). As many as 1.7 million people die every year from diarrheal diseases and, of these, 90 percent are children under the age of five, living predominantly in developing countries.

In addition to small children, the most vulnerable members of society are women. Researchers from, among others, WaterAid, UNICEF and WHO put the number of women that die from childbirth complications each year as high as 289,000 globally. In their collaborative paper, From Joint Thinking to Joint Action: A Call to Action on Improving Water, Sanitation, and Hygiene for Maternal and Newborn Health (PLOS Medicine, 2014), they argue that despite improvements in healthcare, new mothers and newborns are still dying because a reliable supply of safe water, good hygiene practice and adequate toilets are often not present.

The value of good hygiene is not restricted to basic facilities, or developing countries. Several scientific studies show the value of good hand hygiene in reducing the number of hospital acquired infections, such as MRSA (Methicillin-resistant Staphylococcus aureus, a bacteria that is resistant to many antibiotics), which is also a significant problem in modern healthcare is one word systems. In the US, the Centers for Disease Control and Prevention estimated that there were 722,000 cases of hospital-acquired infections in the country in 2011. Of these, 75,000 patients died.
## Activities people refrain from due to concerns about a lack of hygiene or cleanliness:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Visiting a public toilet</td>
<td>42%</td>
</tr>
<tr>
<td>Showering at the gym or swimming</td>
<td>22%</td>
</tr>
<tr>
<td>Staying at a specific hotel</td>
<td>14%</td>
</tr>
<tr>
<td>Travelling on public transport</td>
<td>12%</td>
</tr>
<tr>
<td>Visiting a café, pub or restaurant</td>
<td>11%</td>
</tr>
<tr>
<td>Eating dinner at someone else’s house</td>
<td>9%</td>
</tr>
<tr>
<td>Going to the movies or similar event</td>
<td>6%</td>
</tr>
<tr>
<td>Going to work or school</td>
<td>5%</td>
</tr>
<tr>
<td>None of the above</td>
<td>40%</td>
</tr>
</tbody>
</table>

## Close link between hygiene concerns and effect on public life:

<table>
<thead>
<tr>
<th>Country</th>
<th>Hygiene concerns</th>
<th>Effect on public life</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>64%</td>
<td>91%</td>
</tr>
<tr>
<td>Mexico</td>
<td>44%</td>
<td>88%</td>
</tr>
<tr>
<td>China</td>
<td>28%</td>
<td>75%</td>
</tr>
<tr>
<td>USA</td>
<td>26%</td>
<td>56%</td>
</tr>
<tr>
<td>Spain</td>
<td>24%</td>
<td>47%</td>
</tr>
<tr>
<td>Italy</td>
<td>23%</td>
<td>56%</td>
</tr>
<tr>
<td>Russia</td>
<td>20%</td>
<td>89%</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>16%</td>
<td>44%</td>
</tr>
<tr>
<td>France</td>
<td>14%</td>
<td>31%</td>
</tr>
<tr>
<td>Germany</td>
<td>11%</td>
<td>47%</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>10%</td>
<td>45%</td>
</tr>
<tr>
<td>Sweden</td>
<td>9%</td>
<td>38%</td>
</tr>
</tbody>
</table>
An average of 6,500 Indian Rupees per person (about USD 97) was lost in India annually due to a lack of cleanliness and hygiene.

The World Health Organization

Hygiene - a catalyst for economic growth

Hygiene - or the lack thereof - impacts participation in education, workplace productivity and the wider economy. This spans from the spread of disease due to poor hand-washing practices, to absenteeism among women due to the lack of toilets in the workplace, or incontinence sufferers and relatives taking care of them.

“Hygiene in the workplace is very important for women. Good hygiene contributes to acceptable working conditions and the reduction of poor sanitation and communicable diseases. Appropriate facilities, access to information and supportive work environments ensure a healthy and productive work force,” says Shauna Olney, Chief of the Gender, Equality and Diversity Branch of the International Labor Organization (ILO).

There is a clear link between access to facilities, and the ability to manage menstrual hygiene. “Assuming at least half of the 946 million people globally who lack any kind of facility and defecate in the open are female, a conservative estimate would suggest that at least 500 million women and girls lack adequate facilities for menstrual hygiene management,” reads the 2015 edition of Progress on Sanitation and Drinking Water by WHO and UNICEF.

A 2013 WSSCC report estimated that 73% of female factory workers in Bangladesh miss an average of six days of work – and pay – every month because of menstruation. Where access to sanitation services and products is low, and often coupled with societal stigma around menstruation, menstruation also often means missed school for girls. UNICEF estimates that 10 percent of African girls don’t attend school at all during their periods. There are also indications of increased dropout rates and missed school work for girls, due to infections caused by un-sanitary menstrual products or practices, such as using old rags.

Concern over the lack of hygiene in public places such as washrooms, public transport or even hospitals can seriously limit our participation in society. The Hygiene Matters Survey shows that six out of ten respondents had refrained from certain activities due to concerns over a lack of hygiene or cleanliness. The results confirm that the more people worry about becoming ill due to poor hygiene, the more they will stop using facilities such as public transportation or visiting restaurants, gyms and even friends’ or relatives’ homes. Other reports show that children refrain from using school toilets, partly due to concerns over cleanliness. A 2009 doctoral thesis by Swedish specialist nurse Barbro Lundblad showed that 16% of schoolchildren avoided urinating at school, and 63% would never consider defecating in a school toilet, mainly due to poor cleaning.

