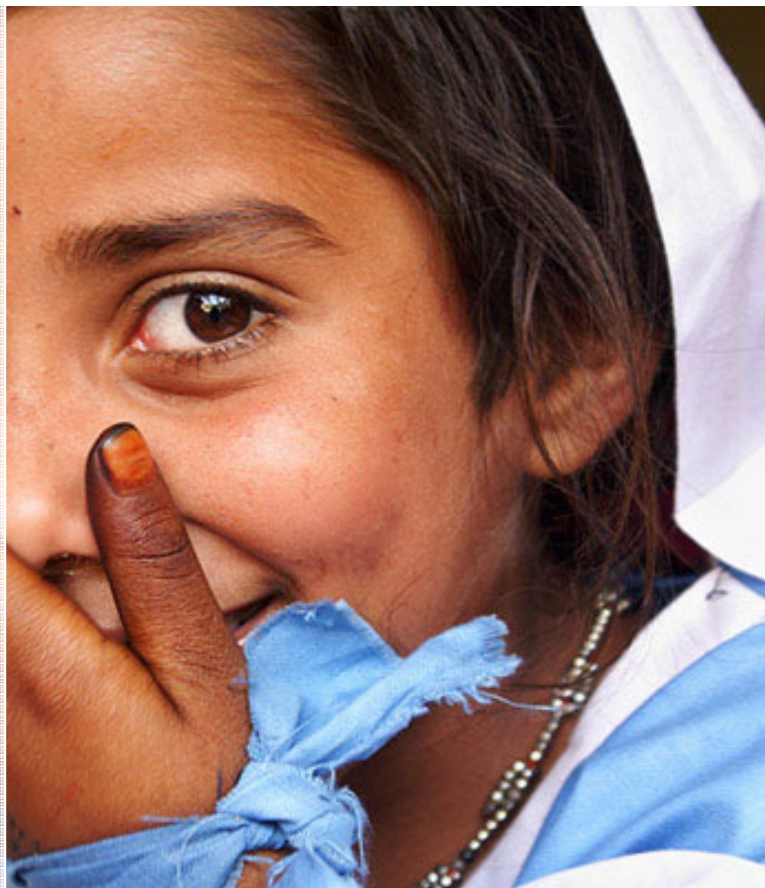


Menstrual Hygiene Promotion

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2010



All females have to cope up with Menstruation that is a natural process in women's life. From physical and psychological point of view menstruation period needs special care. Negligence in menstrual hygiene can result in biological disorders for example different sorts of infections but unfortunately awareness concerning this area of life is not highlighted due to socio- cultural trends of our society

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Piloting in Pakistan" Menstrual
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Menstrual Hygiene Promotion; Needs in Mardan

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ABSTRACT

All females have to cope up with Menstruation that is a natural process in women's life. From physical and psychological point of view menstruation period needs special care. Negligence in menstrual hygiene can result in biological disorders for example different sorts of infections but unfortunately awareness concerning this area of life is not highlighted due to socio-cultural trends of our society. In present age menstrual hygiene needs more attention because of rapidly increasing active participation of females in different walks of life. It has become necessary to analyze their relevant problems and prepare different strategies for solution. These solutions should be in accordance with social norms and traditions. Problems during menarche, effects of menstruation on studies, proper use of hygiene products, hygiene practices during menarche and source of information for girls during menarche have been focused in this study. Menstrual hygiene promotion will be an indirect support to gender equality, national development, high literacy rate and MDGs accomplishment.

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OBJECTIVES:

The study has been carried out in order to fulfill following objectives;

1. To analyze the hygiene issues of early age at menarche
2. Role of parents, schools and friends during the specific period
3. To examine their hygiene practices
4. To analyze the suitability of school environment for girls at menarche
5. To assess the knowledge of newly adolescent girls about menstrual hygiene
6. To identify the areas of menstrual hygiene and sanitation where support from IRSP can be provided
7. An initiative towards SACOSAN III commitments
8. A step towards accomplishment of MDGS¹.
9. To strengthen the concept of comprehensive security

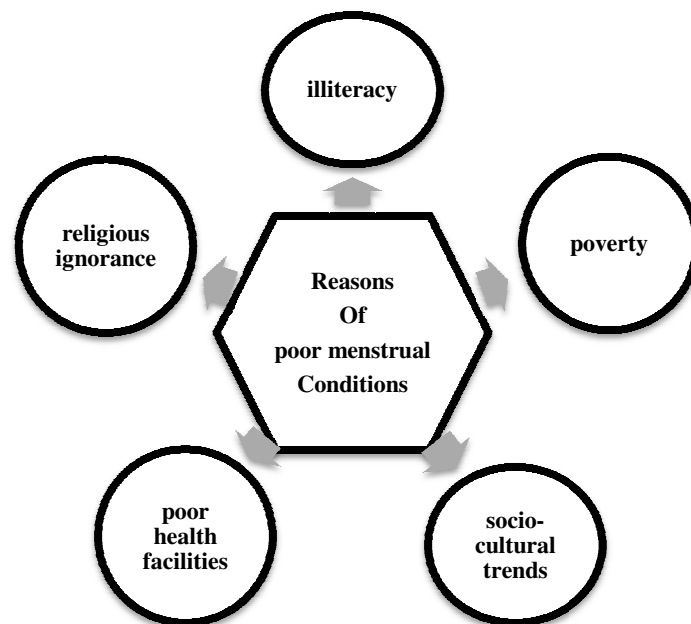
¹ Millennium development goals (see annex)

INTRODUCTION:

Menarche is the first menstrual cycle, or first menstrual bleeding in the females of human beings. From both social and medical perspectives it is often considered the central event of female puberty, as it signals the possibility of fertility. Timing of menarche is influenced by both genetic and environmental factors, especially nutritional status.² Puberty in girls is the phase of transition from child to mature woman. Menarche is the first menstrual period at puberty.³ This is a natural process but due to illiteracy, ignorance about religious teachings, poverty, socio-cultural trends, negligence regarding psychological health and poor health facilities there's not much discussion on this topic that results in negative.

