



WASH Field Note FN/05/2018

Menstrual Hygiene Management: The challenges facing students and nuns in Bhutan

SUMMARY

Spurred by the growing body of evidence linking poor menstrual hygiene facilities to school absenteeism, a collaborative study by the Ministry of Education, the Bhutan Nuns Foundation, the Religion and Health Project and the Ministry of Health in partnership with UNICEF was undertaken in 2017. The study undertook both qualitative and quantitative approaches to assess the current issues facing Bhutanese schoolgirls and nuns during their menstrual period. Findings confirmed those of many countries across South Asia, highlighting a lack of facilities as a key factor in absenteeism and that, even with adequate sanitary products, a lack of information and societal taboos still impact on a women's ability to hygienically manage their menstruation.

Introduction

UNICEF supported Wash in Schools (WinS) programmes began in Bhutan in 2008 in collaboration with the Ministry of Education (MoE) and the Ministry of Health (MoH). Around 200 schools, under the United Nation's Development Assisted Framework (UNDAF 2008-2012), received support in constructing water supplies, sanitation facilities and creating hygiene promotion frameworks.

By 2012 improved water source coverage increased from the 1990 baseline of 54% to 98% and saw Bhutan achieve its Millennium Development Goal of providing access to improved water sources.

Conversely, progress in sanitation did not follow this upward trend. The WHO-UNICEF Joint Monitoring Programme (JMP 2017) revealed that only 63% of Bhutan's population had access to improved sanitation.

In 2013 an impact assessment of WASH in Schools revealed that the project had yielded widely positive impacts. Yet, despite large increases in budgetary

support, public recognition of the right of women to hygienically manage their menstruation has changed little and a Ministry of Education initiated Life Skills

Key Findings

- Pain and discomfort were the predominant reasons given for school absenteeism.
- Taboos surrounding menstruation are pervasive, with both schoolgirls and nuns fearing ridicule.
- 3. Over half of nuns and a quarter of schoolgirls use only water for cleaning sanitary materials
- 4. Over half of schoolgirls and almost three quarters of nuns were unaware of risk from

Education and Sexuality Education Programme report found that very little was known about menstrual hygiene management.



The focus of the WASH sector has fallen increasingly on the impact of poor sanitation and its negative effects on girls' menstrual hygiene management (MHM). This has largely arisen from an increase in information recorded by researchers concerned with the ever more apparent link between discomfort during menstruation, be it due to social taboos or poor sanitation facilities, and higher rates of school absenteeism among girls. Unfortunately, anecdotal reporting and a lack of quality causal evidence linking absenteeism to menstruation has hampered the argument for increased funding and interventions.

To address this need for quantitative data, the current 2017 publication of the 'Menstrual Hygiene Management of Adolescent Schoolgirls and Nuns' study was undertaken to explore absenteeism and its causation. The publication was a collaborative study undertaken by the Ministry of Education, the Bhutan Nuns Foundation, the Religion and Health Project and the Ministry of Health in partnership with UNICEF.

Key Information

Methodology

The central focus of this study was to determine the knowledge, attitudes and practices of adolescent female students (aged 10-19) and nuns with a specific focus on the biological, psychological and sociocultural factors that may affect attitudes and beliefs towards menstruation.

A multi-stage sampling method was applied across 20 dzongkhags (districts). Stage one: Adolescent schoolgirls and nuns were the Primary Sampling Unit (PSU). The selection of the PSUs from each stratum was achieved by applying the Probability Proportional to Size (PPS) method of selection. Stage two: 40 respondents from each school were selected. Stage three secondary sampling units (SSUs) were the individual adolescent girls and nuns interviewed.

The largest samples were obtained from central schools (35.6%) followed by primary schools (20%) and

lower secondary schools (14.9%). Approximately half of the respondents were from rural schools and 49.7% from urban schools (See table 1).

There was a 3.9% non-response rate as some sampled schools lacked 40 adolescent girls aged 10-19, some refused to answer questions and others were too young to understand the questions and forms were returned incomplete.

All the WASH facilities and the menstrual hygiene management practices reflected in this report are based on verbal reports and no spot-checks were carried out.

Table 1: Sampling

Location	Count
Schools	39
Schoolgirls	1499
Nunneries	5
Urban Schools	9
Rural Schools	30
Rural Nunneries	4
Urban Nunneries	1

MHM Facilities and Absenteeism

44.7% of schoolgirls reported missing school from one to four days over every cycle, with a lower number (5.4%) of nuns reporting having missed at least one session. The government, in partnership with UNICEF, has been hugely successful in promoting gender segregated toilets and all schools have separate toilets for boys and girls.

