



Menstrual hygiene management in schools in South Asia

Summary report





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Written by Tracey Keatman, Sue Cavill and Thérèse Mahon

This report provides a summary of the status of menstrual hygiene management (MHM) in schools in South Asia. It describes the context for MHM in schools and recent progress in implementation of MHM services. It identifies progress and gaps in achieving sustainable and inclusive MHM services in schools at scale and draws together opportunities for further promoting and mainstreaming MHM in schools in South Asia.

This summary is accompanied by:

- Eight country snapshots that provide a brief overview of the status of MHM in schools in Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.
- A synthesis report on the overall status of MHM in schools in South Asia.

The analysis is based on an extensive literature review and key informant interviews with MHM practitioners and advocates in each of the eight South Asia Association for Regional Cooperation (SAARC) member countries and working at the regional or global level.

Cover photo:

Kishwar, 15, in front of the girl-friendly washroom WaterAid and UK aid helped install at her high school, Muzaffargarh district, Pakistan.

WaterAid/Sibtain Haider

Context

South Asia is home to more adolescents – around 340 million – than any other region (UNICEF, 2016)¹ and India has the world's highest number of 10- to-24-year-olds with an estimated 356 million.² Around half of these adolescents are female.

At adolescence, gender differences become more visible and gender inequalities may also take hold, thus “puberty can mark an accelerating trajectory into inequality” (UNFPA).³

“It felt like we are not allowed to do anything now... When we did not have our menstruation, we were allowed to go anywhere but now they say that we must not go anywhere.” Schoolgirl in Nepal.⁴

Educating adolescent girls brings substantial returns including faster economic growth, reduced child marriage, delayed pregnancy, increased well-being, fostering democracy and improving women's political participation.⁵

The South Asia region has been at the forefront of innovation in policy and practice to ensure that water, sanitation and hygiene (WASH) services in low and middle-income countries (LMIC), including those in schools, pay attention to the needs of menstruating girls and women. Good progress has been made in the region in improving the availability of WASH facilities in schools in recent years and many countries have included WASH in schools (WinS) standards in their policy and programming guidelines. For school sanitation, there was a 21% reported increase in coverage from 2008-2013 in South Asia (UNICEF, 2015).⁶ Additionally, in 2011, national governments of South Asia committed to The Colombo Declaration from SACOSAN, including to: “raise the profile of WASH in schools with the objective of ensuring that every new and existing school at every educational level has functioning, child-friendly toilets, separate for girls and boys, with facilities for menstrual hygiene management.”⁷

Progress

The country snapshots reveal that significant experience of implementing effective menstrual hygiene and WinS programmes has been amassed across most countries in the region.

Key components of MHM services in schools

- **MHM-friendly WASH facilities:** adequate number, in a safe location, age specific, gender-segregated, clean, provide privacy with features such as doors and internal locks, easy access to water supply for washing body and clothes, adequate lighting, rubbish bin with lid inside toilet cubicles for disposal and associated waste disposal chains, handwashing stations with soap and water, and mirrors. Management and accountability mechanisms should be in place to ensure MHM services are provided in a sustainable manner.
- **Accurate, age-appropriate and pragmatic information:** text books that provide practical MHM guidance as well as biological information. Girls report preferring to receive information before menarche, as well as afterwards.
- **Social support:** Girls do not want to be teased or subject to restrictions and taboos while menstruating. Practical and emotional support is required from peers (e.g. forums where girls can talk and exchange experiences), men, boys, teachers and parents. This includes ensuring everyone receives information about MHM so they can understand what girls are experiencing and can provide support (e.g. resources, guidance, patience, etc.) to help break down barriers.
- **Materials and their effective disposal:** Girls want to use (and dispose of) their preferred materials for sanitary protection and have the possibility of accessing emergency supplies in school if needed. Access to pain relief could also help improve concentration in class.

Enabling environment

An enabling policy and institutional environment is essential for the key components of MHM services in schools to be provided for all girls and sustained.

Several governments have started to integrate good MHM practice into national norms, standards or guidelines related to WinS. The importance of MHM has been acknowledged in drafts of national technical standards or guidelines related to WinS. **India, Pakistan, Nepal, and Bangladesh** have a large number of stakeholders engaged in MHM, and their governments have been working to strengthen MHM into the curriculum and/or their national technical guidelines for WinS.

The importance of MHM in WinS is recognised in several national education, WASH and sexual and reproductive health (SRH) related policies and strategies. For instance, in **Bangladesh and Pakistan**, MHM is a key component of UNICEF's Ending Child Marriage project involving empowerment of adolescent girls and boys as well as strengthening adolescent clubs for promotion of MHM. MHM is the focus of several working groups or coordination mechanisms (sectoral or cross-sectoral) across the region. Such collaboration results in improved coordination and communication on the topic.