Different studies show that unsafe menstrual hygiene practices put a heavy and unrecognized burden on women, menstrual hygiene should be connected to hygiene and health and build capacity of people on Menstrual Hygiene Management by integration into sanitation, hygiene and health programmes.⁴ The majority of girls in low-income countries cannot afford a monthly supply of feminine hygiene products.⁵ Women and girls in poor countries can't afford sanitary pads or tampons, which would normally be changed around four times a day during menstruation.

One of the main reasons behind the issue is that menstruation is considered in many societies including Pakistan a hidden and secret issue even in many societies this is not openly discussed between mother and daughter. In many cultures menstruation is being perceived as unclean and embarrassing and also believed that it must remain hidden in communication.⁶



² Menarche, derived from http://en.wikipedia.org/wiki/Menarche#Timing_of_menarche on

³ normal menstrual cycle and menstrual disorders dr. Mehnaz khakwani, fcps, dr. Hasan imran zaidi, fcps, dr. Nabila tariq, derived from <http://theprofessional.com/v13n4/prof-1069.pdf> on

⁴ Declaration of the Pre-SACOSAN Civil Society Meet: Our demands for urgent action derived from http://worldwaterforum6.org/fileadmin/www/News/Blue_News/CSO_Declaration_final.pdf on

⁵ Should menstrual hygiene be an accelerated area of investment for girls education? derived from http://www.worldwaterweek.org/documents/WWW_PDF/2008/tuesday/K2/WWW_Menstrual_Hygiene.pdf, on

⁶ Menstrual taboo, derived from http://en.wikipedia.org/wiki/Menstrual_taboo, on

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In schools there are no proper facilities for menstrual waste management; girls don't know how to dispose it off properly especially in time of immediate need. The focus on menstrual hygiene management is an essential part of promoting hygiene and sanitation amongst adolescent girls and women who constitute approximately 45 per cent of the total female population.⁷

There are following impacts of no proper menstrual waste management and concerning knowledge in newly adolescent girls.

HIGH DROP OUT FROM SCHOOL AND POOR PERFORMANCE:

Adolescent girls are often absent from school due to menstruation related issues. The accompanying abdominal cramps, headaches and fatigue, coupled with poor facilities and lack of counseling, all contribute to monthly absenteeism, which can be as high as 20%. It is often a first step to dropping out of school completely.⁸

At school, girls are faced with poor facilities inadequate water for washing, lack of soap, no privacy and non-functioning or insufficient toilets. This reduces school attendance.⁹ It is important to realize that one out of two 13 year old girls will probably be menstruating. One in eight girls begins to menstruate (menarche) when she is 11 years or younger.¹⁰

One of the reasons behind high drop out of girls from school in Asia is their difficulty in managing menstruation. The idea is that they don't have decent sanitary products and so stay home during their periods and then get further and further behind and finally drop out.¹¹

Due to illiteracy, ignorance about religious teachings, poverty, socio-cultural trends, negligence regarding psychological health and poor health facilities there's not much discussion on this topic. Different studies show that unsafe menstrual hygiene practices place a heavy and unrecognized burden on women, menstrual hygiene should be connected to hygiene and health and sensitize and build capacity of people on Menstrual Hygiene Management by integration into sanitation, hygiene and health programmes.¹²

The problem also affects the teachers' performance the monthly menstruation period also creates obstacles for female teachers. They either report themselves sick or go home after lessons as fast as possible and do not have enough time to give extra attention to children who need it.¹³

⁷ International Women's Day: Adolescent girls release menstrual hygiene management booklet derived from www.thaindian.com/.../international-womens-day-adolescent-girls-release-menstrual-hygiene-management-booklet_10025

⁸ Girl-friendly latrines reduce school absenteeism in Ghana, derived from <http://www.plan.org.au/mediacentre/features/3072> on

⁹ derived from [Ghana final girl friendly toilets SSHE case study WEB.pdf](#) on

¹⁰ ibid

¹¹ Nicholas Kristofp, Does Menstruation Keep Girls out of School?, derived from <http://kristof.blogs.nytimes.com/2009/09/04/pssst-does-menstruation-keep-girls-out-of-school>, on

¹² Declaration of the Pre-SACOSAN Civil Society Meet: Our demands for urgent action, derived from http://worldwaterforum6.org/fileadmin/www/News/Blue_News/CSO_Declaration_final.pdf on

¹³ Dr. Varina Tjon, Menstrual Hygiene: A Neglected Condition for the Achievement of Several Millennium Development Goals, derived from http://www.timfoster.org/2008%2010%20WASH%20Kenya/Participant%20CD/files/Report_Menstrual-Hygiene_LR_v1.pdf, on

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According to a study conducted in Nepal suggested that the main reason they stayed away was cramps nearly 44% of the girls cited cramping as the reason they couldn't make it to school while they were menstruating.¹⁴

One of the main reasons behind the issue is that menstruation is considered in many societies including Pakistan a hidden and secret issue even in many societies this is not openly discussed between mother and daughter. In many cultures menstruation is being perceived as unclean and embarrassing and also believed that it must remain hidden in communication.¹⁵

Across the developing world, the lack of appropriate and adequate sanitation facilities prevent girls from attending school, particularly when they are menstruating. There is no private place to change and clean the rags and often no safe water and soap to wash them properly. A culture of shame and embarrassment forces them to seek for well hidden places even in their homes to dry the rags. These places are often damp, dark and unhealthy. This practice is responsible for a significant proportion of illness and infection associated with female reproductive health. Rags that are unclean cause urinary and vaginal infection. Very often serious infections are left untreated. This study was done in urban slum and rural Bangladesh but the same situation exists in rural area of Pakistan.

