



Menstrual hygiene management in schools in South Asia

Overview

While access to water, sanitation and hygiene (WASH) facilities in schools is high, poor design and operations and maintenance (O&M) remain challenges and there are no specific menstrual hygiene management (MHM) policies or programmes. Formal hygiene education, trained school health assistants and good hygiene practices are lacking. MHM is not in the curriculum, and WASH needs to be integrated into education materials, alongside more training for school staff.

However, gender-separated toilets are the norm, girls can access washrooms with emergency pads and painkillers and the new WASH in schools (WinS) policy includes MHM (2017). Most girls use disposable pads, which are fairly priced and widely available, although waste disposal in schools is poor.

Key take-aways

Integrated approaches to O&M are needed to ensure functioning of facilities and availability of hygiene consumables, which requires coordinated engagement with teachers, parents, management, pupils, health focal teachers etc.

WinS and MHM are being integrated into teacher training and the school curriculum by the Ministry of Education (MoE) and United Nations Children's Fund (UNICEF).

Engaging MHM materials, such as *Growing Up Well for Girls*, are busting myths and empowering young women.

Improving waste disposal and management is still an urgent priority.

No specific taboos associated with MHM and few restrictions on women and girls are reported.

Hygiene education in schools does not emphasise MHM.

WinS overview

Water availability

85% of schools have a functioning water system; 15% need extensive repairs or a new system (MoE, 2013). Water is available in all schools.

Sanitation availability

97% have functioning sanitation facilities; 3% need extensive repairs or new facilities (MoE, 2013).

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

1:35 with one wash stand for 50 girls (UNICEF Regional Office for South Asia (ROSA), 2012).

Other key issues

Children in rural areas, with disabilities or in remote atolls face some barriers to school access. In 2016, girls accounted for 49% of children enrolled in school (MoE).

WASH facilities exist in all schools; poor quality and O&M remain challenges. O&M responsibilities are unclear with low prioritisation of WASH by budget holders.

The Government reports 100% enrolment for primary education. Enrolment for girls is 81% at lower secondary and 31% at higher secondary.

Finance, planning and systems for all types of waste disposal are lacking. Most schools have no plan for cleaning septic tanks; only 32% have waste water drainage (MoE, 2013).

MHM overview

Current evidence and key findings

A WinS assessment (MoE, UNICEF, 2013) found:

- School toilet functionality (not access) and no proper waste disposal system compromises school sanitation.
- Hygiene education does not emphasise MHM, is message-based rather than practical and does not promote behaviour change.

No specific taboos associated with MHM and few restrictions on women and girls are reported.

Educational materials

The curriculum does not include MHM. At lower secondary level, general hygiene and links to rituals are taught in Islam classes. Environmental studies includes limited WASH components (not MHM).

After WHO's Health Promoting Schools Initiative (HPSI), WASH needs integrating into education materials and more teachers and health staff need WASH and hygiene education training (UNICEF, 2015). UNICEF supported MoE to develop a School Health Strategy and Action Plan.

Growing Up Well for Girls (MoE, UNICEF 2016) was developed as practical guidance for teachers and school health assistants.

MHM overview *continued*

Educational materials	<p>A competency guide for teachers (National Institute of Education (NIE), 2015) includes personal hygiene and enhancing pupils' physical, social and mental wellbeing. Puberty information is included for grades 4-6 and above, but does not mention MHM.</p>
	<p>WinS is managed by a trained School Health Officer or Focal Point. Not all schools have these posts. The new MoE WinS policy addresses this.</p>
Policies Standards Guidelines Legal frameworks	<p>There are no specific MHM policies.</p>
	<p>WinS is the responsibility of MoE.</p>
	<p>The School Health Programme (1986) includes WinS. HPSI incorporated WASH (2004). HPSI concepts added as quality indicators for the Child-Friendly Baraabu Schools initiative ensuring school health became mainstream.</p>
	<p>The School Health Policy (MoE, 2011) states there should be safe drinking water, toilets and soap/handwashing facilities available for all.</p>
	<p>The draft Policy on Water, Sanitation and Hygiene in Schools (MoE 2017) includes one mention of MHM facilities.</p>
MHM in schools practice	<p>'Health rooms' are often available, where girls can rest, obtain emergency pads and painkillers. However, many girls return home to change sanitary materials.</p>
	<p>A recent WinS assessment (MoE, UNICEF 2013) found no programmes for promoting safe and private menstrual hygiene for older girls.</p>
	<p>Hygiene education has been inadequate (MoE, UNICEF 2013). More school health officers/focal point teachers are being trained and new materials published. <i>Growing Up Well for Girls</i> (MoE, UNICEF, 2016) covers puberty, menstruation, personal hygiene, pad usage and disposal.</p>
	<p>Most girls use disposable pads, which are universally available and fairly priced. The lack of bins for safe disposal, toilet paper and soap are key challenges. School principals are being encouraged to improve the availability of hygiene products.</p>
MHM in Education Management Information System (EMIS)	<p>EMIS collects data on water and toilet availability; no MHM data is collected. UNICEF is working with the MoE to incorporate elements of Sustainable Development Goal (SDG) monitoring into EMIS. While the SDG enhanced indicators for MHM are unlikely to be included, UNICEF hope to include a standard on waste disposal.</p>
	<p>All schools are expected to follow the standards and indicators for Child-Friendly Baraabu Schools which includes WASH standards. The high cost of monitoring WinS on all atolls led the MoE to launch an online OpenEMIS system to support access and build capacity.</p>
Coordination platforms/mechanisms	<p>There is currently no MHM platform. A multi-stakeholder committee steers the School Health Programme, although this group has been inactive recently. The new WinS policy refers to its revival to enhance coordination and cross-sector action.</p>

MHM journey in the Maldives

- 1986** School Health Programme established – WinS is included.
- 2004** HPSI incorporating WASH components launches in Male, with attempts to roll out across all atolls.
- 2013** *School Sanitation and Hygiene (Maldives)* is published by MoE and UNICEF, working with 41 schools.
- A Guide for School Water, Sanitation and Hygiene Education* (MoE) is published.
- 2015** *Advocacy Paper: Water, Sanitation and Hygiene Education in Schools* (UNICEF) highlights the need for appropriate hygiene education and better coordination with the health sector. Calls for standardisation of child-friendly and inclusive facilities with specific and adequate budget for O&M.
- 2016** *Growing Up Well for Girls* published (MoE, UNICEF).
- 2017** Draft *Policy on Water, Sanitation and Hygiene in Schools* is developed by MoE with UNICEF support, including strong focus on handwashing facilities and practice.
- MoE and UNICEF currently developing WinS standards to align with SDGs and for inclusion in EMIS.

Coming up

The WinS policy includes commitments to:

- ensure the curriculum includes health and wellbeing as a core subject – MoE will collaborate with NIE to produce a WASH syllabus including more guidance on MHM.
- build competencies of teachers and school health assistants to deliver skills-based education.
- support schools to develop policies on WASH promotion for staff, parents and students. Practical MHM guidance could be included.

UNICEF intends to further mainstream MHM into current hygiene efforts and is exploring the relationship between menstruation, girls' enrolment in higher secondary school and absenteeism.

References

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