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Menstrual hygiene management in Fiji: Establishing an evidence base to address WASH challenges for girls in school, results from a formative study

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An abstract of

A thesis submitted to the Faculty of the Rollins School of Public Health of Emory University in partial fulfillment of the requirements for the degree of Master of Public Health in Global Health 2017

Abstract

Menstrual hygiene management in Fiji: Establishing an evidence base to address WASH challenges for girls in school, results from a formative study

By Amber Lauff

Background: Menstrual hygiene management (MHM) has a strong impact on girls' education in the developing world. However, evidence of the impact of MHM on the quality of life and education of women and girls in the Pacific is limited. In late 2015, following devastation from Tropical Cyclone Winston, UNICEF Pacific and the Ministry of Education, Heritage, and Arts in Fiji targeted MHM as an area of significance in addressing water and sanitation hygiene (WASH) in the school setting.

Objective: To promote gender equality and girls' empowerment in schools, identify barriers to MHM, and increase access to MHM-friendly WASH facilities and sanitary resources.

Methodology: Researchers utilized in-depth interviews, focus group discussions, participatory learning activities, and WASH facility observations to examine knowledge, attitudes, and practices surrounding menstruation. Data were collected from 7 schools (2 urban, 3 rural and 2 peri-urban) in three educational sub-districts of Viti Levu from May to September, 2016. In total, 151 participants comprised of 75 girls, 42 boys, and 34 teachers openly shared their experiences, knowledge, and attitudes on menstruation, including recommendations for improving school WASH facilities and resources for MHM.

Results: The research provided a better understanding of girls' experiences and needs surrounding menstruation in the school environment as well as insight into the cultural, social, and religious norms limiting girls' ability to confidently manage menses. Many female study participants learned about menstruation prior to menarche; however, information varied based on socio-cultural norms. Study participants expressed an increased need for education on puberty and menstruation in schools. Girls and female teachers identified the challenges they encountered regarding adequate WASH facilities for MHM in school, including access to toilet paper, handwashing soap, and sanitary disposal bins. This research generated recommendations that include: teacher training, school-based management and operation of WASH facilities, and cross-sectoral collaboration for policy improvement.

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I. Introduction

Water, sanitation, and hygiene (WASH)-related diseases continue to significantly impact the health and well-being of children worldwide. Poor access to WASH facilities both at home and in schools not only increases risk of exposure to infection, but also has implications for access to education and quality of life.¹⁹ WASH in schools (WinS) is of specific concern for adolescent girls, who face the added burden of managing their menses in facilities that are, at times, nonexistent or nonfunctional, and usually lacking in adequate resources.^{13,16} Research has shown that lack of sanitation facilities and menstrual hygiene resources in schools directly impacts girls' education, often resulting in absenteeism, poor academic performance, and in some cases, school dropout. ^{4,7,14,15,16}

II. Literature Review

In many developing countries, girls lack the knowledge, support and resources (facilities and sanitary materials) to manage their menstruation with confidence and without shame. Menstrual hygiene management (MHM) has recently become a major agenda item for UNICEF, NGOs, and many government sectors in the developing world given its effect on girls' education and quality of life. UNICEF and the World Health Organization define MHM as:

"Women and adolescent girls using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials."²¹

The following review of literature focuses on the overall burden of MHM, the significance of MHM in Fiji, and the country's current education system and WinS efforts and policies.

a. <u>MHM Globally</u>

Research from a number of countries indicates that girls face multiple challenges to managing menstruation in schools, including poor access to safe water and sanitation, lack of private changing facilities and sanitary materials, physical pain, and feelings of fear and embarrassment.^{6,7,8,16} Girls may miss up to 20% of school days due to menstruation, and school dropout rates tend to increase around the onset of puberty and menarche.^{7,8,13,16,17}

Almost half of all schools in the developing world do not have adequate toilets for schoolgirls and female teachers, and often lack satisfactory areas for girls to cleanse themselves, wash and dry used sanitary cloths, and dispose of soiled clothes or sanitary napkins.^{1,6} Data have highlighted the impact of menstruation on girls' education, presenting evidence that lack of appropriate MHM resources and sanitation facilities at school, as well as social and cultural taboos, often result in missed class time and low performance.^{1,5,6}

Many girls cited lack of cleanliness and separate, private sanitation facilities at school as reasons for not attending. Studies also found that embarrassment and anxiety over inadequate absorptive materials, potential leakage, and teasing from male students adds to girls' stress and strongly affects their concentration and class participation.16 This combination of factors not only negatively impacts girl's access to education, but also works to further widen the gap in gender disparities globally.8

School absenteeism was not the only consequence of lack of education and resources surrounding MHM, however. Of note were health complications directly linked to improper menstrual sanitation such as urinary tract infections, bacterial vaginosis, and vaginal scabies.⁴ Furthermore, social and cultural stigmas surrounding menstruation result in the restriction of womens' and girls' daily routines, preventing girls from engaging in household tasks, cooking, playing outside, and sometimes going to school.⁷

