



WASH in Schools Empowers Girls' Education in Fiji

An Assessment of Menstrual
Hygiene Management



Suggested citation: Francois, Maria Carmelita, Amber Lauff and Brooke Yamakoshi.
WASH in Schools Empowers Girls' Education in Fiji: An assessment of menstrual
hygiene management in schools. UNICEF Pacific, Suva, Fiji, November 2017.

Photo credits: UNICEF Pacific
Design by QUO Bangkok Co., Ltd.



UNICEF
Unicef Pacific Islands
3rd Floor, FDB Building
360 Victoria Parade
Suva, Fiji
www.unicef.org/wash/schools

Commentaries represent the personal views of the authors and do not necessarily reflect the positions of the United Nations Children's Fund (UNICEF). The designations employed in this publication and the presentation of the material do not imply on the part of UNICEF the expression of any opinion whatsoever concerning the legal status of any country or territory, or of its authorities or the delimitations of its frontiers.



**For information about this publication, contact
Maria Carmelita Francois, mcfrancois@unicef.org
or Brooke Yamakoshi, byamakoshi@unicef.org**

Contents

Acknowledgements	1
Abbreviations	2
Executive summary	3
Introduction	4
Menstrual hygiene management	4
Country context	5
Development status	5
Education sector	5
WASH in the school context	6
MHM in the curriculum	8
Gender norms	8
Purpose and objective of the study	9
Justification of the study	9
Methods	10
School selection	10
Data collection	12
Ethical considerations	13
Study tools	13
Training	15
Data analysis	15
Limitations	15
Findings	16
Menstruation-related challenges girls face at school	16
Lack of understanding of menstruation	17
Pain	18
Fear of staining their clothes	18
Inability to manage menstruation at school	18
Determinants of girls' challenges	20
Education	20
WASH facilities	21
Management of sanitary materials	23
Cultural context for MHM practices in Fiji	24
Voiced impact on girls	25
Summary of findings	26
Conclusion	27
Recommendations and policy implications	27
References	29

Figures

Figure 1: Key characteristics of Three Star Approach to WASH in schools	7
Figure 2: Ecological framework for MHM research activities and themes	12
Figure 3: Schematic of MHM challenges, determinants and impacts	16

Maps

Map 1: Map of Fiji	5
Map 2: Map of location of schools included in the study	11

Tables

Table 1: WASH and education statistics in Fiji	6
Table 2: Selected schools and student population	10
Table 3: Activities completed and participants included during the MHM research, Fiji, 2016	13
Table 4: Inclusion and exclusion criteria	14
Table 5: Observation of school WASH facilities	21
Table 6: Fiji National Standards for WASH facilities in school	22
Table 7: Summary of factors affecting MHM in Fiji	26

Acknowledgements

This report is part of UNICEF's work on promoting gender equality and empowering girls in Pacific island countries.

The study team would like to thank the Ministry of Education, Heritage and Arts in Fiji for their support and oversight of this study, as well as the Ministry of Health and Medical Services for their commitment to inclusive WASH programmes. Sincere appreciation to the Ministry of Education, Heritage and Arts team who provided ethical clearance and made it possible to identify and connect with the schools. This support was fundamental to the study, and also demonstrated the commitment and dedication of the Government of Fiji to improve health and education for children.

This report is the result of collaboration between UNICEF and its partners, the Fijian Teachers Association, Project HEAVEN and global academia partner Emory University. Thanks to Bethany Caruso and Anna Ellis at Emory University for their guidance during the planning of this study.

Within the study team, Brooke Yamakoshi (UNICEF) initiated this study and supported Amber Lauff (Emory University), who designed the study, and trained the study team and data collectors. The Fijian Teachers Association, Project HEAVEN and Rodney Lui (UNICEF) led the data collection and transcription. The report was written by Maria Carmelita Francois, Amber Lauff and Brooke Yamakoshi.

Also thanks to the following individuals who dedicated time to review the report:

Sue Cavill, co-editor, Waterlines Journal, WASH Freelancer

Stanley Gwavuya, Social Policy Specialist, UNICEF Pacific

Karen Humphries-Waa, Gender Consultant, UNICEF East Asia and Pacific Regional Office

UNICEF would like to thank the Australian Department of Foreign Affairs and Trade for partial funding for this study. Funding was also provided from UNICEF's core resources.

Most importantly, UNICEF would like to thank all of the students and teachers who participated in the study for sharing their experiences in order to improve the situation for girls and women in the country.

Abbreviations

AQEP	Access to Quality Education Project
FEMIS	Fiji Educational Management Information System
FGD	focus group discussion
FTA	Fijian Teachers' Association
IDI	in-depth interview
MHM	menstrual hygiene management
MoEHA	Ministry of Education, Heritage and Arts
MoHMS	Ministry of Health and Medical Services
NGO	non-governmental organization
PH	Project HEAVEN
PLA	participatory learning activities
UNICEF	United Nations Children's Fund
WASH	water, sanitation and hygiene
WinS	WASH in Schools

Executive summary

In many developing countries, girls lack the knowledge, support and resources (facilities and sanitary materials) to manage their menstruation with confidence and without shame. In Fiji, there is a lack of information regarding menstrual hygiene management (MHM). In order to gain a better understanding of the situation for girls, UNICEF partnered with the Fiji Ministry of Education, Heritage and Arts (MoEHA), Emory University, the Fijian Teachers Association (FTA) and Project HEAVEN (PH) to carry out formative research assessing the menstruation-related challenges girls in Fiji face at school. This report summarizes those challenges, their causes, and the impact they have on girls' education and social behaviours. The assessment aims to provide a better understanding of girls' menstruation experiences and identify barriers to effective MHM at school. The research provides useful evidence, to address these barriers to MHM in the rebuilding of school toilets damaged by Cyclone Winston in February 2016.

Data was collected from seven schools in three educational sub-districts, namely Ba, Lautoka and Ra, between May and September 2016. A total of 75 girls, 42 boys, and 16 male and 18 female teachers were interviewed regarding the quality and adequacy of menstruation education; the source of menstruation information; the facilities and resources available to manage menstruation at school; and MHM practices. There were also discussions around the influence of culture, religion and families on menstruation practices and knowledge. Data gathering methods included in-depth interviews, focus group discussions, participatory learning activities, and structured observations of water, sanitation and hygiene (WASH) facilities.

Common challenges girls discussed included lack of understanding of menstruation, pain associated with their menstrual cycle, fear and embarrassment of staining their clothes, and an inability to change sanitary napkins at school due to lack of resources. The girls reported how these challenges impact their participation in class and attendance at school. To cope with these challenges, the girls indicated they often leave school early as a result of pain or an inability to change sanitary napkins; they do not fully participate in class or concentrate well due to worry about stained uniforms; and they exclude themselves from sports activities or participation in social outings, the latter includes the fear of getting pregnant. The determinants of these challenges included inadequate knowledge about menstruation; insufficient practical guidance and support on menstruation-related pain; and lack of facilities that provide privacy, security and a consistent supply of sanitary materials.

The key recommendations arising from this research are:

1. Undertake **strong advocacy at national and provincial levels** to socialize menstruation as a norm; influence policies that address menstruation-related barriers girls face at schools; and integrate menstruation-related indicators in the country's education management information systems for future monitoring.
2. Provide **menstruation education, to both boys and girls**, at primary and secondary schools, that covers not only biological but also psychosocial aspects of menstruation.
3. Incorporate **gender training in annual teacher's in-service activities**.
4. Enhance **awareness and education at the community level** to foster openness and understanding of menstruation and menstruation-related curricula, particularly with parents, religious leaders and village chiefs.
5. **Build the capacity of school-based management** to maintain operational WASH facilities and resources that allow for safe, private and dignified MHM, especially after emergencies.

Introduction

Menstrual hygiene management

Research from other countries indicates that at the onset of menstruation, girls face challenges that negatively impact their education resulting in absenteeism, poor academic performance, and in some cases, school dropout.¹ Many of these challenges are related to menstrual hygiene management (MHM) in schools, including the lack of access to safe water and sanitation, private changing facilities, and sanitary materials; physical pain; and feelings of fear and embarrassment.² Girls may miss up to 20 per cent of school days due to menstruation, and school dropout rates tend to increase around the onset of puberty and menarche.³

To date there has been limited information about the experiences girls in Fiji face at school during menstruation. Efforts to develop an evidence base on MHM in schools in the Pacific region began with a 2014 study in Honiara and the Guadalcanal province of the Solomon Islands, where the Ministry of Health and Medical Services (MoHMS), the Ministry of Education and Human Resources Development, and UNICEF carried out qualitative research in local schools. In 2016 and 2017, the Burnet Institute and WaterAid conducted an MHM study of girls and women covering different provinces in Fiji, Solomon Islands and Papua New Guinea.⁴ In an effort to learn about the menstruation-related challenges girls face at school in Fiji, UNICEF Pacific, supported by the MoEHA, and in partnership with Emory University, the FTA and PH, carried out formative research on MHM. This research was particularly timely considering current efforts to restore WASH services to schools damaged by Tropical Cyclone Winston in February 2016, and the focus on gender-sensitive approaches to recovery and ‘building back better’.

This study in Fiji was originally initiated in late 2015; however, the devastation resulting from Tropical Cyclone Winston led to modifications in design. A category 5 Tropical Cyclone, Winston was the strongest cyclone to ever hit Fiji, and one of the strongest to ever hit land in the world. It struck the two largest islands and numerous smaller islands, badly affecting 40 per cent of the population of roughly 900,000 people.

