

Mainstreaming MHM in schools through the play-based approach: lessons learned from Ghana

GEORGE DORGBETOR

The study objective was to identify and document the effectiveness of the play-based approach in promoting menstrual hygiene management (MHM) in schools and share lessons learned. The study used a mix of approaches including qualitative and quantitative techniques. The author carried out an exploratory evaluation on the promotion of MHM activities as part of WASH in Schools programmes in 120 public schools in Ghana. Comparison was drawn between 60 schools currently using the play-based approach in promoting MHM, and 60 schools which are not using the play-based approach. Data were gathered through interview, focus group discussions, observation, and from field level reports over a six-month period. The study showed that there is much potential in play-based approaches, which could accelerate and sustain the implementation of MHM in schools. More teachers and school children participated and demonstrated considerable knowledge and confidence discussing MHM. The play-based activities also served as a point of attraction for the primary school children. The study indicated positive attitudes in boys towards menstruating girls and improved personal hygiene among adolescent girls.

Keywords: menstruation, MHM, mainstreaming, play-based approach, Ghana

MENSTRUAL HYGIENE MANAGEMENT (MHM) is a challenging issue among women and girls. Until now, issues about menstruation have been considered taboo and an abomination in several cultures and societies. Menstruating women and girls are often viewed or described as dirty, impure, unclean, unhygienic, and contaminated and are forced to suffer restriction, rejection, embarrassment, and in some cultural settings are prevented from taking part in cultural and religious gatherings and house chores.

It is estimated that in low-income countries 200 million menstruating females suffer from poor MHM (Crofts and Fisher, 2012). In research for developing water, sanitation, and health (WASH) guidelines for schools in Kenya it was identified that girls found menstruation the biggest obstacle to attending school (Greene, 2009).

A study at a school in Uganda found that half of the girl pupils missed 1–3 school days a month, or 8–24 school days a year (SNV and IRC, 2013). In Ghana, girls miss up to 5 days a month attributed to inadequate sanitation facilities and the lack of sanitary products at school as well as physical discomfort due to menstruation, such as cramps (Montgomery et al., 2012).

George Dorgbetor (gkdorgbetor@unicef.org) is a WASH Officer at UNICEF, Ghana.

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However, schools continue to find it difficult to make menstrual hygiene education a practical component of school activities. Since the school timetable does not have any allocation for menstrual hygiene education, teachers only discuss issues about menstruation when it is directly a subject of discussion under a particular subject in the curriculum.

In promoting MHM as part of the WASH in Schools programme in Ghana, UNICEF, together with the School Health Education Programme Unit of the Ghana Education service, has adopted a play-based approach to promoting MHM, and health and hygiene education in school.

The overall objective of this study is to share the lessons learned and successes of the play-based approach in promoting MHM in schools. Specifically, the study:

- Analyses and compares data collected from schools using the play-based approach in promoting MHM and schools which are not using the play-based approach, specifically, teachers' and children's participation in successful MHM in schools.
- Evaluates the implementation of MHM using the play-based approach.
- Identifies and shares lessons from the use of the play-based approach for possible scaling up.

Methods

The study on mainstreaming MHM in schools through the play-based approach made use of a mix of study approaches including qualitative and quantitative techniques. The writer carried out an exploratory evaluation on the promotion of MHM activities as part of WASH in Schools programmes in 60 public schools in four districts: Assin south (15), Asikuma (15), Keta (15), and Kpando (15). Comparison was drawn with a further 60 public schools under the GoG-UNICEF WASH in Schools programmes but currently not using the play-based approach in three more districts: Abura Asebu Kwamankese (20), Ajumako (20), and Gomoa East (20).