Improving sanitation has often been low on the list of priorities for governments. “There are so many other pressing needs for the attention of governments: food supply, education, medical treatment and dealing with war and conflict,” in the words of the WHO (10 Things You Need to Know About Sanitation, WHO in cooperation with UNICEF and WSSCC). However, there are signs that governments are starting to understand the socioeconomic value of hygiene.

An average of 6,500 Indian Rupees per person (about USD 97) was lost in India annually due to a lack of cleanliness and hygiene, according to the World Health Organization (WHO). “Swachh Bharat Mission”, or Clean India Campaign, (a large-scale government initiative focused on providing sanitation and hygiene facilities to all Indian citizens) would make a significant impact on public health and in safeguarding the income of the poor, ultimately contributing to the national economy” says Narendra Modi, Prime Minister of India.
Hygiene - a precondition for personal development

Even when not directly related to disease, the ability to maintain a socially acceptable level of personal hygiene directly impacts the well-being, dignity and participation of an individual in society. In developing countries, different requirements for men and women with regards to modesty, personal security, and the disproportionate burden of unpaid labor are often linked to hygiene. This results in women and girls being excluded from school, work and community activities.

Women and girls living in the poorest rural areas are usually the ones that are responsible for managing the household water supply and will often have to walk several kilometers to collect water for their families. Women also tend to assist in meeting the hygiene needs of men, children and the elderly while being responsible for keeping the home environment clean. Improved access to water and sanitation will be transformative for these women and girls, giving them more time for education, participation in the community, and engaging in activities that generate income for their families and societies.

Also in developed countries, lacking the means or opportunity to take care of your personal hygiene impacts the ability to improve your social situation and well-being.

Personal security is a less discussed factor. “Women and girls who are visibly unwashed may be more vulnerable to personal violation, since [un]cleanliness is a signifier of social vulnerability and poverty more generally. These needs are rarely reflected in public sanitation projects or in current sanitation promotion efforts,” write Burt, Nelson and Ray in the 2016 UN Women discussion paper *Towards Gender Equality Through Sanitation Access.*

Also in developed countries, lacking the means or opportunity to take care of your personal hygiene impacts your social situation and well-being. Many people can relate to a situation where you are far from a toilet and need to go, or when there is nowhere to dispose of a sanitary pad. The latter forces women and girls to hide used pads in their purse or school bag which is a source of huge indignity, according to WSSCC research.
Chapter 1 - The value of hygiene

Creating value for individuals and society

Incontinence is a condition that is rarely spoken about - despite the fact that it affects 400 million people globally and has a major impact on people’s dignity. Access to appropriate solutions not only improves incontinence sufferers’ quality of life, it also generates value for society.

Like menstruation and menopause, incontinence is a silent and taboo subject that robs women and men of their dignity, safety and confidence. Ensuring that people receive the right care and are offered suitable solutions can restore dignity and create enormous value. Results from a study of ours and Vinda’s* work with incontinence in Beijing, Shanghai and Guangdong in China showed that incontinence, in the absence of suitable solutions, reduces productivity by an average of 12.6 days a year. This is due to factors such as reduced ability to concentrate, reduced self-confidence or reduced ability to perform physical activities. Addressing incontinence also created value for caregivers, who spent an estimated 3.7 hours a week supporting affected family members or relatives. Overall, the same study showed that more than USD 40 million in value had been generated for society in the form of improved work capacity, reduced stress and the prevention of related diseases (Charting a New Course to Incontinence in China, 2015).

With average life expectancy increasing globally, the world’s elderly population is expected to grow more than any other section of the population. This trend will put more pressure on elderly care systems, and an increasing number of people will require homecare. To counter the risks of restrained institutional budgets and untrained home caregivers, flexible and innovative solutions for conditions such as incontinence will be necessary.

WHO has defined incontinence as a set of diseases, and incontinence products have for the first time been included on WHO’s Priority Assistive Product list, having important implications for people in need of those products. Better managing conditions such as incontinence through the use of specialist caregivers results in an improvement in the quality of life of community-dwelling elderly, a reduction in costs, and a reduction in time invested by caregivers (Cost-Effectiveness of Including a Nurse Specialist in the Treatment of Urinary Incontinence in Primary Care in the Netherlands, Erasmus University, 2015).

Incontinence, in the absence of suitable solutions, reduced productivity by an average of 12.6 days a year.

Charting a New Course to Incontinence in China, 2015.

*Essity is the majority owner in Vinda, China’s third largest tissue company.
Improved incontinence care at nursing homes

Essity helps nursing homes provide the best care by offering incontinence care procedures, analysis tools and training combined with innovative solutions via its TENA brand. The advantages include improved well-being for the residents, better working environments, a reduction in resource consumption and lower overall costs. A study of 181 nursing homes around the world that have implemented TENA Solutions showed clear improvements in 95% of the cases:

- 38% less leakage
- 47% improved skin conditions
- 44% more time for rewarding care
- 29% lower cost (related to incontinence care)
- 37% less laundry
- 31% less waste

Information based on 181 TENA Solutions case studies around the world, mainly in Europe but also in the US, Canada and China, 2011–2013.
Hand hygiene in kindergartens reduces illness

Educating children in hygiene is a good investment in their health. A joint project with Vinda in Shenzhen, China, showed that good hygiene habits can reduce the risk of childhood diseases such as hand, foot and mouth disease (HFMD) by up to 60%.

Poor hand hygiene is the most common cause of infections in hospitals, but good hand hygiene can also significantly reduce the spread of infectious diseases outside the medical arena. In 2015, along with Vinda, we supported China’s first kindergarten hand hygiene intervention program, which aimed to prove how hand hygiene can protect against childhood diseases.