As a result of the cyclone, 494 primary and secondary schools (55 per cent of all schools in the country) were damaged or destroyed, disrupting schooling for approximately 85,000 students. Following the cyclone, more than 24,000 children and their teachers in primary and secondary schools, and early childhood education centres were using temporary learning spaces, including tents, tarpaulins and school-in-a-box kits.

Many schools had damage to their WASH facilities. Global evidence indicates that lack of fully functional WASH facilities and services in schools disproportionately impacts girls and female teachers, further underscoring the need for this study. The cyclone also affected girls’ access to sanitary materials and private changing spaces. Damage assessment indicated that the Western Division of Fiji had the greatest proportion of damaged schools (39 per cent).

This report presents the challenges girls face in MHM in Fiji, the underlying determinants identified, and the reported impact on girls’ education. A series of recommendations are provided to promote gender equality and girls’ empowerment in schools by addressing challenges to MHM, and increasing access to MHM-friendly WASH facilities and sanitary resources.

¹ See References: 5, 6, 12, 13 and 16.

² Abioye-Kuteyi, E. A., ‘Menstrual Knowledge and Practices amongst Secondary School Girls in Ile Ife, Nigeria’, *Journal of the Royal Society for the Promotion of Health*, vol. 120, no. 1, March 2000, pp. 23–26.

³ See References: 3, 4, 6 and 7.

⁴ Burnet Institute, et al. (2017). *The Last Taboo: Research in menstrual hygiene management in the Pacific: Solomon Islands, Fiji, and Papua New Guinea*. Accessible at: https://www.burnet.edu.au/system/asset/file/2731/Last_Taboo_end_of_project_report_final_7.9.17.pdf

Country context

Development status

Fiji is a small island developing state comprised of 330 islands. Most of the population live on the two main islands of Viti Levu and Vanua Levu (around 850,000 people), and over 50 per cent of Fijians live in urban areas. The population is relatively young, with nearly 40 per cent of Fijians under the age of 18. Fiji has two main ethnic groups, i-Taukei or indigenous Fijian, and Indo-Fijian, who comprise 57 and 37 per cent of the population, respectively.⁵ This ethnic diversity results in a variety of cultural practices and beliefs as well as differing community governance structures in rural areas.

Despite mixed development progress since 1990, Fiji has made recent gains in health and education. In 2015, Fiji was ranked 91 of 188 countries on the Human Development Index, placing it in the 'medium human development' category. Fiji has shown steady improvement in overall access to water and sanitation from 1990 to 2011. Rural household access to improved water supply is 91 per cent, and 88 per cent of households have access to improved sanitation in rural areas.⁶



Map 1: Map of Fiji

Fiji's geographic location makes it vulnerable to natural disasters, such as floods, droughts, cyclones, and earthquakes, often resulting in negative impacts on the quality and availability of WASH services, especially in rural areas, and increasingly in informal settlements. The threat of climate change impacts has major implications on availability and predictability of water sources, and may increase the frequency and intensity of cyclones that threaten WASH facilities.

Education sector

Within the education sector, the Government has focused on improving the quality of education delivery and ensuring accessibility for disadvantaged groups, including people with disabilities and those living in remote areas.⁷ Fiji is the only Melanesian country nearing universal primary education and, in 2015, had a net enrolment ratio of 98.7 and equal enrolment of girls and boys.⁸ Table 1 summarizes key education and WASH statistics in Fiji during the time of the study.

Of the total 856 schools (primary, 731 and secondary, 125), nine are government owned, 24 are international schools, with their own curricula, and 822 are owned by communities (frequently faith-based organizations).⁹ The MoEHA owns only 14 schools (1.5 per cent) but subsidizes virtually all schools through annual school grants.¹⁰

⁵ Fiji Bureau of Statistics (2009). <http://www.statsfiji.gov.fj/statistics/social-statistics/education-statistics43>

⁶ Sanitation, drinking water and health in Pacific island countries. 2015 Update and Future Outlook. WHO/UN Habitat/UNICEF/SPC 2015.

⁷ Ministry of Strategic Planning, National Development & Statistics (2010). 'Millennium Development Goals, 2nd Report 1990-2009: Report for the Fiji'. Government of Fiji: Suva.

⁸ UN Statistical Division (2014).

⁹ Australian Government, AusAID, Mid-term review of the Access to Quality Education Program, Fiji, 2012, accessible at <https://dfat.gov.au/about-us/publications/Documents/agep-midterm-review.pdf>

¹⁰ Only eight private schools were not eligible for the school grants in 2014, and international students were also excluded.

Table 1. WASH and education statistics, Fiji

Household access to improved water ^a	91%
Household access to improved sanitation ^a	96%
Primary education gross enrolment ratio ^b	64%
Secondary education gross enrolment ratio ^b	29%
Number of initial schools nationwide ^c	1,637
Number of primary school (exclusively) nationwide ^c	731
Number of secondary (exclusively) schools nationwide ^c	125

- a. Sanitation, drinking water and health in Pacific island countries. 2015 Update and Future Outlook. WHO/UN Habitat/UNICEF/SPC 2015.
- b. Ministry of Education Information Management Systems (FEMIS) data set, 2017.
- c. Fiji Education Statistics, School Summary, 2015. Accessible at <http://www.education.gov.fj/index.php/g/moe-statistics/school-stats>. This figure includes early childhood education centers, vocational and special education schools.

In the 2014 national budget, the Government allocated 19 per cent of the total (FJD 541.5 million) for the education sector, a significant increase from 12 per cent of the total budget in 2011. Under the free education scheme, the annual school grant provided to primary schools by MoEHA increased from a minimum of FJD 33 per child in 2013 to a flat rate of FJD 250 per child in 2014.¹¹ Grants are to be used for school operation and learning materials, with 20 per cent allocated to building and compound maintenance.

The increase in school grants – while overall a positive indicator of the MoEHA commitment to quality education for all – has faced some criticism, as it removes geographical equity considerations. Prior to 2014, school grants were awarded based on the type of school (e.g., urban, rural, remote island) with the most remote schools receiving higher per-student grants, due to the lower community capacity to fundraise, higher costs of goods and services, and higher transport and logistical costs to reach these schools. There are concerns that the flat-rate school grant may exacerbate inequalities in rural and remote island schools.

At the national level, the MoEHA Asset Management Unit is responsible for setting school standards and approving school plans. The roles of government and school owners (e.g., committees or faith-based organizations) are relatively clear. School owners are responsible for all infrastructure and daily operation of schools. The establishment of the basic curricula is the responsibility of MoEHA. The payment and professional development of teachers is a shared responsibility, however, most primary school teachers in Fiji are public servants. Building Grant Assistance for new facilities is available to schools on application to the MoEHA. For community-owned schools, additional fundraising events are held to cover operational costs. Community-owned schools are managed by a school committee, while privately owned schools are typically managed by a school board. Parent and teacher associations can typically make recommendations but are not part of management.

¹¹ Memo from the Permanent Secretary of Education to School Managers, Head Teachers and Principals titled "Free education – directive on use of government grants" dated 13 December 2013.

