

Sexual and Reproductive 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 sexual and reproductive health (SRH).

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 SRH

Limited SRH (and menstruation-related) knowledge and related social norms around SRH can constrain girls’ ability to make decisions about sex resulting in sexual risk behaviors. Girls who have few resources and are obligated to use makeshift materials, and girls who lack the ability, knowledge, resources or physical environment to hygienically wash and dry the materials they are using, which includes the physical spaces in which they manage blood flow and frequency that they are able to change menstrual materials, may suffer discomfort and could be at higher risk of urogenital and bacterial vaginosis (BV) infections.

The most impoverished girls or those prone to peer pressure may be vulnerable to sexual coercion, e.g. sexual favors in exchange for menstrual products, creating risk of pregnancy and infection with sexually-transmitted infections (STI).

HOW MENSTRUAL HEALTH AND HYGIENE RELATES TO SRH

This may reduce their ability to engage in school due to pregnancy status or being sick. Improvements in the availability and use of products can contribute toward decreased rates of STIs, including HIV and AIDS, and decreased vulnerability to unintended adolescent pregnancy which may lead to school dropout. As pregnancy is a primary reason that girls dropout or are expelled, the enabling of adequate MHH can thus potentially lead to decreased school dropout.

Together these have the potential to contribute towards increased educational equity and economic potential, reduced stigma, violence and morbidity and mortality among adolescent girls.

ALIGNMENT OF SRH 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 four top priorities identified as relevant for SRH were: adolescent pregnancy, anemia, modern contraception, and child marriage.**

Missing measures were also identified, or those in need of further development. For SRH, these included an expanded understanding for more diverse populations of “what is normal” in relation to adolescent bleeding patterns; what is menstrual health for girls (frequency, duration, regularity and volume); and the cost of heavy menstrual bleeding (health care visits, treatment, and indirect costs).

LINKS TO SUSTAINABLE DEVELOPMENT GOALS (SDGS)



In addition, menstruation and MHH were identified as relevant to achieving Sustainable Development Goals (SDG)4 (quality education) and SDG5 (gender equality).

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