The six-month program covered over 8,000 children and nearly 650 teachers across 18 kindergartens in Shenzhen, China. The research was conducted by the Shenzhen Center of Disease Control and Rotterdam Erasmus University Hospital. Together with Vinda, we supported the program with dispensers, soap and paper towels from Essity’s global brand Tork, as well as Vinda anti-bacterial wet wipes. To encourage good hand hygiene habits, the teachers and children at the preschools focused on washing their hands and the children were educated about hand hygiene. They also practiced with the help of “Ella’s hand washing adventure,” an app developed for the Tork brand to teach children to wash their hands properly to remove dirt and bacteria.

Evaluations of the program showed that it had been very successful. Hand, foot and mouth disease (HFMD) is a common infectious disease among children between the ages of zero and six caused by enterovirus such as EV71 or Cox A16. The program indicated that good hand hygiene habits effectively reduced the risk of HFMD in children by up to 60%.

Good hand hygiene habits effectively reduced the risk of HFMD in children by up to 60%.

Read more about Essity’s educational initiatives on pages 40-41.
Chapter 1 - The value of hygiene

8,000 kindergarten children

6 months of hand-washing instruction

60% reduced risk of hand, foot and mouth disease
Chapter 1 - The value of hygiene

A business case for investments in female hygiene

Women working in factories in developing countries often have low hygiene awareness and poor access to sanitation, leading to serious health issues. But, as this example from Pakistan shows, educating women about their rights and choices is not only good for factory workers’ health but also the bottom line.

Female factory workers’ health, in addition to their well-being, has a direct impact on the productivity and stability of manufacturing operations often plagued by narrow profit margins, volatile customer demand, and high worker turnover and absenteeism. In this context, workers who are loyal, healthy and educated represent an invaluable resource, making investments in female workers’ health likely to deliver significant returns. But what are the best investments to make, and what are the benefits from a business point of view?

HERproject, now referred to as HERhealth, is run by BSR (Business for Social Responsibility), a global nonprofit business network and consultancy dedicated to sustainability. The aim is to empower women working in global supply chains through workplace-based programs. HERhealth focuses on improving health knowledge, behavior and access to health services and personal hygiene products. The program has been successful in creating an enabling environment while also highlighting the business case for prioritizing women’s health at work.

At one factory in Karachi, Pakistan, female factory workers were missing up to three days of work a month during their menstrual cycles. Women reported monthly pain, infections and embarrassment due to a lack of knowledge about proper hygiene and limited access to safe products. By educating workers in feminine hygiene and related issues, and persuading factory management to provide subsidized sanitary napkins, significant results were achieved.

Women’s increased use of sanitary napkins, with 33% now using them, combined with their increased knowledge of hygienic practices during menstruation reduced health complaints. Rashes and pain, often due to reproductive-tract infections, were reportedly reduced by 11% and 18% respectively.

The health awareness and behavior changes in the factory have also had positive business impacts. Because of changes specific to menstrual health, women reported a 25% reduction in poor concentration in work, 28% less absenteeism related to menstruation, and 33% less difficulty in meeting production targets. Overall, reported absenteeism was 11% lower, with a 24% reduction in the mean number of days absent. The number of women who reported taking the maximum number of allowable days off was reduced by 46%. An initial ROI analysis confirmed that women in the factory worked an average of 2.5 more hours per month during the project period, representing an additional 615 days of work per year. These business impacts translated into a USD 4 return for every dollar invested in the program.
Chapter 1 - The value of hygiene

11% less absenteeism

+2.5 hours worked per month

4 USD return for every dollar invested

Photo: Business for Social Responsibility
Chapter 2

Emotions in the way of progress

Even when we have access to sanitation facilities, and the hygiene products we need, stigma caused by taboos surrounding natural bodily functions can limit our ability to participate fully in society and live an active life. Securing investments to improve hygiene is therefore not enough. To fully realize the value of hygiene we must address and break down the emotional barriers to progress.

Negative perceptions of natural phenomena, such as menstruation and menopause or common conditions like incontinence, damage self-confidence and make it difficult to seek help for something that is seen as embarrassing or against societal norms, even if such help were to be both accessible and affordable. In this chapter, we look closer at some of the sensitivities surrounding personal hygiene and the norms that keep us from moving forward.
Shame surrounding natural bodily functions

At any given moment, 800 million women and girls around the world are menstruating. The menstrual cycle is a sign of female health and vitality yet rather than celebrated it is often shrouded in shame, embarrassment and even fear. The freedom to manage one’s menstrual hygiene adequately and with dignity is a central facet of women’s and girls’ human rights and gender equality. Yet the biological fact itself and the necessity of managing menstruation are often overshadowed by society’s response to them.

More than half of the female population in the majority of the countries covered in the Hygiene Matters Survey said they feel uncomfortable in social situations when they have their period. This discomfort is strongly connected to norms and social stigmas. Among the countries we surveyed, Mexico and China are where the menstrual stigma is most pronounced. More than seven in ten women in these countries say they feel uncomfortable in social situations when they have their period. The shame and stigma is manifested by the fact that many people prefer to use other words when speaking about menstruation (see page 29).

Changing perceptions of menstruation, and breaking the silence around it, is essential for women and girls to reach their full potential. In 2014, Jyoti Sanghera from the UN Human Rights Office, described the stigma around menstrual hygiene as “a violation of several human rights, most importantly the right to human dignity.”

There are more extreme cases, such as in India, where menstruating women are forbidden from taking baths, touching sour foods such as pickles, cooking or even entering the kitchen. Some Muslim women are not allowed to offer prayers during their periods, nor touch the Holy Quran, visit religious shrines or fast during Ramadan. In rural Nepal, superstition leads to girls being separated from their families for up to six to ten days during menstruation and forbidden from, for example, looking at the sun, or touching fruit and flowers.