The study looked at a six-month period of implementation of WASH and MHM in schools, spanning December 2013 to June 2014. A questionnaire was developed to solicit information from head teachers, school-based health coordinators, and school children as well as district school health coordinators. The study employed data collection techniques such as observation, interview, focus group discussion, and district reports on WASH in Schools activities. The study also incorporated updates posted on a WASH in Schools WhatsApp Group Platform from teachers in the intervention schools – an innovation on integrating social media network into WASH in Schools programming.

Within the period, several unannounced monitoring visits were made to the various schools under the GoG-UNICEF WASH programme. Areas of observation included implementation of WASH and MHM activities, hygiene behaviours, conditions of WASH facilities, and action plans including MHM. Data and information from the

various schools occasionally came in the form of updates and programme reports from the district education directorate.

No definite criteria for the selection of schools were used. All schools benefiting under the GoG-UNICEF WASH programme were considered and followed over the period of the study.

The play-based approach

The Children's Play Council (1998) highlighted that play promotes children's development, learning, creativity, and independence while fostering social inclusion. It helps children understand the people and places in their lives, learn about their environment, and develop a sense of community, allowing children to find out about themselves, their abilities, and their interests. In addition, the Northern Ireland Curriculum (Department of Education for Northern Ireland, 1996) underscored the importance of play as it: 1) promotes positive attitudes to school and to learning, and provides opportunities to learn in a practical way; 2) provides rich and varied contexts for developing skills such as observing, organizing, recording, interpreting, and predicting; and 3) provides opportunities to develop knowledge, understanding, and skills through a range of contexts spanning all subjects in the curriculum.

A play-based approach primarily involves structured educational play or games that focus on learning outcomes while the individual is engaged in a kind of play activity or game. The play-based approach leads children through a sequence of activities or games that help them to reflect, connect, and apply the lessons learned through the play or the game. The play-based approach employs a 5-stage sequence of activities comprising Opening Discussion Session – Warm-up Sessions – the Game Session – Cool Down Session – Closing Discussion Session (reflect-connect-apply). Each stage of the approach is planned and carefully linked to the other until the activity is closed with reflect-connect-apply.

The play-based approach allows a variety of activities, games, and energizers, from traditional or local to foreign. The approach also permits teachers to innovate an activity or game but with the focus on solving a problem identified in the school or the community. The approach allows creativity and use of local and foreign materials to support the game. These may include footballs, volleyballs, whistle, cones, beanbags, pieces of cloth, and many more as the game or the activity may require. Examples of games are given in Box 1 and Box 2.

The play-based approach of promoting WASH and MHM in schools under the UNICEF-Government of Ghana programme began in December 2013 with technical support from Right To Play, an NGO in Ghana. The approach allows schools to flexibly integrate WASH and MHM activities through games and play into school activities. The approach meets the challenge of teachers seeking a required period to promote WASH and MHM in school. The play-based approach takes a maximum period of 30 to 40 minutes (see Figure 1).

Box 1 Musical chairs: 9–15 years

Key learning: To convey the message that adolescence is a time of change and that those changes are things to celebrate.

Time: 60 minutes

Material: Paper, markers/pen, chairs, music source (radio, iPod, disk player, singing), cards with butterfly development images, cards with human development images.

Ensure that the play area is clean and safe.

Preparation:

1. Create a stack of cards with each card corresponding to an illustration of one stage of butterfly development.
2. Make multiple sets of these cards depending on how many groups of six you can make with your participants.
3. Create a stack of cards with each card corresponding to an illustration of one stage of human development above. There needs to be one extra card with a duplicated illustration.
4. Make multiple sets of these cards depending on how many groups of six you can make with your participants.
5. Shuffle each set of cards.
6. Create a playing space with photos of each stage of development of a butterfly forming a circle on the ground. There should be enough circles created to accommodate each group of six.