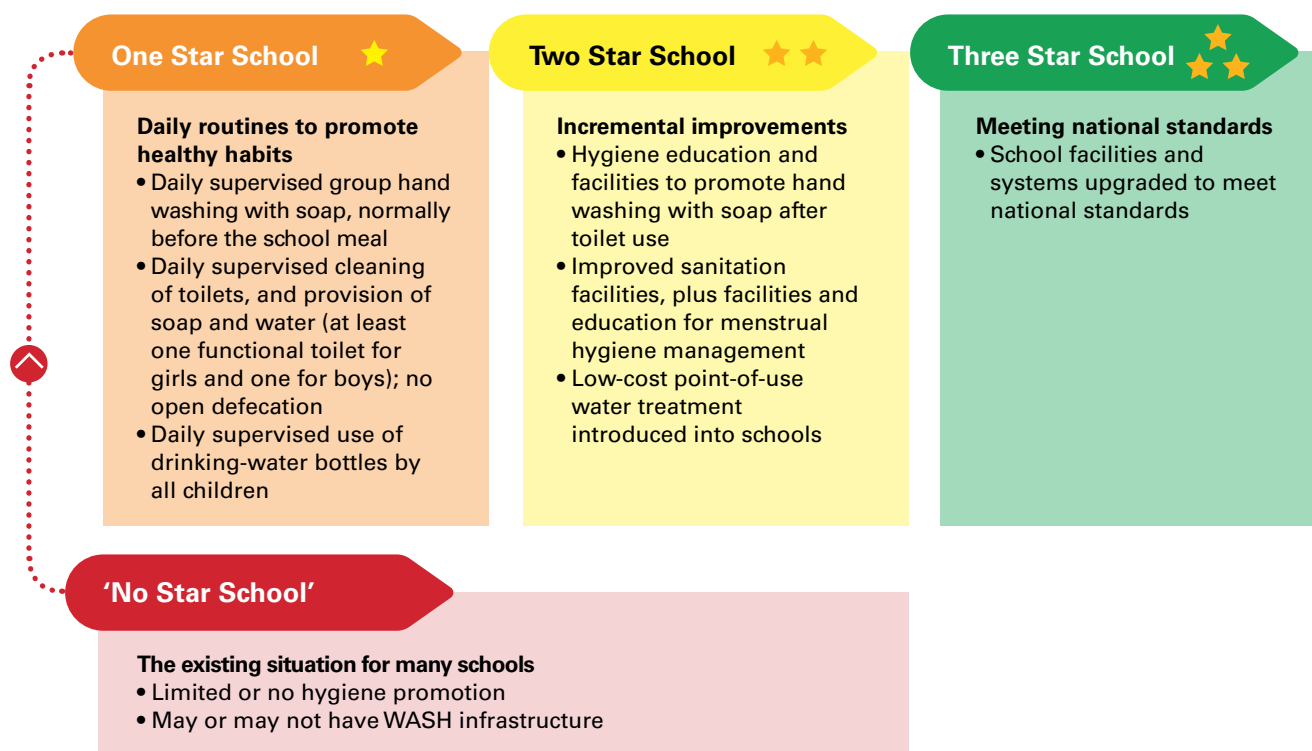
WASH in the school context

High enrolment and the increasing quality of education in Fiji provide an excellent entry points for WASH in Schools (WinS) programmes. The high rate of access to WinS relative to other Melanesian countries can be attributed to increasing government prioritization and donor support, and investment in infrastructure rehabilitation projects, such as the Access to Quality Education Project (AQEP) funded by the Australian Government. WASH sector partners have recently taken steps towards a more enabling environment for WinS by increasing and improving monitoring of WASH in schools, incorporating MHM in WASH programming, mainstreaming disaster risk reduction and emergency preparedness, and making clearer the division of labour and technical capacity between organizations through coordination meetings. Despite these efforts, challenges persist in the provision, use, and maintenance of adequate, appropriate and gender-sensitive WASH facilities in schools.

Most schools in Fiji are reported to have water, sanitation and handwashing facilities. Fiji Educational Management Information System (FEMIS) records show that over 90 per cent of schools nationally report access to an improved water source.¹² Other recent sector reports estimate that 75 per cent of primary schools in Fiji have access to adequate water supply and adequate sanitation facilities for girls and boys.¹³ Access to improved water sources is highest in Suva, mainly because of the high coverage of the water utility, the Water Authority of Fiji.

While most schools report the existence of improved facilities, there is no comprehensive information on their quality and reliability. Inequities in service provision are still reported to exist, with variation in access for girls and boys in rural areas compared to urban areas. A 2014 baseline survey by the FTA for AQEP¹⁴ found that less than 10 per cent of urban and rural schools (sample size of 50) had a working water supply on the day of the visit, however, this may not be a representative sample since the survey focused on schools identified as requiring improvements to education quality.

Figure 1: Key characteristics of the Three Star Approach to WASH in schools



¹² Information from FEMIS provided by the Ministry of Education for 782 schools in Fiji.

¹³ UNICEF East Asia and Pacific Regional Office WASH data from the official New York Headquarters dataset - from the Country Office Annual Reports, 2012

¹⁴ FTA/AQEP (2014).

In 2014, MoEHA, MoHMS, FTA, and UNICEF worked together to introduce a pilot of the Three Star Approach to WinS in 15 schools in the Nausori District. This was modelled after the experiences of other countries in the Asia-Pacific region including the Pacific island of Kiribati. The Three Star Approach to WinS is designed to improve the effectiveness of hygiene behaviour-change programmes (see *Figure 2*). Schools are encouraged to take simple, inexpensive steps to ensure that all students wash their hands with soap, have access to drinking water, and are provided with clean, gender-segregated toilets at school every day.¹⁵ Group activities drive this incremental approach, beginning with daily, supervised group handwashing sessions. Once minimum standards are achieved, schools can move from one to three stars by expanding hygiene-promotion activities and improving infrastructure, especially for girls, ultimately achieving the national standards for WinS. WinS provides a sustainable platform to reinforce hygiene elements with increased education around menstruation, and healthy and sustainable management practices. Implementation of WinS is highly dependent on engagement and the strong involvement of principals, teachers, school-based management, students and parents.

The MoEHA has finalized the first WinS policy that adopts Three Star Approach, which is to be launched on 18 October 2017. UNICEF has also employed this approach, with a focus on resilience and emergency recovery, as part of its support to rebuilding schools WASH facilities following Tropical Cyclone Winston. Efforts include risk assessment and the installation of low-cost WASH measures that can withstand strong rain, floods and cyclones.

MHM in the curriculum

The school curriculum subjects that cover puberty and menstruation are Healthy Living and Physical Education, and Science. Boys and girls are taught together in these classes. In addition, sex-segregated monthly gender meetings have been incorporated into school programmes, with a male teacher leading the boys' meeting and a female teacher leading the girls' meeting. There are no prescribed lesson plans for these meetings, and gender issues are either raised by students or identified by teachers from observation of behaviours or questions in class.

Gender norms

In Fiji, positive steps toward overcoming gender discrimination have been taken by the Government through the adoption of laws such as the Domestic Violence Decree and the Child Welfare Decree, and the creation of specialized mechanisms such as the Child Protection Unit by the Office of the Director for Public Prosecutor and the Adolescent Health Development Clinic. However, concerns remain. In 2014, the Committee on the Rights of the Child highlighted the prevalence of patriarchal attitudes, deep-rooted gender roles and existing laws and regulations that discriminate against girls in the family and in the community.¹⁶ Women remain under-represented in senior decision-making positions, making up only 16 per cent of parliamentarians in 2016,¹⁷ with no measures in place to increase number of women in leadership roles.¹⁸

Reproductive health is normally categorized as 'women's health', which has reduced men's awareness and responsibility. Adolescent fertility rates have remained relatively constant over the past two decades (45 births per 1,000 women in 2015).¹⁹ There has been considerable public debate²⁰ on why teenage pregnancy rates remain high, with contributing factors suggested to include poor communication between parents and children about sex, young men not sharing responsibility and consequence of pregnancies, lack of effective comprehensive sex education in schools, low contraception prevalence along with lack of awareness of contraception methods among teens, and high rates of sexual coercion and rape experienced by girls and young women. Physical and sexual violence against women and girls in Fiji is widespread.²¹ Almost two thirds (64 per cent) of women aged 18-64 years report having

¹⁵ UNICEF, Field Guide: The Three Star Approach for WASH in Schools. Accessible at [https://www.unicef.org/wash/schools/files/UNICEF_Field_Guide-3_StarGuide\(1\).pdf](https://www.unicef.org/wash/schools/files/UNICEF_Field_Guide-3_StarGuide(1).pdf)

¹⁶ Fiji UNCTD submission to the Committee on the Elimination of Discrimination against Women (CEDAW).

¹⁷ World Bank. 2016. Proportion of seats held by women in national parliament. Accessible at <https://data.worldbank.org/indicator/SG.GEN.PARL.ZS>.

¹⁸ Asian Development Bank. 2016. Fiji Country Gender Assessment 2015. ADB, Metro Manila.

¹⁹ World Bank. 2015. Adolescent Fertility Rate. Accessible at <https://data.worldbank.org/indicator/SPADOTFRT?end=2015&locations=FJ&start=1960&view=chart>

²⁰ Asian Development Bank. 2016. Fiji Country Gender Assessment 2015. ADB, Metro Manila.

²¹ UNICEF. 2015. Harmful Connections: Examining the relationship between violence against women and violence against children in the South Pacific. UNICEF, Bangkok.

experienced physical or sexual intimate partner violence. A significant percentage of women (16 per cent) also report having been sexually abused before the age of 15, most often by a male acquaintance or relative. Girls and women do not generally report their experiences of violence to any formal authority and almost half have never told anyone.

Purpose and objective of the study

The purpose of this study was to develop an evidence base for the design of girl-friendly WinS programmes for adolescent girls in Fiji. The overarching aim is to understand girls' needs in school during menstruation, from the perspectives of the girls, peers and teachers. In doing so, this study will fill a critical knowledge gap in the challenges faced by school girls managing menstruation and its impact on girls' education and quality of life.

Three specific objectives were to:

1. Investigate the range of challenges faced by girls at school during menstruation – as well as the determinants of those challenges – within the setting and cultural context of Fiji.
2. Identify potential elements of 'a basic package of school-based interventions' for MHM that can be implemented and sustained at scale within Fijian schools, in accordance with the guidelines for the Three Star Approach to WinS.
3. Assess the social and cultural beliefs and attitudes that drive behaviours related to MHM in Fiji, and their impact on girls' education.

Justification of the study

Given the challenges that girls face in managing menstruation at school – and their resulting absenteeism – the MoEHA in Fiji has prioritized ensuring access to appropriate sanitation and hygiene facilities in schools to achieve equal access to education for all. However, while there has been anecdotal evidence suggesting that women and girls in the Pacific face barriers relating to MHM, actionable data to support the implementation of MHM and WinS programmes has been lacking.

This study is unique, as it was carried out in response to and during recovery from Tropical Cyclone Winston. The impact of the cyclone led to modification of the study design to provide an evidence base for new WinS programmes that adequately address the MHM needs of girls and their teachers during a crucial period of recovery and rebuilding. The study team worked within ongoing programmes and response efforts as an entry point to determine the minimum basic package of interventions required to address the many menstruation-related challenges adolescent girls face in school.



Methods

School selection

Data were collected from seven schools in three educational sub-districts, namely Ba, Lautoka and Ra, between May and September 2016 (*see Table 2 and Figure 3*). Schools were purposively selected to ensure that a range of characteristics were represented, specifically:

- Type of school: both primary and secondary schools were included, to understand the needs and experiences from girls of different ages and grades.
- Location: rural, urban and peri-urban schools were selected to capture the differences in each context.