Such cultural and social taboos exacerbate the issues surrounding menstruation and further alienate young girls who lack the information and resources necessary to maintain proper hygiene practices, perpetuating a cycle of silence and continuing inequalities.

b. MHM in Fiji

To date there has been limited information about the experiences girls in Fiji face at school during menstruation. Efforts to develop an evidence base on MHM in schools in the Pacific region began with a 2014 study in Honiara and the Guadalcanal province of the Solomon Islands where the Ministry of Health and Medical Services, the Ministry of Education and Human Resources Development, and UNICEF carried out qualitative research in local schools. In 2016 and 2017, the Burnet Institute and WaterAid conducted an MHM study of girls and women covering different provinces in Fiji, Solomon Islands, and Papua New Guinea (PNG).3 The first formative research study on MHM in Fiji will be described in the subsequent part of this report.

c. Fiji's Education Sector

The of Ministry of Education, Heritage and Arts (MoEHA) in Fiji has placed a strong focus on ensuring access to appropriate sanitation and hygiene facilities in schools in order to maintain equal access to education for all.¹² In 2015, Fiji's primary school enrollment rates were not only the highest among all Melanesian countries, but displayed equal gender access to primary school, with a net enrollment ratio of 97.3 for boys and 98.01 for girls.²²

While the majority (96%) of schools in Fiji are community owned, the MoEHA subsidizes virtually all schools through annual grants.^{2,9} At the national level, the MoEHA

Asset Management Unit is responsible for setting school standards and approving school plans. The roles of government and school owners (e.g. committees or faith-based organizations) is relatively clear. School owners are responsible for all infrastructure and daily operation of schools, while establishment of the basic curricula is the responsibility of MoEHA. Building Grant Assistance for new facilities is available to schools on application to the MoEHA. For community-owned schools, additional fundraising events are held to cover operational costs.

In the 2014 national budget, the Government allocated FJD 541.5 million for the education sector, increasing the annual grant for primary schools from a minimum of FJD 33 per child in 2013 to a flat rate of FJD 250 per child in 2014 ⁹—a significant increase. Typically, 20 per cent of school grants are allocated to building and compound maintenance, including WASH facilities ¹¹. The increase in school grants, shows commitment from MoEHA to quality education for all children.

d. Coverage of WASH facilities in Fijian schools

Most schools in Fiji are reported to have water, sanitation, and handwashing facilities. Fiji Educational Management Information System (FEMIS) records show that over 90 per cent of schools nationally report access to an improved water source;¹¹ however, other recent sector reports estimate that 75 per cent of primary schools in Fiji have access to adequate water supply and adequate sanitation facilities¹⁸.

While most schools may report the existence of improved facilities, there is no comprehensive information on their quality and reliability. Inequities in service provision are still reported to exist, with variation in access for girls and boys in rural compared to urban areas. A 2014 baseline survey done by the Fijian Teachers' Association (FTA) the for Access

to Quality Education Project (AQEP)⁴ found that less than 10 per cent of urban and rural schools (sample size of 50) had working water supply on the day of the visit; although, the survey focused on schools requiring improvements to education quality, so may not have included a representative sample.

e. <u>WinS Policy and Efforts</u>

WASH sector partners have recently taken steps towards a more enabling environment for WinS by increasing and improving monitoring of WASH in schools, incorporating MHM in WASH programming, and mainstreaming disaster risk reduction and emergency preparedness.¹⁰

In 2014, MoEHA, Ministry of Health and Medical Services (MoHMS), FTA, and UNICEF worked together to introduce a pilot of the Three Star Approach to WinS in 15 schools in the Nausori District.⁴ This approach was modeled after the experiences of other countries in the Asia-Pacific region including the Pacific island of Kiribati. The Three Star Approach to WinS is designed to improve the effectiveness of hygiene behavior change programs. Schools are encouraged to take simple, inexpensive steps to ensure that all students wash their hands with soap, have access to drinking water, and are provided with clean, gender-segregated toilets at school every day ^{10,20}. Group activities drive this incremental approach, beginning with daily, supervised group hand-washing sessions.

Schools work toward achieving WinS minimum standards, and subsequently work their way up from one to three stars by expanding hygiene promotion activities and improving infrastructure, ultimately meeting the national standards for WinS. WinS provides a sustainable platform to reinforce the hygiene element with increased education around menstruation, and healthy and sustainable management practices. Implementation of WinS is highly dependent on engagement and strong involvement of principals, teachers, school-based management, students and parents.

