



# Attention to menstrual hygiene management in schools: An analysis of education policy documents in low- and middle-income countries



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## ABSTRACT

Recent decades have seen a push for gender parity in education in low resource countries. Attention is shifting to how school environments hinder the achievement of gender equality. One effort, primarily led by the water, sanitation and hygiene sector, includes a focus on the needs of menstruating girls. This policy review aims to understand how the *education* sector is addressing menstruation management. We conducted an analysis of select education policy documents in 21 countries, including a frequency count and narrative analysis of relevant keywords. Findings suggest that existing national education policies inadequately provide for sufficient water and sanitation facilities or other menstruation-related improvements needed in schools. More recently developed WASH in schools policies present examples of potential approaches for education stakeholders to better address girls' menstrual needs in school through policy and program responses.

## 1. Introduction

For many decades there has existed a push for gender parity in education systems in low- and middle-income countries (Global Partnership for Education, 2016; Unterhalter and Aikman, 2007). This has included efforts targeting girls and their families and schools, such as removing school fees, providing support for increased numbers of female teachers in schools, and a review of existing curricula for gender biases (Parkes et al., 2016; UNESCO, 2016; UNICEF, 2015). A key framework driving these efforts was the Education for All (EFA) agenda, which, taking its cues from the Millennium Development Goals (MDGs), focused on achieving gender parity in primary education. As this effort succeeded in reducing the gender gap in education enrollment at the primary level and more girls remained in school through primary and into lower secondary school, the global community began to shift its focus to the unique needs of adolescent girls, and to the broader issue of gender equality in education. The latter goal goes beyond gender parity, and includes, for example, the quality of the education received and the teaching and learning processes utilized (UNGEI, 2015).

The Sustainable Development Goals (SDGs) recognize the centrality of gender equality in achieving inclusive, equitable and quality

education for all. This provides an opportunity for the education sector to focus on the needs of adolescent girls, including attention to ways in which the physical and social characteristics of schools may (or may not) create gender-equitable learning environments. This enables attention to non-education specific barriers that may be hindering the achievement of gender equality in schools, such as the availability of clean toilets with water, which have been shown to improve girls' enrollment at the primary school level although not boys (Garn et al., 2013; Tegegne and Sisay, 2014).

### 1.1. Adolescent girls, menstruation and education

A range of issues continue to hinder adolescent girls' access to and continued learning in schools in low-income countries, such as distance to schools, family concerns about girls' safety and adolescent pregnancy, and social expectations for girls to assist with household chores (Sperling et al., 2016). A less explored aspect is the ways in which school social and physical environments support girls' transitions through puberty (Mason et al., 2013; McMahan et al., 2011; Sommer, 2009, 2012) Although girls and boys have differing and important biological needs, post-pubescent girls (and female teachers) have the unique experience of needing to manage menstrual blood flow on a

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**Box 1**

## Definition of Menstrual Hygiene Management (MHM).

Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials (Sommer and Sahin, 2013).

monthly basis. Recent evidence has demonstrated how school environments may not adequately support their needs for discreet management of menstruation, or provide pubescent girls with adequate emotional support and pragmatic menstrual management information (Chandra-Mouli and Patel, 2017; Long et al., 2013; Mason et al., 2013; Sommer et al., 2016a; Sommer and Ackatia-Armah, 2012; Sommer and Sahin, 2013). For example, the term “menstrual poverty” has been coined to highlight the material and psychosocial deprivation that affects girls in low income countries during menstruation both at home and at school (Crichton et al., 2013). Attention to the issue of menstrual hygiene management (MHM) in schools has therefore been growing, primarily driven by water, sanitation and hygiene (WASH) practitioners and policy makers focused on schools (Geertz et al., 2016; Jordanova et al., 2015). As part of this effort, the WASH community has defined the issue (Box 1).

In schools, however, MHM goes beyond water, sanitation and disposal. It includes the provision of information about puberty and menstruation to girls, and supporting teachers and school administrators to provide more gender sensitive education and school experiences for girls (and boys)—things not included in the existing definition of MHM. We recognize the importance of maintaining a globally accepted definition of MHM, including its related model for what is needed (see Box 2); however we propose that in addressing girls’ needs in school, the definition should include a focus on sensitizing teachers about the importance of supporting menstruating girls, and building teachers’ confidence to talk about this oftentimes taboo topic in a way that does not reinforce negative social norms around menstruation (Sommer et al., 2016b, 2015d).