The selection also examined similarities and differences across religious and Fiji's three main cultural groups: i-Taukei, Hindi, and Muslim. However, the size of the study population was limited by human resource capacity and constraints in response to Tropical Cyclone Winston.

Table 2: Selected schools and student population

(Data as of Term 2 – August 2016, the month data collection was done)

	School type	School locality (rural, urban or peri-urban)	Sub-district	School name	Number of girls	Number of boys	Total number of students
1	Primary	Urban	Ra	Raki Raki Muslim	77	87	164
2	Primary	Peri-urban	Ba	Tavua Muslim	115	99	214
3	Primary	Urban	Ra	Penang Sangam	265	297	562
4	Primary	Rural	Lautoka	Sabeto Muslim	115	123	238
5	Primary	Rural	Ba	Moto Sanatan Sammelan	61	79	140
6	Primary	Rural	Ba	Nukuloa	100	91	191
7	Secondary	Peri-urban	Ba	Nilsen College	84	64	148
Total (all seven schools)					817	840	1,657

Map 2: Map of location of schools included in the study



Data collection

A socio-ecological framework (see Figure 4) guided the activities and question themes utilized during this research. Questions were developed to investigate and understand the range of personal challenges and needs girls had during menstruation in schools, from the perspectives of the girls, their families, peers and teachers (see https://www.unicef.org/wash/schools/files/WinS_Empowers_Girls_Education_Tools_For_MHM_Booklet%281%29.pdf for the research questions from pages 5-48). All activities closed with a question asking participants for recommendations on what the schools, governments and their community can do to create environments at schools that help girls manage their menstruation with confidence.

The study included 151 participants (75 girls, 42 boys, 16 male teachers and 18 female teachers). Focus group discussions (FGDs) were carried out with girls, boys and teachers; and in-depth interviews (IDIs) were carried out with girls. The structured observations were carried out in all seven schools.

Figure 2: Ecological framework for MHM research activities and themes



Ethical considerations

The study purpose, design, methodology, setting and timeline were submitted to the Ministry of Education for ethical clearance, and data collection complied with UNICEF's Ethical Research Involving Children (ERIC) guidelines. To comply with Fiji research standards, the details of the study and Research Agreement Form, including Human Ethics Form were submitted to the Ministry of Education, Heritage and Arts. The research team assured:

- **Informed consent and assent.** Informed consent was provided orally and in writing. Prior to any interview or discussion, a verbal assent was required and fully made the participants aware of their rights and the responsibility of the interviewer to maintain confidentiality and do no harm. Participants were informed that the interviews were being recorded.
- **Privacy and confidentiality.** The interviews were conducted in an area that guaranteed privacy to the participants. The report does not have any identifiers that link statements to any particular child. The data collected does not contain the name or the address of any participants.

Study tools

The assessment included three types of activities: individual in-depth interviews, focus group discussions and observations (see Table 3). All individual interviews and group discussions were conducted in the language participants were most comfortable with (English or i-Taukei Fijian). Interviews were not conducted in Fijian Hindi because of feedback that Indo-Fijian study participants were all comfortable in English, and due to the lack of available translators for Fijian Hindi. Observations of WASH facilities – including presence, location, functionality and cleanliness – were carried out in each school.

Table 3: Activities completed and participants included during the MHM research, Fiji, 2016

Tool	Theme/Purpose	Participants	Number of activities completed	Number of participants	
In-depth interview	Personal experience (practice, management)	Girls	23	23	
Focus-group discussion	Knowledge, attitude, beliefs and practices	Girls	10	52	
	Knowledge, attitude and beliefs	Boys	7	42	
	Knowledge, beliefs, practices and learning impact	Teachers	7	34	
				Male	Female
				16	18
Observation	Facilities (spaces for managing MHM in schools)	Schools	14		
Total			61	151	

In-depth interviews (IDIs) with eligible girls were carried out one-on-one (see Table 4: Inclusion and exclusion criteria). These interviews provided girls the opportunity to privately share their experiences managing menstruation at school. The objective of conducting in-depth interviews was to identify and understand menstruation-related challenges faced by girls, and the environmental factors that contributed to these challenges. Questions focused on knowledge about menstruation, individual behaviours and practices, perceptions of norms around menstruation, and perceived challenges and needs.

Table 4: Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Girls: <ul style="list-style-type: none"> • Menarchal • Aged 10-18 • Currently enrolled in and attending school • Fijian or English speaking • Willing to participate 	For all groups: <ul style="list-style-type: none"> • Girls and boys outside of the specified age range • Out-of-school children • Girls who have not reached menarche • Individuals who have not provided consent or willingness to participate • School staff who do not interact with students • Individuals who do not speak English or i-Taukei Fijian
Boys: <ul style="list-style-type: none"> • Aged 10-18 • Currently enrolled in and attending school • Fijian or English speaking • Willing to participate 	
Teachers/Administrators: <ul style="list-style-type: none"> • Currently hold a position as a teacher or administrator in target school • Have regular interaction with pupils • Fijian or English speaking • Willing to participate 	

Focus group discussions (FGDs) with girls were carried out in groups of four to eight. FGDs with girls focused not only on personal experiences or behaviours, but also on perceived social norms and attitudes surrounding menstruation. *Participatory learning activities (PLA)* were included in FGDs to help foster discussion and provide a fun, alternative way for girls to communicate their thoughts. These activities included drawing of ideal toilets and group story building about a girl getting her menses in school. PLAs were a particularly important component of FGDs as they enabled participants to not only share their ideas, but also to further analyse and develop their knowledge of certain topics, and to plan, evaluate, reflect, and possibly act on the ideas that were formed. These discussions allowed girls to critically think about the varying components of managing menstruation and the variety of factors that contribute to challenges they or their peers may face, and the resulting adaptive behaviours. It also provided an outlet for girls to voice their needs and recommendations for future improvements.

Focus group discussions with boys were carried out in groups of four to seven. FGDs with boys focused on their perceptions and knowledge of menstruation, and their behaviour toward girls who are menstruating. Questions focused on what they knew about menstruation; how they perceived girls' lives and behaviours to be impacted by menstruation; how boys and men typically treat girls' and women who are menstruating; and what they perceived girls' menstrual challenges and needs to be.

Focus group discussions with teachers were carried out in non-segregated groups of five to six male and female teachers. The number of participants in each discussion was dependent on the teachers available in the school. These discussions focused on teachers' knowledge of menstruation, what is taught in schools, the status of school WASH facilities, teachers' knowledge of WASH in schools, their perceptions of girls' menstrual experiences and challenges, the role of the school and teachers in helping girls, and their recommendations for improving the school environment to address girls' needs.

Structured observations were carried out in each school and this verified the information given by teachers and/or students during FGDs.

Training

All IDIs, FGDs and observations were carried out by trained study team members. The data collection team included staff from the WASH Unit at the FTA, PH and UNICEF staff.

A mandatory one-day training session was held for everyone involved in the data collection. The training was conducted by UNICEF WASH team members, including a Masters of Public Health student from Emory University. The training provided a broad understanding of WASH and menstruation, methods and techniques in qualitative data collection, and research ethics. A presentation on child protection and relevant Fiji laws was included in case girls or boys reported instances of violence or abuse during discussions. The tools were piloted in three schools and revised to ensure contextualization.

Data analysis

All digitally recorded activities were transcribed by one team. The transcriptions were summarized with strong focus on retaining direct quotes. The data analysis was completed in three stages:

1. Organization of the data by themes
 - Facilities
 - Materials
 - Knowledge
2. Categorization of the data in each theme into challenges, determinants and impacts.
3. Verification of the data using field notes, observations and the recordings.

Limitations

The limitations to the assessment include:

- Small sample size of seven schools in one area (Western Division) means the results may not be generalizable to the national context.
- Inclusion of only one secondary school.
- Exclusion of community members such as parents, church leaders and key professionals in health, gender and child protection.
- Potential for response bias, particularly social desirability bias, from participants at schools that received UNICEF support in response to Tropical Cyclone Winston. Some of the study team members also worked on the recovery response and were known to study participants.