The MoEHA has finalized the first WinS policy that adopts Three Star Approach, to be launched in late 2017. UNICEF has also employed this approach, with a focus on resilience and emergency recovery, as part of its support to rebuilding schools WASH facilities following Tropical Cyclone (TC) Winston. Efforts include risk assessment and the installation of low-cost WASH measures that can sustain strong rain, floods and cyclones. Despite these efforts, challenges persist in the provision, use, and maintenance of adequate, appropriate and gender sensitive WASH facilities in schools.

III. Statement of Purpose

In order to learn about the menstruation-related challenges girls face at schools in Fiji, UNICEF Pacific, supported by the Fijian Ministry of Education, Heritage and Arts, and in partnership with Emory University, Fijian Teacher's Association (FTA) and Project HEAVEN, carried out formative research on MHM. This research was particularly timely given the ongoing efforts to restore WASH services to schools damaged by Tropical Cyclone Winston in February 2016, and the focus on gender-sensitive approaches to recovery and 'building back better'.

The purpose of this study was to develop an evidence-base for the design of girl-friendly WinS programmes for adolescent girls in Fiji. The overarching aim was to understand girls' needs in school during menstruation, from the perspectives of the girls, peers and teachers. In doing so, this study worked to fill a critical knowledge gap in the challenges faced by school girls managing menstruation and their impact on girls' education and quality of life. The specific objectives were to:

- Investigate the range of challenges faced by school girls during menstruation as well as the determinants of those challenges—within the setting and cultural context of Fiji.
- Identify potential elements of 'a basic package of school-based interventions' for menstrual hygiene management that can be implemented and sustained at scale within Fijian schools, in accordance with the guidelines for the Three Star Approach to WASH in Schools.
- 3. Assess the social and cultural beliefs and attitudes that drive behaviours related to menstrual hygiene management in Fiji, and their impact on girls' education.

IV. Justification

The study was originally initiated in late 2015; however, the devastation resulting from TC Winston led to modifications in design. A category 5 Tropical Cyclone, Winston was the strongest cyclone to ever hit Fiji, and one of the strongest to ever hit land in the world. It struck the two largest islands and numerous smaller islands, badly affecting 40 per cent of the population of roughly 900,000 people.

As a result of the cyclone, 494 primary and secondary schools (55 per cent of all schools in the country) were damaged or destroyed, disrupting schooling for approximately 85,000 students. Following the cyclone, more than 24,000 children and their teachers in primary and secondary schools and early childhood education centres were using temporary learning spaces, including tents, tarpaulins and school-in-a-box kits.

Many schools had damage to their WASH facilities. Global evidence indicates that lack of fully-functional WASH facilities and services in schools disproportionately impacts girls and female teachers, further underscoring the need for this study. The cyclone also affected girls' access to sanitary materials and private changing spaces.

This report and the attached research note present the challenges girls face in MHM, the underlying determinants identified, and the reported impact on girls' education. A series of recommendations are provided to promote gender equality and girls' empowerment in schools by addressing challenges to MHM and increasing access to MHM-friendly WASH facilities and sanitary resources.

V. Methodology

The study took place in three educational sub-districts in the Western division of Viti Levu, Fiji—Lautoka-Yasawa, Ba-Tavua, and Rakiraki—that were identified by MoEHA as priority areas for recovery and rebuilding following TC Winston. Between May and September 2016, study partners utilized qualitative tools, including in-depth interviews (IDIs), focus group discussions (FGDs), participatory learning activities (PLAs), and structured observations of WASH facilities to examine knowledge, attitudes, and practices around menstruation.

In total, data were collected from 7 schools (2 urban, 3 rural and 2 peri-urban); 151 girls (n=75), boys (n=42), and teachers (n=34) openly shared their experiences and attitudes on menstruation, providing recommendations and valuable insight for improving school WASH facilities and resources for MHM.

a. Inclusion and Exclusion Criteria

Menarchal adolescent girls aged 10-18 were the target population for this study. Adolescent boys and teachers were also engaged to obtain knowledge and understanding of the cultural attitudes, beliefs and resulting behaviors surrounding menstruation, as well as their impact on girls' education and quality of life. The inclusion and exclusion criteria for each group consisted of the following:

i. Inclusion Criteria:

Girls:

- Aged 10-18
- Menarchal
- Currently enrolled in and attending school
- Fijian or English speaking
- Willing to participate

<u>Boys:</u>

- Currently enrolled in and attending school
- Aged 10-18
- Fijian or English speaking
- Willing to participate

Teachers/Administrators:

- Currently hold a position as a teacher or administrator in target school
- Have regular interaction with pupils
- Fijian or English speaking
- Willing to participate

ii. Exclusion Criteria:

- Girls and boys outside of the specified age range
- Out-of-school children
- Girls who have not reached menarche
- Individuals who have not provided consent or willingness to participate
- School staff who do not interact with students
- Individuals who do not speak English or Fijian

b. <u>Ethical Considerations</u>

The study purpose, design, methodology, setting and timeline were submitted to the

MoEHA for ethical clearance, and data collection complied with UNICEF's guidelines on Ethical Research Involving Children (ERIC). To comply with Fiji research standards, the details of the study and Research Agreement Form, including Human Ethics Form, were also submitted.

