

Menstrual Hygiene in Schools in 2 countries of Francophone West Africa

**Burkina Faso and Niger
Case Studies in 2013**



Study organized by the WASH and Education sections of UNICEF West and Central Africa Regional Office.

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Acronyms and Abbreviations

FGD	Focus Group Discussion
GNI	Gross National Income
IDI	In-depth Interview
EMIS	Education Management Information System
MDG	Millennium Development Goals
MHM	Menstrual Hygiene Management
PTA	Parents' and Teachers' Association
SMC	School Management Committee
SSHE	School Sanitation and Hygiene Education
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation
WSSCC	Water Supply and Sanitation Collaboration Council

Executive Summary

Menstrual hygiene management (MHM) has been under-researched by the WASH, health and education sectors. Menstruation is a sensitive subject and remains a taboo in many societies. Some cultural beliefs about menstruation reinforce gender inequities and have negative impact on the dignity, health and education of women and girls. There is a need to gather more information on MHM to improve WASH in schools programming and create more equal, safe and healthy school environments.

This report provides information on MHM practices in schools in Burkina Faso and Niger, selected as regionally representative case study countries by UNICEF WCA Regional Office. A comprehensive qualitative survey design characterized by descriptive features was employed in the study. The responses from 60 girls and care-givers in Burkina Faso and Niger provide interesting information on current MHM knowledge and practices.

Overall Conclusions

There are serious challenges that need to be addressed before good menstrual hygiene management becomes a reality in schools in Burkina Faso and Niger.

The school WASH facilities are currently inadequate for girls to safely manage their menses. There are not enough water sources and latrine units for students. There is also a lack of gender-segregated latrines and handwashing facilities with soap. None of the observed schools had a changing room / wash room for girls, sanitary protection materials, or a disposal for sanitary protection materials. Hence, most of the girls cannot change their sanitary protection at school which leads to absenteeism during menstruation. Local production of sanitary pads does not yet exist in Burkina Faso or Niger.

School children lack knowledge and information on menstruation. There is a lack of knowledge and information about menstruation. Generally, MHM is taught too late. The majority of the girls did not know what happened when they experienced menstruation for the first time and therefore were scared. There is currently no education material on MHM available in Burkina Faso and Niger. Hence, all the girls, teachers and education officials found the pre-tested MHM manual in French useful and informative.

Menstruation affects girls' participation and performance at school. The majority of the girls feels shy or stressed at school during menstruation and participate less due to shame, fatigue or pain. Psycho-social support for menstruating girls at school is missing. Girls would prefer discussing menstruation with other girls or female teachers at school. However, some schools do not have any female teacher since there is still lack of female teachers in both countries, especially at secondary school level and in hard-to-reach areas. Menstruation remains a taboo and menstruating women are still often considered 'dirty' in both countries. Negative socio-cultural beliefs may lead to forced seclusion and stigma: half of

the girls said that there are activities and places that are forbidden for them during menstruation.

Key Recommendations

The key recommendations of the study are summarized below.

At the Regional Level:

- Share this MHM study from Burkina Faso and Niger and its data collection tools with other UNICEF country offices to encourage them to conduct their own MHM surveys in order to collect country-specific data.
- Develop a practical MHM check list for schools and integrate it in the WASH in schools monitoring.
- Publish and distribute a MHM manual in French to schools in the French speaking countries of the WCA region. Since country contexts are different, it is important to pre-test the manual (e.g. in collaboration of the local teachers and education officials) to take into consideration cultural beliefs and sensibilities.

At the Country Level:

- Ensure cross-sectoral collaboration which is necessary for MHM programming: education, gender, health, protection, WASH, community development and C4D should all be involved.
- Integrate and mainstream MHM in national education, health and WASH programming, strategies, guidelines and monitoring.
- Ensure adequate, gender-segregated school WASH facilities which are necessary for MHM. As next steps for better MHM, schools should have a place to wash / change for girls, sanitary protection materials, and a discrete disposal unit.
- Encourage production of local, low cost and ecological sanitary pads by sharing examples and experiences from other countries.
- Advocate for the integration of MHM in the curriculum and promote MHM teaching to girls and boys already before they reach the age of puberty.
- Support teacher training to improve the level of MHM knowledge and gender-sensitive teaching practices among teachers.
- Continue advocacy for female teachers: all schools should have at least one female teacher or another female staff member to provide guidance and counseling for menstruating girls. Also students' clubs should be encouraged for peer-to-peer support and sensitization.
- Discuss with communities and cultural leaders, both men and women, and engage Parent Teacher Associations, School Management Committees, and Mothers' Associations in the MHM initiatives at school. They could contribute to a "hygiene

kit” (including sanitary protection materials and painkillers) for schools.

Chapter 1: Introduction

Good menstrual hygiene is fundamental to health, hygiene, education, work and wellbeing of women and girls everywhere. Menstruation is a natural part of human existence. Yet it has been neglected and under-researched by the water, sanitation and hygiene (WASH) sector as well as the health and education sectors.