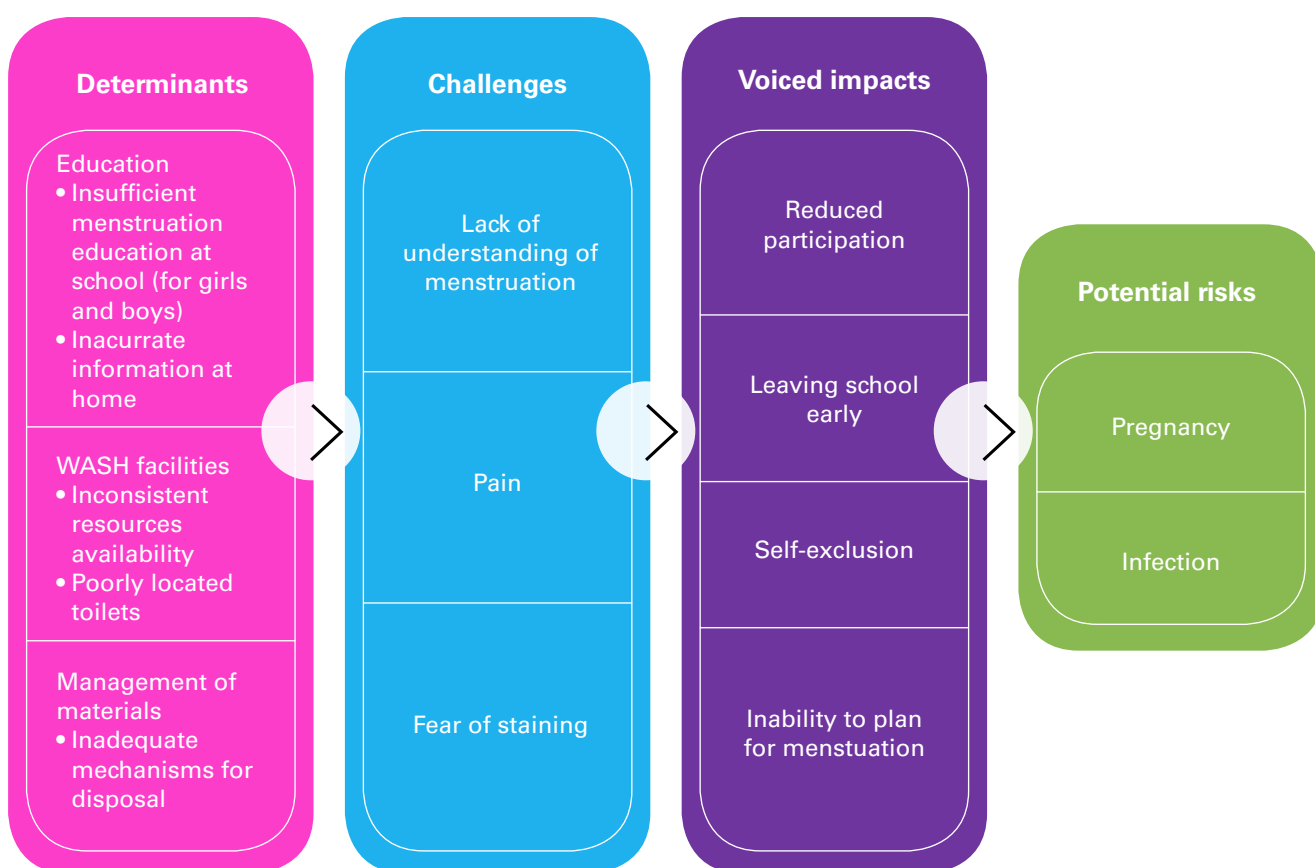
Findings

The findings are presented as follows:

1. Challenges or difficulties in managing menstruation at schools, identified by girls, teachers and boys. Quotations from interviews and discussions are italicized.
2. Discussion of the determinants of the challenges including those related to the cultural and religious context.
3. Impacts of the challenges to MHM in school, as voiced by girls and teachers. Potential risks associated with these challenges are also noted.

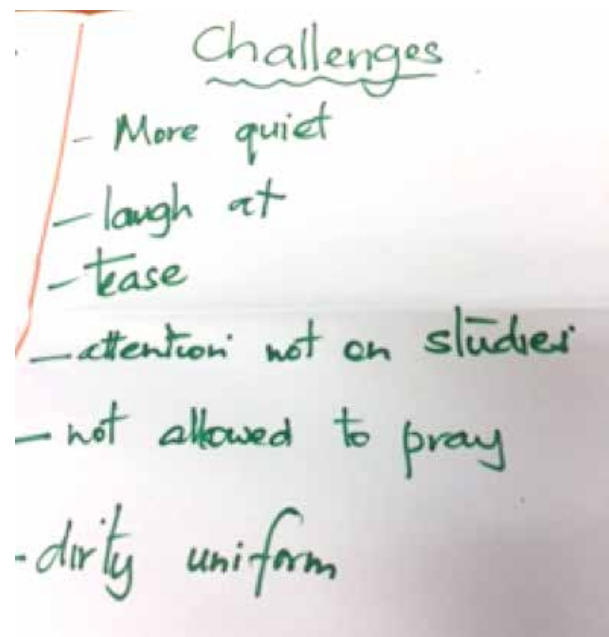
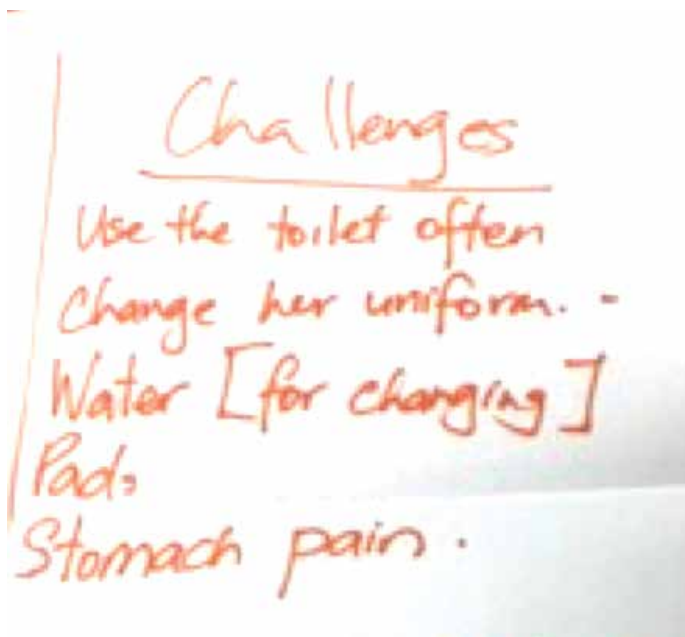
Figure 3 outlines the determinants, challenges, voiced impacts and potential risks.

Figure 3: Schematic of the MHM research findings in Fiji



Menstruation-related challenges girls face at school

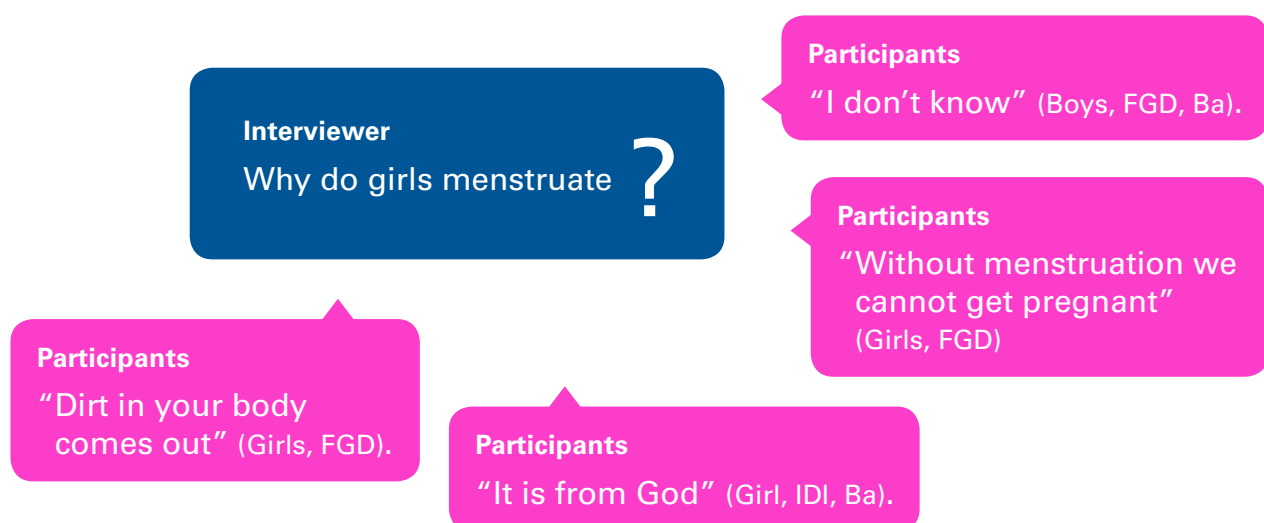
The challenges, revealed during focus group discussions and in-depth interviews represent difficulties reported by girls when they are menstruating. Girls were asked to describe their experiences when they were menstruating at school and how this differed from other school days.



Common challenges included a lack of understanding of menstruation, pain, fear of staining their clothes or uniforms, and feeling embarrassed, along with an inability to change at school due to lack of supplies.

Lack of understanding of menstruation

The most common source of information regarding menstruation was reported to be the home and/or school. Whilst most girls stated that they receive information prior to menarche, the discussions demonstrated serious gaps in knowledge and understanding of menstruation. One girl, in an in-depth interview, indicated she initially thought she would die from blood loss (Girl, IDI, Ra). Another shared her understanding, from what she had learnt from her mother and at school: *waste blood comes out I will have [to] use pad* (Girl, IDI, Ba).



The discussion with the girls, boys and teachers revealed that teaching about puberty and menstruation to boys and girls at the same time represented a challenge to girls accessing the required information. Girls discussed how having boys in the same class made them “uncomfortable” “quiet, shy or embarrassed” and reluctant to ask questions and gain a better understanding (Girl, IDI, Ra). Teachers and boys admitted during FGDs that boys “laugh during class when puberty is discussed.” During one in-depth interview, a girl reported: “I was shy because the boys was there too, they were listening and they were making fun of us” (Girl, IDI, Ba). Teasing was repeatedly noted to be a barrier to accessing information on menstruation during FGDs and IDIs. This teasing comes not only from boys but also from other girls who “spread rumours and tell others” (Girl, IDI, Nilsen).

Pain

Girls discussed menstrual pain as a challenge. In a peri-urban school, a girl said: “I always have back pain and stomach pain” (Girl, IDI, Ba). “I am sick when I have my menses” explained one girl when asked why she excludes herself from social and sports activities at school (Girl, IDI, Ba). Some girls mentioned other physical symptoms such as feeling dizzy (Girls, FGD, Ba). When an interviewer asked during a focus group how others would know a girl is menstruating, the participants responded, “she will cry because of the pain she will face” (girls, FGD). To manage the pain, girls report having to go home.