Written informed consent was obtained from the parent or legal guardian of all participants under the age of 18, with assent collected from the participants themselves prior to the start of interviews. Consent forms were provided to schools prior to the study visit and sent home with potential participants for parent approval. Students and teachers were made fully aware of their rights and the responsibility of the interviewers to maintain confidentiality and do no harm.

To ensure privacy and confidentiality, all interviews were conducted in areas that guaranteed privacy to the participants, and no identifiers were collected. The data collected does not contain the names of any participants, and resulting reports did not include any identifiers that could link statements to a particular child. Focus group discussions with teachers and school administrators were also held in private, safe spaces away from others.

c. Training

A mandatory one-day training session was held for all study team members at the UNICEF office in Fiji prior to engaging in data collection and study activities. The study team consisted of members from UNICEF partner organizations at Project Heaven, FTA, and students from the Fiji National University. Training provided the team with an overview of study objectives, design, and methodology, as well as a thorough understanding of issues related to MHM and WASH, research ethics, and methods and techniques in qualitative data collection. During the training, study team members had the opportunity to practice interviews and note-taking, and worked as a group to review and provide feedback on the data collection tools. A presentation on child protection and relevant Fiji laws was included in case girls or boys reported instances of violence or abuse during discussions.

Additional stakeholders—including UNICEF, Ministry, and partner organization staff members—not involved in data collection were invited to participate in the training to strengthen the study's qualitative research capacity.

d. Theoretical Framework

The study design was informed by the ecological framework (see Figure 1) which examines various levels of personal and environmental influences. The model guided the design of activities and data collection tools, working to capture information about menstruation-related challenges at various levels of influence including societal, environmental, interpersonal, personal, and biological. Questions were developed to investigate and understand the range of personal challenges and needs girls had during menstruation in schools, from the perspectives of the girls, their families, peers and teachers.

e. <u>School Selection</u>

In early 2015, UNICEF identified 62 primary schools and 3 secondary schools in the Western Division for inclusion in WinS assessments and training workshops. Together with partners at FTA and Project Heaven, UNICEF worked to implement training on the 3 star approach to WASH in Schools, as well as evaluative site visits for WASH facilities. Schools from this list were then identified for inclusion in the MHM study; the already existing presence of WinS programming provided a convenient entry point for collection of data related to girls' challenges with menstruation and WinS.

Given the cultural diversity in Fiji, representation from each of Fiji's main religious (Hindu, Muslim, and Christian) and ethnic groups (iTaukei and Indo-Fijian) was also considered during selection, ensuring a near equal number of schools from each background. Within that strata, considerations were also made regarding school location (urban vs. rural), pupil ratio (number of boys and girls), and school level.

While the study was initially designed to occur in 9 schools, ensuring an even distribution of iTaukei, Hindi, and Muslim schools, the need to pilot data collection tools resulted in further categorization into pilot schools and study schools (those which would be included in final data analysis).

f. <u>Recruitment</u>

Schools that were identified for study inclusion were contacted by the study team with the support of MoE to introduce the study and schedule subsequent visits. Study team members met with head teachers, explained the study in further detail, and recruited students and school staff to participate in study activities. School teachers were then asked to help identify male and female students they believed would be willing and suitable for study participation. To ensure equitable recruitment of subjects, teachers were asked to select girls with diverse backgrounds with regard to age, ethnicity, family structure, socioeconomic status, and academic engagement to the best of their ability. Engaging teachers in the recruitment process further helped the study team to discretely identify girls who had reached menarche. These teachers also had additional insight into peer dynamics and aided in identifying both male and female students who would be comfortable in discussions with one another.

g. Data collection and study tools

The assessment included three types of activities-focus group discussions (FGDs), in-

depth interviews (IDIs), and facility observations. All individual interviews and group discussions were conducted in the language participants were most comfortable with, either English or i-Taukei Fijian. Interviews were not conducted in Fijian Hindi language because of feedback that Indo-Fijian study participants were all comfortable in English language, and due to lack of available translators for Fijian Hindi. Observations of WASH facilities—including presence, location, functionality and cleanliness—were also carried out in each school.

Study tools were piloted in two schools and revised to ensure contextualization. Following two days of piloting, study team members met to discuss challenges, discrepancies, and issues that arose during interviews and FGDs, in order to finalize data collection tools.