How to play:

1. Start by asking participants the following opening discussion questions:
What physical differences do you notice as babies turn into adults, for both boys and girls?
2. Arrange participants into groups of six.
3. On a board in front, illustrate how each phase in the development of a caterpillar may correspond to a similar stage of development in humans.
4. Pass out the sets of each shuffled card deck to one member of each circle. Ask them to take one and pass the rest down to each group member with cards facing down.
5. Ask each team member to carefully look at their card, without showing it to anyone else. In their heads ask them to match the stage of the human development in their hand with the corresponding stage of development in the butterfly taped to the ground.
6. After giving everyone a chance to think, tell everyone to assume a position around their group's circle.
7. Start playing music. Tell participants they may walk around the room and other groups' circles while the music is playing.
8. Choose to stop the music at any point.
9. Once the music stops, participants must race to find their matching human-butterfly stage of development. Participants may choose to station themselves at circles they did not start off at.
10. The players that are left without a butterfly to stand next to are eliminated.
11. For the next round remove a set of butterfly pictures on the ground and start the music again.

Questions for a reflect-connect-apply discussion

Reflect: What are some of the common changes we go through when we transition from a child to an adult?

Connect: How is the human development cycle similar to the development of a butterfly?

Apply: What can you do to ensure that you will become a healthy and happy grown-up? What can you do to help others grow into healthy and happy grown-ups?

Box 2 Body mapping race: 9+ years

Key learning: To help youth anticipate and understand the physical changes in their bodies they are likely to encounter as they grow older and to become more comfortable with those changes.

Time: 20 minutes

Material: Large pieces of paper that are as big as an average child (or small pieces attached together to make a larger piece), marker, scissors, tape and two identical sets of pre-made cards labelled with physical changes occurring in boys and girls through adolescence.

Ensure that the play area is clean and safe.

How to play:

1. Start by asking participants the following opening discussion question: What changes do boys and girls experience in their bodies when they grow up?
2. Split the group into two teams. Provide each team with a large piece of paper. Instruct each team to outline the body of a male and female team member.
3. Each group will tape their male and female silhouettes on a wall. If you are outside you can draw the silhouettes on the sand/ground.
4. Each team will receive the same stack of cards, though shuffled differently. Each card identifies a physical change that takes place either in girls and/or boys. Some physical change traits will be repeated in the stack, as both girls and boys will experience the change (for example, acne, voice changes, underarm hair growth).
5. Each team will work through the stack together by matching the physical trait with the appropriate place on the body silhouettes. Each card is to be taped to the location on the body where the change will take place.
6. Whichever team tapes all of its cards to the bodies in all the correct places wins.
7. At the end of this activity make sure the following are clear: 1) both boys and girls experience physical changes throughout adolescence that signal a stage of biological maturation; and 2) there are some physical changes that both boys and girls will experience, but other changes will be specific according to sex.

Questions for a reflect-connect-apply discussion

Reflect: What are the similar physical changes girls and boys will experience as they move towards adolescence? What physical changes are different?

Connect: Do you think some of these changes might be a source of embarrassment or loss of self-esteem for some teenagers? Why? Can you share a time when your self-esteem was low? (Participants can talk with a partner instead of with the whole group as this is a sensitive question).

Apply: What can you do or not do to make others feel better about their self-image, especially during this time of puberty?

Note: In some communities, most children, parents, or community members will not immediately be comfortable with the terminology of the body changes, the images of the body, etc. As an option, you can work with other teachers (biology teachers possibly), parents, and community associations before you start playing these games with children.

Source: Right to Play (2011); Unicef Ghana and Right to Play (2014)

