

POLICY RECOMMENDATIONS FOR

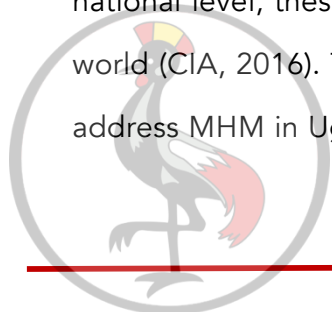
NATIONAL MENSTRUAL HYGIENE MANAGEMENT IN UGANDAN PRIMARY AND SECONDARY SCHOOLS



Background

Scope of the Problem

Over the past two decades, Uganda has seen incredible strides in primary and secondary school enrollment across the country, as primary enrollment increased from 3.1 million in 1996 to approximately 8.4 million in 2013, while secondary enrollment increased from about 950,000 in 2007 to 1.4 million in 2013 (Ministry of Education & Sports, 2013 (b.)). This remarkable increase in enrollment can be attributed largely to the introduction of the Universal Primary Education (UPE) scheme in 1997 and the Universal Secondary Education (USE) scheme in 2007, both of which sought to eliminate monetary costs for children to attend public schools. Uganda has particularly seen a significant increase in the enrollment of girls as a result of these schemes, as Uganda has achieved gender parity in primary school enrollment (Kasiko, 2015). However, the same cannot be said for completion of schooling, as the primary school retention rate for boys (53%) is significantly higher than that of girls (42%) (Ministry of Education & Sports, 2009; UNDP, 2015). One of the primary determinants for this observed gender difference in retention rates is poor menstrual hygiene management (MHM) in schools, as an estimated one in ten menstruating girls in Uganda skips 4-5 days of school for every 28-day cycle (Mpyangu et al., 2014). Menstruation-related absenteeism in turn results in higher dropout rates for girls, as an estimated 23% of adolescent girls between 12-18 leave school after they begin menstruating (Mwesigwa, 2015). Overall, an estimated 3.75 million Ugandan girls live without proper sanitary care (SNV, 2014). The lack of adequate menstrual hygiene management in schools can be attributed to a myriad of factors, including the strain on Water, Sanitation and Hygiene (WASH) facilities in schools due to the rapid increases in enrollment over the past several years – statistics show that there is one latrine for every 71 pupils in Uganda (UNICEF, 2016). Those latrines that are available to students are often poorly suited for menstrual hygiene concerns, as they lack privacy and water for washing or incinerators for proper disposal of sanitary materials (UNICEF, 2016). Furthermore, deep-rooted negative perceptions and myths surrounding menstruation in Uganda compound difficulties in addressing menstrual hygiene management concerns, as one study found that 36.3% of primary schoolgirls in rural Uganda believed that menstruation was a disease (Prestwich, 2013). Without adequate intervention at the national level, these numbers will only grow, as Uganda currently has the fifth highest fertility rate in the world (CIA, 2016). Therefore, the development of a comprehensive, evidence-based national strategy to address MHM in Ugandan schools will be imperative for addressing this fundamental human rights issue.



This report investigates the current state of MHM policy at the national level and includes policy recommendations for improvements going forward.

Current Policy Interventions

The Ministry of Education and Sports (MoESTS) in Uganda has recognized the importance of MHM for girls' education and has already taken several steps towards improving MHM in Ugandan schools. Along with UNICEF, SNV and Plan International, the Ministry developed a program in 2012 aimed at addressing challenges surrounding MHM in schools. This is a national program that targets 18,408 primary schools, 3,000 secondary school, and 508 post-primary and tertiary institutions and includes the following goals: (1) improve stakeholder understanding of the impact of poor MHM in schools, (2) catalyze policy changes to ensure a strong enabling environment for MHM in schools, (3) develop strategies for operationalizing existing policies and programs, and (4) demonstrate sustainable good practices on MHM in schools (UNICEF, 2016). Furthermore, a parliamentary resolution was passed in May of 2014 that directed the MoESTS to place increased focus on MHM in schools, and in turn, the MoESTS issued a circular that instructed all schools and local governments to support menstrual hygiene management in schools (Ministry of Education and Sports, 2015). This increased emphasis on MHM has led to revisions of existing policy, as the MoESTS issued a revision of the National Strategy for Girls' Education, originally implemented in 2004, to include menstrual hygiene management concerns over the next five years, from 2015-2019 (Ministry of Education and Sports, 2013(c.)). As a part of this national strategy, the MoESTS developed a Menstrual Reader to be distributed to schoolgirls in Uganda to increase their education regarding menstruation hygiene management (Ministry of Education and Sports, 2013(a.)).