• *In-depth interviews* with eligible girls were carried out one-on-one (*see* Figure 2: Eligibility Criteria). These interviews provided girls the opportunity to privately share their experiences managing menstruation at school. The objective of conducting IDIs was to identify and understand menstruation-related challenges faced by girls, and the environmental factors that contribute to these challenges. Questions focused on knowledge about menstruation, individual behaviours and practices, perceptions of norms around menstruation, and perceived challenges and needs.

• Focus group discussions:

With girls: were carried out in groups of 4-8. Unlike IDIs, FGDs with girls focused not only on personal experiences and behaviours, but perceived social norms and attitudes surrounding menstruation. *Participatory learning activities* (PLA) were included in FGDs to help foster discussion and provide a fun,

alternative way for girls to communicate their thoughts. These activities included drawing of ideal toilets and group story building. PLAs were a particularly important component of FGDs as they enabled participants to not only share their ideas, but to further analyze and develop their knowledge of certain topics as well as to plan, evaluate, reflect, and possibly act on the ideas that were formed. These discussions allowed girls to critically think about the varying components of managing menstruation and the variety of factors that contribute to challenges they or their peers may face, and the resulting adaptive behaviours. It also provided an outlet for girls to voice their needs and recommendations for future improvements.

- *With boys*: were carried out in groups of 4-7. FGDs with boys focused on their perceptions and knowledge of menstruation, and their behaviour toward menstruating girls. Questions focused on what they knew about menstruation, how they perceived girls' lives and behaviours to be impacted by menstruation, how boys and men typically treat girls' and women who are menstruating, and what they perceived girls' menstrual challenges and needs to be.
- *With teachers:* were carried out in non-segregated groups of 5-6 male and female teachers. The number of participants in each discussion was dependent on the teachers available in the school. These discussions focused on teachers' knowledge of menstruation and WASH in schools, what was taught in schools, the status of school WASH facilities, teachers' perceptions of girls' menstrual experiences and challenges, the role of the school and teachers in helping girls,

and recommendations for improving the school environment to address girls' needs.

• Structured observations were carried out in each school and provided additional information about the school grounds, as well as and verified the information given by teachers and/or students during FGDs.

VI. Data analysis

All activities were digitally recorded and transcribed by one team. The transcriptions were summarized with strong focus on retaining direct quotes. The data analysis was completed in three stages:

- 1. Organization of the data by themes
 - Facilities
 - Materials
 - Knowledge
- 2. Categorization of the data in each theme into challenges, determinants and impacts.
- 3. Verification of the data using field notes, observations and the recordings.

VII. Study Findings

Overall, the study provided a better understanding of girls' experiences and needs around menstruation in the school environment as well as insight into cultural, social, and religious norms that add limitation to girls' ability to confidently manage menses in Fiji. Data revealed that many female study participants had learned about menstruation either at home or in school prior to their first period; however, information varied based on socio-cultural norms and restrictions grounded in religious and ethnic diversity. Girls, boys, and teachers all expressed a desire for increased education on puberty and menstruation in school; teachers especially noted a need for more specific training to improve the quality of puberty education they were expected to provide.

While all schools visited during the study had water supply and toilets, they did not meet the needs of girls, particularly during their period. Girls at some schools said that their toilets were overcrowded and too small, or were located too far away. Girls reported a lack of consistent resources, like toilet paper, handwashing soap, and sanitary disposal bins. Although girls had good access to sanitary pads, they had challenges disposing of used pads at school. Many reported wrapping pads in toilet paper (if available), newspaper, or a plastic bag and carrying them home for disposal.

The findings are further presented below, and outlined in Appendix 1, Policy Note, Figure 2. They are organized by the following themes:

- Challenges or difficulties in managing menstruation at schools, identified by girls, teachers and boys.
- 2. Discussion of the determinants of the challenges including those related to the cultural and religious context.
- Impacts of the challenges to MHM in school, as voiced by girls and teachers.
 Potential risks associated with these challenges are also noted.

a. Challenges

Common challenges girls reported facing when managing menstruation included lack of understanding, pain, fear of staining clothes, and inability to change at school due to lack of supplies.

According to a majority of study participants, information on menstruation was provided both at home and at school prior to menarche, but serious gaps in knowledge and understanding were still present. Some girls reported that they initially felt concerned at the loss of blood (Girl, IDI, Ra), while another described menstruation as "waste blood [coming] out" (Girl, IDI, Ba). Much of the information provided at home centered around being prepared with sanitary pads, but lacked a more comprehensive explanation of the biological processes occurring in the body during menstruation.

At school, girls and boys typically learned about puberty and menstruation in the same setting, making it difficult for girls to access important information and ask questions. Girls stated that having boys in the same class made them feel "uncomfortable," "quiet, shy, or embarrassed" (Girl, IDI, Ra). Teachers and boys admitted during FGDs that male students often "laugh during class when puberty is discussed," adding further to girls' apprehension to gain more information. During one in-depth interview, a girl reported: "I was shy because the boy was there too, they were listening and they were making fun of us" (Girl, IDI, Ba). During FGDs and IDIs, teasing was repeatedly noted to be a barrier to accessing information and managing menstruation at school.

