Good Policy and Practice in Health Education – Booklet 9, Puberty Education & MHM

Scott Pulizzi - Team Leader School Health Promotion

Section of Health and Global Citizenship Education Division of Teaching, Learning and Content, UNESCO
GOOD POLICY AND PRACTICE IN HEALTH EDUCATION

Booklet 9

Puberty Education & Menstrual Hygiene Management
WHY FOCUS ON PUBERTY?

A time of rapid physical, psychological and cognitive changes, when gender norms and identity are being shaped.

Girls report experiencing stress, shame, embarrassment, confusion and fear due to a lack of knowledge and inability to manage their menstruation.

Boys report feeling low self-esteem and feeling out of control of events in their lives, which manifests itself through unhealthy behaviours.
By facing puberty without preparation learners are left confused and unsupported, which in turn affects the quality of their education. In some cases it may directly affect school attendance.
Weaknesses in curriculum

• References to sexuality: negative, fear-based or lacking.

• Emphasis on reproductive process but not on the practical issues girls need for MHM

• Menstruation often portrayed as a ‘problem’ to be managed privately - implicit suggestion that it is unpleasant and shameful, and should be hidden.
Why target primary schools?

Skills-based health education

- While content is often age-appropriate, the exception is the delayed delivery of information about puberty.

Infrastructure

- Inadequate sanitation facilities, water supply, soap, privacy, security, maintenance, etc.
Why and what should MoEs do?

The education sector is responsible for contributing to the **healthy development of its learners**;

It must help them **respond to and manage** the changes and challenges they face in life; and

It must provide them with a **quality** education and a **safe** learning environment.
What are the Main Messages?

1. Educate all learners about puberty

Provide them with a skills-based health education that develops their knowledge, attitudes, skills, and behaviours for their health now and throughout their lifespan.

Topics should be imbedded in a larger health curriculum that promotes healthier lives, relationships and gender equity.

It should be age and developmentally appropriate, should properly prepare leaners for life changes before they experience them and thus should start as early as five years old and continue through to young adulthood.
What are the Main Messages?

2. Provide safe environments, physical and social

Equip all schools with clean and safe water and hand-washing facilities, adequate sanitation facilities, and clean and safe latrines.

Skills-based health education and policies should be in place to create a safe social environment.

Thus, healthy individual behaviours can collectively contribute to a health promoting social environment which values respect, tolerance and non-violence.
What are the Main Messages?

3. Connect learners to health services and commodities

Provide school-based health, counselling, and nutrition services, where possible.

Provide an effective referral system, to health service providers, child protection services and community support groups.

Create strong cross-sectoral linkages with the ministry of health, and other health providers.
POSITIVE OUTCOMES

increased knowledge
increased self-confidence & emotional coping
better decision-making skills
better social skills
positive gender attitude

HIGHER QUALITY EDUCATION
and a HEALTHIER LIFE
Way Forward

- Stronger emphasis on puberty education and menstrual hygiene management in comprehensive sexuality education and skills-based health education.
- Improved pre- and in-service training of teachers on puberty education and menstrual hygiene management.
- Other language versions (French, Spanish).
Thank You.

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