Gaps in Policy Interventions

These current policy interventions are indeed incredibly promising for addressing menstrual hygiene management, as they aim to encourage the involvement of stakeholders at the international, national and local levels for a more comprehensive approach. However, significant gaps remain in the implementation of evidence-based interventions and evaluation of quantifiable indicators for success in these policies at the national level. For instance, while the National Strategy for Girls' Education was revised to emphasize the importance of addressing MHM, the actual proposed actions to address MHM are still largely under-developed. Menstrual hygiene management is only mentioned twice in the strategy, with the goal to "develop menstrual management programs that involve girls and boys as change agents" (Ministry of



Education and Sports, 2013(c.)). The indicators for monitoring and evaluation of improvements in MHM are very weak in this strategy, as the report only includes a single clause for monitoring the “number of schools with menstrual management programs” (Ministry of Education and Sports, 2013(c.)). Besides the under-development of existing plans, another problem is the fact that all proposed strategies for addressing MHM over the past decade in Uganda have been formulated by the Ministry of Education and Sports, in conjunction with international development partners. First of all, this presents limitations for the successful implementation of any wide-scale interventions for MHM in Uganda, as MHM must be addressed across many sectors other than the education sector alone, such as WASH, health, engineering (e.g. infrastructure) and business (e.g. sanitary pads) sectors (UNESCO, 2014). Second of all, the cooperation with international actors instead of other ministries at the national level, such as the Ministry of Health or the Ministry of Water and Environment, poses threats to the sustainability of MHM interventions going forward. Ultimately, the current policy environment surrounding MHM in Uganda presents a unique opportunity for improvement, as the country has already identified the issue as a national priority and created political infrastructure to address the issue; however, these policies are problematic in the feasibility of proposed interventions, as well as their monitoring and evaluation schemes, and therefore could be significantly strengthened by the evidence-based policy recommendations expanded upon in this report.

Policy Recommendations

Interventions for MHM can be boiled down to two essential categories – “hardware” and “software”. Hardware for menstrual hygiene management includes physical necessities for proper menstrual hygiene management, such as WASH facilities and sanitary pads. Alternatively, software refers to interventions such as educational campaigns that seek to change social norms surrounding menstruation.

“Hardware” for Addressing MHM

The first policy change that must be pursued is the implementation of quantifiable indicators for improvements in MHM-friendly WASH infrastructures in primary and secondary schools. WaterAid provides a comprehensive list of features that are fundamental to good menstrual hygiene management, such as separate latrines for boys and girls, latrines with secure locks for privacy, availability of soap and water in latrines, a bin or incinerator for proper collection and disposal of sanitary materials, and availability of