Menstruation remains a taboo in many societies and various negative cultural attitudes and beliefs are still associated with it. Menstruating women and girls are still often considered ‘dirty’ or ‘impure’ which may lead to forced seclusion, reduced mobility and dietary restrictions. Also menstruating girls and women can be excluded from participation in daily social activities. Some cultural beliefs around menstruation reinforce gender inequities and have negative impact on the dignity, health and education of women and girls. Hence, menstruation is not just a sub-topic within the WASH sector but a Human Rights issue that affects the lives of approximately 26 % of the world’s population (i.e. female population of reproductive health) every month, as pointed out by Catarina De Albuquerque, UN Special Rapporteur on the human right to safe drinking water and sanitation (2013).

There is currently a raised level of interest on the issue, and an increasing number of initiatives and studies are being designed to address the gap. For example, in March 2013 Water Supply and Sanitation Collaboration Council (WSSCC) convened a large high-level inter-sectoral meeting on Menstrual Hygiene Management (MHM) at United Nations Palais in Geneva. It was attended by various UN agencies and other international organisations and was the first time that professionals from different sectors (academia, education, engineering, health, marketing and WASH) met to discuss the topic and share experiences. On the international policy level, issues related to menstruation form part of the discussions on the post-2015 development agenda and menstrual hygiene management will most likely be included as an indicator in the post-2015 goals and targets of the United Nations’ programming. These initiatives should guarantee more attention to this issue in the future.

1.1. Purpose and Objectives of the Study

The objective of this study is to improve our understanding of menstrual hygiene management in the West and Central Africa region, and to sharpen the UNICEF WASH and Education strategies and programming with respect to MHM. The study report aims to add information to the growing body of evidence on this previously neglected area of school WASH that has an important impact on girls’ education, health and empowerment.

It is important to evaluate how well school booklets about menstruation developed elsewhere would be accepted in francophone and/or Muslim West Africa, or if country

specific materials should be developed. Therefore, as part of the study, an existing MHM guide in English from Sierra Leone was translated to French and field tested in schools (see Annex 2), to gauge its appropriateness in Burkina Faso and Niger.

This study reviews amongst other issues:

- WASH infrastructure in schools
- Socio-cultural beliefs and taboos surrounding menstruation
- Girls' understanding and knowledge of menstruation
- Current menstrual hygiene practices in schools
- Teaching of puberty and MHM in schools
- Interpersonal relationships and psycho-social support
- Comments on the draft MHM manual in French
- Recommendations for better menstrual hygiene management

The study aims at highlighting current education and WASH in Schools challenges in Burkina Faso and Niger. It also examines whether local sanitary protection materials and MHM teaching and learning materials currently exist, and summarizes recommendations made by girls, teachers and ministry officials for better menstrual hygiene management.

1.2. Structure of the Report

This report reviews current menstrual hygiene management practices in schools in Burkina Faso and Niger, and proposes recommendations on further steps that could be taken to improve the WASH in Schools programming in those countries in order to create more equal and girl-friendly school environments. The report is divided into four main chapters, prefaced with an executive summary.