Menstrual hygiene is not only an enabler for women and girls to participate fully in society but it is also an important entry point to raising broader issues around gender equality and women’s and girls’ empowerment. Wassalke Boukhari, Niger’s Minister of Water and Sanitation, said at the Fourth AfricaSan conference in Dakar, Senegal in 2015, that: “Taboos are accompanied by ignorance which results in high-risk practices endangering women and girls. We must raise awareness and conduct advocacy to break taboos and replace ignorance with information.”

In a 2016 WSSCC report from Kenya (First National Training of Trainers on Menstrual Hygiene Management - Kenya), participating County First Ladies stressed that the challenges related to menstrual hygiene management are interconnected: the affordability of material, the disposal of menstrual waste, the silence around menstruation and the need for education. Sanitary pads are important, but not sufficient by themselves. There is a need for accurate and non-judgmental information before menarche. Such information is not only for girls, but men and boys must also be involved.

One in four women in the countries surveyed said they feel uncomfortable buying necessary items such as sanitary pads. Men feel even more embarrassed, and in China and Russia, the percentage who said they feel uncomfortable buying such items rose to as high as 65% and 64%, respectively.
## Hygiene Matters Survey 2016/17

### Women and girls feeling uncomfortable in social situations when they are on their period:

<table>
<thead>
<tr>
<th>Country</th>
<th>Very uncomfortable</th>
<th>Uncomfortable</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>30%</td>
<td>48%</td>
</tr>
<tr>
<td>Mexico</td>
<td>42%</td>
<td>32%</td>
</tr>
<tr>
<td>India</td>
<td>31%</td>
<td>29%</td>
</tr>
<tr>
<td>USA</td>
<td>35%</td>
<td>24%</td>
</tr>
<tr>
<td>Russia</td>
<td>26%</td>
<td>29%</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>22%</td>
<td>31%</td>
</tr>
<tr>
<td>Spain</td>
<td>19%</td>
<td>33%</td>
</tr>
<tr>
<td>Germany</td>
<td>21%</td>
<td>31%</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>18%</td>
<td>30%</td>
</tr>
<tr>
<td>France</td>
<td>19%</td>
<td>25%</td>
</tr>
<tr>
<td>Italy</td>
<td>14%</td>
<td>26%</td>
</tr>
<tr>
<td>Sweden</td>
<td>11%</td>
<td>19%</td>
</tr>
</tbody>
</table>

### People feeling discomfort buying menstrual hygiene (a lot or some):

<table>
<thead>
<tr>
<th>Country</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>44%</td>
<td>55%</td>
</tr>
<tr>
<td>China</td>
<td>39%</td>
<td>55%</td>
</tr>
<tr>
<td>Mexico</td>
<td>28%</td>
<td>55%</td>
</tr>
<tr>
<td>Russia</td>
<td>27%</td>
<td>44%</td>
</tr>
<tr>
<td>Italy</td>
<td>28%</td>
<td>42%</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>24%</td>
<td>42%</td>
</tr>
<tr>
<td>USA</td>
<td>23%</td>
<td>43%</td>
</tr>
<tr>
<td>Germany</td>
<td>22%</td>
<td>44%</td>
</tr>
<tr>
<td>France</td>
<td>22%</td>
<td>32%</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>16%</td>
<td>40%</td>
</tr>
<tr>
<td>Sweden</td>
<td>16%</td>
<td>29%</td>
</tr>
<tr>
<td>Spain</td>
<td>14%</td>
<td>33%</td>
</tr>
</tbody>
</table>
Managing menstruation in West and Central Africa

In many parts of the world, menstruation is a taboo topic, surrounded by silence and shrouded in myths. Yet, menstruation and menstrual hygiene are emerging as central issues for gender equality, human rights and development.

Since 2014, WSSCC and UN Women have co-organized a Joint Program on Gender, Hygiene and Sanitation. Implemented in Senegal, Niger and Cameroon in West and Central Africa, the program aims to establish a framework within which all women and girls in this region benefit in a sustained manner from sanitation, hygiene and water (WASH) services.

WSSCC and UN Women have conducted several studies in the region on menstruation practices and behaviors. The findings of these studies echo concerns from many countries around the world. A first, and very critical, problem is limited or incorrect knowledge and information. Many girls do not understand what is happening when they start menstruating and have limited knowledge on biological processes. Mothers often do not discuss menstruation with their daughters before they have their first period. As one girl in Cameroon explained: “My periods started when I was in the field with my mother. Since I was ashamed I didn’t say anything to her... when my mother realized that it was my period, she discreetly took me into her bedroom and took out a sanitary cloth and explained to me how to wear it. She also told me not to greet any boys anymore, because if I did I would fall pregnant straight away.”

The absence of adequate sanitation facilities is another factor with a significant impact on the daily lives of women and girls. Over 40% of the girls surveyed said that they missed school for at least one day per month during their periods and a majority of economically active women said that they missed work during this period, preferring to stay at home. Due to a lack of facilities at school, at work and in public spaces, women often prefer to manage menstruation at home, meaning they are unable to participate in cultural, educational, social and income-generating activities. Poor practices and unsafe materials compound this problem.

Last, but not least, some of the most significant barriers for women in these countries are the social restrictions, beliefs and myths that influence the management of menstruation. Menstruation is a taboo issue in the community. Seen as an impurity or even a disease, menstrual blood is managed in secret. When menstruating, women and girls are subjected to various religious, food-related, domestic or sexual prohibitions, which often lead to further isolation or stigmatization.
The unmentionable menstruation

Around the world, girls and women use different words to say they are menstruating.