ENVIRONMENTAL DEGRADATION:

The issue has major impacts on Environmental degradation. Environmental degradation refers to any impact on the natural environment which causes harm to plants, animals, soil structures, water quality, air quality, or aesthetic qualities. Menstrual waste means by-products of menstruation and menstrual management and includes items such as sanitary pads, tampons, human bodily excretions, product wrapping, and toilet paper.¹⁶ Composition of menstrual waste, the interaction of that waste with the natural environment (soil, water, and air) disturbs the environment.

Another report says that in developing countries, which frequently have poor waste management infrastructure, this type of waste will certainly produce larger problems. For this reason, encouraging menstrual hygiene in developing countries must be accompanied with calculated waste management strategies.¹⁷

¹⁴ Nicholas Kristofp, Does Menstruation Keep Girls out of School?, derived from <http://kristof.blogs.nytimes.com/2009/09/04/pssst-does-menstruation-keep-girls-out-of-school/>, on

¹⁵ Menstrual taboo, derived from http://en.wikipedia.org/wiki/Menstrual_taboo, on

¹⁶ Pip Lynch, Menstrual waste in the backcountry, SCIENCE FOR CONSERVATION: 35, derived from www.doc.govt.nz/upload/documents/science-and-technical/sfc035.pdf, on

¹⁷ Dr. Varina Tjon , Menstrual Hygiene: A Neglected Condition for the Achievement of Several Millennium Development Goals, derived from http://www.timfoster.org/2008%2010%20WASH%20Kenya/Participant%20CD/files/Report_Menstrual-Hygiene_LR_v1.pdf, on

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IN CASE OF IMMEDIATE NEED:

In schools there are no proper facilities for menstrual waste management; girls don't know how to dispose it off properly especially in time of immediate need. They don't have proper feminine products for immediate use in outdoor especially in schools.

Keeping in view the importance of the issue different researches and studies done in it is important to have a look over few important previous researches.

BACKGROUND:

According to results of a Research done in Andhra Pradesh University by Drakshayani¹⁸ mothers were uneducated to express their views on menstruation or they hesitate to express their views to daughters. Girls' needs good information about the menstrual cycle and all the other changes that puberty brings.

According to The World Bank report if a girl misses 4 days of school every 4 weeks due to her period, she will miss 10 to 20 percent of her school days.¹⁹ Bharadwaj and Paktar (2004) note a survey in Iran in which 15% of girls 15-17 reported that menstruation had caused them to be absent 1-7 days per month.²⁰

A study in kerala (Anuradha) showed that 60% of women dealt with menstruation unhygienically. A statistically significant association was seen between menstrual hygiene maintenance and education, knowledge prior to menarche, type of protection, access to water, bathroom facilities and menstrual disorders. The schools because of facilities (toilets, water supplies) were in adequate for coping with the periods.²¹

The study has also examined knowledge, attitude and practices related to menstruation and menstrual hygiene. Out of the 831 girls who were menstruating 545 (65.6%) reported feeling discomfort during menstruation while in school. Their attitude towards menstruation 546(66%) thought that there could be foul odor and 406 (49%) the blood unhygienic.²²

Research on same topic presented in august 2008 on world water day by Dr.Mosleh Sadeque of Bangladesh. He discussed the need of menstrual hygiene promotion for poor school girls. He

¹⁸ The Journal of Early Adolescence, Vol. 22, No. 4, 455-474 (2002)

¹⁹ Dr. Varina Tjon , Menstrual Hygiene: A Neglected Condition for the Achievement of Several Millennium Development Goals, derived from http://www.timfoster.org/2008%2010%20WASH%20Kenya/Participant%20CD/files/Report_Menstrual-Hygiene_LR_v1.pdf, on

²⁰ Menstruation, Sanitary Products and School Attendance: Evidence from a Randomized Evaluation faculty, derived from chicagobooth.edu/emily.oster/papers/menseduc.pdf on

²¹R.V. Anuradha, Sharing With The Kanis A case study from Kerala, derived from <http://www.cbd.int/doc/case-studies/abs/cs-abs-kanis.pdf> on

²² Yared Abera,MD, Menarche, Menstruation related Problems and Practices among Adolescent High School Girls in Addis Ababa, 2003/04. Research_derived from etd.aau.edu.et/dspace/bitstream/123456789/.../Yared%20Abera.pdf on

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emphasized that Menstrual hygiene should be linked to the hygiene education program in schools with active involvement of female teachers and the issue should be made an open agenda while building latrines at school.²³

A UNICEF report in Kenya stated that one in ten school-age girls do not attend school during their period. In Uganda, of 300 primary school girls involved in research, 94% reported some problems at school during menstruation. Keeping this in view the development organization Plan International Ghana decided to develop a model 'girl-friendly latrine'. It is also working on the development of effective education on menstrual hygiene and management.²⁴

According to source bulletin No. 51 published by IRC in February 2008, most sanitation programmes are silent about this practical need. Menstrual management tends to be ignored in latrine design and construction and excluded from hygiene education package. Even reproductive health and preventive health programmes in developing countries often do not address this sensitive issue in many developing countries.²⁵

Practice with poor knowledge is responsible for a significant proportion of school absenteeism, seclusion from social activities, illness and infection associated with female reproductive health of school going adolescents in developing countries. In the current situation, where there is an absence of menstrual hygiene and management issues in the policy debate, and hence in investments and actions.