Most education management information systems (EMIS) and national survey data tools do not yet incorporate MHM indicators except where school toilet data is gender segregated. Still, there are some good examples where programmes monitor factors relevant to MHM in project-related assessments and baseline surveys. WaterAid and their partners in **Nepal and Pakistan** are developing the capacity and accountability of local stakeholders for monitoring MHM in schools, using tools like Community Score Cards so that School Management Committees have evidence with which to demand funds for MHM-friendly WinS services.

MHM-friendly WASH facilities

Significant progress has been made on ensuring that separate toilets are available for girls and boys; indeed, this is now the norm in most countries and in some cases there are additional spaces for managing MHM.

Although many of these interventions have been small-scale, they have served as demonstration projects for the school community and local government. For instance, in **Pakistan**, WaterAid and its partners have designed MHM-friendly WASH facilities that are lockable and gender-separated with at least one toilet or washroom equipped an opening leading to an incinerator or dustbin for disposal of MHM materials. There are also handwashing facilities and a supply of sanitary pads in case of emergency. WaterAid has also trained caretakers on operations and maintenance (O&M) and the establishment of O&M funds. MHM is part of the overall school WASH training package where teachers learn skills for making reusable pads. In **Bangladesh**, the Government's School Learning Improvement Plan (SLIP) allocates funds to every school to support the construction, rehabilitation and O&M of school WASH facilities. The Ministry of Primary and Mass Education has agreed to increase the SLIP fund in 2018 and have a dedicated budget for O&M of school WASH facilities in the 4th Primary Education Development Programme.

Accurate, age-appropriate pragmatic information

To address the lack of appropriate MHM educational materials, efforts have been made to improve the capacity and teaching resources of teachers who deliver this information in the classroom and to publish more girl-friendly materials e.g. in **Afghanistan**, UNICEF and the Ministry of Education (MoE) are preparing guidelines⁸ and an interactive booklet, also available as an audiobook, for girls about menarche and myths.

Various other MHM informational materials have been developed for use in specific WinS programmes. In **Bangladesh**, a variety of teaching and learning materials as well as innovative outreach approaches have been developed, such as school-level awareness campaigns and awards for good facilities.⁹

Another approach encourages peer-to-peer MHM learning by supporting existing girls' groups to focus on menstrual hygiene education. In **Southern India**, these groups are supported by a focal teacher or community health worker. Additionally, several non-governmental organisations (NGOs) have been supporting the training of teachers or the direct teaching of MHM as an extracurricular activity.

Technology has helped accelerate outreach. In **Pakistan**, girls with mobile phones have been targeted with SMS-based polls and livechats on MHM.¹⁰ In **India**, innovative online content (e.g. WaterAid's #noshame in menstruation Thunderclap and animation, and Menstrupedia) and Procter and Gamble's "Touch the Pickle" campaign for sanitary protection has also had wide reach among girls with internet access.

Social support

School management, teachers, other staff and parents are increasingly aware of the MHM needs of girls and female school staff. School-based health and nutrition services or school-based counselling services support girls to get advice on menstruation, request pain killers or a sanitary pad or cloth, underwear or find a space to rest. Several MHM champions exist across the region (including sports stars) and have also clearly contributed to the progress. Many countries in South Asia have been proactive in promoting Menstrual Hygiene Day each May, particularly **India, Nepal, Bhutan, Pakistan, Afghanistan** and **Bangladesh**.

Materials and their effective disposal

Cloth remains most common, particularly in rural areas. There are many initiatives to promote locally made reusable sanitary pad options, ranging from handmade pads to micro-enterprises producing pads. Brands of sanitary pads are widely available across the region but in many places the supply chain is weak. Menstrual cups and other absorbents that are inserted into the vagina, such as tampons, are not widely used.

In **Pakistan**, to improve pad disposal, the Department of Education is preparing standards for waste management in schools, including MHM waste disposal, to avoid pads being disposed of in latrines, which can cause blockages; a particular problem in the context of poor O&M of school WASH facilities.¹¹

Other recent disposal innovations include disposal pits connected to the toilet superstructure with a chute (**Bangladesh**), although the efficacy of this approach is yet to be assessed. Other countries (such as **Bhutan**) have menstrual pits for burying sanitary waste. Used materials may also be disposed of in the solid waste systems, although many schools in the region (including **Sri Lanka** and the **Maldives**) lack an effective waste disposal service.