Fear of staining clothes presented a particularly significant challenge for girls, frequently affecting their concentration and participation in class, and other school activities. During FGDs, girls explained "*in class, she'll not want to participate*". "*When she stands up, she will be checking and looking at the back*" (Girls FGD, Lautoka). Girls reported dealing with this fear by wrapping jackets around their waste, sitting for long hours and excluding themselves from activities, or leaving school early to go home.

Inadequate access to resources and facilities for girls to change their clothes and sanitary materials contributed to deepening fears of staining and revealing menstruation, which could result in more missed class time. Female students described facilities as overcrowded, damaged, or lacking in supply of toilet paper, water, and soap, making it difficult to change or access facilities because of small size and poor location. According to participants, often times teachers would allow girls to use their staff quarters to change and wash stained uniforms—spare ones were not available—proviSding added privacy and better resource availability.

Pain was an additional challenge girls faced that often resulted in decreased participation, discomfort, and missed class time. Study participants reported suffering from headaches, back pain, menstrual cramps, and changes in mood; management of these symptoms typically resulted in leaving school for the day.

b. Determinants

Noted determinants—factors that contribute to girls' MHM challenges—included insufficient MHM and puberty education, lack of practical guidance on coping strategies for menstrual pain, and absence of secure, private, and well-supplied WASH facilities in school.

i. Education and Cultural Context for MHM Practice

Knowledge is key to helping girls feel confident and comfortable managing their menstruation at school. However, as in many countries, in Fiji, cultural norms often contribute to insufficient information or misinformation about menstruation, limiting the amount of menstrual education girls receive in school. Not only does the cultural context limit the content and amount of menstrual and puberty education, but it creates barriers for girls to ask questions or seek help from male teachers or peers given the taboo around discussing menstruation with men. Parent and community members have been known to take issue with their children learning about anatomy and puberty at school, so teachers are wary of incorporating those topics into the curricula for fear of repercussions.

Fiji's diverse population also gives way to a range of cultural and religious beliefs that influence the way girls learn about and manage their period. The population is comprised of indigenous Fijians (iTaukei) who are generally Christian, and Indo-Fijians who are predominantly Hindu or Muslim.

For iTaukei Fijians, menarche is a time for celebration where the whole family comes together for a feast marking the girls' entry into womanhood. Comparatively, the Hindu and Muslim communities tend to exclude girls when they are menstruating, specifically from activities such as prayer and going to mosque.

The cultural association of menstruation with 'maturity', or 'childhood to adulthood' appears to give girls a sense of confidence and responsibility, although many behavioral restrictions are also practiced. Girls reported being advised not to wear short clothes, hang out with boys, engage in sexual activity, help with chores, interact with male teachers, or eat certain foods when menstruating.

At home, knowledge around menstruation is limited to advising girls on the use of sanitary pads, the need to be prepared by carrying disposable pads, and the relevance of menstruation for fertility and potential pregnancy. Girls do not get information on the menstrual cycle which would enable them to predict their period and plan accordingly, reducing risks of leakage and stains. They are also unprepared to manage the associated symptoms (back and stomach pain and feeling tired and/or dizzy or in some cases, short temperedness).

ii. WASH Facilities

All girls and boys referenced toilets as a place for girls to change their clothes

and/or pads when they are menstruating. Girls shared concerns regarding limitations in the privacy and safety of toilets, however. Some discussed how TC Winston negatively impacted their privacy by damaging toilet doors. In some instances, the cyclone led to relocation of the girls' toilets to a place where girls did not feel safe going alone or where they were concerned they would be seen by others.

A total of 98 gender-segregated toilets (60 for girls, 38 for boys) were observed in the seven study schools. Of the 60 girls' toilets, 38 had sanitary bins inside. All toilets in the seven schools were flush or pour flush, making it important to have sanitary bins for girls to dispose of pads rather than flushing them down the toilet. The alternative—carrying a used pad home, wrapped in newspaper—exacerbated fear of discovery, and created shame due to odor.

Lack of toilet cleanliness contributed to girls' discomfort in changing sanitary pads at school, as evidenced by the comment "*at home it is easy to change but in school sometimes the toilets are dirty and a lot of children around*" (Girl, IDI, Ra). Of the 98 toilets observed, 93 (95%) were rated as clean, with only one girls' toilet rated otherwise.

Although all study schools had a cleaning policy in place, they varied at each location. In some schools, the students (Year 8 girls; it was unclear if boys cleaned toilets) were responsible for cleaning their toilets, while in other schools there was a cleaning person who managed this task. In one study school, there was a male cleaning person and girls reported not wanting to leave their used pads in the sanitary bin for fear of the man seeing them.