According to a study that garner support, confidence and an enabling environment in order to make the voices on this issue is very much necessary particularly to make the issue visible to concerned policymakers but most sanitation programmes necessarily do not mention the special needs of women and adolescent girls who use latrines to manage menstruation. It's a need that has been excluded from latrine design/ construction as well as hygiene education packages. Even reproductive and preventive health programmes in developing countries like Nepal often do not address the issue.²⁶

A research study held by social junction in 2005 expresses the need of special Infrastructure design for females, Waste Management Trainings and software aspects of Hygiene promotion.²⁷ Educating girls and incorporating practical aspects such as personal hygiene and sanitation in the school curriculum can have massive impacts on the whole community. A report by tear fund states that Women are made more vulnerable by lack of sanitation infrastructure and must be included in decision-making to ensure that new sanitation initiatives are appropriate for all. There is a need for greater awareness of the different impacts on women and men, and cultural stigmas and taboos around these issues must be

²³ Dr.Mosleh Sadeque , Menstrual Hygiene Promotion: A Neglected Domain of Hygiene Behaviour, derived from http://www.worldwaterweek.org/documents/WWW_PDF/2008/wednesday/K16_17/DrSadequeBangladeshSpeaker20thWWW2008.pdf on

²⁴ Ghana - Girl-friendly toilets for schoolgirls: helping adolescent girls derived from [Ghana final girl friendly toilets SSHE case study WEB.pdf](http://www.irc.nl/content/download/135788/.../SourceBulletin51-2008) on

²⁵ IRC source bulletin No. 51 February 2008, www.irc.nl/redirect/content/download/135788/.../SourceBulletin51-2008

²⁶ Anita Pradhan , Is menstrual hygiene and management an issue for adolescent school girls? A comparative study of four schools in different settings of Nepal derived from http://www.wateraid.org/documents/plugin_documents/wa_nep_mhm_rep_march2009.pdf on

²⁷ derived from www.irc.nl/content/download/19159/239102/.../JunctionSocial.pdf on

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broken.²⁸ Education around puberty and menstruation is inadequate in most countries, as school pupils are rarely given accessible and accurate information. Teachers themselves may have only a limited understanding, and may not be confident in teaching about sanitary health.²⁹ Female teachers and adequate facilities are key to increasing girls' attendance in schools, alongside ensuring their safety and addressing parents' concerns.

In another study, commissioned by UNICEF and the Department of Public Health Engineering Bangladesh, to inform rural community about hygiene, environmental sanitation and drinking water in Chittagong Hill Tracts, they acknowledged that Women and girls were shy when queried about menstrual hygiene, it was difficult for them to search for Spaces to wash and dry the used rags/cloths, drying in the open sunshine was also a problem, Very few poor girls/women could actually afford sanitary napkins.

Work on the issue has also been done in different parts of the world after acknowledging the need for example In the federal state of Tamil Nadu UNICEF has developed a cheap incinerator fed by firewood to handle the waste of sanitary napkins; in a pilot project in the federal state of Maharashtra girls' latrines are supplied with special wells in which sanitary napkins are composted. In the federal state of Uttar Pradesh, locally fabricated sanitary napkins of sifted timber ashes are wrapped up in a cloth, so that they can be broken down easily.

IMPORTANCE OF THE STUDY IN MARDAN:

In this discussion it is necessary to have a look over the important facts and figures of district Mardan. The total area of the district is 1632 square kilometers having population density of 894. The urban proportion of the district is 20.2 percent of the total population where as rural proportion is 79.8 percent. The big urban area is Mardan Municipal Committee with population of 239 thousands. The other urban areas are Takht Bhai Municipal Committee with population 49 thousands and Mardan Cantonment with population of 7 thousands.³⁰ Here female literacy rate is very low while the male literacy ratio is much higher at 53.50 percent compared to 18.38 percent for female,³¹ religious teachings are also not properly being observed, social norms are very strong. Poverty and unemployment rates are very high all this results in poor feminine hygiene conditions. Girls have incomplete and improper knowledge from their elder sisters, friends and mothers and follow it without having any confirmation of its validity.

During emergency of Swat and Malakand displaced persons the need of hygiene promotion in N.W.F.P was deeply felt as majority of woman did not know the proper use of menstrual products for example

²⁸ Gender and sanitation: breaking taboos, improving lives derived from http://www.tearfund.org/webdocs/Website/Campaigning/C9113_SanGender_D3.pdf on

²⁹ Ibid.

³⁰ General Description Of The District Mardan, derived from <http://www.yespakistan.com/HDF/mardan/Mardan.asp> on

³¹ Ibid.

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sanitary clothes and pads. In Pakistan, two-thirds of schools do not have any latrines, which is a significant factor in the low enrolment rate of girls.