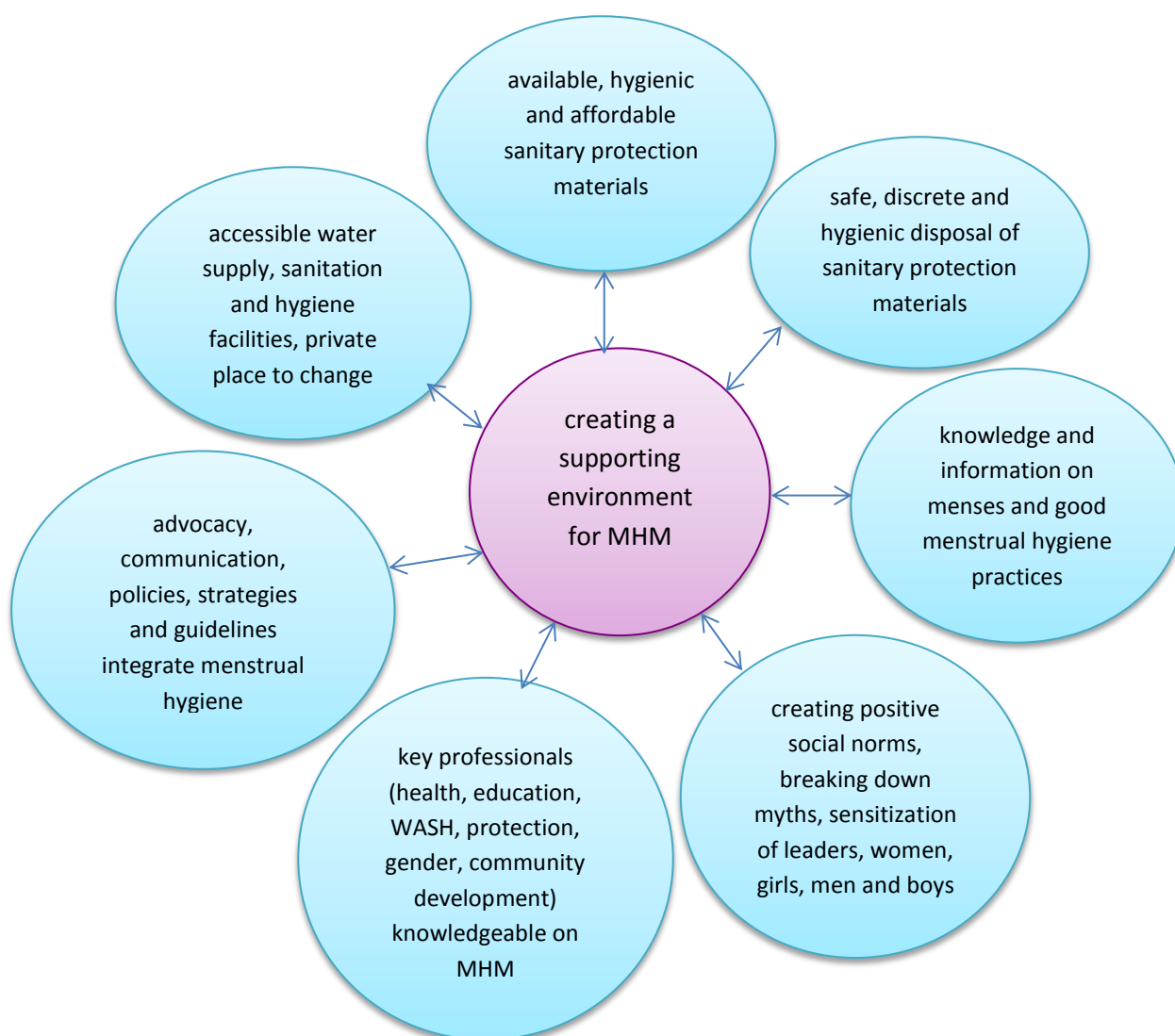
Chapter 1 provides an introduction to the subject and presents the purpose and objectives of the study. It also summarizes results of previous studies on menstrual hygiene conducted in various countries. Chapter 2 describes the design of the study, data collection, and some limitations of the study. The study results are presented in Chapter 3. They review WASH infrastructure in schools, girls' knowledge and MHM practices, cultural beliefs and taboos surrounding menstruation, teaching and educational materials currently available, interpersonal relationships and psycho-social support, comments on the draft MHM manual in French, and recommendations by girls and teachers. Chapter 4 concludes the main findings of the assessment and provides suggestions for future MHM programming. The report includes direct quotes and important messages by different stakeholders, marked *in italics* in the text. The consultant has translated them from French to English for the purposes of this report.

1.3. Previous MHM Studies

Menstrual hygiene management is becoming an increasingly important – and visible – element in WASH in Schools programming. Recent initiatives, such as the first high-level inter-sectoral MHM meeting convened by WSSCC in March 2013, show that menstrual hygiene is gaining attention in both the public and private sectors. In 2012, the Share Consortium and WaterAid released the first comprehensive manual on MHM: *Menstrual Hygiene Matters. A resource for improving menstrual hygiene around the world*, developed in wide consultation with experts from various sectors and organisations. It provides comprehensive and practical guidance on what is already being implemented in different contexts to encourage replication. Chart 1 below illustrates the key elements of menstrual hygiene programming to create a supporting environment for MHM, as described in the manual.

Chart 1: Key Elements of Menstrual Hygiene Programming

(House S, Mahon T, and Cavill S, 2012)



In September 2012, an on-line MHM conference was conducted by UNICEF New York Head Quarters and Columbia University in New York, highlighting MHM developments and issues in 13 countries: Afghanistan, Bolivia, Ethiopia, India, Malawi, Nigeria, Nepal, Pakistan, the Philippines, Rwanda, Sierra Leone, Somalia and Tanzania. There is already some evidence that private and adequate sanitation in schools (e.g. gender-segregated toilets, private washing and disposal facilities) allows menstruating girls to continue to attend school. Access to MHM information, cultural beliefs surrounding menstruation, support available for girls, and the acceptability of discussing menstruation in a school setting varies in different countries. Menstruation remains a taboo in many societies and educational MHM materials are still rare. Both teachers and students often lack knowledge about puberty and menstruation hygiene management (Sommer et al., 2013).

Previous studies have shown that girls miss school during their menstruation, especially when the school lacks the WASH facilities necessary to maintain hygiene. For example in Ethiopia, in a study where only 10% of girls stated they had a place to manage their menstruation at school, over 40% of girls said they had missed school because of menstruation (Fehr, 2010). The lack of school WASH facilities can cause girls to drop out of school completely as many are reluctant to continue schooling, particularly once they begin their menses. According to a study conducted in India in 2010, inadequate protection during the days of the menstrual cycle leads to adolescent girls miss 5 days of school in a month (50 days annually) and 23% of girls drop out of school after they start menstruating (Nielsen, 2010).

Most of the studies to date have been small-scale qualitative research projects. One of the exceptions is a thorough evidence-based pilot study on girls' school attendance conducted by researchers of Oxford University in Ghana in 2008-2009. It examines the relationship between menstrual protection and girls' attendance at school. When 120 girls were given 12 sanitary pads per month their absenteeism was cut by half, and 6.6 days per term were retrieved. The study shows that sanitary pads reduced the barriers to girls staying in school, which were multiple: fear of soiling, fear of odour, and even when there were WASH facilities at school, fear of leaving visible blood in the latrine or toilet. (Montgomery et al. 2012).