- **SWEDEN**
  - Lingonveckan
  - Lingonberry week

- **FINLAND**
  - Hullum lechman tauti
  - Mad cow disease

- **GERMANY**
  - Erdbeerwoche
  - Strawberry week

- **DENMARK**
  - Der er kommunister i lysthuset
  - There are communists in the funhouse

- **BELGIUM**
  - De rode loper
  - The red carpet

- **FRANCE**
  - Les Anglais ont débarqué
  - The English have landed

- **USA**
  - Aunt Flo/
    - That time of the month/
    - The curse

- **BRAZIL**
  - Eusou Com Chico
    - “I’m with Chico”

- **MALAWI**
  - Wapha mphuzi
    - She killed a goat

- **SOUTH AFRICA**
  - Granny’s stuck in traffic

- **CHINA**
  - Little red sister has come
If shame around natural bodily functions such as menstruation is a limiting factor, the stigma surrounding incontinence is even stronger. As we saw in the first chapter, incontinence is a complex health and social issue that can cause devastating social and economic exclusion as well as psychological stress. Despite impacting the daily lives of an estimated 400 million men, women and children around the world, it is rarely talked about openly, limiting knowledge about the help and products available.

Incontinence is most common among women, and one in three women over the age of 50 is affected at some point in their life. People living with incontinence are prone to embarrassment over potential leakage or smell and can feel ostracized or isolated as a result. They may experience anxiety about finding a place to relieve themselves with dignity. Many people are unaware that help is available. Instead people use toilet paper, socks, double underwear and other things that are not effective. Worse still, people with leakage issues do not talk about their problems with anyone – not even their doctor. “It’s a pity they hesitate to seek help,” says Ralph Peeker, professor and consultant at Sahlgrenska University Hospital in Gothenburg. “Incontinence can be treated in very many cases. It’s also important to find out what it’s due to.” This is particularly important since incontinence can be a sign of a more serious health issue such as prostate cancer or ovarian cancer that requires the attention of healthcare professionals. When it comes to contact for diagnosis, a 2013 study of ours into men’s health in Germany, India, Sweden and the UK found that one in four of respondents had not yet seen someone about their bladder problems but intended to, and one in three in the UK and Sweden had not seen anyone at all.

Many people affected by bladder problems and leakage issues endure strong social stigma. Some become depressed while others become dehydrated because they are afraid to drink too much liquid. Worst of all is the constant fear of discovery.
Speaking up about male incontinence

Women are most affected by incontinence but as many as one in four men over the age of 40 also have some form of leakage issues. Since incontinence is rarely spoken about, and male incontinence even less so, sharing the stories of sufferers is important to break the silence surrounding the condition.

Jörgen Pihl, a 72-year-old man in Sweden, lives with incontinence as a result of a prostate cancer operation six years ago. Although past retirement age, he remains highly active, both in his own business and as a municipal councilor. Incontinence has meant a more carefully planned day-to-day life: always checking for the nearest toilet, watching how much he drinks and always carrying an extra pad.

But perhaps more than a physical and practical inconvenience, incontinence proved to be a mental challenge. For Pihl, it was a particularly hard blow to his identity. “I think your psychological attitude toward experiencing incontinence is very dependent on your background,” he says. “I’m an old commando and strongly marked by a male environment. That’s not made it any easier. At first I had great difficulty in accepting the situation and felt ashamed.”

Until now, his incontinence has been a well-kept secret apart from his immediate family. The social stigma that surrounds incontinence has also meant Pihl has felt reluctant to visit the pharmacy to buy protection and so instead orders it from his incontinence nurse. And although active in many areas, he describes sometimes withdrawing from social life more or less unconsciously.

Throughout, Pihl says he has had good support from his wife and a friend in the same situation, and over time, the situation has become easier to accept and the feelings of shame are not as strong. “I hope to be able to contribute to a more open discussion about incontinence by sharing my story,” Jörgen says. “If I were to give advice to other sufferers, it would be to try to accept the situation and still make the best of it.”

For Jörgen Pihl, incontinence was a hard blow to his identity.
Hygiene Matters Report 2016/17

Chapter 2 - Emotions in the way of progress

Hygiene seen as a female domain

Social norms and taboos guide not only how we talk about hygiene, but also to whom. The Hygiene Matters Survey confirms that hygiene is in many ways still seen as a “female domain”.

For both men and women, the Hygiene Matters Survey shows that when we do talk to someone about personal hygiene, our talking partner is more often a woman than a man. For women, a majority have talked to a female friend or their mother, whereas fewer have discussed it with their partners. Looking specifically at menstruation, the survey shows that almost seven in ten women have never talked about it with their partner, despite it being a monthly occurrence for adult women.

Regardless of speaking partner, men also talk about matters connected to personal hygiene to a lesser extent than women. One in four men surveyed even say they never talk to anyone about issues connected to personal hygiene at all.

Hygiene Matters Survey 2016/17

Have you ever talked about matters connected to personal hygiene with any of the following people you know?

- **My mother**: 57% (Women), 36% (Men)
- **A female friend**: 51% (Women), 19% (Men)
- **My partner**: 33% (Women), 38% (Men)
- **My sister**: 26% (Women), 11% (Men)
- **My daughter**: 18% (Women), 10% (Men)
- **No one**: 18% (Women), 26% (Men)
- **A male friend**: 13% (Women), 24% (Men)
- **My son**: 13% (Women), 15% (Men)
- **My father**: 11% (Women), 23% (Men)
- **My grandmother**: 9% (Women), 6% (Men)
- **My brother**: 6% (Women), 11% (Men)
- **My grandfather**: 2% (Women), 4% (Men)
Breaking the silence

**Norms and taboos are strong forces.** However, compared to tangible challenges such as installing toilets or ensuring access to sanitary products, we do not need a lot of financial resources to address them: all we need to do is break the silence. By limiting how and to whom we talk about hygiene, we allow taboos and stereotypes to persist. In contrast to many other areas of development, when it comes to breaking taboos, walking the walk is all about talking the talk.