FGDs with teachers revealed that schools have inadequate budgets for recurring

WASH improvements, including resources such as toilet paper and sanitary pads. Finances are particularly stretched when facilities suffer damage from cyclones or floods. At the school level, programming support should include working with school management to develop management plans that include maintenance, regular cleaning, sanitary supplies, and budgeting. Students—both girls and boys—as well as parents should be involved and given ownership for the maintenance and operation of WASH facilities in schools.

c. Voiced impacts

Menstruation was reported to negatively impact girls' education and social lives, including self-exclusion, reduced school participation, and leaving school early. Girls admitted to excluding themselves from social activities when menstruating, including not interacting with boys, participating in sports activities or *"going to town with friends"*. Many of the participants—including teachers and boys—cited specific mood and behavior changes in girls during menstruation.

Menstruation reportedly has a negative impact girls' participation in class, contributing to adverse impacts on education. Paraphrasing from an FGD with Year 7 and 8 girls: "*If the period comes while in class, she would not pay attention in class*" because her focus and concentration will be on the fear of her clothes getting stained. (Girls, FGD, Lautoka).

In some instances, the girls discussed leaving school early due to pain or staining their uniform or clothes. *"I will just go the washroom, clean up myself and ask to go home"* (Girl, IDI, Nilsen). Another girl reported she attends school but she does not concentrate in class (Girl, IDI, Ba). In one FGD, the boys reported sometimes overhearing girls saying they did not come to school because they had their period (Boys, FGD, Ba).

Many girls demonstrated a lack of understanding of the menstrual cycle. A common question that girls asked at the end of activities was: "how do I read the month?" (Girl, IDI, Ba). While the participants did not specifically discuss fertility, a lack of understanding of ovulation and the menstrual cycle may increase risk of unplanned pregnancy.

VIII. Discussion

Improving learning outcomes for girls and addressing gender equality and girls' empowerment calls for action on MHM in schools. Integrating MHM in WASH is an effective approach for creating a healthy environment at schools through improved WASH facilities, reinforced hygiene practices, and quality education that addresses girls' specific needs.

Both girls' and teachers' recommendations share a common focus on the availability of water, soap, and sanitary bins, and private facilities where boys do not go. Access to sanitary pads—including cost—was not a reported concern for any of the study participants. There is, however a need for disposal options for girls to avoid having to carry used pads home. Schools in Fiji have an existing platform, in gender meetings, to share information and break the silence around MHM for adolescent girls; however, there is room to improve the quality of the information and resources provided.

Fiji differs from many countries included in the MHM literature in that access to WASH facilities does not seem as significant an issue as further education and access to additional resources. The study revealed that many schools did have an adequate supply of toilets for girls, but lacked supportive structures and additional materials. The need for better implementation of school WASH policies and maintenance of WASH facilities is clear. Although the Fijian government has placed its attention on improving access to education

and WinS for all, creation and enforcement of policies for National WASH in schools standards are necessary to promote safe, clean, and inclusive school environments for girls.

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X. Figure 1. Ecological framework for MHM research activities and themes

Societal Factors → Policy, Social and cultural norms, beliefs, and traditions FGDs and IDIs with girls, teachers and boys: taboos, traditions, management practices and behavior adopted by school girls

Environmental factors →School Water, Sanitation and Resource Availability Observations: toilets, water source and handwashing stations FGD with girls: Perception about school environment; availability and use of WASH facilities FGDs with teachers: Availability of resources and support for WASH; teachers' role in educating girls

Interpersonal Factors → Influence of family, Teachers and Peers

Personal Factors →Girls' Knowledge, Skills, Beliefs FGDs and IDI with girls: Knowledge about menstruation and hygiene management; coping mechanisms and behavioral adaptations; needs and attitudes

Biological Factors \rightarrow Age, Intensity of menstruation FGD and IDI with girls: experience of pain and influence on behavior and on class participation; ability to manage menstruation at school. XI. Appendix I: Research Note

Menstrual hygiene management in Fiji:

Evidence-based policy recommendations to improve girls' education in Fiji

By: Amber Lauff

MENSTRUAL HYGIENE MANAGEMENT IN FIJI:

Evidence-based policy recommendations to improve girls' education and quality of life

Policy Note

This brief summarizes the findings of a formative research study on the impact of menstruation on girls' education in Fiji that was carried out in 7 schools in the Western Division of Fiji between May and September 2016.

Amber Lauff Global Health Thesis: Emory University, MPH Program Special studies project, Fall 2017

The Study

After Fiji was hit with a devastating category 5 Tropical Cyclone in February 2016, the need to fill the existing knowledge gap on MHM and Water, sanitation, and hygiene (WASH) in Schools (WinS) for girls became even more important. Education sector partners placed specific emphasis on gender-conscious approaches to recovery and rebuilding, providing an entry point for UNICEF Pacific—in partnership with Emory University, Fijian Teacher's Association (FTA) and Project HEAVEN—to carry out the first formative research study on MHM in Fiji.