Another larger-scale study has been undertaken by the Center for Global Safe Water at Emory University and UNICEF that have collaborated since 2010 on WASH in Schools projects. In 2012, they initiated a multi-country study in Bolivia, the Philippines, Rwanda and Sierra Leone to explore the MHM challenges in schools and the specific educational impacts of menstruation. The research design of this multi-country study is informed by a theoretical framework which focuses on societal, environmental, interpersonal, personal and biological factors affecting menstruating girls. The project aims to provide evidence-based

programmatic recommendations to reduce the MHM barriers and challenges that girls face at school. In 2013, this cross-country study project by Emory University and UNICEF will expand to include Mali.

In Africa, studies and interventions to date have been largely focused on Anglophone East Africa where studies on menstrual hygiene have been conducted e.g. in Eritrea, Ethiopia, Kenya, Malawi, Rwanda and Tanzania. Also some small businesses have been developed in East Africa to produce local low-cost sanitary protection materials, such as the Maka Pad in Uganda or SHE in Rwanda. According to Marni Sommer (2010), who has studied girls' experiences of puberty and schooling in northern Tanzania and developed several country specific MHM manuals for school girls, it is important to understand different countries' socio-cultural beliefs around menstruation and provide girls with correct information about puberty in order to improve MHM in schools. Participation of girls should be placed at the centre of the MHM programmes and data collection since the interventions are intended to benefit them, as reminds the evaluation of a MHM study conducted in Kenya and Malawi by UNICEF Eastern and Southern Africa Regional Office (2008).

There is still a lack of MHM teaching and learning materials in many countries. Country specific MHM manuals and guidebooks for school girls have been developed for example in Cambodia, India, Ethiopia, Ghana, Sierra Leone, Tanzania and Zimbabwe. A recent WASH in Schools baseline study from Sierra Leone (2012) shows that distribution of MHM booklets alone does not produce any impact on practice unless incorporated into practical training or activities of WASH in Schools programme. Hence, MHM needs to be mainstreamed in the school settings and the MHM issues should be part of the curriculum as well as teachers' school sanitation and hygiene training in order to lead to systematic dissemination of MHM knowledge and practices.

There is still a significant gap in knowledge and understanding of menstrual hygiene practices in West and Central Africa. To date the only studies the author is aware of in the region have taken place in Ghana, Nigeria and Sierra Leone. Previous studies show that the majority of schools do not have adequate WASH facilities for girls to manage menstruation and emphasize the importance of integrating MHM in the sanitation and hygiene education and activities in schools (Aniebue et al., 2009; Caruso et al., 2012).

Regarding the francophone countries of the WCA region, UNICEF Central African Republic has recently conducted a small MHM assessment in schools, and a MHM study project by Emory University and UNICEF will take place in Mali in 2013. Otherwise there is no information available on MHM studies conducted in francophone West and Central Africa. Thus, this study from Burkina Faso and Niger aims at adding county-specific information to the growing body of evidence and to provide recommendations to improve WASH in schools programming and create more equal and girl-friendly school environments.

Chapter 2: Methodology

This chapter describes briefly the research design, data collection and limitations of the study. The research was conducted as a combined desk review of existing documentation, development of research tools to address the key questions, and data collection in the field in Burkina Faso and Niger.

2.1. Design of the Study

A comprehensive survey design characterized by qualitative features was employed in the study. The government supported urban (50 %) and rural (50%) schools were selected for the study by the UNICEF country offices in collaboration with the local ministries of education. They were advised to choose primary schools that already have WASH facilities so that MHM could be seen as next steps to improve the sanitation and hygiene practices. The list of the schools that participated in the study is enclosed in the report as ANNEX 1.

Data was collected in the schools through in-depth interviews and focus group discussions with school girls, interviews with head teachers and female teachers, as well as onsite observations of the infrastructure. In addition, the data collection included key informant interviews with ministry officials. The research tools used for the study are summarized in the table 1 below. The collected data was subjected to both qualitative analysis and quantitative statistical analysis. The research tools are enclosed in the report as ANNEX 3.

Table 1: Study Design

TOOLS	SAMPLE	DESCRIPTION
Questionnaire for School Girls (in-depth interview)	60 girls in total (30 in each country)	Information on girls' own understanding, problems and solutions re. MHM: personal knowledge, cultural beliefs, management of menstruation, interpersonal relationships, psycho-social support, recommendations
Questionnaire for Head Teachers (key informant interview)	12 head teachers (6 in each country)	Gender disaggregated data and information on the current enrolment rates, teaching staff, WASH infrastructure, health & MHM education, guidance & counseling, cultural beliefs, opinions and recommendations re. MHM
School Infrastructure Observation Check List	12 schools (6 schools in each country)	Information on schools' current WASH and MHM infrastructure