In the case of menstruation, silence allows myths and taboos to persist, and stands in the way of knowledge being passed along to new generations of women. The Hygiene Matters Survey shows that less than one in ten fathers and two in ten mothers in the surveyed countries have ever discussed menstruation with their daughters.

“Menstruation, menopause and incontinence are milestones in the human life cycle,” says Archana Patkar, Program Manager at WSSCC. “Let’s talk about them and facilitate practical solutions to replace age-old silence, shame and fear with understanding, pride and dignity.” Engaging more men and boys in conversations about hygiene and how we manage it in the family and society is a good starting point. WSSCC’s experiences working with men on menstruation show that once the silence is broken, men are committed and eloquent advocates and change agents.

**Hygiene Matters Survey 2016/17**

People who have talked to their daughter about menstruation:

<table>
<thead>
<tr>
<th>Country</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>24%</td>
<td>6%</td>
</tr>
<tr>
<td>France</td>
<td>23%</td>
<td>12%</td>
</tr>
<tr>
<td>Netherlands</td>
<td>23%</td>
<td>10%</td>
</tr>
<tr>
<td>Mexico</td>
<td>20%</td>
<td>13%</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>20%</td>
<td>13%</td>
</tr>
<tr>
<td>Russia</td>
<td>19%</td>
<td>3%</td>
</tr>
<tr>
<td>Spain</td>
<td>19%</td>
<td>9%</td>
</tr>
<tr>
<td>Sweden</td>
<td>17%</td>
<td>7%</td>
</tr>
<tr>
<td>Italy</td>
<td>14%</td>
<td>3%</td>
</tr>
<tr>
<td>Germany</td>
<td>12%</td>
<td>7%</td>
</tr>
<tr>
<td>India</td>
<td>10%</td>
<td>6%</td>
</tr>
<tr>
<td>China</td>
<td>9%</td>
<td>3%</td>
</tr>
</tbody>
</table>
Despite the value of good or improved hygiene and education, strong forces in the form of taboos and stereotypes are hindering progress. So what forces are pushing in the other direction – moving forward rather than holding us back?

We live in a time when innovation and the rethinking of old ways of doing things are shaking up how we live our lives. And it is happening all around us. Seemingly everything – from the way we bank to the way we consume media and even take taxis – is being redesigned, reprioritized and digitized to be more accessible and more affordable. And with increasing access to the internet and the falling cost of mobile phones, development is quicker than ever. So what does this mean for the future of hygiene? How can innovation and technology serve as problem solvers and forces for change? And what new behaviors and ways of communicating do they enable that help break the silence on hygiene-related issues?
Sometimes the most important innovations are not the ones with the most advanced technology or the ones that demand huge investments, but the simple ones that manage to change everyday behaviors through smart and intuitive design. Hand washing is a typical case where a simple change in behavior can have significant health effects by reducing the risk of infections. So how can we use design and technology to make people wash their hands more often?

A number of creative solutions are emerging that aim to foster good hygiene habits: from self-sterilizing door handles, which use UV light to identify bacteria, to electronic hand hygiene recording and reminding systems that remind healthcare workers to wash their hands before interacting with a patient. Other examples include an automatic hand sanitizer designed especially for kids, dispensing sanitizer in the form of soap bubbles, or STAND, a sustainable sink/urinal combination. This innovative solution reuses water from a sink above to rinse out the urinal, thus effectively reducing not only water consumption but also the materials used during the production process, while encouraging hand washing by placing the sink in the urinal user’s line of sight.
The promises of hygiene data and digital solutions

The possibilities to collect and analyze data using modern technology offer completely new opportunities for customized care and individually adapted products or services. A number of mobile phone apps for managing menstruation have emerged, such as “Period Tracker” or “Periodical”, allowing users to track and predict cycles based on historic data and user averages.

Also when it comes to professional hygiene care, technology enables customized products and services. In nursing homes, residents’ quality of life is improved if they can urinate and defecate more often on the toilet than in the pad, based on individual voiding patterns (when and how much they urinate). Risks associated with incontinence, like skin damage, are avoided and dignity is improved. The TENA Identifi solution combines sensor technology and a web-based user interface to help caregivers map voiding patterns, which can be highly individual, and develop personal continence care plans, with a customized product mix and toilet assistance schedule. These plans help professional healthcare workers do an even better job, increasing job satisfaction and often lowering costs.

The benefits of customized solutions seem to outweigh concerns over privacy in relation to the gathering and sharing of personal data. A majority of respondents in the Hygiene Matters Survey said they would be willing to share different types of personal data to receive personalized services and products connected to their hygiene and health. However, results from the Hygiene Matters Survey also suggest that in some areas, increased access to hygiene data may not always be a good thing. More people think that solutions that give us more information on hygiene levels will actually make us more obsessed with hygiene (28%), than those who think they will help us worry less (20%). Particularly in markets with more developed hygiene standards, many people say they would actually turn down the possibility of knowing more about bacteria levels in daily life. These results point to the importance of carefully considering how data is processed and used. Without a clear understanding of the context, data risks being misinterpreted or leading to unwanted behavior, such as avoiding certain situations for fear of germs, rather than improving personal hand washing practices.