The Need

Research from many countries has shown that lack of sanitation facilities and menstrual hygiene resources in schools directly impacts girls' education, often resulting in absenteeism, decreased participation, poor academic performance, and in some cases, school dropout. Quality of life and dignity are affected as well, as girls frequently worry about getting their period in school, staining their uniform, or making it known they are menstruating; the stress caused by these concerns often results in overwhelming distraction, agitation, and anxiety, further adding to the negative impacts on girls' education.

While research on MHM has been conducted in multiple country contexts, data on MHM in the Pacific, and in Fiji in particular, is lacking. Although efforts have been made by ministries of health and education, and large NGOs in Fiji, Solomon Islands, and Papua New Guinea to develop an evidence base around MHM, the region has remained under-represented in the global data.



Nazer, S. (2016). Getting back to school after Cyclone Winston. *UNICEF Connect*. Retrieved from https://blogs.unicef.org/east-asia-pacific/getting-back-to-school-after-cyclone-winston/

Study Methods

- Location: Western Division of Viti Levu (Figure 1), in 3 education sub-districts—Ba, Lautoka, and Ra.
- 151 participants (75 girls, 42 boys, 34 teachers)

Activities included (Table 1):

- In-depth interviews
- Focus group discussions
- Participatory learning activities
- Structured observations of WASH facilities
- Schools were purposively selected, with considerations for:
 - Type of school (primary vs. secondary)
 - Location (rural, urban, peri-urban)
 - Representation from Fiji's different religious (Christian, Hindu, and Muslim) and ethnic groups (iTaukei Fijian, and Fijians of Indian descent).



Figure 1. Map of Fiji, highlighting the Western Division and selected study schools

in Fiji MHM study, 2016							
Tool	Theme/Purpose	Participants	No. of activities completed	No. of participants			
	Knowledge, attitudes, beliefs, and practices	Girls	10	52			
Focus group discussions	Knowledge, attitudes, and beliefs	Boys	7	42			
	Knowledge, beliefs, practices and learning impact	Teachers	7	34 (16 male, 18 female)			
In-depth interviews	Personal experience (practice, management)	Girls	23	23			
Observations	Facilities (spaces for managing MHM in schools)	Schools		14			



Study Findings

The study provided a better understanding of girls' experiences and needs around menstruation in the school environment as well as insight into cultural, social, and religious norms that add limitation to girls' ability to confidently manage menses in Fiji. While all schools visited during the study had water supply and toilets, they did not meet the needs of girls, particularly during their period. Girls at some schools said that their toilets were overcrowded and too small, or were located too far away. Girls reported a lack of consistent resources, like toilet paper, handwashing soap, and sanitary disposal bins.

Figure 2. Key Findings

Determinants

Education

- Insufficient menstruation education at school, particularly regarding psychosocial aspects of menstrual hygiene management
- Inaccurate and contradictory information from home
- Lack of understanding around menstrual cycle
- Misinformation around hygiene management and behaviors

Challenges

- Lack of understanding
- Leaks or stains, or fear of staining clothes or uniform
- Pain, discomfort or fatigue during menstrual cycle
- Teasing from classmates
- Shame, embarrassment
- Discomfort asking for support, especially at school and from male teachers

Voiced Impacts

- Self-exclusion from activities, and self-isolation
- Reduced participation in class
- Absenteeism
- Leaving school early
- Difficulty concentrating in class

Stress

School WASH Facilities

- Inconsistent availability of resources like water and soap
- Lack of disposal bin for used sanitary materials
- Poor facility maintenance and repair:
 - Toilets damaged from natural disasters, lack privacy
 - Toilets are not properly maintained
- Toilets are poorly located, causing girls to feel unsafe and want to go in groups

Potential Risks

- Infection
- Unexpected pregnancy
- School drop-out

Policy Recommendations

- **Cross-sectoral engagement** between government ministries and a diverse range of partners, responsible for WinS, education, health, and gender and child protection.
 - a. Involve health, gender and child protection specialists in annual training of teachers, ensuring that teachers are qualified to teach menstruation and puberty related subject matters.
- Undertake strong advocacy at the national, provincial, community and individual levels to influence policies addressing menstruation-related challenges girls face at schools, including:
 - a. Integration of menstruation-related indicators in the Fiji Education Management Information Systems (FEMIS) for future monitoring.
 - b. Allocate a percentage of the education grant for resources such as toilet paper and sanitary materials.
- **Build the capacity of school management** to maintain operational WASH facilities and resources that allow for safe, private, and dignified MHM, especially after emergencies.
 - a. Provide schools with tools to monitor WASH facilities and calculate costs for planning maintenance and emergency preparedness