Guideline for Focus Group Discussion with Girls	12 FGDs (one discussion in each school)	Information on girls' own knowledge, understanding, problems and solutions re. MHM, girls' own voices on taboos related to menses, interpersonal relations etc.
Questionnaire for Female Teachers (key informant interview)	12 female teachers (6 in each country)	Female teachers' opinions on WASH infrastructure, health education, guidance & counseling, cultural beliefs and recommendations re. MHM
Discussion and pre-testing of the draft MHM booklet in French with girls, teachers, head teachers, ministry officials & UNICEF staff	60 girls, 12 head teachers, 12 female teachers, relevant ministry officials and UNICEF staff	Participants' comments on the MHM booklet translated into French: opinions about the usefulness & suggestions how to improve the booklet
Interviews with relevant ministry officials (Education, WASH in schools, Health)	at least 1-2 per country, depending on availability	Background information on the education and WASH situation, policy environment, girls' education, cultural beliefs, teaching & current material on MHM related issues, local production of sanitary protection materials

2.2. Data Collection and Limitations of the Study

The field research was conducted in Burkina Faso on 7-18 May and in Niger 1-11 June 2013. The consultant conducted the school interviews in collaboration with local governments' female education officials who interpreted the questions from French into local languages when needed. Their knowledge of local languages and sensibilities was crucial for the success of the interviews.

Since menstruation is a sensitive subject, the confidentiality of the research was emphasized in the beginning of the interviews and the purpose of the study was always shared with the participants. It was explained that they have the right to not to respond to certain questions and or to finish the interview at any time. In addition to French, local languages were used where needed. The participating girls were chosen discreetly, with help from female teachers and local female education officials.

The data collection went well and the response rate was excellent. However, there are few limitations of the study to be noted. Since this is a qualitative study with a limited sample size, the results cannot necessarily be extrapolated to other populations than those who participated in the study. It is clear that the data gathered from six schools in two countries is not sufficient to make region-wide generalizations. More time and several data collectors for the field research would be needed to multiply the number of participating schools and to observe the actual hygiene practices and behavior in schools such as class WASH practices, participation in classrooms, and interactions with peers and teachers.

Despite the limited number of schools, responses from 60 girls in Burkina Faso and Niger provide interesting information on the current MHM knowledge and practices. The girls shared their ideas and opinions quite openly. However, it is important to note that girls' responses from Burkina Faso and Niger cannot be compared without bearing in mind their different ages and levels of education: the interviews were conducted in primary schools in Burkina Faso, and in junior secondary schools (collèges) in Niger. The age ranges of the interviewed girls were 10-17 years in Burkina Faso and 15-19 years in Niger. The average age of the participating girls in Burkina Faso was 14.2 years and in Niger 16.8 years. In the original study design, the Consultant recommended to use similar age sampling in both countries. As this could not be achieved, any comparison between the results of the two countries is strongly biased from a statistical standpoint.

In Burkina Faso, two of the pre-selected schools had to be changed during the data collection due to lack of adolescent/menstruating girls. In those cases, other government-supported primary schools nearby were chosen. Only 10 female teachers were interviewed in total since there were no female teachers in one of the schools in Burkina Faso and one of the schools in Niger. Due to the long distances between the selected schools and the limited time, it was not possible to conduct focus group discussions in each school, as planned. Regarding future studies, it is important to note that the end of the school year is not an ideal time to conduct data collection in schools as some schools may already have finished teaching.

Chapter 3: Results

This chapter presents the study results that review WASH infrastructure in schools, girls' knowledge and MHM practices, cultural beliefs and taboos surrounding menstruation, teaching and educational materials currently available, interpersonal relationships and psycho-social support, comments on the draft MHM manual in French, and recommendations from girls and teachers. The first section of the chapter provides a brief overview of the current education and WASH in Schools situation.

3.1. Education and WASH in Schools Challenges in Burkina Faso and Niger

Burkina Faso and Niger are both situated in the Sahelian West Africa and often mentioned amongst the poorest countries in the world. In recent years, the Sahel region has been affected by several severe food crises caused by droughts. In both countries, a high proportion of people still live on less than US\$ 1.25 a day. In 2011, the GNI per capita was 360 US\$ in Niger and 570 US\$ in Burkina Faso.

According to the UNICEF country offices' statistics, adult literacy rates remain low (29 %) and almost 40 % of primary school aged children are still out of school in both countries. Also the youth (15-24 years) literacy rates are low, especially for women. For example in 2007-2011, youth literacy rates in Niger were 52 % for men and 23 % for women, and in

Burkina Faso 47 % for men and 33 % for women. In these contexts, education in general, and girls' education in particular, are necessary to improve the quality of life and human resources.

Burkina Faso - Background

In Burkina Faso, despite compulsory basic education for all children aged 6 - 16 years, two out of five primary-age children are still not at school and inequalities persist in gross enrolment between urban (95.7%) and rural (54.2%) areas. However, access and retention rates in primary schooling continue to improve. The primary school retention rates increased from 49% in 2010 (46% for girls) to 52% in 2011 (49% for girls). However, the transition rates from primary to post-primary education and the retention rates in post-primary level remain low, especially for girls.