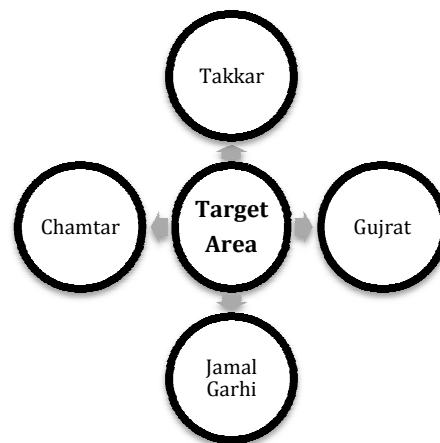
Menstrual hygiene practices are important at all times, this is a part of personal hygiene, the need for more careful attention to personal cleanliness before and during menstruation will contribute to a girl's comfort and confidence.³² Girls' needs good information about the menstrual cycle and all the other changes that puberty bring. If other children are her only sources of information, she may hear some nonsense and take it for fact. Received information about menstruation from their mothers from these studies showed that either our mothers were uneducated to express their views on menstruation or they hesitate to express their views to daughters.³³

TARGET AREA:

Four UCs of Mardan district are selected where IRSP is already working in collaboration with water aid. One school from each union council is further selected for survey.

Following schools were visited for data collection:

1. Govt. girls' *High* school, Takkar, Mardan
2. Govt. girls' *Higher* secondary school, Gujarat, Mardan
3. Govt. girls' *High* school, Jamal Garhi, Mardan
4. Govt. girls' *Middle* school, Chamtar,



TARGET AUDIENCE:

10 students while five teachers from each school were selected to be questioned from each school. Students from 13 years to 19 years age were selected for survey. In all four schools total students are 2260.

³² Dr. Mosleh Sadeque, Menstrual Hygiene Promotion: A Neglected Domain of Hygiene Behaviour, derived from www.humanitarianreform.org/.../Indicators%20for%20monitoring%20Hygiene%20Promotion%20in%20Em on

³³ Knowledge and practice regarding menstrual hygiene in rural adolescent girls of Nepal, Department of ORL & HNS, TUTH, Kathmandu, 2Kathmandu Medical College Teaching Hospital, Kathmandu derived from

³Nepal Medical college Teaching Hospital Jorpati Kathmandu, Nepal Kathmandu University Medical Journal (2007), Vol. 5, No. 3, Issue 19, 382-386 kumj.com.np/.../382-386-Knowledge-attitude-and-practice-regarding-menstrual-hygiene-in-rural-adolescent-girls-of-Nepal.pdf, on

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METHODOLOGY:

Three different Questionnaires have been used as a tool in the survey about menstrual hygiene issues household in Mardan district. The questionnaires were designed by IRSP female team, and further discussed by the project manager of current water aid project. For the questionnaires a random sample of 40% of students and teachers was interviewed from the four above mentioned schools of target union councils.

Following key areas were being investigated, as these are considered as fundamental for initiating a project on feminine hygiene;

1. *Problems during menarche,*
2. *Effects of menstruation on studies,*
3. *Proper use of hygiene products,*
4. *Hygiene practices during menarche and*
5. *Source of information for girls during menarche*

LIMITATIONS:

Following challenges were faced during the survey:

1. Girl students are not enough confident to discuss their issues being a part of rural society.
2. Questionnaires were in Urdu and English which were a bit difficult to understand even by teachers.

These issues were addressed through informal meetings with the teachers and students so that they can feel free with the data collection team in discussing their issues. Introduction about our organization and work was given to them as well. In this way the team handled the hurdles faced during the interviews.

RESULTS:

For 2260 students in all four schools there are only 17 toilets for them and 2 sweepers are assigned due to which condition of cleanliness is worse, usually are cleaned by students themselves. There is not a single bin for menstrual waste disposal so the students are used to throw in open. There is no special girl friendly structure of latrines or incinerator for menstrual waste management. Clinics and doctors are not available in any of the schools to facilitate students in case of need. Teachers generally provide tablets and pain killers from their personal stock.

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Results of data from teachers' survey are being presented here below:

1. Age of menarche:

Total number of teachers interviewed	% teachers who say class 5	% teachers who say class 6	% teachers who say class 7	% teachers who say class 8	% teachers gave no answer
16	6%	43%	25%	6%	31%

S.No	Questions	Total number of teachers interviewed	% teachers who responded in yes	% teachers who responded in No	% teachers who responded in don't know
2	Attendance of students disturbs during periods:	16	100%	0%	0%
3	Effects on school performance:	16	100%	0%	0%
4	Availability of material in school in case of immediate need:	16	0%	100%	0%
5	Need of menstrual waste management in school:	16	62%	38%	0%
6	Easy to discuss such issues with students:	16	75%	25%	0%
7	Existence of facility for safe disposal:	16	75%	25%	0%
8	When they think about the issue:	16	43%	57%	0%

9. How teachers come to know about the menstruation of students:

Total number of teachers interviewed	% teachers say that students tell themselves	% teachers say that students don't come to school	% teachers say that they can understand students' expression	% teachers say that other students inform	% teachers gave no response
16	6%	43%	25%	6%	12%

10. What support provided to students from their teachers:

Total number of teachers interviewed	% teachers say that students are let to go home	% teachers say that no support provided	% teachers say that they give personal material and medicine	% teachers say that only advise
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16	25%	37%	31%	6%
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11. Reasons of no support:

Total number of teachers interviewed	% teachers say that students can't discuss	% teachers say that no support in school	% teachers gave no answer
16	30%	50%	20%

12. Facilities recommended by teachers for safe disposal:

Total number of teachers interviewed	% teachers recommend medicine	% teachers recommend waste bins	% teachers recommend Incinerators	% teachers recommend information	% teacher didn't respond
16	12%	31%	7%	7%	43%

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ANALYSIS:

From students:

Results of data collected from students are being presented here below:

1. Age of menarche:

Total number of students interviewed	% teachers who say class 5	% teachers who say class 6	% teachers who say class 7	% teachers who say class 8	% teachers who say class 9
40	7%	27%	27%	30%	7%

