

# PSYCHOSOCIAL HEALTH

Measuring Progress on Menstruation for Girls in 2019

## PURPOSE

In March 2019, multi-sectoral researchers, practitioners, and monitoring and evaluation specialists convened to identify priority indicators across key areas within global health and development, and assess alignment of the identified priority indicators with interventions addressing menstruation. The focus was on the menstruation-related issues impacting girls in and out of school, given the strong potential links between Menstrual Health and Hygiene (MHH) policy and outcomes.

The result of this meeting was a green paper entitled “**Monitoring Menstrual Health and Hygiene**”, and a series of sector-themed one-page highlight documents, including this one focused on Psychosocial Health.

## BACKGROUND

The ‘menstrual movement’ is rapidly evolving, and there is a need for collaboration and consensus to assess progress for holistic MHH policy that can improve girls’ learning and life outcome, and to identify opportunities for linking with other measurement efforts at national and global levels. This includes aligning menstruation with the priority areas of education, gender, water, sanitation, hygiene (WASH), psychosocial health, and SRH. Validated, rigorous measures are needed across levels of investment in relation to menstruation.

## HOW MENSTRUAL HEALTH AND HYGIENE RELATES TO PSYCHOSOCIAL HEALTH

Psychosocial factors focus on the potential impact of menstruation on psychological and social well-being. Important factors that might impact psychosocial wellness include individual normative and societal expectations, such as internalized menstrual stigma and negative attitudes towards menarche and menstruation; gender norms along with social and descriptive norms (such as restrictions during menstruation, expectations of cleanliness); access to social support, such as the provision (or lack thereof) of emotional and practical support, advice, assistance in providing resources, teasing and bullying and girls’ perceived support; self-efficacy for MHH tasks; experienced distress and shame; menstrual-related pain and other health issues, and resource provision. The experience of MHH, and the WASH, education and psychosocial environments in turn may have impacts on participation in school and other activities of daily living and societal engagement. Overall, menstruation may have impacts on mental health and well-being, including psychological, emotional, and social well-being, and participation in other activities of daily living and social engagement.

## ALIGNMENT OF PSYCHOSOCIAL HEALTH IMPACT MEASURES WITH MHH

An analysis was conducted to examine if and how MHH monitoring and evaluation efforts contribute or could contribute to the priorities within each of the five areas, and to map out where connections or overlaps exist. **The top three priorities were psychological distress, wellbeing, and stigma.**

Missing measures, or those in need of further development, were also identified. This included self-efficacy and stress related to menstruation of girls in school (efforts for the former are underway); and measures of received and perceived social support may be advantageous in understanding the contribution of support to MHH and outcomes, as may improved assessment of social norms and restrictions and the ways in which these contribute to MHH.

## LINKS TO SUSTAINABLE DEVELOPMENT GOALS



In addition, menstruation and MHH were identified as relevant to achieving the following Psychosocial Health-related Standard Development Goals (SDG): SDG3 (good health and well-being).

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