A national Girls' Education Strategy (*Strategie Nationale d'Acceleration de l'Education des Filles 2012-2021*) has been validated by the government in 2011. The gender parity for primary education increased from 0.7 in 2000 to 0.91 in 2011. However, according to the UNICEF Burkina Faso annual report 2011, women still lack the autonomy to take decisions in society and the integration of gender into national policies remains a challenge. Also violence against women and children is very common (80% report being victim) and social exclusion reaches extreme forms such as forced child marriages: 52% of girls marry before the age of 18 (UNICEF Burkina Faso statistics).

The sanitation sub-sector is still far off-track for the MDG targets and the sanitation coverage in the country remains low: only 10 % in rural and 21 % in urban areas. The Country average of household latrine use is only 8.7 %. A national programme for the advancement of the supply of drinking water and sanitation (*Programme National d'Approvisionnement en Eau Potable et d'Assainissement à l'horizon 2015, PNAEPA*), piloted by the Ministry of Agriculture and Hydraulics, exists since 2006. The programme provides guidance also for WASH in schools. However, there has not been much promotion nor activities of school sanitation and hygiene education. Furthermore, there is currently no mention of menstrual hygiene management in the national education or sanitation programmes.

There are several ministries involved in education in Burkina Faso. Moreover, several ministries (education, health, agriculture and water) are in charge of the WASH in schools, planning and providing latrines and boreholes at the school level. Since there are multiple actors in charge of the WASH in schools, coordination and implementation of the activities is challenging. UNICEF Burkina Faso is using its position as co-chair of the Sanitation Thematic Group (led by the Ministry in charge of water and sanitation) to mobilise WASH partners for synergy in national sanitation implementation.

Recent developments in Burkina Faso have created an enabling environment to improve WASH in schools. In 2009, water, hygiene and sanitation issues were included in the national curriculum of primary schools as part of the emerging themes. Furthermore, UNICEF promotes separate latrine blocks for girls and boys with handwashing facilities which have been adopted in the national programmes. The current national standard is one waterpoint and 3 pit latrines for girls and 3 pit latrines for boys per school. Also the "Child Friendly Quality School" (*écoles de qualité amies des enfants*) project, implemented by the Ministry of Education with support from UNICEF, aims at establishing national standards for WASH in schools taking into account other WASH indicators in the EMIS system.

In Burkina Faso (Ministry of Education statistics 2010/2011):

- gross enrolment rate in primary schools: boys 80 %, girls 75 %, total 78%.
- 46 % of schools have access to water supply.
- 64 % of schools have access to functional latrines.

Niger - Background

The right to education for all is recognised by law in Niger since 1998 and access to primary education continues to improve. Gross enrolment rates have grown from 63 % in 2007/2008 to 76 % in 2010/2011. However, gender disparities and inequalities between urban and rural areas persist. In 2010/2011, the total national primary school completion rate was only 51 % (75 % in urban areas and 45 % in rural areas). Girls' completion rate was only 43 %, much lower than boys' completion rate 60 %.

Poverty of households, food insecurity, high illiteracy rates, parents' attitudes and common socio-cultural practices, such as child marriages and child labor are some of the reasons that still prevent Nigerien children from realising their right to education. As in Burkina Faso, also in Niger girls remain the most vulnerable.

In Niger, a national girls' education policy (*Politique Nationale de l'Éducation et de la Formation des Filles au Niger 2012-2020*) was finalized in 2011 but it is still going through the government validation process. The policy, as well as a proposed new law for girls' protection, have recently caused a lot of debate. One of the most discussed themes has been the age of marriage. According to some of the political and cultural leaders, girls should be able to marry already before the age of 18. Currently 36 % of the girls are married by the age of 15 and 75 % by the age of 18 (UNICEF Niger statistics).

Regarding the current WASH in schools infrastructure, Niger has even more needs and challenges than Burkina Faso: 84 % of the primary schools in Niger do not have either a water source nor functional latrines. In rural areas, 88 % of the schools do not have a water source and even in urban areas there is no water supply in more than half (54 %) of the schools.

In Niger (Ministry of Education statistics 2010/2011):

- gross enrolment rates in primary schools: boys 85 %, girls 67 %, total 76%.
- 16 % of schools have access to water supply.
- 16 % of schools have access to functional latrines.

3.2. WASH Infrastructure in Schools – Study Observations

Latrines

Based on the infrastructure observations, all the six schools in Burkina Faso had latrines available for pupils and five out of six schools had them in Niger. However, there were no structures available for children with physical disabilities. There is also lack of separate latrines for girls and female teachers: none of the observed schools in Niger and only half of the schools in Burkina Faso had separate latrine blocks for girls. Similarly, only 17 % of the schools in both countries had separate latrines for female teachers. When there is only one latrine building, schools have tried to designate some latrine pits only for girls and some only for boys.



Picture 1: Separate latrine block for girls with a handwashing facility close by (Burkina Faso)

The current recommendation by WHO is one toilet per 25 girls and one for female staff; and one toilet plus one urinal per 50 boys, and one for male staff. Furthermore, WHO emphasizes in its school WASH guidelines that male and female toilets should be completely separated to ensure privacy and security.