2. Shyness or having physical problem due to menstruation:

Total number of students interviewed	% students who responded in yes	% students who responded in No	% students who responded in don't know
40	53%	42%	5%

3. Attendance of students disturbs during menarche:

Total number of students interviewed	% students who responded in yes	% students who responded in No	% students who responded in don't know
40	45%	47%	8%

4. Effects on school performance:

Total number of students interviewed	% students who responded in yes	% students who responded in No	% students who responded in don't know
40	38%	62%	0%

5. Availability of protective material:

Total number of students interviewed	% students who responded in yes	% students who responded in No	% students who responded in don't know
40	57%	42%	1%

6. Existence of facility for Disposal of used menstrual material:

Total number of students interviewed	% students who responded in yes	% students who responded in No	% students who responded in don't know
40	5%	95%	0%

7. Need of menstrual waste management in school:

Total number of students interviewed	% students who responded in yes	% students who responded in No	% students who responded in don't know
40	50%	50%	0%

8. Having Proper knowledge about menstruation:

Total number of students interviewed	% students who responded in yes	% students who responded in No	% students who responded in don't know
40	67%	25%	8%

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9. Need for more knowledge:

Total number of students interviewed	% students who responded in yes	% students who responded in No	% students who responded in don't know
40	61%	32%	7%

10. To whom with you share problems:

Total number of students interviewed	% students who share with mother & sister	% students who share with nobody
40	62%	38%

11. Co operation of family:

Total number of students interviewed	% students who responded in yes	% students who responded in No	% students who responded in don't know
40	50%	50%	0%

12. Easy to discuss such issues:

Total number of students interviewed	% students who responded in yes	% students who responded in No	% students who responded in don't know
40	32%	68%	0%

13. Financial problems:

Total number of students interviewed	% students who responded in yes	% students who responded in No	% students who responded in don't know
40	58%	42%	0%

14. Type of protective material use by the students:

Total number of students interviewed	% students who use pads	% students who use cloth	% students didn't respond
40	25%	70%	5%

15. Information about menarche for the first time:

Total number of students interviewed	% students who were informed by mother	% students who were informed by sister	% students who were informed by friend
40	78%	12%	10%

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CONCLUSION:

The study of previous literature and Interviews from teachers and students both emphasis on the importance of the issue and need of strategy for solution. 57% teachers recognized the issue first time while 43% wanted to solve it before, now all of them want policy for the solution of the problem. This ensures the importance of the matter.

Results show that students of 6 and 7 classes have special requirement for education and information on menstrual hygiene. Few teachers demanded for a special class once a week for teachers and students mutually to make them prepare on menstrual hygiene and health issues. Though students have information on relevant issues but it is incomplete and improper still 67% needs for more helpful knowledge. 22% students' attendance disturbs due to the problem, by taking girls friendly initiatives in schools the ratio of their school absence can be reduced in this way their academic performance will also be enhanced.

Almost all of the females use old clothes to manage menstruation but it is difficult to arrange cloth for this purpose in school especially in case of immediate need because there is no arrangement of menstrual protective products in schools in such condition.

Different teachers told that the only solution, in case of immediate need, pain and weakness, is permit students to go home which disturbs their school attendance and academic performance, so they demanded for not only protective material but also medicines and nutritious food supplements. 52% students feel shyness and suffer from physical problem during periods, majority of them feel pain. Need of Sanitation infrastructure for schools, clinics, and governmental and non governmental organizations should be highlighted in community as well as through media.

62% girls are used to share their problems with their mothers and sisters, 77% girls are informed by their mothers at the time of menarche, so mothers should be trained on the relevant issues thus they can properly guide their daughters. 67 % students told that it is not easy for them to discuss their problems with others, so informal discussions should be conducted with them as confidence building measure. 50% students stated that their family does not co operate during menstruation, this attitude is based on social behavior that needs to be changed through various educative measures and appropriate communication.

According to the results most important problem that needs to be addressed is menstrual waste management, teachers demanded for bins as well as informative material on this issue not just teachers but also 95% students insisted for resolution.

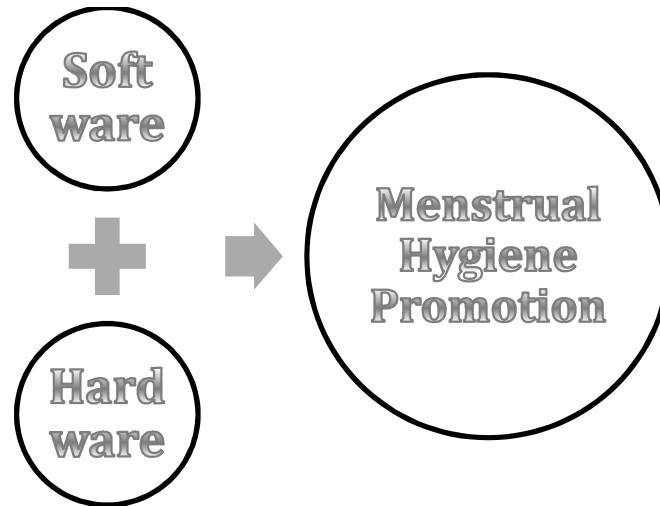
In government schools, majority of the student belong to lower and lower middle class families they can't afford to pay for hygienic feminine products, this statement has been confirmed by 57% of the students. That is why 70% students use old clothes which results in biological disorders as well as lack of confidence. Females use cotton and other such things in place of cloth but it is also difficult because of weak financial condition. Majority of teachers told that they don't provide support to students due to the lack of facilities.

