Menstrual hygiene management in schools in South Asia



Overview

Various ministries (including Drinking Water and Sanitation, Health and Family Welfare, Human Resource Development, Rural Development, Women and Child Development), policies and programmes have contributed to menstrual hygiene management (MHM) in schools over recent years and the current momentum offers potential for even wider impact across India. Areas that require concerted action are systematic coordination between government agencies involved in MHM programming, monitoring to track progress, and effective budget allocations and utilization to support cross-sectoral action and convergence.

Innovative use of multimedia and social media has helped tackle myths and stigma related to menstruation: highlights include Menstrual Hygiene Day, WaterAid's #noshame in menstruation campaign, Menstrupedia comic, and the Touch the Pickle campaign for sanitary protection (Procter and Gamble's India menstrual health programme).

Key take-aways

Coordination is key

UNICEF's work in Maharashtra shows how the district level can influence the state-level, and that getting the buy-in of the District CEO/Administrator is vital for coordinating a simultaneous intervention.

Beyond women and girls

WaterAid and Vatsalya's MHM programme in Uttar Pradesh involved boys and men to great effect, and other programmes have been targeted and tailored to teachers, mothers, school management and district/block level leaders to build capacity on MHM.

The Menstrual Health Alliance India estimated that '121 million girls and women are currently using an average of eight disposable (non-compostable) sanitary pads a month. The waste load generated in India is estimated to be 113,000 tonnes of menstrual waste annually.' (2017)



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WinS overview

Water availability

of schools have drinking water. (Annual Status of Education Report (ASER) 2016).

Sanitation availability

6190/0 of schools have separate toilet facilities for girls. (ASER 2016)

Toilet to schoolgirl ratio (WHO standard = 1:25)

The desired norm as per Swachh Bharat Swachh Vidyalaya is 1:40, with attached handwashing facility, and an incinerator. (Ministry of Human Resource Development (MoHRD), SB:SV).

Other key issues

Lack of dedicated operations and maintenance funds, poor construction standards, weak management and poor water availability inside toilets.

Hand-washing facilities with soap, sanitary products/disposal mechanisms (in light of increasing pad use and need for disposal systems), and hygiene education can be strengthened in many schools.

MHM overview

Current evidence and key findings A recent systematic review (LSHM et al, 2016) and a Menstrual Health (MH) Landscape Analysis (FSG, 2016) presented findings from several studies:	52% of girls are unaware of menstruation pre-menarche (LSTH et al, 2016).
	58% use hygienic protection (locally prepared pads, sanitary pads and tampons) (National Family Health Survey (NFHS-4), 2015-16).
	70% of mothers consider menstruation "dirty," further perpetuating taboos.
	In Maharashtra and Tamil Nadu, menstruating girls are asked to stay away from religious spaces, kept in isolation, not allowed to play outside, or go to school.
	Girls typically miss 1-2 days of school per month (United Nations Children's Fund; (UNICEF), 2015).
	Several studies report that many girls do not change pads in school and that more girls would attend if better facilities existed (FSG, 2016).
Educational materials	The national educational curriculum focuses on practical and biological aspects of menstruation and personal hygiene rather than MHM. There is a lack of information on psycho-social changes and reproductive health or skills-based hygiene education (FSG 2016) and low capacity among teachers/frontline staff on MHM.

India

MHM overview continued

Policies Standards Guidelines Legal frameworks	The Right of Children to Free and Compulsory Education Act (RTE) (2009) includes standards for drinking water and gender-separated sanitation facilities in schools.
	A 2011 Supreme Court directive to all states instructed them to prioritise separate toilets for girls and drinking water in schools.
	Menstrual Hygiene Scheme of the Ministry of Health and Family Welfare (MoHFW) for rural adolescent girls to enhance MH knowledge, improve hygiene practices, provide subsidised sanitary absorbents, and raise awareness of MHM at school.
	SABLA programme of Ministry of Women and Child Development focuses on nutrition, health, hygiene and reproductive and sexual health (linked to rural mother and child care centres).
	National Rural Livelihood Mission of the Ministry of Rural Development supports self-help groups and small manufacturers to produce sanitary pads.
	Swachh Bharat Mission (SBM) and Swachh Bharat: Swachh Vidyalaya (SB:SV) Ministry of Drinking Water and Sanitation (MoDWS) includes guidelines for sanitation in schools and emphasises MHM facilities and awareness raising.
	MoDWS published the <i>Menstrual Hygiene Management National Guidelines</i> (2015), with UNICEF support. MoDWS has also developed <i>Guidelines for Gender Issues in Sanitation</i> (2017).
MHM in schools practice	MHM education, gender separate toilets, safe disposal requirements and access to soap and water are now embedded in the 2015 MHM National Guidelines. In addition, SB:SV includes design principles for separate toilets, and suggests access to emergency pads.
	Many schools are increasingly outsourcing MH training for teachers to specialist NGOs (FSG 2016).
	Some states have included water, sanitation and hygiene (WASH)/MHM-related behaviour change components into their work and teacher training, e.g. in Maharashtra, by 2016, 120,000 girls had been reached by a district-level approach led by Sindhudurg District and UNICEF.
	Available types of sanitary pads are of varying quality and unaffordable for many. Some state governments provide free pads in rural schools. Although the National MHM Guidelines support the use of clean cloth, the Government is encouraging states to manufacture and increase access to disposable pads that conform to national standards (MoHFW).
MHM in Education Monitoring Information System (EMIS)	District Information System for Education (DISE) collects data on WASH indicators for EMIS, however MHM is not included. UNICEF and others are currently condensing the proxy indicators across the different monitoring systems into a few key MHM indicators based on Joint Monitoring Programme for Water Supply and Sanitation (JMP) guidance. The National MHM Guidelines also propose key performance indicators.
Coordination platforms/ mechanisms	Menstrual Health Alliance India (MHAI) is a national level inter-agency advocacy group. There is also a state-level advocacy platform in Uttar Pradesh and other platforms in the south for MHM learning and advocacy.

India

MHM journey in India

2000	The Government requires WASH
	facilities in all new schools.

- **2009** The RTE Act launches with standards for drinking water and gender-separated sanitation facilities.
- **2011** MoHFW launches a scheme for the promotion of menstrual hygiene.
- **2014** SBM and SB:SV missions launch, with budget made available to fund MHM.
- **2015** MoDWS launches the National Guidelines for Menstrual Hygiene Management.

UNICEF publishes A Communication Framework: Menstrual Management.

2016 National Consultation on MHM in New Delhi involving government and civil society/NGOs. MHRD commits to take National MHM Guidelines for MHM forward at state level.

State-level Guidelines on MHM launch in Maharashtra, and a 'Training of Trainers' package is rolled out in Uttar Pradesh.

MHM among adolescent girls in India: a systematic review and meta-analysis is published.

2017 State-level data on MHM is collected for the first time in Rajasthan.

NFHS 4 (India's DHS) includes data on the use of hygienic products by young women (15-25 years)

MHAI holds a consultation event on 'Pushing the boundaries on the MHM dialogue in India'.

MoDWS considers menstrual waste to be a part of solid liquid resource management.



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Coming up

Building the capacity of teachers and frontline workers.

Improving the quality and availability of age-appropriate/accessible MHM education materials in schools and building them into the curriculum.

Improving the reach and quality of MH products and strengthening the supply-use-disposal chain.

Strengthening state-level planning for MHM programming and supporting better governmental coordination and monitoring.

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