Unfortunately, there remains a girl to toilet ratio of 66:1. Therefore, it was unsurprising that nuns cited a lack of privacy (26.8%), unhygienic facilities (78.6%)



and being unable to dispose of sanitary pads (53.6%) as key drivers of absenteeism. Similarly, 41.1% of schoolgirls reported that they were absent due to pain or discomfort, a lack of facilities (24.9%) or because there was nowhere to dispose of used pads (21.3%) (See figure 1).

temples during their period. Another 32.2% stated that menstruating women are susceptible to possession by evil spirits (See figure 1).

Taboos surrounding menstruation are also prevalent in wider society, with both schoolgirls (32.5%) and nuns (50%) reporting fearing ridicule when attending

Children attending special education classes:

Focus group discussions raised additional concerns over attitudes towards children with cognitive or physical disabilities whom required assistance during menstruation:

- Teachers advise parents to keep children at home during menstruation
- All participants agreed that schools do not have the necessary WASH facilities
- Teacher participants believe there is no emotional or social impact on these children since 'they are oblivious of the menstrual process'

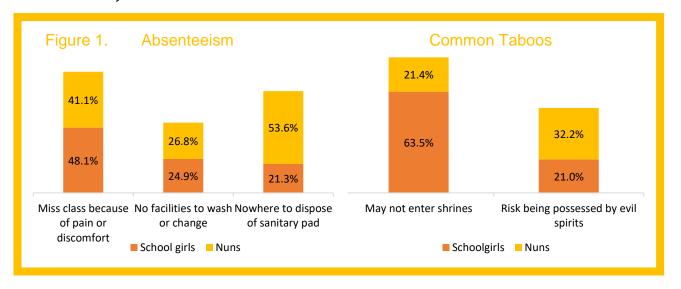
Common Taboos

Discussing menstruation is still taboo among schoolgirls. 27.7% believe it should not be discussed with men and over half (55.8%) believe that 'it is important to buy sanitary pads without being seen by others'. Religious taboos are especially prevalent amongst nuns. While only 5.2% of schoolgirls believe that menstruation is a 'Curse of God.', this figure rises to 37.5% among nuns. Furthermore, 21.4% of nuns believe that they should not enter shrines or

classes or activities during their period.

Sanitary Materials

Sanitary pads are the most commonly used absorbent material both for schoolgirls (91.9%) and nuns (87.5%), with both groups reporting ease of use and availability as the deciding factor. Only 1.1% of schoolgirls used cloth or towels, yet around 11% of nuns used napkins, cloths or towels. Still, a





worrying 3% of the adolescent schoolgirls did not use any kind of absorbent material.

Washing and Drying

Three-quarters (75.2%) of schoolgirls and a quarter of nuns use soap and water for cleaning cloths, whilst over half (55.4%) of nuns and 25% of schoolgirls use only water. Taboos, again, were a factor in the drying of cloths. Although the majority dried used cloths in direct sunlight, 9% of schoolgirls and 18% of nuns hid their used cloths under clothes or other materials during drying (See figure 2).

Personal hygiene and Infection

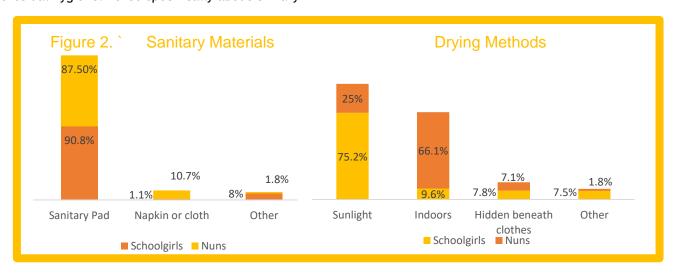
Over three quarters (75.9%) of schoolgirls were unaware of the risk of infection arising from poor menstrual hygiene. Asked specifically about Urinary

they only took a half body bath during their period due to a lack of hot water.

Figures are similar for schoolgirls. 91.3% of adolescent schoolgirls clean their genital area during menstruation, with 45.9% stating that they only take a half body bath during their period due to a lack of hot water.