Gaps and challenges

Despite significant progress, critical gaps remain.

Enabling environment

Government engagement and leadership at national level for MHM varies across the region. There are a number of activities at early stages, at small or pilot scale, rather than a comprehensive response. The enabling environment also includes national monitoring of MHM in schools. Few countries monitor MHM in national monitoring systems. Projects and programmes monitor and evaluate MHM

in WinS through knowledge, attitudes and practice (KAP) or baseline surveys. There are currently no multi-stakeholder platforms on MHM in **Afghanistan**, the **Maldives** or **Sri Lanka**.

Hard-to-reach women and girls face multiple challenges to effectively address their MHM needs in schools including those marginalised by geography, caste or ethnicity, disability, disasters and the ultra-poor.

Several organisations are working to address some of these challenges, for example: WSSCC and the Ministry of City Planning and Water Supply are developing an MHM training tool kit for visually impaired people in **Sri Lanka**; The London School of Hygiene and Tropical Medicine and WaterAid are researching the barriers faced by adolescent girls with disabilities relating to MHM in **Nepal**; WaterAid is demonstrating accessibility audits and appropriate standards in Nepal e.g. adapting toilets for wheelchair users; the MoE in **Bhutan** aims to ensure accessible WASH facilities in schools are available and has published *Guidelines for Differently Aabled Friendly Construction*. However, girls with special needs may be forced to stay at home during menstruation as schools do not have the staff or facilities available to support them.

MHM-friendly WASH facilities

Effective O&M of school WASH facilities remains a major challenge. Where facilities exist, they may not be MHM-friendly – i.e. lockable doors, access to water, showering or changing option, lighting and a bin with lid inside cubicles.

In some countries, WinS is allocated a specific government budget line, in others O&M is chronically under-funded. O&M is typically perceived to relate only to the physical infrastructure for WinS facilities. In fact, some of the greatest MHM challenges relate to the lack of systems and supply chains for hygiene ‘software’, such as keeping facilities clean and the low availability of consumables such as soap, water and emergency sanitary materials.

Accurate, age-appropriate, pragmatic information

A wide range of myths, taboos, norms and traditional beliefs and practices around menstruation persist across South Asia, affecting girls’ and women’s ability to manage their periods. In many countries, there are restrictions on girls’ activities during menstruation – particularly related to religious activity, food and social participation.

Integrating topics relevant to MHM into the school curriculum remains a challenge, alongside teachers’ confidence and willingness to teach the subject. Often the national curriculum includes MHM for secondary pupils, but for many girls this comes after menarche. The curriculum usually only covers physiological processes relating to menstruation rather than emotional and practical aspects of MHM or sexual and reproductive health. Teaching and learning materials and MHM in the curriculum could be further developed. Where teachers do not play a direct role in hygiene and health education, some government programmes mandate health assistants to play this role. These programmes have witnessed limited roll-out and success due to the existing heavy workloads of health staff (e.g. **India**, the **Maldives**).

Social support

Women can play a role in challenging restrictions and practices that limit girls’ ability to stay in school after menarche. However, without the right information, older women can perpetuate cultural and religious taboos around menstruation. There is a clear need to build the capacity of parents and other relatives as well as the wider school community to ensure that MHM in schools has traction and that efforts are sustainable. In **India**, WaterAid and Vatsalya proactively engaged boys and men who then provided support for MHM in their roles as peers, fathers, teachers, sanitation masons, school management and district level leaders.

Materials and their effective disposal

Widespread adoption rates of disposable sanitary pads are mixed due to the ongoing costs and the lack of disposal options in schools. In several countries, efforts have been made to develop and manufacture lower-cost products. Unfortunately, these are often regarded as less effective than international/national brands, as materials are reportedly lower quality and insufficiently absorptive. Locally made reusable sanitary pad options are also being promoted, although manufacture is time consuming and effectiveness depends on the materials available.

In some South Asian countries, reusable pads and cloths are not hygienically dried in the sun, but hidden in drawers or the rafters of roofs, due to embarrassment or socio-cultural beliefs about menstrual blood.

Disposal options for used sanitary materials remains an underdeveloped aspect of most MHM services.¹² Until recently, school incinerators were viewed as an appropriate solution in much of the region. However, these tend to be operated infrequently by caretakers and have high maintenance costs. Furthermore, the environmental impacts of incinerators as a long-term solution are not well understood.¹³ In KAP surveys, girls reveal they often prefer to take the used pads home for disposal

There is a lack of information about which materials are easier to destroy, compost or recycle. As more girls of reproductive age have access to disposable pads, dealing with higher quantities of menstrual waste will require attention and pragmatic solutions in WinS programmes and waste management systems.