Fear of staining their clothes

The girls discussed a fear of exposing their menstruation through blood stains on their uniform or clothes and how this leads to feelings of embarrassment and shame. In an FDG, the girls described their fear in this manner: “[...] boys to see it [stain] and all the teachers around us, they’ll look at us like something disgusting” (Girls, FGD, Ba).

She “feel[s] ashamed when people look at [her], afraid and shy” (Girl, IDI, age 13).

Describing this fear as a distraction from girls’ concentration in class, one girl said: “in school, we [girls] have to be careful with our uniform” (Girl, IDI, Lautoka). Others added from an FDG: “in class, she’ll not want to participate.” “When she stands up, she will be checking and looking at the back” [Girls, FGD].

The girls discussed several ways they manage this challenge including wrapping a jacket around their waist, sitting for long hours and refraining from participation, and for some, leaving school to go home.

Inability to manage menstruation at school

The challenges girls discussed around facilities and resources at school focused on the inconsistent availability of materials (water, soap, toilet paper and sanitary pads), linking that to the impact of frequent cyclones and floods. This was demonstrated in an in-depth interview with a 16-year-old girl, who stated, “Before the cyclone we had enough resources [...] but for now it’s kinda hard to get those resources back.” Some girls discussed issues around the inadequate size and poor location of their toilets.



2017/Primary School in Ba/Fijian Teachers Association

"If we want to go change for sports we get crowded in the toilet [...] girls have to go round at the back, if anything happens at the back how will the teachers know?" "These teachers they should also have some common sense that we are girls and why they have to put us at the back there and our toilet is like facing the bush and other houses can see us..." (Girl, IDI, Ra)

Girls' discussions about how they manage their period at school emphasize the importance of facilities, water and soap.

"I went to the wash room and change. I used water and soap to wash" (Girl, IDI, Moto).

"The toilet is so small here, there's a lot of girls and when we want to go to the toilet we have to wait for one to come out" (Girls, FGD, Ba).

"I managed it well. I used soap and water to wash myself" (Girl, IDI, Ba).

In absence of adequate student facilities, teachers in the secondary school discussed how they have allowed girls to go to their staff quarters to use their facilities – including washing stained clothes to prevent others from seeing them. Another noted challenges related to a lack of consistent access to sanitary materials and toilet paper inside toilets. Girls in the FGDs reported they do not like to *"have to run to the teacher to go get the toilet paper and pad"*. They *"need it to be there inside"*. Spare uniforms or clothing are also not made available at school and if a girl stains her clothes; she is unable to get changed.

Determinants of girls' challenges

Determinants or factors that contribute to girls' menstruation challenges at school were identified in all research activities (FGDs, IDIs and structured observations). The determinants discussed included insufficient knowledge about menstruation, lack of practical guidance and support on coping strategies for menstrual pain, and lack of facilities that provide privacy, security and sanitary pads.

Education

Knowledge is important for girls to not feel ashamed of menstruation and to be comfortable and confident when they menstruate at school. At school, girls receive information regarding menstruation from a biological perspective. As in other parts of the world, Fijian cultural norms contribute to a lack of information and misinformation regarding menstruation. In Fiji, it is not customary to talk to men about menstruation (Girl, IDI, Ba). The girls do not ask questions because boys are in class; and male teachers struggle to provide adequate information on menstruation due to cultural taboos. One girl mentioned that her male teacher told her: *"if you having your menstruation don't be shy just quickly tell your mum or your best friend"* (Girl, IDI, Ba).

Similarly, in the secondary school FGD, male teachers reported that the cultural context limits education on menstruation and puberty. The teachers express fear of "words becoming allegation" against them. As an example, the teachers referenced a story in the newspapers where a grandfather had an altercation with a male teacher for teaching his child about anatomy – the grandfather claimed that it was his right as a parent to teach his children about *"that stuff"*.

A boy in a FGD summarized the biological approach to puberty and menstruation that is taught at school:

"There are changes in our body, in our blood streams there are some chemicals called hormones that helps us to change, there is a time what to change and chemicals help us to change in our height, hair grows under armpits and hair grows on the pubic area. For boys, boys get bigger, muscles get bigger and for girls, girls the breast develop and hips grow wider and hair in pubic areas, hair under armpits and girls have blood flow. For boys it's from 13 to 18 and for girls puberty happens from 8 to 21" (Boys, FGD, Ra)

At home, knowledge around menstruation is limited to advising girls on the use of sanitary pads, the need to be prepared by carrying disposable pads, and the relevance of menstruation for fertility and potential pregnancy. Girls do not get information on the menstrual cycle that would enable them to predict their period and plan accordingly, reducing risks of leakage and stains. They are also unprepared to manage the associated symptoms (back and stomach pain and feeling tired and/or dizzy or in some cases, short temperedness).

"My mother told me if I don't have menses then I will not be able to have babies" and during menstruation "don't stay with boys" (Girl, IDI, Ra).

WASH facilities

All of the girls and boys referenced toilets as a place for girls to change their clothes and/or pads when they are menstruating. Discussions revealed that some schools have MHM rooms (with a shower and changing space) adjacent to the girls' toilets. Girls shared concerns regarding limitations in the privacy and safety of toilets. Some discussed how Tropical Cyclone Winston negatively impacted their privacy by damaging toilet doors. In some instances, the cyclone led to relocation of the girls' toilets to a place where girls do not feel safe going alone or where they are concerned they would be seen by others.

A total of 98 toilets were observed in the seven study schools (see Table 5 for details of toilets observed). All toilets were gender segregated with a total of 60 for girls and 38 for boys. Fiji National Standards for WASH requires schools to have one toilet closet for every 20 girls and one for every 33 boys. All seven participating schools comply with the national standards (see Table 6 for ratio of toilets per girls and boys). Of the 60 girls' toilets, 38 of these had sanitary bins inside. All toilets in the seven schools were flush or pour flush, making it important to have sanitary bins for girls to dispose of pads rather than flushing them down the toilet. The alternative, of carrying a used pad home, wrapped in newspaper, exacerbated fear of discovery, and created shame due to odour. Ensuring that all toilets have sanitary bins is important not only for hygienic disposal but for girls' privacy and dignity. Education about appropriate disposal of sanitary products is important not only from a hygiene perspective but also for environmental sustainability.

Table 5: Observation of school WASH facilities

	Boys	Girls	Total
Number of latrines (flush/pour flush)	38	60	98
Number of functional ²² latrines	38 (100%)	52 (87%)	90 (92%)
Number of clean ²³ latrines	34 (89%)	59 (98%)	93 (95%)
Number of lights in latrines	36 (95%)	60 (100%)	96 (98%)
Number of bins inside	0	38 (63%)	38 (39%)
Number of schools with incinerators for burning used sanitary materials			4 (57%)

²² Latrine functionality defined as in the UNICEF WASH in Schools Monitoring Package (2011). Not functional latrines are toilets that exist, but are so badly damaged or deteriorated that they are no longer reasonably possible to use them (for example, squatting plate broken, door missing, roof has holes).

²³ Latrine cleanliness defined as in the UNICEF WASH in Schools Monitoring Package (2011). Not clean latrines defined by strong smell and/or presence of faecal matter and/or a significant fly problem and/or a large amount of litter.

Table 6: Fiji National Standards for WASH facilities in school

Standard for girls: 1:20 Standard for boys: 1:33					Ratio: toilets per student	
School	Number of girls	Number of girls' toilets	Number of boys	Number of boys' toilets	Girls	Boys
Raki Raki Muslim	77	4	87	3	1:19	1:29
Tavua Muslim	115	8	99	5	1:14	1:19
Penang Sangam	265	14	297	10	1:18	1:9
Sabeto Muslim	115	10	123	7	1:11	1:17
Moto Sanatan Sammelan	61	6	79	4	1:10	1:11
Nukuloa	100	10	91	4	1:10	1:22
Nilsen College	84	8	64	5	1:10	1:12

Lack of toilet cleanliness contributed to girls' discomfort in changing sanitary pads at school, as evidenced by the comment *"at home it is easy to change but in school sometimes the toilets are dirty and a lot of children around"* (Girl, IDI, Ra). Of the 98 toilets observed, 93 (95 per cent) were rated as clean, with only one girls' toilet rated as not clean. All study schools had a cleaning policy in place. In some schools, the students (Year 8 girls) were responsible for cleaning their toilets (Girls, FGD, Lautoka) while in other schools, there was a cleaning person who managed this task. Information on whether Year 8 boys cleaned their own toilets was not revealed. In one study school, there was a male cleaning person and girls reported not wanting to leave their used pads in the sanitary bin for fear of the man seeing them.

FGDs with teachers revealed that schools have inadequate budget for recurring WASH improvements including resources such as toilet paper and sanitary pads. Finances are particularly stretched when facilities suffer damage from cyclones or floods. At the school level, programming support should include working with school management to develop management plans that include maintenance, regular cleaning, sanitary supplies and budgeting. Students, both girls and boys, as well as parents should be involved and given ownership for the maintenance and operation of WASH facilities in schools.



Features and design of an ideal girls' toilet includes:

- Toilets
- Shower room or washroom that has a shower
- Doors for privacy
- Ventilation
- Close proximity to classrooms
- Sink for handwashing
- Toilet paper
- Sanitary materials

One participatory learning exercise, which offered a non-verbal way to engage girls to express their thoughts, involved asking girls to draw their ideal toilet. Above is one example of what a girl in a rural primary school drew (Girls, FGD, Ba).