Across numerous low- and middle-income countries, such as India, Indonesia, Nicaragua, Tanzania, Ethiopia, Sierra Leone, the Philippines and Cambodia, research has documented the MHM barriers (e.g. inadequate toilets, insufficient information provided on MHM) facing girls and female teachers in school (Birdthistle et al., 2011; Connolly and Sommer, 2013; Jordanova et al., 2015; McMahon et al., 2011; Sommer and Ackatia-Armah, 2012; Sommer, 2009; Sommer et al., 2014, 2015a; van Eijk et al., 2016). Female-friendly water and sanitation facilities in schools, and trained teachers supporting students are two examples of gender-responsive measures that could be implemented within the education sector. The lack of such approaches has been shown to negatively affect girls’ abilities to concentrate, stand up and respond to questions, write on the blackboard, and feel confident and comfortable being in school on the days when they are menstruating (Long et al., 2013; Sommer et al., 2015b; Sommer and Sahin, 2013; Tegegne and Sisay, 2014). These challenges are often augmented for girls by factors such as a lack of adequate menstrual materials (pads, cloth, underwear), including emergency menstrual-related supplies in schools; a lack of private resting place for days when they have

significant cramps; and a lack of information and guidance to build their skills for confidently managing menstrual blood flow (Crofts and Fisher, 2012; Mason et al., 2013; McMahon et al., 2011; Sommer, 2010; Trinies et al., 2015).

UNICEF and a number of non-governmental organizations (NGOs) have developed programming to address these challenges, primarily through the WASH sector (Birdthistle et al., 2011). They have encouraged governments to conduct local formative research on the MHM barriers facing girls, and to develop national WASH in Schools (WinS) policies that include attention to the needs of menstruating girls, such as providing adequate numbers of gender segregated toilets with locks inside the doors, dustbins for used menstrual materials, and ready access to water for washing blood off hands and stained clothes (Sommer et al., 2015a; Geertz et al., 2016).

A small number of governments have launched initiatives on MHM, including India, the Philippines, Kenya, South Africa and more recently Zambia (Geertz et al., 2016). Such efforts have generally focused on subsidizing the provision of sanitary materials for schoolgirls, although some also make recommendations on improved sanitation facilities and training of teachers. While more peer reviewed evidence is needed, such government-led approaches may help to break taboos around openly discussing menstruation, and highlight the needs of marginalized schoolgirls. In addition, some governments have developed national MHM guidelines in partnership with key stakeholders (Sommer et al., 2016). At the local level, many international and local NGOs have focused efforts on improving school toilets, the provision of sanitary pads and puberty guidance to girls that includes content on MHM.

Although important steps forward in addressing MHM, these initiatives may not have always included adequate engagement of country-level planners and policy makers in ministries of education and gender/women’s affairs—two key stakeholders in the decision making and standard-setting structures of government. Engaging planners and policy makers to better address the MHM needs of girls and female teachers may strengthen the ability of governments to achieve their education and gender commitments. Competing priorities for limited resources may cause country-level education and gender policy-makers to prioritize other program areas. Another limiting factor may be the lack of empirical evidence on the most cost-effective and impactful approaches for addressing MHM in schools and the benefits for health and educational outcomes that are required for their reporting requirements in limited resource contexts (Hennegan and Montgomery, 2016; Sumpter and Torondel, 2013). Such evidence would encourage the prioritization of MHM in national plans and policies, and associated budgets. A closer analysis of national level education policies is thus useful for understanding where opportunities may arise for incorporating MHM in the future.

**Box 2**

What is necessary for MHM with safety and dignity (as defined by the WASH sector, and to be adapted to local context).

- \*Access to accurate and pragmatic information.
- \*Access to MHM materials (appropriate, affordable, and hygienic).
- \*Access to facilities that provide privacy for changing materials and washing and drying menstrual cloths.
- \*Access to water and soap within a place that provides an adequate level of privacy for washing body, cloths and clothes.
- \*Access to disposal facilities for used menstrual materials (Sommer and Sahin, 2013).

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