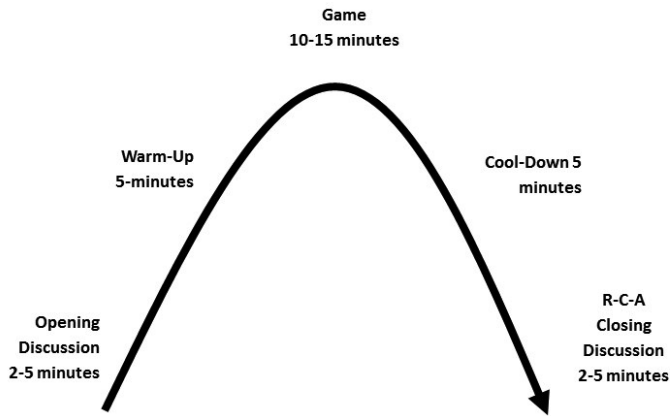


Figure 1 Sequence of a play-based approach

Source: adapted from Right To Play's HHETPS Leaders Manual (2011)

Results

Teacher involvement in promoting MHM in school

With regard to teachers' involvement in promoting MHM in schools, the study revealed that in all 60 schools visited in the Central and Volta regions where the play-based approach is used, between 70 and 90 per cent of teachers in each school are involved in MHM activities and are knowledgeable and confident discussing menstruation and MHM issues with school children. During interaction with teachers in the 60 schools, teachers admitted that their school girls are now more confident to discuss personal issues regarding MHM. Some teachers also admitted engaging parents on the subject of MHM, leading some parents, especially fathers, to become aware of the effect of poor MHM practices and accept the need to provide for their adolescent girl child.

In the 60 schools in Abura Asebu Kwamankese, Ajumako, and Gomoa East districts which do not use the play-based approach, it was observed that teachers do not often talk about MHM and interaction with teachers showed that issues of MHM were mostly directed to female teachers or the school-based health coordinator in the case of a female.

Generally, teachers would teach or discuss issues concerning water, sanitation, and hygiene, and menstrual hygiene when it is linked to or identified in the syllabus or in the school curriculum. Issues related to personal hygiene and WASH activities are seen as the responsibility or preserve of the teacher on duty or the teacher nominated as the school-based health coordinator.

Action plan for MHM

Of the 60 schools using the play-based approach, it was observed that all schools had a termly action plan that included MHM. Even though, at the time of the visit to the schools, it was observed that some of the schools' action plans were not up to date, there were indications that MHM was actively promoted as part of WASH activities in the school.

The situation, however, was different in schools which do not use the play-based approach. Even though schools are encouraged to have an action plan to guide the implementation of school health education programmes including WASH, less than 50 per cent of the 60 schools had an action plan and only 5 per cent had an action plan with MHM for the term at the time of the visit.

Children's participation in MHM in school

In all the 60 schools using the play-based approach, it was discovered that school children showed much interest and participation in the play-based activities and enjoyed discussing issues regarding MHM. Teachers confirmed that most of the girls were showing some foot-dragging attitudes in sharing their experience regarding menarche but as time went on, they showed much confidence in sharing and discussing their personal issues in class. The boys also participate actively and show much interest in discussing MHM.

In contrast, during a separate interaction with school children from Abura Asebu Kwamankese, Ajumako, and Gomoa East districts, it was observed that the majority of the boys and girls were too shy to discuss MHM; less than 10 per cent of the boys and 25 per cent of the girls indicated that they were very confident talking about MHM.

Knowledge, attitude, and practice

Based on responses to open-ended questions during interactions with teachers and school children in the 60 schools using the play-based approach, the majority of teachers, both male and female, expressed having increased knowledge of MHM. The school children, especially from the older class, gave an indication of improved knowledge in MHM. Between 70 and 90 percent of the male teachers believe that they have adequate knowledge to discuss MHM issues in school and are able to assist girls who menstruate while in school. The teachers admitted that when a girl child menstruates while in school, the girl is supported to clean herself and is given a menstrual pad to use but those who can afford to come to school with their own pad.

Regarding attitudes and practices towards MHM, it was observed that most girls appear more confident and are freely able to discuss menstrual hygiene matters in class and share their experiences with their peers and teachers. The teachers revealed that girls' hygienic practices during menstruation have improved and there is no longer an odour problem. Boys no longer mock or embarrass the girls when they observe such a situation and even politely inform the girl if she is not aware.

