Menstrual Hygiene Management for Schoolgirls in Pakistan

Thematic Session: MHM During Emergencies

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Outline

1. Pakistan Country Background
2. UNICEF WASH in Schools Programme in Pakistan
3. Desk Findings: Analysis of Menstrual Hygiene Management
4. Unfinished business: Ongoing research, preliminary findings
5. Emerging issues: Menstrual Hygiene Management in Emergency Response and Relief
6. Summary of Key Learning's
7. Program strategy: Way forward
Background

Adolescent girls education in Pakistan

- Up to 30% of primary school aged children are out of school!
- Girls’ education features in all government education policy documents, but state education system suffers from fundamental structural problems.
- Lower enrolment and retention rates among girls in Pakistan as a result of religious and cultural practices that restrict demand for female education.
Background

Popular practice and beliefs

- Cultural restriction and discriminatory gender roles exacerbate women's difficulties during menstruation
- Extend to which schoolgirls are constraint and restricted is determined by different and divers tribal and family ideologies
- Blurring of boundaries between cultural practice and religious beliefs
- Example: Early marriage, invisibility of women (and their needs), menstruation is a public taboo
**IR 1.1:** Women and Children have access to increased and sustainable WASH services and are enabled to adopt improved hygiene practices

**INDICATOR**

1.1.4: Increased use of child-friendly water and sanitation facilities in 5% of boys and girls schools in select districts (no baseline)

1.1.5: Disaster management authorities and other relevant institutions at federal, provincial and district levels strengthened in emergency preparedness and response

**STATUS 2011/mid 2012**

1.1.4: Approximately 308,450 children benefitted from child-friendly WASH facilities in 1,696 schools

1.1.5: 332 government official trained in emergencies, national/provincial contingency plans developed

**Analytical Statement of Progress**

The scale up of School WASH program in-line with global priorities requires greater attention in coordination with Education. EPRP within programme and in partnership with IP is standardized and documented in a guideline (draft)
Child friendly WASH facilities were provided in 4093 schools all over Pakistan together with Health and Hygiene education for school children and teacher.
MHM Study Desk findings

Selected Results

Study on Menstrual Hygiene Management in Union Council Muzaffarabad/Azad Kashmir, 2010
UNICEF intervention area after Earthquake 2005
(Sample Size: 200 school girls)

- School dropout during menstruation
- Availability of protective material
Selected Results, cont.

Type of material used

Knowledge about menstrual hygiene

Knowledge or misbelieve?
Selected Results, cont.

Financial problems buying protective material

Level of knowledge improved after Earthquake intervention = Opportunity!
Limited but good: Low cost sanitary pads production
Limited but good: MHM IEC material
Summary: Problems associated with Menstruation

1. Shame during menses
2. Information on menstruation is provided by close family members, if at all
3. Teachers unwillingness to discuss menstrual hygiene
4. Staying out of school for 3-4 days: ridicule by boys, lack of facilities = poor school performance
5. Lack of designated washrooms with water & disposal facilities in schools
6. Changing, cleaning & drying of re-useable menstrual clothes
7. Unable to afford conventional sanitary pads

= Limited Coping Strategies
Unfinished Business
Unfinished business: Ongoing research

What to expect?

1. To further determine how lack of appropriate menstrual hygiene management affects adolescent girls in schools.
2. To further explore and identify the needs of menstruating adolescent girls in Schools in KP & AJK.
3. To further explore how adolescent girls are coping with menstrual hygiene management when supplies and disposal facilities are absent in schools in KP & AJK.
4. Investigate how UNICEF can better support the needs of menstruating adolescent girls during Schools WASH interventions.

No. of Schools in AJK and KP: 573
Total No. Schools included: 44
Total No. of girls included in MHM study: 1,094
Menstrual Hygiene Education in Emergencies
Menstrual Hygiene Education in Emergencies

80% of displaced are Women and Children!

**Threat:**
- Lack of privacy but cultural expectations remain valid: Invisibility of menstruation
- Unavailability of sanitary clothes (old material)
- Unavailability (physical, mental) of close family members to inform/teach

**Opportunities:**
- Coordination of menstrual supplies: Sanitary towels are provided with Hygiene Kit,
- Separate and protected sanitation facilities for women
- Potential to educate adolescent girls in separate sessions on menstrual hygiene in DP camp
WASH facilities in IDP camps
Distribution of Health & Hygiene kits
Key Learning's & Way forward
Key Learning's

**Social Norms**
Discussing menstruation is against accepted social norms

**Poverty**
High cost of commercial sanitary pads

**Policy on Menstrual Hygiene Management in Schools**
Lack of clear policy on menstrual hygiene management in schools.

**Information & Awareness**
Inadequate information and general lack of awareness about menstruation and menstrual hygiene.

**Accessibility of Facilities**
Inaccessibility to menstrual pads & female friendly and clean WASH facilities in schools.
Way forward

1. Complete the ongoing study and compare with 2005 Earthquake intervention review results
2. Clarify basic requirements for menstrual hygiene management for adolescent girls in schools/emergency interventions
3. Incorporate effective and efficient strategies/activities of tackling MHM through schools WASH interventions jointly with Education, Health section, e.g.:
   i. Revise school curriculum, including teachers curriculum to include MHM, hygiene clubs for female adolescent only
   ii. Design/provide female friendly sanitation facilities including room for washing menstrual cloth
   iii. Revise/develop/provide MHM IEC material
   iv. Promote low cost sanitary pads
   v. Engage in learning and knowledge management on MHM, incl. emergency response and relief
   vi. Collaborate with Health Section on pain relief medication strategy…
   vii. Investigate potential of female health workers to get engaged
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Situation Analysis Pakistan 2012

Joint Monitoring Programme 2012:

- **92 %** Access to Water
- **48 %** Access to Sanitation, 72 % Urban, 34% Rural

22.3 % of population below **Poverty** line with large **disparity between rural and urban**

**Under-five mortality rate** at 89/1000 with Diarrhea as one of the direct causes, **Polio** is still endemic!, **Malnutrition**: 35% of under –five, **Child abuse**, up to 30% **out of school Children** (rural Sindh)

**Over 80%** of poorest households practice open defecation versus **95%** of richest who access improved sanitation

High WASH coverage differential between urban slums (**Polio high-risk**), and richer urban areas (insufficient data)
Understanding cross sectorial linkages

Malnutrition changes menstruation cycle.

- Critical level of Acute Malnutrition (GAM 15.1%, SAM 5.8%)
- Stunting: (Max FATA 57.6%; Min AJK 31.7%); second highest in the region (Afghanistan 54%)
- Wasting: (Max AJK 17.6%; GB Min 6.8%)
Background: WATSAN access girls schools