Learning, Acting and Learning

LAL Research

on Menstrual Hygiene Management in Schools

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Kamran Naeem, UNICEF Pakistan
Background

Adolescent girls' education in Pakistan

– Up to 30% of primary school aged children are out of school!
– Government policy supports girls’ schooling, but education system capacity is inadequate.
– Girls’ low rates of school attendance and retention are linked to cultural norms opposing girls’ education.
What was LAL Research?
Summary – LAL Research
By Naeem, Ambreen, Aziz and Klawitter

• LAL, the acronym for Learning, Acting and Learning, translates to “Red” in Urdu

• UNICEF Pakistan adapted LAL as part of UNICEF’s ongoing global qualitative MHM research

• Objectives:
  • To develop in-depth understanding of girl's MHM needs and preferences
  • To understand different factors influencing MHM in girl's schools
  • To design and test appropriate MHM activities in schools
The Conceptual Framework, Methodology and Sample

• **Assumption**: Societal and cultural norms, environmental, social influences, personal perceptions and biology all determine how girls' experience and manage menstruation.

• **Sample** used for the study was purposive qualitative.
  – Six government high schools for girls, three each from two culturally varied districts of Punjab and KPK provinces.

• **Three qualitative research methods** – Focus Group Discussions (FGDs), In-depth Interviews (IDIs) and Observation Checklists.
Findings on Factors of Influence
Societal Factors

- Menses is the word best understood
- Never spoken of outright - to hide and to grant girls' privacy
- Education Department officials – this topic never discussed
  - Tended to underestimate the need for MHM facilities
  - Consider MHM way below their level of professional expertise
  - Lack knowledge about the type of facilities required for MHM
- Traditional beliefs - passed down from mother to daughter
Environmental Factors

• Students’ toilets (63-131 S/T)-disposal facilities unavailable
• Girls resorting to: wrapping and throwing used napkins in the bush, corner of school, on latrine floor, taking home in plastic bag and then burning or throwing away
• No formal mechanism for provision of sanitary napkins to girls.
• Informal mechanisms included:
  • taking the day off, going home, teachers/friends donating
  • sometimes teacher gave their painkillers and never charged
  • girls sent to health facility situated close by
  • the teachers gave them herbal tea or hot milk for pain relieving
Interpersonal Factors

• Limited support from the family – mostly from mother:
  • by taking care of their food intake
  • reducing their chores (physical activity)
  • giving takor (heat pack treatment) and the provision of medicines
  • psychological support

“When we are unable to offer our mandatory prayers, then mother covers it up by lying to the male family members and saying that she has offered her prayer”

• Support from friendly teachers – on personal level
• Limited support from peers – only from trusted friends
Personal Factors

• Feelings Associated with Menstruation: stress/anxiety, physical discomfort, impurity/dirty, shame and sadness

• Skills to Manage Menstrual Hygiene
  • Sanitary Material Used
  • Changing Sanitary Napkins
  • Remembering Expected Date of the Periods
  • Bathing and Cleaning during Menstruation

• Reported Impact on Studies
• Misguiding Knowledge of MHM
• Girls Identified 10 Areas of Information Needs
Biological Factors

• Age of Menarche 11-15, mostly 12-13 years
• All girls suffered from aches and pain or some other physical problem including:
  – Nausea
  – feeling dizzy
  – Vomiting
  – lethargy and general weakness.

“We actually wish for our periods not to happen, because of the pain”
Research Informed Interventions

The following interventions were designed and implemented after learning from research findings:

• Development and strengthening of mechanism for distribution of MHM supplies
• Development and distribution of communication materials on MHM
• Improved WASH facilities
• Formation of WASH clubs
Post Intervention Learnings
Post Intervention Learning

- MHM conditions improved
- Interesting findings on placing a mirror in toilets
- MHM supplies were bought and sold
- Two MHM Booklets were liked by both teachers and girls
- The most well-liked messages were:
  - Encouragement on not making fun of each other
  - Advice on takor to decrease menstrual pain
- The most liked photo messages were
  - Mother putting MHM pack in daughter’s school bag
  - Girls drinking green tea provided in school
Use of MHM Poster and Calendar
The Way Forward

- TOT for Teacher’s Trainers
- Scaling up Implementation
- Strategic partnerships and networking
For more information, please contact:

Kamran Naeem
Water, Sanitation and Hygiene Specialist
UNICEF, Pakistan
knaeem@unicef.org

United Nations Children’s Fund (UNICEF)
Pakistan Country Office
Street 5, Diplomatic Enclave,
Islamabad,
Pakistan.
Tel: 051-209-7848
www.unicef.org

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