Attempts in this concern will be helpful in achieving the goal of universal primary education and will also be a step towards Ensuring environmental sustainability which is another millennium development goal.

HOW TO IMPROVE SITUATION:

There are two areas of intervention for improvement of situation,

1. Soft ware
2. Hard ware



HARD WARE:

Hard ware intervention should be made in following area:

Solid waste disposal banks:

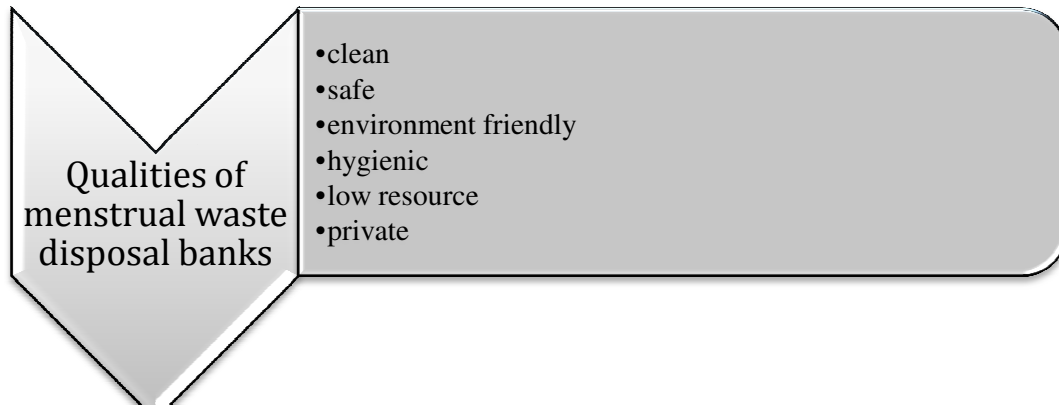
There is need of disposal banks and such facilities should be in accordance with socio cultural trends of our rural areas with following qualities:³⁴

- ❖ hygienic,
- ❖ environmentally friendly,
- ❖ resource low,
- ❖ safe,
- ❖ private,
- ❖ clean

Waste can be disposed off through burning, burial or recycling.

³⁴Should menstrual hygiene be an accelerated area of investment for girls' education?
www.worldwaterweek.org/documents/.../WWW_Menstrual_Hygiene.pdf

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SUPPLY OF PROTECTIVE MATERIAL IN SCHOOLS:

Protective material should be provided in girls schools so that they can get in case of immediate need. School girls need menstrual material that will enable them to sit and move around comfortably in a classroom for several hours.³⁵ It will also be an advantage for those girls who belong to financially weak families and do not afford such material.

CHANGES IN SCHOOL BUILDING:

- ❖ A proper sanitation standard should be set for example proper water supply in order to wash their hands after changing menstrual material,
- ❖ A clean and well-constructed facility where menstrual material can be changed at least 1-2 times during the school day,
- ❖ Facility for washing clothing in privacy if an accident occurs

SOFT WARE:

Soft ware includes following areas to be handled:

IEC MATERIAL DEVELOPMENT:

IEC material can be developed for fulfillment for above mentioned practices so that the silence can be broken about the issue of menstrual hygiene. Health and hygiene sessions can also be held in rural areas.

³⁵ Ibid.

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AWARENESS ABOUT UNHYGIENIC PRACTICE:³⁶

- ❖ Proper awareness generation in community on Negative impacts on health due to unhygienic practices
- ❖ Religious teachings should be used in awareness generation on hygiene issues.

HOW TO OBSERVE HYGIENIC PRACTICE:³⁷

- ❖ How rags should be washed, dried and stored; proper,
- ❖ Disposal of sanitary pads,
- ❖ How to make low-cost home-made sanitary pads,
- ❖ Counseling for overcoming cultural barriers, especially embarrassment

LINK BETWEEN TEACHERS AND STUDENTS:

Link between teachers and students can be established through focus group discussions in schools.

TRAININGS FOR ACTIVE SEGMENTS OF SOCIETY:

Trainings for teachers and lady health workers on concerning issues can be conducted so that they can properly motivate the society.

FEW OTHER SUGGESTIONS:

1. Importance of taking rest should be highlighted with the permission of one leave to students on the first day of periods in every month.
2. Relevant knowledge should be included in school curriculum especially in girls specific subjects like home economics.
3. Advocacy with different government bodies, responsible for child rights, should be done on the issue.
4. Special sanitation standards should be established for girls' school construction.
5. Sanitation cloths or pads should be provided in schools.

³⁶ Menstrual hygiene: Breaking the silence, Rokeya Ahmed and Kabita Yesmin, WaterAid Bangladesh http://www.wateraid.org/documents/ch21_menstrual_hygiene_breaking_the_silence.pdf

³⁷ Ibid.

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PICTORIAL EVIDENCES:



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ANNEX

- a) Letter from education department
- b) Checklist for observation of schools for menstrual hygiene promotion
- c) Questionnaire on menstrual hygiene for teachers
- d) Questionnaire on menstrual hygiene for students
- e) Millennium development goals

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CHECKLIST FOR OBSERVATION

of schools for menstrual hygiene promotion

IRSP-Mardan

1. Name of school -----
2. Type of school (Gov't/ non-Gov't)
3. Location -----
4. Number of students-----
5. Number of girls -----
6. Number of toilets- (all types)-----
7. No. of water closets (WC)-----
8. No. of pit latrines-----
9. No. of latrines designated for girls-----
10. Tap water, availability near and in the latrines 1.Yes 2.No
11. Waste disposal: 1.Bins 2.No bins
12. Incinerator? 1. Yes 2. No
13. If yes, is it functional? _____
14. Cleanliness of grounds in and near the latrines -----
15. Number of janitors assigned to clean the latrines _____
16. The daily schedule for cleaning 1. Once a day
 - a. 2. Twice a day
 - b. 3.Three times a day
 - c. 4. Every other day
17. Clinic in the school compound-----
18. Health personnel within the school-----