The observed schools do not have enough latrine pits for pupils. For example, there were only 2 toilets for 666 students in one of the schools in Niger and only 6 toilets for 470 students in one of the schools in Burkina Faso. In these kind of situations, it is very difficult to maintain the cleanliness of the toilets. In one of the schools in Niger, the latrines were so overloaded and dirty that they had been abandoned by the students. Clean and functioning toilets with handwashing facilities close by should be available for pupils at all times.

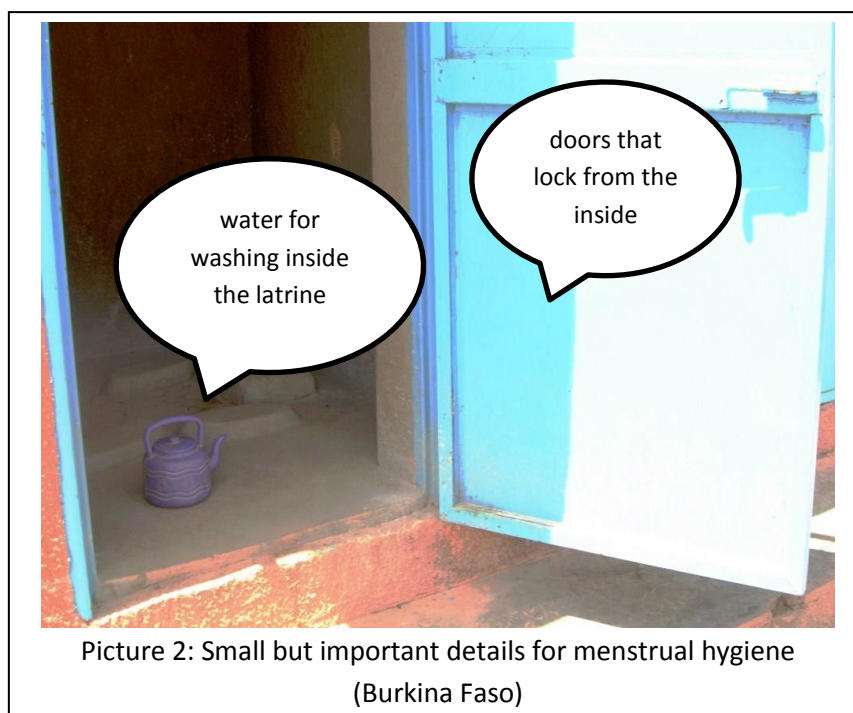
Handwashing with Soap

The majority of the schools (83%) in both countries had a functional water source at school. However, only 33 % of the schools in Niger and 60 % of the schools in Burkina Faso had handwashing facilities available for pupils. Soap was missing in 1/3 of the schools in Burkina Faso and in Niger only one school out of six had soap for handwashing. In Burkina Faso, 90 % of the interviewed girls told that they wash their hands with soap after using toilets. In Niger, 39% of the girls told that they wash their hands with soap and in most cases they had to bring their own soap to school.

Facilities for Menstrual Hygiene Management

Many schools in Burkina Faso and Niger still do not have a functional water source or latrines, as the statistics in section 3.1 illustrate. In these contexts, it may not be surprising that none of the observed schools in Burkina Faso and Niger had a private place to change for girls or a discreet disposal for dirty / used sanitary materials. Furthermore, none of the schools had sanitary protection materials (e.g. pieces of cloth, cotton wool or sanitary pads) available for girls at school.

Head teachers and teachers, however, were willing to find solutions to improve the MHM situation in the schools, for example by collaborating with the SMCs or Mother's Associations (*associations des mères éducatrices*). In some of the schools, parents are already contributing to school sanitation and hygiene for example by buying soap for handwashing. Sometimes small but important details can make a big difference in menstrual hygiene as the picture 2 below from one of the schools in Burkina Faso illustrates.



3.3. Socio-Cultural Beliefs and Taboos Surrounding Menstruation

According to the interviewed teachers and ministry officials, menstruation remains a taboo in Burkina Faso and Niger. Nearly all (86%) head teachers and teachers said menstruation is still a taboo: a forbidden, hidden, shameful subject. Almost all the interviewed women and girls told that women talk about menstruation only with other women. In some communities, women do not openly discuss the issue even amongst women. Some mothers have not received any information about menstruation themselves and therefore cannot advise their daughters. It is a common belief that talking about issues related to reproductive health « spoils the children ».

Menstruation remains a taboo here. Even mothers do not talk about it with their daughters. (male education official, Niger)

Even mothers are ashamed to talk about this issue and sex in general. They have not received any information themselves. (female education official, Burkina Faso)

Some religious leaders seem to think that teaching reproductive health issues, such as the menstrual cycle, means provoking children to « fool around». (female education official, Niger)

Even me, teacher, I'm embarrassed to talk about this issue with my own children. (male head teacher, Niger)

Negative socio-cultural beliefs may lead to social exclusion and stigma. Menstruating women are still considered 'impure' or 'dirty' in many communities. 55 % of the girls in Niger and 45 % of the girls in Burkina Faso said that there are activities they are not allowed to do during menstruation. Furthermore, 68 % of the girls in Niger and 38 % of the girls in Burkina Faso told that there are places where they are not allowed to go during menstruation.

