

View Point

Preventing School Absenteeism during Menstruation

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Menstruation is a normal physiological process starting from menarche to menopause in females. Still, this is often associated with lots of discomfort and pain affecting daily routines. According to a World Bank report, more than 300 million women worldwide are menstruating on any given day. Around 500 million females lack access to menstrual products and adequate facilities required for menstrual hygiene management.¹ In adolescents and youth, this physiological process is associated with the reluctance towards attending schools and colleges. Subsequently, many students drop from school as their performance deteriorates. These problems are preventable through the proper practice of menstrual hygiene.

Menstrual hygiene management (MHM) is defined as: 'Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required and having access to safe and convenient facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear.'¹

Scientific evidence suggests poor availability of menstrual hygiene management facilities in schools for adolescent girls across different low- and middle-income countries (LMICs), which causes their absenteeism in schools.

Alam et al. conducted a nationally representative, cross-sectional study in 700 Bangladeshi schools among 2332 girls, aged 11 to 17 years who had reached menarche. The study showed that 41% (931) of girls were missing school during menstruation, with an average of 2.8 missed days

per menstrual cycle. Students felt uncomfortable in school during menstruation which interfered with their school performance. School absence during menstruation was less common among girls attending schools with unlocked toilets for girls. It was more common among girls who were forbidden from certain activities during menstruation.²

Another study conducted by Vashisht et al.³ reported that 40.8% of girls were absent from school during menstruation. Of them, 28% said that they were anxious about getting their clothes soiled. 58.5% of girls were unable to participate in sports and many missed their class tests or board examinations due to menstruation. The reasons cited by the girls for their absenteeism were no separate toilets, no regular supply of water, and no locks in toilets.

Various surveys carried out in southeast countries reported that the percentage of adolescent and young girls who were missing school during their recent period ranged from 11% to 50.7%.⁴⁻⁷

A cross-sectional study carried out by Mohammed et al. in a rural community of Ghana found that menstrual pain, fear of staining clothes, fear of being teased, non-availability of sanitary pads, and lack of a private place to manage periods in school were the common reasons cited for menstruation-related school absenteeism.⁸

A study conducted by Shah et al.⁹ in 19 schools in the Lower River region of Gambia involving 561 girls found that 27% of them missed at least one school day per month due to menses. Missing school during the most recent menstrual period was strongly associated with menstrual pain. The presence of clean toilets, being happy using school latrines while menstruating, and soap availability were associated with reduced odds of school absenteeism.

The girls indicated that they felt awkward using toilet facilities when they did not have good-quality sanitary supplies during the day. They identified the lack of soap, clean toilets, clean water, privacy, and sanitary supplies as the main challenges in school.³

The Ministry of Basic Secondary Education, Gambia piloted the distribution of disposable sanitary pads to girls and found improvement in school attendance (from 68% to 90%).¹⁰ In another study in Ghana, it was found that after six months of free sanitary pad provision and puberty education programming, girls missed school significantly less often.¹¹

Surveys were conducted by Shivakami et al. among menstruating school girls in classes 8-10 (above 12 years of age) in 43 government schools in three Indian states (Maharashtra, Chhattisgarh, and Tamil Nadu) in 2015. Girls reported that menstruation affected concentration

and school attendance, and was associated with pain and fear of stain or smell.¹²

A meta-analysis of 138 studies involving 193 subpopulations and 97,070 girls from India found that most of the menstruating girls experienced restrictions during religious activities. The study also showed that one-fourth of the girls missed school during periods.¹³

The Union government in India announced the world's largest government-funded healthcare scheme in 2018 called 'Sanitease' under the social development activity. *Swachhagrahas* was conceptualised to promote women's health and menstrual hygiene and provide logistics for sanitary napkins to women and girls in both urban and rural areas. The National Health Mission (NHM) of India also launched a scheme called the Menstrual Hygiene Scheme (MHS) for the promotion of menstrual hygiene among adolescent girls in the age group of 10-19 years. Accredited Social Health Activists (ASHAs) are providing sanitary pads and also creating awareness among adolescent girls about safe and hygienic menstrual health practices.

Recommendations

With the objective of preventing the massive loss of human resources, the following workable recommendations have been framed by the Indian Association of Adolescent Health:

At the Home Level

1. Parents should be aware of the physiology and psychology related to menstruation and should discuss it with their children. They should also discuss with them how to manage menstrual hygiene.
2. They should make sanitary pads available to their daughters before the start of their periods.
3. Brothers of all daughters should be educated about the menstruation process and should be sensitised to respect and support their sisters during their periods.

At the School Level

1. Separate toilets should be provided for girls with the availability of water, soap, light, locks, etc to provide appropriate privacy and security.
2. Quality and sustainable menstrual hygiene materials should be made available free of cost in the infirmary/medical rooms in all schools. To decrease the pain, heat pads, besides pain relieving medicines, may be made available in these rooms.
3. Convenient, private yet environment-friendly menstrual hygiene product disposal facility should be provided.
4. Cultural restrictions, teasing, taboo, and stigma associated with menstruation should be addressed. Each school should educate boys and girls regarding

menstrual hygiene and should actively eliminate the taboo around it.

5. The involvement of boys and men in sensitising programmes on menstrual hygiene should be encouraged.
6. Two female teachers/ school staff should be assigned as nodal persons who would maintain the procurement and supply of hygiene products and also support menstruation-related issues of female students and staff.
7. Time-to-time training and health education programmes should be conducted among students to generate awareness and acceptance of menstruation as a “normal physiological phenomenon”. Educational programmes should also address cultural restrictions, taboos, and stigma associated with menstruation.

At the State Government Level

1. A changing dress should be made available for girls to avoid the fear of stains due to menstrual bleeding. Dark-coloured (e.g., red, black, grey, merlot, sangria, clay, spice, amber, rust, brown, pecan, chocolate, walnut, cedar, etc.) lower skirts or pants should be made compulsory for all girls in the age group of 11-19 years in schools.
2. Cultural, religious, and social prohibitions associated with menstruation should be removed.
3. The government must ensure the construction of enough safe sanitary toilets in public places and schools.
4. Easy availability and universal accessibility of menstrual products should be ensured at an affordable cost.
5. Packaging of menstrual products must include a message related to normal and hygienic practices related to menstruation. These messages may also aim to address cultural, social, and religious inhibitions.
6. Parent education material should be provided in clinics to help parents understand the physiological and psychological dimensions related to menstruation.

Conflict of Interest: None

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