private changing facilities (WaterAid, 2012). Indeed, a study on MHM in primary schools in rural Uganda found that the highest reported reason (63.8%) that girls missed school during menstruation was the lack of a private place to wash and change at school (Prestwich, 2013). Besides school WASH facilities, the availability of sanitary materials for girls must be incorporated into policy indicators. Several promising small-scale interventions have been pursued in Uganda to improve access to sanitary materials for schoolgirls. For instance, MakaPads are single-use, 97% biodegradable pads produced in Uganda that are made from papyrus and paper waste fibers with no use of electricity (Muheebwa, 2014). An Oxford study conducted in rural Uganda found very promising acceptability of MakaPads amongst primary and secondary schoolgirls, as 62% of respondents reported that they liked MakaPads better than commercially available pads (Scott et al., 2013). Additionally, several small-scale programs have explored the potential for re-usable pads that schoolgirls are trained to make themselves using MHM kits with locally sourced material that is more hygienic than commonly-used rags (SNV, 2014). However, several disadvantages have been identified regarding re-usables, such as the lack of quality control and the lack of proper WASH facilities in schools to clean re-usables (SNV, 2014). Indeed, the same Oxford study found that only 9% of primary and secondary schoolgirls preferred re-usable cloth pads to disposable pads, such as MakaPads (Scott et al., 2013). The implementation of these concrete interventions for WASH facilities and sanitary products for MHM must be pursued as national policy indicators, and included in strategic plans such as the five-year National Strategy for Girls' Education. The MoESTS releases an annual school census each year – this annual census report should include measurements of the prevalence of MHM-friendly WASH facilities as defined by WaterAid and the provision of resources, such as MakaPads and Re-usable pads at school facilities. Additionally, cooperation across several ministries should be pursued to aid in monitoring these indicators, as the Ministry of Water and Environment, the Ministry of Health, and the Ministry of Gender, Labor and Social Development all share in the responsibility for the monitoring of these hardware factors. All of these indicators should be incorporated in the form of five year plans, with the goal of a 10% increase in each of these indicators with every annual report for an overall 50% increase in MHM-friendly facilities and availability of sanitary pads in schools by 2020.

“Software” for Addressing MHM

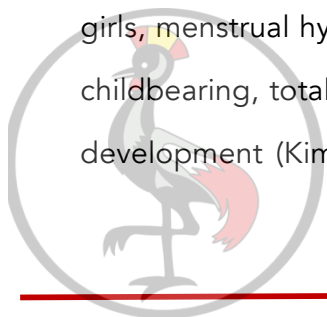
While the implementation of hardware solutions in national Ugandan policies will be instrumental in addressing MHM in schools, it is not enough. Comprehensive education and training programs that



engage local stakeholders, such as school leaders, community leaders, parents, schoolboys and schoolgirls in this cause, will be necessary to dispel deep-seated negative perceptions of menstruation. Stressing the involvement of parents and communities is particularly important, as studies have demonstrated that school-based sexual education programs that are supported by parents and communities are significantly more effective than those that are not (McMahon et al., 2010). Therefore, actors such as parent teacher associations (PTAs), community-based organizations (CBOs), and faith-based organizations (FBOs), must be incorporated into national policies as responsible parties for addressing MHM concerns. Additionally, senior women teachers (SWTs) have been identified as effective leaders for facilitating improvements in menstrual hygiene management, as a study found that over 80% of teachers surveyed in Uganda believed that SWTs were the most accessible channel for ensuring availability of sanitary pads and providing support for menstrual management (WASH & SNV, 2014). Finally, the engagement of schoolboys and schoolgirls in education and training surrounding menstrual hygiene management is vital. While this aspect is already incorporated into the National Strategy for Girls' Education with the monitoring of the number of girls and boys participating in the making of sanitary pads, it must be strengthened by the monitoring of education programs that facilitate discussion amongst peers on MHM. The actors included in this section that have been shown to be effective in the successful implementation of the software aspects of MHM policy should be incorporated into a revised version of the circular originally issued in 2014 in order to increase accountability of local actors. The software aspects should be incorporated as indicators in national reports, monitoring the number of trained SWTs in schools and the presence of menstrual management programs that facilitate discussion amongst several stakeholders. These indicators should be incorporated in the form of five year plans, with the goal of a 10% increase in each of these indicators with every annual report for an overall 50% increase in education programs and training of local stakeholders in schools by 2020.