A long-term view is needed across the entire service chain for MH materials supply and disposal, with the identification of context-specific solutions in consultation with girls.

Opportunities

Cross-sectoral integration and coordination: Regionally, the discourse is moving away from menstrual *hygiene* to consider menstrual *health* more broadly, requiring better cross-sector collaboration, particularly between WASH, health and education sectors to build national convergence. Better engagement with the health sector, for example, could help WASH actors consider pain management which is often needed to help girls stay in class. Several countries have already established national coordination mechanisms for MHM actors to identify national priorities; momentum requires resources, clear roles and responsibilities, and political will to be maintained.

Materials and supply chains: There are increasing opportunities to facilitate the supply of sanitary products, either with international companies or smaller scale private sector enterprises. Many countries are improving the reach and quality of MH products by strengthening the whole supply chain. Disposal of used products requires further innovation. Partnering with the private sector offers opportunities for improving access to commercial sanitary products that meet quality standards, as well as disseminating good practice on MHM to girls and women. For example, Procter and Gamble's sanitary protection brands have developed a puberty and confidence-building education programme that is delivered free of charge in the countries in which they operate. Wider engagement with the private sector may accelerate progress, including linking with waste management service providers and encouraging social responsibility among commercial pad suppliers around disposal.

Quality programme design and monitoring:

Despite progress at the policy and advocacy level, in many countries programmes remain at pilot level with little evidence of scalable design. More attention is needed in refining and testing pilots and assessing the potential to scale up, as well as a better understanding of programme costs and outcomes to determine what programme elements can work best at scale. Different ways of measuring outcomes of MHM programmes are also required including how to measure stress and self-efficacy. Several initiatives are underway to demonstrate how the collection of MHM data could be improved. Monitoring for the Sustainable Development Goals (SDGs) offers an opportunity to get an MHM indicator in national EMIS, facilitating progress measurement and reporting, and incentivising action.

Information and communication

platforms: Efforts to ensure MHM is included comprehensively in the curriculum are underway in several countries and could be replicated. This is supported by efforts to improve the quality and availability of age-appropriate, replicable and user-friendly information and education materials on MHM (including visual and other tools for differently-abled or less literate girls) and teacher training. MHM actors are also beginning to emphasise girls' voices to challenge social norms around menstruation (for instance in the *We the Future* platform, Twitter and Facebook) and demand accountability from duty bearers for better facilities in schools.

Equity: Efforts aimed at leaving 'no one behind' are underway, including better accessibility and safety of school facilities including for girls with disabilities; however, this remains a gap. Community-based outreach programmes, alongside the focus on MHM in schools, could be scaled to reach out-of-school girls. Reaching girls in remote or inaccessible regions that lie beyond normal supply chains requires more attention.

References

- ¹ Extracted from <https://data.unicef.org/topic/adolescents/adolescent-demographics/>
- ² The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future ASIA, UNFPA, 2014.
- ³ <http://www.unfpa.org/press/unleash-power-adolescent-girls-sdg-generation-propel-progress-people-planet-says-unfpa>
- ⁴ Quoted in: Menstrual hygiene management in Udaypur and Sindhuli districts of Nepal, Morrison, J. et al, WaterAid/HERD, 2016.
- ⁵ Herz, B. & Sperling, G. B. (2004) What Works in Girls' Education Evidence and Policies from the Developing World, Council on Foreign Relations, Giving Women Economic Opportunity: World Bank Initiatives, The World Bank, New Lessons: The power of education adolescent girls, Population Council (2009).
- ⁶ Advancing WASH in Schools Monitoring, UNICEF 2015.
- ⁷ [https://www.unicef.org/srilanka/Colombo_declaration_\(4_pages\).pdf](https://www.unicef.org/srilanka/Colombo_declaration_(4_pages).pdf)
- ⁸ Menstruation Matters: Guideline on Menstrual Hygiene Management for Teachers in Afghanistan (UNICEF, 2017) which will be available in Dari and Pashto languages.
- ⁹ WaterAid Bangladesh and Shorno Kishoree Network Foundation.
- ¹⁰ On MH Day 2017 in Pakistan, U-Report (a social messaging tool) was used to answer MH questions and UNICEF hosted a three-hour live chat through the platform targeting all 25,000 registered U-Reporters. Over 2,500 questions were received from girls and boys across the country via free SMS messages.
- ¹¹ WASH United and UNICEF, 2017.
- ¹² WASH United and UNICEF, 2017.
- ¹³ FSG, 2016.



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