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QUESTIONNAIRE ON MENSTRUAL HYGIENE

FOR TEACHERS

Mardan IRSP

Location: _____

Gender: _____

Date: _____

1. In which class a girl starts to menarche?

2. Does your attendance disturb during menarche?
Yes
No
I don't know
3. Does school performance affect due to menarche?
Yes
No
I don't know
4. Is necessary material available in school in case of immediate need?
Yes
No
I don't know
5. Is there any need of menstrual waste management in your school?
Yes
No
I don't know
6. Are teachers co operative with students during the period?
Yes
No
I don't know
7. If not then why?
8. Do you feel easy to discuss such issues with students?
Yes
No
I don't know
9. Have you ever think about the issue before?
Yes
No
I don't know
10. What facilities you recommend for safe disposal?

MILLENNIUM DEVELOPMENT GOALS

WHAT ARE THE MILLENNIUM DEVELOPMENT GOALS?

The eight Millennium Development Goals (MDGs) are international targets to halve world poverty by 2015, agreed upon by all 189 United Nations member states at the UN Millennium Summit in 2000.

WaterAid believes water, sanitation and hygiene education are crucial for poverty reduction and form the bedrock of a healthy, productive society. Our work makes a significant contribution to reaching the goals especially through actions to halve the proportion of people without access to safe water and sanitation, which are specific targets within goal seven. Without health and education, people will continue to remain trapped in the stranglehold of poverty and disease. Below is an outline of how our work relates to each of the eight goals:

1. ERADICATE EXTREME POVERTY AND HUNGER

Time-consuming water collection greatly contributes to poverty. WaterAid-supported projects provide convenient water supplies allowing people to look after their family's water quickly, freeing up the rest of the day for earning much-needed cash or tending to agriculture. In addition, healthy people are better able to absorb nutrients in food than those suffering from water-related diseases, particularly worms, which rob their hosts of calories.

There are important side benefits from the establishment of wells and pumps. Excess water is often used to nurture kitchen gardens which provide a sustainable source of vegetables to vary people's diets. WaterAid also advocates the use of composting latrines which produce a free, viable and sustainable alternative to expensive and often polluting fertilisers.

2. ACHIEVE UNIVERSAL PRIMARY EDUCATION

School attendance, especially among girls, is affected by time-consuming water-carrying burdens and poor health. A lack of adequate sanitation facilities in schools also prevents girls from attending school, particularly when they are menstruating. Convenient access to clean water and improved sanitation facilities in schools not only gives children time and an appropriate environment, it also helps to recruit and retain professional teachers.

3. PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

WaterAid believes that it is vital for women to be actively involved in all stages of community projects. With their detailed knowledge of local water sources, and as the main users of future water points, women are best placed to choose the ideal location. Women also often become hygiene educators as they are able to talk to other women freely. Involving women in projects has a positive impact on women's positions and status in the community.

4. REDUCE CHILD MORTALITY BY TWO THIRDS FOR CHILDREN UNDER FIVE

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Children are most vulnerable to the diseases that result from a lack of water, dirty water and poor sanitation. Diarrhoea is the biggest single killer of children in the developing world where 5,000 children die every day from water-related illnesses. Where WaterAid's projects bring hygiene education, clean water and sanitation children's health improves. They also have time to go to school, gain an education, or simply to play.

5. IMPROVE MATERNAL HEALTH

During pregnancy, women in developing countries still have to collect water and a lack of sanitation facilities means that basic hygiene practices cannot be carried out. After childbirth, women are often unable to wash themselves or the baby. Clean, accessible water and sanitation help women to minimise the chances of illness or even death to the baby or themselves.

6. COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

Over a billion people in the world do not have access to safe water and over two billion lack adequate sanitation. Safe drinking water and basic sanitation help prevent water-related diseases, including deadly diarrhoeal diseases. Improved water management also reduces transmission risks of malaria and dengue fever.

WaterAid research has revealed that clean water and sanitation assists HIV/AIDS sufferers. People contracting water-related illnesses are very likely to have compromised immune systems, which may cause them to succumb more quickly to the HIV virus and develop AIDS-related illnesses. Conversely, the immune systems of those living with HIV will be less likely to fight or recover from water-related illness.

7. ENSURE ENVIRONMENTAL SUSTAINABILITY

The MDG target in goal 7 to halve the proportion of people without access to water and sanitation is strongly supported by WaterAid's primary strategic goal for its work from 2005 to 2010. WaterAid is now working with local partner organisations towards helping one million people gain access to water and one million people gain access to sanitation every year by 2010. This target will be focused in 17 countries in sub-Saharan Africa and South Asia which between them contain 30% of the world's population without safe water and 40% of the world's population without sanitation. WaterAid works with its partners to ensure that appropriate technology is used and training given to the community to create sustainable projects.

Another key part of our strategy is to ensure all future water supply and sanitation projects supported by WaterAid address the issues of water depletion and contamination through appropriate integrated water resource management.

8. DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

WaterAid's work with partnership organisations, governments and national and international agencies towards achieving the MDGs is part of a mutually reinforcing framework to improve overall human

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development. The MDGs provide a vision of development with health and education at its core. Development is not just about economic growth. Indeed, economic development is totally dependent on healthy people having time to work.