MHM Awareness in WASH and Non-WASH Schools

Students in 3 nunneries and 10 schools had received education on menstrual hygiene management and training in making re-usable sanitary napkins under the guidance of the School Health and Nutrition Division (SHND). This made possible a comparison of knowledge attitudes and practices between SHND



Tract Infections (UTI), more than half (75.1%) answered 'don't know' or that they were 'unaware'. Awareness was even lower amongst adolescent nuns, with 71.5% lacking knowledge of the risk of infection. Like schoolgirls, knowledge of UTIs was also low, with half (53.6%) having no knowledge of the medical risks associated with poor hygiene. Personal hygiene was generally good. 80.4% of nuns reported bathing daily during their period, although 63.6% said that they used only water and approximately half (51.8%) that

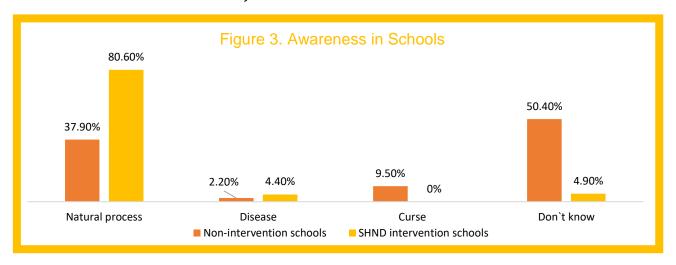
MHM programme intervention schools and schools with no MHM programme. More than three quarters (80.6%) of the adolescent girls in SHND intervention schools had a good knowledge of menstruation, compared to 37.9% in non-intervention schools (See figure 3).

Taboos around menstruation were also less prevalent in intervention schools: no schoolgirls with MHM education believed that menstruation was a 'Curse from God'.



Reponses revealed that a majority (42%) of girls received their information on menstruation from mothers at menarche. This was followed by teachers

enhancing sexuality education programmes in all schools and extending them to nunneries is a priority.



(27.1%) and sisters (15.6%). Around 14% of respondents said that they received information on menarche from their friends. About 1.8% received information from other sources that included: books, television and radio.

Conclusions and Recommendations

Despite the introduction of sexuality education as part of the Life Skills Education Programme, there remains a vacuum of knowledge around menstrual Currently each school in Bhutan has a trained school health coordinator (SHC) who receives annual training from the Ministry of Education in collaboration with Ministry of Health and UNICEF. The main objectives of this training is to build the capacity of SHCs in the early detection of illness and the referral of sick children to medical services along with basic first aid treatment. SHCs are also equipped with WASH in Schools skills to promote key hygiene behaviours among schoolchildren. The findings of the current study have led to an increased emphasis on the SHCs' MHM training component so they are better equipped

Key Findings of the Regression Analysis

- Assessing knowledge by girls' age is important in determining the requirement for MHM teaching prior to menarche. Regression findings did indeed reveal age as a significant factor. On average, as an adolescent girl grows older, each year sees her knowledge of menstrual hygiene enhanced by 18.8%.
- Neither girls or their parents educational level significantly affected their knowledge of menstrual hygiene management.

health, hygiene and its management. As evidenced by the improved knowledge of schoolgirls attending SHND MHM programme intervention schools, to address the needs and gaps in knowledge raised by adolescence schoolgirls. Similarly, WASH behaviour change communication workshops for monastic



institutions now includes an additional MHM component for nuns.

Going forward, additional, parenting education and the inclusion of student boys would improve knowledge of all groups and contribute greatly to improving hygiene and eliminating the taboos that contribute to the negative social, emotional and physiological impacts on young women. This would be complimented by a future study taking a broader perspective through assessing attitudes in the community. A household-based MHM survey across all 20 districts of Bhutan would provide the Ministry of Education and the Ministry of Health with a wider understanding of community practices and beliefs surrounding MHM and encourage the introduction of tailored interventions. Institutional responses, most realistically through close liaison between the Ministry of Education and the Ministry of Health, must address the provision of adequate facilities, including reducing the current student to toilet ratio of 66:1, providing sanitary pad disposal facilities and introducing wheelchair accessible toilets. Income is clearly a contributing factor, and a proportion of School Development Funds (SDF) should be allocated to the purchasing and distribution of sanitary pads.

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Acknowledgements

The DSE would like to acknowledge the authors and organizations listed below and thank UNICEF ROSA's WASH team for the support received and also Rob Savage for his editorial services.

About the Authors

M/S Bhutan A2Z Statistics, Economics & Environmental Consultancy, Thimphu, Bhutan. Thinley Dem, WASH Advisor, SNV, Bhutan. Jamyang Choeden, Chief Program Officer, SHND, Ministry of Education. Deki Tshomo, Dy. Chief Program Officer, SHND, Ministry of Education. Karma Yangchen, Dy. Chief Program Officer, SHND,

Ministry of Education. Sangay Thinley, Program Officer, Ministry of Health. Sonam Gyaltshen, WASH Officer, UNICEF, Thimphu, Bhutan. Cheku Dorji, Chief Statistical Officer, National Statistical Bureau.

Ani Namgay Om, Program Officer, Bhutan Nuns Foundation.

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United Nations Children's Fund 3 United Nations Plaza, New York, NY 10017, USA

Document No: WASH/FN/05/2018