Conclusions

Menstrual hygiene management has tremendous impacts on the country of Uganda as a whole. As such an important determinant of the completion of primary and secondary school education amongst Ugandan girls, menstrual hygiene plays an important role in other facets of society, such as teenage marriage and childbearing, total fertility rate (TFR), infant and child mortality rates and ultimately, economic and social development (Kim, 2016). Uganda currently faces dangerous population growth, as its population has



quadrupled from 7 million to over 30 million in 45 years, and is projected to reach 130 million by 2050 at its current growth rate (Population Reference Bureau, 2006). Therefore, while menstrual hygiene management is a recognized human right on the international level, it is also an issue of national security – both food and health – and therefore must be addressed rigorously by the national government as such. The above policy recommendations provide evidence-based indicators to be incorporated into national strategies in order to produce tangible improvements in menstrual hygiene management in Ugandan primary and secondary schools by 2020 and beyond.

References

- Central Intelligence Agency (CIA). (2016). Country Comparison: Total Fertility Rate. *The World Factbook*.
- Kasiko, M. (2015). National Best Practice in Advocacy for Menstrual Hygiene Management (MHM) for Schools in Uganda. *Republic of Uganda*.
- Kim, J. (2016, February). Female education and its impact on fertility. *IZA World of Labor: Evidence-based policy making*.
- McMahon, S.A., Winch, P.J., Caruso, B.A., Obure, A.F., Oguto, E.A., Ochari, I.A., Rheingans R.D. (2010, December 15). The girl with her period is the one to hang her head: reflections on menstrual management among schoolgirls in rural Kenya. *BMC International Health and Human Rights*.
- Ministry of Education and Sports. (2009). Uganda Education Statistical Abstract. *Republic of Uganda*.
- Ministry of Education and Sports (2013 (a.)) Understanding and Managing Menstruation: A Reader for Learners. *Republic of Uganda*
- Ministry of Education and Sports. (2013 (b.)), June 30). The Education and Sports Sector Annual Performance Report FY2012/13. *Republic of Uganda*.
- Ministry of Education and Sports (2013 (c.)), October). National Strategy for Girls' Education in Uganda. *Republic of Uganda*
- Ministry of Education and Sports. (2014, August 14th). Special Issue of the Gender Eye on Menstruation Management: Initiatives and Innovations in Uganda for the National Conference on Menstrual Hygiene Management. *Republic of Uganda*
- Ministry of Education and Sports. (2015, May 28th). Menstrual Hygiene Management Charter. *Republic of Uganda*.
- Mpyangu, C.M., Ochen, E.A, Onyango E.O., Lubaale Y.A. (2014, March). Out of School Children Study in Uganda.
- Mwesigwa, A. (2015, April 23). Uganda's success in universal primary education is falling apart. *The Guardian*.
- Muheebwa, H. (2014, March 13). MekaPads Helping Disadvantaged Girls and Women in Uganda. *Intellectual Property Watch*.
- Population Reference Bureau. (2006). World Population Data Sheet.
- Prestwich, G. (2013). An exploratory study into Menstrual Hygiene Management amongst rural, primary schoolgirls in Uganda: what implications does menstrual related absenteeism have for future interventions?
- Scott, L., Montgomery, P., Steinfield, L., Dolan, C., Dopson, S. (2013, October). Sanitary Pad Acceptability and Sustainability Study. *University of Oxford*.
- Stichting Nederlandse Vrijwilligers (SNV). (2014, July). Mapping the Menstrual Hygiene Market in Uganda.
- UNICEF. (2016, January). WASH in Schools Empower Girls' Education: Proceedings of the Menstrual Hygiene Management in Schools Virtual Conference 2015.
- United Nations Educational, Scientific and Cultural Organization (UNESCO). (2014). Good Policy and Practice in Health Education: Puberty Education & Menstrual Hygiene Management.
- United Nations Development Programme (UNDP) (2015). Millennium Development Goals Report for Uganda 2015. *The Republic of Uganda*.
- WaterAid. (2012). Menstrual hygiene Matters: A resource for improving menstrual hygiene around the world.
- Water, Sanitation & Hygiene (WASH) & SNV. (2014). Compiled Findings from Studies on Menstrual Hygiene Management of Schoolgirls: Ethiopia, South Sudan, Tanzania, Uganda, Zimbabwe.