Hygiene Matters Survey 2016/17

A majority of respondents are willing to share personal data about hygiene:

<table>
<thead>
<tr>
<th>Data about hygiene products that you have in your home</th>
<th>Quite willing: 26%</th>
<th>Very willing: 41%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data about your children’s personal hygiene and health</td>
<td>Quite willing: 28%</td>
<td>Very willing: 36%</td>
</tr>
<tr>
<td>Data about hygiene levels in your home</td>
<td>Quite willing: 22%</td>
<td>Very willing: 39%</td>
</tr>
<tr>
<td>Data about your personal hygiene and health</td>
<td>Quite willing: 23%</td>
<td>Very willing: 37%</td>
</tr>
<tr>
<td>Data about your menstruation</td>
<td>Quite willing: 18%</td>
<td>Very willing: 28%</td>
</tr>
</tbody>
</table>

Many people say they would actually turn down the possibility of knowing more about bacteria levels in daily life.
Global challenges, and the UN Sustainable Development Agenda to meet them, are not limited to poverty and inequality. Efforts for social and economic progress can no longer be seen in isolation from climate and environmental factors. Increasingly, sustainability is part of both corporate and non-profit agendas. Concepts such as the circular economy are becoming catalysts for new business models, partnerships and innovations.

A general challenge for the personal hygiene sector is finding business models that allow both collection and separation of the different materials contained in a product. Moreover, there needs to be a market for what is recycled. “This is a challenge in the area of baby diapers, for example, where bacterial concerns make materials recycling difficult. At present the best solution is energy recovery from incineration, but we’re working on trying to find other solutions,” says Kersti Strandqvist, Senior Vice President Group Sustainability at Essity.

Alternative solutions are emerging, not least in Europe, where the EU Circular Economy agenda puts pressure on member states to reduce the amount of waste sent to landfill or for incineration. Methods for recycling of absorbent hygiene products such as baby diapers, feminine hygiene products and incontinence products have been developed, but have only recently started to become technically viable and implemented, for example by companies in the UK and Italy.

Circular economy

Circular economy is essentially about transitioning from a linear economic model – in which things are manufactured, used and then thrown away – to a system where products and materials retain their value as much as possible. This means that products or materials that have reached the end of their life cycle should be used to create additional value in another product’s life cycle. Resource-efficiency is key and we should use as little non-renewable materials as possible and minimize waste. It also means using renewable energy and bio-based resources, as well as designing products for resource-efficiency, recovery and recycling.

Read more: https://www.ellenmacarthurfoundation.org/
Digitalization and technological innovation are promising in their own right, creating new possibilities for smart design, and individualized and sustainable solutions. But information and communication technology (ICT), and the behavior it enables, may be the most transformative force in challenging the status quo on hygiene.

ICT is enabling people around the world to take to the internet and popular social media platforms to break down taboos and help eliminate stigma by mainstreaming the conversation and driving action. Combined with the simplicity of using a search engine like Google to find out information about specific conditions and solutions, online chatrooms offer men and women a safe (and potentially anonymous) platform to talk openly about issues such as incontinence, body odor, or other embarrassing conditions. One such chatroom is the Incontinence Support Group and Forum, which offers support for those dealing with incontinence: “A friendly online community where you can share information, experiences and support each other.” Other examples include the Continence Foundation of Australia, which supports patients and their caregivers and is supported/financed by the Australian government. Users can also post questions that will be answered by a nurse: www.continence.org.au/forum/index. There’s even a website called IncontinenceDating.com that offers a place for people to meet others with similar conditions to them, thus eliminating any self-consciousness during what is already a socially awkward moment for many.

A platform to talk openly

Raising awareness and solving problems in a connected world

By connecting people all over the world, the internet and social media offers unprecedented possibilities for social change. People are no longer restricted to interacting with those in their geographical community, but can find and form communities online, uniting around a common cause. When it comes to challenging taboos and stereotypes related to hygiene, social media has enormous potential for raising awareness and inspiring change. Hashtags such as #HappyToBleed, #RedFit and #PeriodPositive challenge the silence on menstruation, and global movements such as UN Women’s #HeForShe aim to involve men in female empowerment.

New partnerships and methods of working to solve hygiene-related challenges are also emerging. In 2012, for example, the Water and Sanitation Program of the World Bank organized a “hackathon”. Developers all over the world were invited to draw on the organizers’ expertise and use their skills to solve sanitary issues, such as developing an app to increase children’s awareness of hygienic habits.

The Red.fit campaign aims to tackle the “last taboo” in women’s sport by empowering women to keep active while on their periods.
Investing in knowledge

Knowledge of the link between hygiene, health and quality of life is key to progress, and with more than 500 million people using Essity’s products every day, the company is in a unique position to reach out to women, men, children, parents, relatives, healthcare professionals and caregivers across the globe. We have conducted hygiene education programs for many years, reaching millions of people. Below are some examples from 2015.

107,000

In Colombia, our joint-venture company Familia educated 107,000 expectant mothers about motherhood and pregnancy. Familia runs several other educational programs, such as teaching young girls about menstruation and puberty.
Chapter 3 - The future of hygiene

Joining Forces for Progress

We provided training for 33,000 nurses worldwide in incontinence and skincare, for example, at this workshop in India.

We educated 40,000 girls about menstruation and what happens in the body during puberty. The program was designed for primary schools with a focus on girls in the age range when menstruation often begins.