Management of sanitary materials

Nearly two thirds of girls (65 per cent or 15 of 23) who participated in the IDIs reported using disposable sanitary pads. *"If no pad, I will use toilet paper"* said a girl from a rural area (Girl, IDI, Ba). A girl in a peri-urban school said that *"maybe for girls living under poverty [...] use cloth because [...] it [is] the only way they can prevent themselves from having stain [on their clothes]"* (Girls, FGD, Ba). Only one girl out of all those interviewed named tampons as an option when asked about the type of sanitary materials that girls might use (Girls, FGD, Ba).

The key piece of information that girls receive from home about menstruation is to always carry a disposable sanitary pad. In the FGDs and IDIs, girls expressed that having a spare sanitary pad eases their fear of stains and increases their confidence. The girls reported that they generally bring pads to school from home (sourced from their mother or sisters), however, if they do not have any, they get them from friends or school supplies. Most girls described wrapping their used sanitary pad in newspaper and either taking it home or disposing of it in a sanitary bin in the toilets or inside the incinerator.

For one girl, the disposal method was influenced by a cultural belief. She stated *"I put it in my bag and take it home. Because my mother told me that some air will catch it and it's bad"*. When probed further for meaning, the girl said, *"Mom said I'll understand when grown"* (Girl, IDI, Ra).

The cost of sanitary pads and impact on the environment in terms of waste was not reported to be a concern for either students or teachers. The study did not explore the affordability or variety of sanitary pads available, nor girls' comfort or preference.

Cultural context for MHM practices in Fiji

Fiji's diverse population gives way to a range of cultural and religious beliefs that influence the way girls learn about and manage menstruation. The population is comprised of indigenous (i-Taukei) Fijians who are generally Christian, and Indo-Fijians who are predominantly Hindu or Muslim.

For i-Taukei Fijians, menarche is a time for celebration *"[...] the whole family will get together and prepare food for the girl [because she is now entering] womanhood"* (Girls, FGD). In comparison, the Hindu and Muslim communities tend to exclude girls when they are menstruating, specifically from activities such as going to mosque or prayers (Girls, boys and teachers, FDGs).

When discussing behavioural restrictions during menses, girls reported they were told not to wear short clothes, hang out with boys, have sex, help with chores, garden, interact with male teachers or eat sour foods. As an example, of dietary restrictions, one girl noted that her mother does not allow her to *"eat banana, watermelon, drink tea, eat salty or cold and sweet things"* (Girl, IDI, Ra). Other than these restrictions and occasional teasing, girls did not report being treated differently during menstruation.

The cultural association of menstruation with 'maturity', or 'childhood to adulthood' appears to give girls a sense of confidence and responsibility. One girl stated: *"The last time I had my period at school. I was not ashamed because I'm a grown up"* (Girl, IDI, Ba). An eight-year-old girl commented that because she menstruates, she is an adult and engages in activities that she previously did not engage in such as *"tidying up her room"* (Girl, IDI, Ba).

Voiced impact on girls

Menstruation was reported to negatively impact girls' education and social lives, including self-exclusion, reduced school participation and leaving school early.

"I couldn't walk around and I stayed quietly in classroom. I don't play with friends and don't go out" (Girl, IDI, Ba).

Girls admitted to excluding themselves from social activities when menstruating, including not interacting with boys, participating in sports activities or *"going to town with friends"*. Many of the participants – including teachers and boys – cited specific mood and behaviour changes in girls when they are menstruating. One girl reported, *"I become very moody and get angry easily"* (Girl, IDI, Moto).

Menstruation is reported to negatively impact girls' participation in class, as they are in pain or do not feel well. Low participation can have adverse impacts on girls' education. Paraphrasing from an FGD with Year 7 and 8 girls: *"If the period comes while in class, she would not pay attention in class"* because her focus and concentration will be on the fear of her clothes getting stained (Girls, FGD, Lautoka). In the boys FGD at a peri-urban school, one boy said: *"if she's a talkative girl and she menstruates she will be silent the whole class"* (Boys, FGD, Ba).



In some instances, the girls discussed leaving school early due to pain or staining their uniform or clothes. *"I will just go the washroom, clean up myself and ask to go home"* (Girl, IDI, Nilsen). Only one girl indicated that she did not come to school during menstruation but did not explain why (Girl, IDI, Ra). Another girl reported she attends school but she does not concentrate in class (Girl, IDI, Ba). In one FGD, the boys reported overhearing some girls saying they did not come to school because they had their period (Boys, FGD, Ba).

Many girls demonstrated a lack of understanding of the menstrual cycle. A common question that girls asked at the end of the activities was: *"how do I read the month?"* (Girl, IDI, Ba). While the participants did not specifically discuss fertility, a lack of understanding of ovulation and the menstrual cycle heralds a risk of unplanned pregnancy.

Summary of findings

Common challenges girls discussed when managing menstruation at school included a lack of knowledge about menstruation, pain associated with their menstrual cycle, fear and embarrassment of staining their clothes or uniforms, and an inability to change pads and clothing at school. The girls discussed how these challenges impacted their education, citing difficulty concentrating, limited participation and restraint from social and sporting activities. Girls reported different coping strategies, including leaving school early due to pain or their inability to change stained clothing at school, limiting class participation due to difficulty concentrating, and excluding themselves from sports activities or social outings. Insufficient knowledge about menstruation, lack of practical guidance and support on how to cope with the pain, lack of facilities that provide privacy and security, and inconsistent supply of sanitary materials contribute to girls' difficulty in managing menstruation at school.

The determinants of menstruation-related challenges can be considered in terms of a theoretical socio-ecological framework (*see Table 7*).

Table 7: Summary of factors affecting MHM in Fiji

Theoretical ecological framework factor	Assessment findings
Societal – policy, tradition, cultural beliefs, religion	<ul style="list-style-type: none"> • Menstruation remains a taboo despite addressing gender issues such as gender meetings in schools • School curricula need to consider traditional and religious beliefs • There is limited or no accountability at the school level to sustain MHM friendly facilities and resources
Environmental – water, sanitation resource availability	<ul style="list-style-type: none"> • Schools have insufficient resources • Access to toilet paper and sanitary material is poor • After cyclones or floods, schools often neglect the needs of girls for privacy and safety in rebuilding toilets
Interpersonal – relationships with family, teachers and peers	<ul style="list-style-type: none"> • Girls seek support from their friends or female teachers, or women in their family (mother, older sister) • Girls' attitudes toward boys and socializing change after they begin menstruating
Personal – knowledge, skills and beliefs	<ul style="list-style-type: none"> • Girls receive little or inadequate information of menstruation • Girls use disposable pads • Girls are told to prepare themselves by always carrying a disposable pad with them to school and newspaper (to wrap the used pad) • Girls get information prior to menarche
Biological – age at menarche, pain, intensity of menstrual flow	<ul style="list-style-type: none"> • Menstrual pain (back and stomach pain; and feeling dizzy) is a common challenge for girls • Girls in this assessment on average reach menarche before the age of 13

Conclusion

Improving learning outcomes for girls, and addressing gender equality and girls' empowerment calls for action on MHM in schools. Integrating MHM in WASH is an effective approach for creating a healthy environment at schools through improved WASH facilities, reinforced hygiene practices and quality education that addresses girls' specific needs.

Both girls' and teachers' recommendations share a common focus on the availability of water and soap, private facilities where boys do not go, and sanitary bins inside facilities. The cost of sanitary pads and impact on the environment in terms of waste was not reported to be a concern for either students or teachers. There is, however, a need for disposal options for girls to avoid having to carry used pads home. Schools in Fiji have an existing platform, in gender meetings, to share information and break the silence around MHM for adolescent boys and girls. However, there is room to improve the quality of the information provided.

Recommendations and policy implications

This study finds girls face numerous challenges in managing their menstruation at school that negatively impact their participation in education. The following programmatic and policy actions are recommended to effectively address the challenges faced by Fijian girls in school:

