In March 2019, multi-sectoral researchers, practitioners, and monitoring and evaluation specialists convened to identify priority indicators across key areas within global health and development, and assess alignment of the identified priority indicators with interventions addressing menstruation. The focus was on the menstruation-related issues impacting girls in and out of school, given the strong potential links between Menstrual Health and Hygiene (MHH) policy and outcomes.

The result of this meeting was a green paper entitled “Monitoring Menstrual Health and Hygiene”, and a series of sector-themed one-page highlight documents, including this one focused on Education.

The ‘menstrual movement’ is rapidly evolving, and there is a need for collaboration and consensus to assess progress for holistic MHH policy that can improve girls’ learning and life outcome, and to identify opportunities for linking with other measurement efforts at national and global levels. This includes aligning menstruation with the priority areas of education, gender, water, sanitation, hygiene (WASH), psychosocial health, and SRH. Validated, rigorous measures are needed across levels of investment in relation to menstruation.

Schools need to provide gender-sensitive learning environments for menstruation, including the provision of adequate school WASH facilities, for female students and teachers, and curricular content and teaching methods that raise awareness and destigmatize menses for girls, boys and teachers. A supportive education environment for MHH includes female and male teachers who are trained in gender issues and have confidence and adequate information to equip students with the knowledge and skills to manage their puberty effectively, challenge gender norms, and correctly teach comprehensive sexuality education or MHH and puberty education; provides the school policies aimed at protecting girls from bullying and harassment (e.g. when they leak blood), including sexual harassment and violence; permits girls and all people who menstruate to have extra bathroom breaks to manage menstruation; and provides resources to girls, such as emergency menstrual products or pain killers.
HOW MENSTRUAL HEALTH AND HYGIENE RELATES TO EDUCATION

Inadequate school environments can hinder girls’ abilities to manage menses in school, which in turn can lead to reduced participation and difficulty concentrating during menses, and potentially contributing to absenteeism, drop out, and negatively impacting learning outcomes. The provision of adequate MHH is suggested to improve girls' self-esteem, autonomy and confidence, and to increase their ability to concentrate and work. These factors support girls’ ability to reach their potential and remove the stress of falling behind, and associated teasing and bullying, and improve learning outcomes.

ALIGNMENT OF EDUCATION IMPACT MEASURES WITH MHH

An analysis was conducted to examine if and how MHH monitoring and evaluation efforts contribute or could contribute to the priorities within each of the five areas, and to map out where connections or overlaps exist.

The top four priorities identified as relevant for Education included: gender sensitive teacher training; increasing the proportion of schools with providing sexuality education; improved transition rates; and greater learning achievement/outcomes. Note: Attendance/absenteeism did not emerge as a broadly-used outcome/impact measure for analysis during this meeting due to the difficulties in data availability.

Missing measures, or those in need of further development, were also identified. These included a concept of gender friendly school policies; and teachers’ knowledge of menstruation issues.

LINKS TO SUSTAINABLE DEVELOPMENT GOALS

In addition, menstruation and MHH were identified as relevant to achieving the following Education-related Sustainable Development Goals (SDG): SDG4 (quality education) and SDG5 (gender equality).

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