On the other hand, data gathered from the 60 schools which do not use the play-based approach revealed that MHM is not often discussed. Apart from the female teachers, only a few male teachers showed much knowledge of MHM but also believed that female teachers should be responsible for MHM in the school. As to how girls manage menstrual hygiene in school, about 65 per cent of the girls spoken to said they go home when they suddenly observe they are in their menses and do not come back until the next day.

Availability of menstrual or sanitary materials

The team looked at availability of menstrual materials in the schools that were involved in the study. Data revealed that in all the schools visited more than 80 per cent of the schools using the play-based approach had at least one menstrual pad to show to the study team at the time of the visit. The schools indicated that the menstrual pads are used for demonstration during MHM or play-based activity sessions; however, in the event of any girl menstruating, they support the girl with that. Of all the schools visited, two schools have created a changing room for girls who menstruate while in school.

Information from the schools which do not use the play-based approach showed that very few could show at least one menstrual pad to the study team at the time of the visit.

Discussion

Generally, for any MHM programme to be successful, teachers' involvement is paramount. Teachers are already burdened with the task of teaching and completing their syllabus for the academic year. Extra-curricular activity becomes an added responsibility and finding time to accomplish that is challenging. Within the period under review, the study identified that the play-based approach is one of the effective methods teachers could use to promote MHM in schools. In schools where the play-based approach is used in promoting WASH and MHM, teachers' and children's participation is very high.

The study also identified that developing a school action plan for the implementation of MHM is important and necessary. Action plans in the school were an indication that the school has a planned programme in place and a period to implement the activity. This, however, did not suggest that all the schools with an action plan were effectively implementing MHM through the play-based approach. Nonetheless, the study revealed that in the majority of schools which had action plans that included MHM, teachers and school children expressed considerable knowledge and showed positive attitudes towards MHM.

Also, most of the schools have appreciated the need to have menstrual materials in the schools to support those who cannot afford them. Some head teachers were of the view that part of their internally generated funds, such as contributions from school food vendors and worship, would be used for some menstrual materials to

be kept in the school. Some individual female teachers buy sanitary materials with their own money to support such girls in the school.

Lessons learned and conclusion

Four key lessons learned on this study within the six month period are outlined below.

Capacity building

Training and capacity building for school-based health coordinators and teachers give teachers enough confidence to actively implement MHM and WASH in school activities. During visits to schools where more teachers have had some level of training in WASH in Schools or MHM, there were indications of teamwork among the teachers to promote school health programmes including MHM.

Linking MHM and WASH with play-based activities

Structured educational play activities have been shown to bring out the creativity, imagination, and opportunity to learn in a practical way and also promote a positive attitude to school and learning. Play-based activities allow children's participation in school health programmes and MHM. Among the schools that use the play-based approach the subject of 'menstruation' has been demystified and is no longer very sensitive for most of the school children and teachers. It was noted that male teachers and school boys easily handle sanitary pads during discussion and male teachers offer to support female teachers during demonstrations. It was also noted that during PTA meetings parents have also been sensitized to the impact of menstruation on girls in schools.

Child-led WASH and MHM activities

Children are often seen as vulnerable and most programme interventions focus on addressing the needs of children. However, during implementation, the role of the children is relegated. Child-led activities appear more sustainable when they are given adult support. Children's creativity can be stimulated by giving them the opportunity to make the spaces their own and letting them adapt them to better suit their needs. Children could, for example, decorate walls or solve functional problems themselves, which will encourage creative thinking (Mooijman et al., 2010). Children continue with play-based activities on their own during break time or play time and continue to speak about things they have learned.

Regular monitoring and follow-up visits

Regular monitoring and constant follow-up visits keep teachers and school children on the alert in order to maintain best practice and sustain appropriate behaviour.

Schools that receive inspectors more often from the district level show more commitment to promoting school health activities.

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