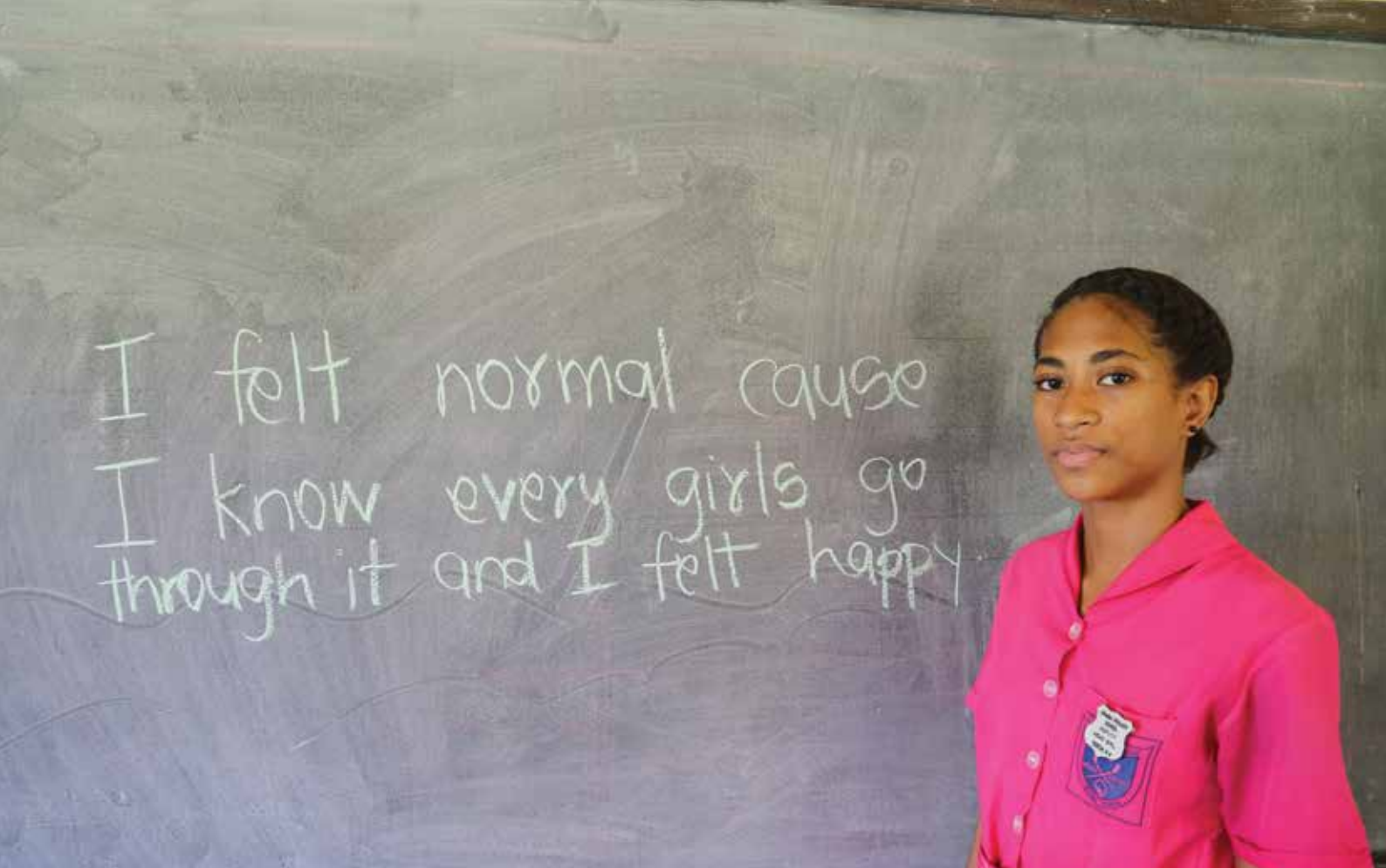
- 1. Cross-sectoral engagement** between government ministries – Including those responsible for WASH, education, health, gender and child protection – and among a diverse range of partners is required to advance changes that promote an enabling environment at schools for girls to manage menstruation.
 - a. Strengthen the existing national system to support routine school visits by health workers to deliver sessions on gender, menstruation, and sexual reproductive health and hygiene practices.
 - b. Involve health, gender and child protection specialists in annual training of teachers.
 - c. Ensure that teachers are qualified to teach menstruation and puberty-related subject matters, have accurate and up-to-date information, and have completed appropriate gender training.
- 2. Undertake strong advocacy** at the national, provincial, community and individual levels to socialize menstruation as a norm and influence policies that address the menstruation-related challenges girls face at schools, including:
 - a. Integration of menstruation-related indicators in FEMIS for future monitoring.
 - b. Institutionalizing norms and standards for MHM-friendly schools (e.g., all schools should have an MHM room; girls' toilets should be in a safe and private location, not at the back of the school compound; and spare uniforms and rubbish bins should be available).
 - c. Allocating a percentage of the education grant for resources such as toilet paper and sanitary materials and including this information in FEMIS school updates.
 - d. Constructing school WASH facilities that are resilient to weather impacts (flood, cyclones) or can easily and affordably be rebuilt.
 - e. Changing girls' school uniforms to a darker colour to minimize fear of staining.

- 3. Menstruation education** for girls and boys at both primary and secondary levels covers not only the biological but also the psychosocial aspects of menstruation. In addition, schools should:
- a. Develop mechanisms for:
 - i. Girls clubs where girls can teach each other how to count their cycle, plan for menstruation, understand appropriate MHM including use and disposal of sanitary materials; and
 - ii. Anonymous boxes where girls and boys can leave questions that they are not comfortable asking in class.
 - b. Encourage girls to engage in sports during menstruation.
- 4. Enhance awareness and education at the community level**, including with parents, religious leaders and village chiefs, to foster openness and understanding of menstruation and puberty curricula, including:
- a. Engaging parents in development of a curriculum in keeping with healthy cultural and religious beliefs and practices; and
 - b. Building a network with churches and religious leaders to promote empowerment of girls.
- 5. Incorporate gender training in teacher training and annual in-service programmes**, including:
- a. Attention to the health, well-being and psycho-social needs of adolescent girls and boys; and
 - b. Empowering both male and female teachers with the skills and knowledge to address menstruation-related questions from girls and boys.
- 6. Build the capacity of school management** to maintain operational WASH facilities and resources that allow for safe, private and dignified MHM, especially after emergencies.
- a. Provide schools with tools to monitor WASH facilities and calculate costs for planning, maintenance and emergency preparedness;
 - b. Support the development and implementation of a school action management plan for WASH, including a regular cleaning schedule; and
 - c. Support PTAs to perform WASH-related activities (e.g., to maintain WASH facilities) and provide funding for schools.

References

1. Abioye-Kuteyi, E. A., 'Menstrual Knowledge and Practices amongst Secondary School Girls in Ile Ife, Nigeria', *Journal of the Royal Society for the Promotion of Health*, vol. 120, no. 1, March 2000, pp. 23–26.
2. Australian Government, AusAID, Mid-term review of the Access to Quality Education Program, Fiji, 2012, <<https://dfat.gov.au/about-us/publications/Documents/agep-midterm-review.pdf>>.
3. Burnet Institute, et al., The Last Taboo: Research in menstrual hygiene management in the Pacific: Solomon Islands, Fiji, and Papua New Guinea, 2017, <www.burnet.edu.au/system/asset/file/2731/Last_Taboo_end_of_project_report_final_7.9.17.pdf>.
4. Fiji Bureau of Statistics, 2009, <www.statsfiji.gov.fj/statistics/social-statistics/education-statistics43>.
5. Fijian Teachers' Association / Access to Quality Education Programme, WASH Project Baseline Survey Report, FTA: Suva, 2014.
6. Kumar, A., and K. Srivastava, 'Cultural and Social Practices Regarding Menstruation among Adolescent Girls', *Social Work in Public Health*, 2011, vol. 26, no. 6, pp. 594-604. doi: 10.1080/19371918.2010.525144.
7. Mahon, T. and M. Fernandes (2010). 'Menstrual hygiene in South Asia: a neglected issue for WASH (water, sanitation and hygiene) programmes', *Gender & Development*, vol. 18, no. 1, 2010, pp. 99-1.
8. Ministry of Education, National Heritage, Culture & Arts, Minimum Standards on Water, Sanitation and Hygiene (WASH) in Schools Infrastructure, Government of Fiji, Suva, 2012.
9. Ministry of Education, 2014 Annual Report. MoE: Suva, 2014.
10. Ministry of Education, Memo from the Permanent Secretary of Education to School Managers, Head Teachers and Principals titled "Free education – directive on use of government grants," dated 13 December 2013.
11. Ministry of Strategic Planning, National Development & Statistics, 'Millennium Development Goals, 2nd Report 1990-2009: Report for the Fiji', Government of Fiji, Suva, 2010.
12. Pacific Islands Forum Secretariat, 2013 Pacific Regional MDG Tracking Report, 2013, <www.forumsec.org/resources/uploads/attachments/documents/2013_Pac_Regional_MDGs_Tracking_Report_FINAL.pdf>.
13. Sanitation, drinking water and health in Pacific island countries, 2015 Update and Future Outlook, WHO/UN Habitat/UNICEF/SPC 2015.

14. Sommer, M., 'Where the Education System and Women's Bodies Collide: The social and health impact of girls' experiences of menstruation and schooling in Tanzania', *Journal of Adolescent Health*, vol. 33, no. 4, August 2010, pp. 521–529.
15. Sommer, M., and M. Sahin, 'Overcoming the taboo: advancing the global agenda for menstrual hygiene management for schoolgirls', *Am J Public Health*, vol. 103, no. 9, 2013, pp.1556-1559. doi: 10.2105/AJPH.2013.30137.
16. Snapshot of Water and Sanitation in the Pacific: 2013 Sub-Regional Analysis and Report, UNICEF, 2013.
17. Tegegne, T. K., and M. M. Sisay, 'Menstrual hygiene management and school absenteeism among female adolescent students in Northeast Ethiopia', *BMC Public Health*, 14, 2014, p. 1118. doi: 10.1186/1471-2458-14-1118.
18. UN Statistical Division, Fiji MDG Country Progress Snapshot, 2014, <http://mdgs.un.org/unsd/mdg/Resources/Static/Products/Progress2014/Snapshots/FJI.pdf>



“

Students have to be educated about it [menstruation] because “it is part of education” (Teachers, FGD, Ba).

Mom told me everyone [girl] is affected by it (Girl, IDI).

I couldn't walk around and I stayed quietly in classroom. I don't play with friends and don't go out (Girl, IDI, Ba).

If no pad, I will use toilet paper (Girls, FGD, Ba).

The last time I had my period at school. I was not ashamed because I'm a grown up (Girl, IDI, Ba).

”



For information about this publication, contact
Maria Carmelita Francois, mcfrancois@unicef.org
or Brooke Yamakoshi, byamakoshi@unicef.org