

Guest editorial: Tackling the stigma and gender marginalization related to menstruation via WASH in schools programmes

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MENSTRUAL HYGIENE MANAGEMENT has been defined as: ‘Women and adolescent girls using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials’ (UNICEF and WHO, 2014). However, menstrual hygiene is not just about the management of the menstrual period but also the need to address societal beliefs and taboos surrounding the issue. Until recently, the development sector including WASH (water, sanitation and hygiene) had not explored and attempted to address the challenges related to Menstrual Hygiene Management (MHM), an important issue affecting the health, dignity and privacy of millions of girls and women on a daily basis. It is great to have a whole issue of *Waterlines* dedicated to MHM, as it will help us, the male-dominated, engineering-based sector, to increase our understanding of this aspect of the development work we do on a daily basis.

Tackling the stigma and gender marginalization related to menstruation can be difficult due to the perception that menstrual health programmes represent a challenge to traditional social norms. Adolescent girls and women need clean menstrual management materials to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period. WASH in Schools (WinS) programmes are good entry points to improve menstrual hygiene management and provide us with the opportunity to initiate discussions on broader issues related to menstruation. WASH in Schools programmes engage with the community and the education system on the issues of improving access to water supply and sanitation facilities and promoting good hygiene practices. This engagement builds rapport and a working relationship between communities and schools, paving the way for discussions and actions to address the MHM challenges that girls face in schools and the challenges they face within their communities and homes.

Girls face additional barriers to getting a quality education when they reach puberty. Many girls do not attend school during their menstrual periods as they are faced with a lack of toilets that provide privacy, water, soap and ways to clean or dispose of sanitary napkins. Girls are also subject to social stigma and a greater risk of

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sexual abuse when they begin to menstruate, further marginalizing and threatening them within the school environment. These factors have been shown to result in disproportionately high absenteeism rates among school girls, affecting educational performance and the chance of entering and completing secondary school.

The majority of schools in developing countries still do not have adequate water, sanitation and hygiene/washing facilities and many schools have none at all. Data collected by UNICEF through its programme countries show that only about 50 per cent of primary schools in poorer countries (Least Developed Countries and Other Low Income Countries) have even the most basic sanitation and water facilities. In fact the situation is more serious since most available data do not take into account key criteria for WASH facilities in schools such as the need for private, gender-segregated sanitation and washing facilities, gender-specific pupil-to-toilet ratios, or whether or not WASH facilities are actually functioning. This situation threatens the health of children and contributes to low school attendance, performance and completion rates, especially for girls. The need to ensure adequate WASH facilities in schools is increasingly recognized by stakeholders in the WASH, Education and Health sectors as a priority area for children. Consequently, many development agencies have prioritized WinS within their global programmes of support. What is indisputable is that from both human rights and public health perspectives, every menstruating girl and woman should have a safe, clean and private space in which to manage her monthly period with dignity. Adolescent girls should be able to attend and complete their secondary education in safe and protective learning environments to take advantage of what an education can offer themselves and their communities.

This issue of *Waterlines* captures the range of evidence-based research, advocacy and programmatic interventions in MHM. The qualitative studies on MHM document many cases in which girls reach menarche without adequate guidance and information on this important physiological change, or on how to manage their menses and body hygiene with confidence. Many female students encounter challenges in managing their menses going to and within the school environment. Such challenges include: inadequate sanitation facilities, with many schools having an insufficient number of private, safe and clean toilets; lack of access by schools to water within or near the toilet facilities for washing menstrual stains from clothes and uniforms (or for washing re-useable sanitary napkins); and inadequate mechanisms in schools for the disposal of used menstrual materials or menstrual waste. Additional challenges highlighted in this issue of *Waterlines* show that female students face insufficient supplies of adequate sanitary materials for participating in lengthy school days; harassment by male students, who mock or tease them; and menstrual pains and fear of staining their clothes, which negatively affect their concentration, attendance, confidence and participation in school and community life.

This special issue on MHM presents innovative ways in which development practitioners in the field are helping girls face the challenges of managing their periods. Philipps-Howard et al. describe qualitative research into girls' use of menstrual cups and pads, suggesting positive reactions after a slow start. Long et al.

and Dorgbetor present the potential of play-based approaches in accelerating and sustaining the implementation of MHM in schools in Bolivia and Ghana. Teachers and school children participate in and demonstrate considerable knowledge and become confident discussing MHM through play-based approaches. Mahon et al. present ways to engage with men and boys on MHM programming. As a result of this initiative in India, men and boys were able to talk about menstruation more freely and were better able to support the MHM needs of women and girls within households, communities, and schools. Also reporting from India, Muralidharan et al. describe the institutions involved in MHM in schools and point to the potential for better MHM if government departments can improve the coordination of their programming. Naeem et al. describe booklets and posters that proved effective in Pakistan schools in building girls' confidence, as well as innovative ways to keep schools stocked with MHM supplies.

It is clear from these articles that the onset of menstruation does not just involve managing hygiene. Interviews reported both by Joshi (Ghana), by Trinies et al. (Mali) and by Tamiru et al. (Ethiopia, Uganda, South-Sudan, Tanzania and Zimbabwe) reveal a lack of information for girls facing their first period and a culture of shame. The start of menstruation is associated with a girl becoming marriageable and with the dangers of pregnancy, and these authors present evidence that girls dropping out of school may be partly due to these perceived dangers, rather than just an inability to manage menstrual hygiene.

This MHM special issue will help practitioners around the world to better understand MHM-related challenges and to better engage with national governments, local and international NGOs, academia and communities in tackling the stigma and gender marginalization related to menstruation. There is much to be done to build a strong evidence base on critical issues related to MHM and its relationship to girls' attendance and school participation. It is important for development practitioners to:

1. *Increase their understanding of current MHM practices and barriers girls face in schools.* This issue of *Waterlines* should be shared widely and should be used as a basis for future qualitative assessments. Further studies need to be conducted to understand MHM practices, the barriers girls face in schools and communities in different contexts, and the impact of programmatic interventions.
2. *Increase their support for Ministries of Education to incorporate gender-sensitive MHM into national programmes.* It is of critical importance for Ministries of Education to take a leading role in promoting and supporting MHM in schools. There are important roles for other government and non-government stakeholders of course, but if the programme is not owned by the education sector, going to scale effectively is difficult. It is therefore important to help stakeholders to develop and promote country-specific MHM guidance, based on sound qualitative research embedded in national programmes.

Much still needs to be done to understand MHM, including what works and is appropriate in different contexts. I hope this edition of *Waterlines*, coordinated with

the help of UNICEF, will help us to further understand, improve and expand our MHM programmes. We hope all girls and women everywhere can manage their menses in dignity and without fear of stigmatization in their everyday lives and in humanitarian situations.

Reference

UNICEF and WHO (2014) 'Post 2015 WASH Targets and Indicators: Outcomes of an Expert Consultation', http://www.unicef.org/wash/files/4_WSSCC_JMP_Fact_Sheets_4_UK_LoRes.pdf, [accessed 09 January 2015]