Our people teach children around the world about handwashing and in 2015, 37,000 children participated in different programs. One tool is “Ella’s handwashing adventure,” an app for iPad and Android devices that has become very popular. So far, the app has been downloaded 45,000 times. For slightly older kids (6-12 years old) there is a toolkit following a boy called Max. An international study of ours showed that one out of two parents believe that more education around hand hygiene in school would reduce sick days.
Leave no one behind: Progress in India

More than 400 million of India’s 1.2 billion citizens still live in poverty, and India has the largest number of people in the world practicing open defecation. But things are set to change, as Narendra Modi, India’s Prime Minister, has made sanitation and hygiene a top priority.

Through the Government of India’s Swachh Bharat (Clean India) Mission, there is a goal to end open defecation practices in India by 2019, well ahead of the UN Sustainable Development Goal target date of 2030. The Global Sanitation Fund (GSF)-supported program in India has been instrumental in establishing methods and practices to enable the realization of the Swachh Bharat Mission. Between 2011 and 2015, open defecation-free (ODF) environments were provided for 726,000 people, two million people were given access to improved toilets, and 3.24 million people to hand washing facilities.

In 2015, the GSF program also supported the Ministry of Drinking Water and Sanitation in the organization of the ‘Indovation III’ conference, for the development and dissemination of sustainable WASH technologies in support of Swachh Bharat. The conference brought together representatives from all State Governments. Approximately 30 innovators showcased their products, and a handbook on innovative technologies was released.
“In a country where pervasive caste and gender inequalities threaten life itself, over 300 million women and girls in India try to squat in a sari, while holding a cup of water to cleanse themselves and keeping an eye out for molesters. Imagine how much more complex and impossible this becomes every month during a woman’s menstrual period! It is time for the entire development community to unite behind this cause.” Archana Patkar, Program Manager, WSSCC.

WSSCC was one of the partners contributing to the design of the Swachh Bharat Mission before its launch in 2014, focusing on including equity, innovation, rapid action and learning, as well as sustainability aspects. In 2015, WSSCC also organized the first ever national workshop to define the verification of open defecation-free (ODF) status in India, followed by the first national sharing of innovations, best practices and failures in sanitation and hygiene.

“Being part of this program, we realize that women can emerge and play a leading role in positively shaping behavior and impacting the attitude and practices of a community. Focusing on women and their social roles can help more women and women’s groups emerge as leaders for community mobilization. Further, we feel our experience in making the village ODF can be extended to ensure achievement of other needs in the village.” Statement from the ‘Nigrani Samiti’ (Women’s Monitoring Committee) in Jhanjharpur Block, Madhubani District, Bihar, India.

WSSCC continues to be involved in the program, for example, conducting research to better understand how people with disabilities can engage in community-led sanitation and hygiene activities, and to incorporate the needs of women and girls in program planning and implementation.
30 girls from the Cape Town townships Khayelitsha and Gugulethu participated in a menstrual hygiene training session organized by our company and WSSCC in 2014.
Joining forces for progress

To support the raising of hygiene standards around the world, and contribute to reaching the UN Sustainable Development Goals, both the public and private sectors need to be engaged and collaborate. Key to this engagement is ensuring that those with power and budgets to influence have an understanding of the real value of hygiene - to us as individuals, and to society. Our aim with this report is to demonstrate why hygiene matters and its close link to health and well-being. We want to highlight how progress can be made through education, breaking taboos and challenging forces that are holding development back, while nourishing those that inspire and enable change.

We will continue to develop our partnership, through the sharing of knowledge, through investments in hygiene education and advocacy and by giving more people access to customized hygiene solutions.

Transforming attitudes and practices will require a wide coalition. We now call on all our partners - our customers, consumers, citizens, local and national governments, civil society actors, and private companies - to ask themselves what they can do to progress hygiene and sanitation.

From political commitments, to education initiatives, and from large investments to support of innovative start-ups, the UN 2030 Agenda needs the entire scale. But above all, it requires us to work together, to share information, knowledge and resources. It requires us to be a bit provocative and challenging, raising issues that may be uncomfortable to talk about. Essity and WSSCC will continue our partnership to raise awareness about the importance of hygiene as a core determinant for enabling human dignity, safety and confidence as well as for achieving health, education and productivity outcomes.

Magnus Groth
President and CEO, Essity

Chris Williams
WSSCC Executive Director
The human rights to water and sanitation are interrelated with and indivisible from other human rights and principles, including dignity, health, education, food and housing. Due to this interlinked nature, water, sanitation and hygiene can act as a powerful entry point to achieve progress related to other human rights. Moreover, in the context of the Sustainable Development Goals, applying the human rights framework to the targets related to access to water and sanitation will make a strong contribution to the achievement of other related goals, including poverty reduction, equality, women’s empowerment, health, education and inclusive cities. Implementation of SDGs related to water and sanitation must target the most disadvantaged first.”

Mr. Léo Heller, UN Special Rapporteur on the human right to safe drinking water and sanitation

The human rights to water and sanitation inextricably include access to hygiene, especially menstrual hygiene. We must break the silence around menstruation that currently affects half the world’s population. Taboos and myths that make menstruation seem impure and polluting, deny women information, safety, comfort and mobility and keep them away from school, work and full participation. I am committed to integrating menstrual hygiene management into national policy and practice setting an example for Africa and a wider arena on this long overdue issue.”

Mr. Mansour Faye, Minister of Water and Sanitation, Senegal
The United Nations Sustainable Development Goals

On September 25, 2015 the members of the United Nations adopted a set of goals to end poverty, protect the planet, and ensure prosperity for all as part of a new sustainable development agenda. Each goal has specific targets to be achieved over the next 15 years.

For the goals to be reached, everyone needs to do their part: governments, the private sector, civil society and people all around the world.

Read more at: http://www.un.org/sustainabledevelopment/sustainable-development-goals/