Menstruating women and girls are often not allowed to pray or go to the mosque. (It is important to note that many of the interviewed girls did not mention the cultural practices as a limitation but took them for granted.) Furthermore, women and girls are usually not supposed to prepare, touch or serve food or drinks whilst menstruating because they would "spoil them". In some communities, menstruating women should not be in any contact with men. Traditionally, in some Nigerien communities menstruating women did not have the right to eat with other people and they were isolated because they were considered to bring bad luck (*porter malheur*). Sometimes it is still believed that menstruating women prevent ill people from healing, so they should avoid seeing them and hospitals. Other forbidden activities during menstruation that were mentioned only once or twice include: touching animals, participating in traditional rituals, preparation of traditional medicine, preparation of soap, participation in the construction of houses, having braided hair, coming to school, and participating in physical education at school.

Even us educators, we still tend to think that a menstruating woman should not serve food. (male head teacher, Burkina Faso)

Friends avoid me at school when I have my periods. I am isolated. (girl, Burkina Faso)

Some worrying beliefs and phenomena exist around menstruation. In Burkina Faso, according to a female education official, women's dirty sanitary protection materials are being sold for 10 000 FCFA to gold miners as there is a belief according to which "blood attracts gold". She had also heard about cases where, for the same reason, menstruating women had been paid for having sex with gold miners, deep down in the mine. Sometimes sanitary protection materials are carefully hidden from other women because of the fear that they could be used for "black magic", to cause infertility, for example. According to another old belief in Burkina Faso, albinos are the result of having sex during menstruation.

Taboos and negative socio-cultural beliefs may lead to forced seclusion and stigma. Taboos can also lead to real physical harm: dirty cloths which are dried under beds out of shame lead to poor hygiene, and sometimes serious medical consequences such as infections, bilateral tube blockages and infertility (WSSCC 2013).

According to the education officials responsible for girls' education, negative attitudes against girls' education persist in Burkina Faso and Niger. Many parents still want to marry off their daughters early, already at the age of puberty, instead of providing them with education. Also the girls themselves raised the issue of forced child marriages – and sexual harassment they experience by men – during the interviews and focus group discussions.

Some Muslims think that a girl who is already menstruating but does not want to get married is "killing babies" every month. (education official, Burkina Faso)

I was told that when a girl gets her periods she is ready to get married. (girl in Niger)

There are girls that are married off already at the age of 12-13. (girls' FGD in Niger)

They will marry me off this summer to a village nearby. I don't know who will be my husband. That will be the end of schooling for me, even if I would like to continue studying. There is nothing I can do. My family will abandon me if I refuse and report [the situation] to the police. This situation makes me suffer. (14 years old girl, Burkina Faso)

Some people take advantage of orphan girls who are poor, even their mentors. (girls' FGD in Niger)

People think that a girl who studies until the age of 30, for example, will never be able to get married because she becomes too hard and no longer respects men. You

will not be able to dominate an educated woman. A woman has to be submissive here. (education official, Niger)

3.4. Girls' Understanding and Knowledge on Menstruation

The average age of the interviewed girls was 14.2 years in Burkina Faso and 16.8 years in Niger. In Burkina Faso, girls had started primary schooling at the age of 7.6 years and in Niger at the age of 7 on average. The girls in Burkina Faso had experienced their first menstruation at the age of 12.6 and in Niger at the age of 14.2 on average.

There is lack of information and knowledge on menstruation. The majority of the girls, 90 % in Burkina Faso and 61 % in Niger, did not know what happened when they experienced menstruation for the first time. Most of the girls, 79 % in Burkina Faso and in 81 % Niger, said they had been afraid when they saw their first periods.

I thought that I was ill. (girl in Burkina Faso)

I was bleeding a lot. (girl in Burkina Faso)

I didn't know what was happening. (girl in Burkina Faso)

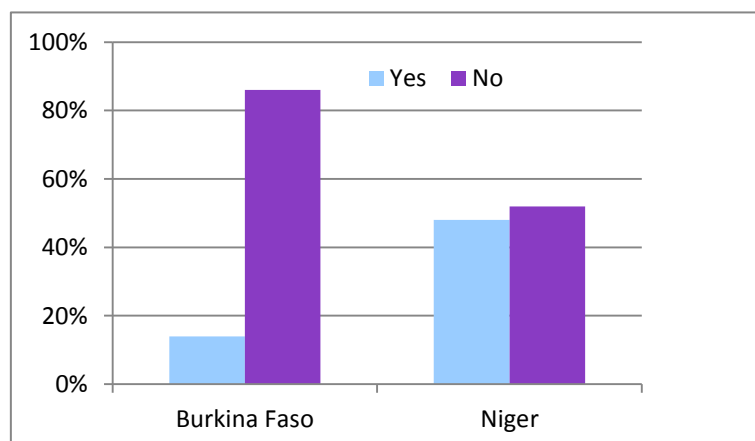
I had a lot of pain and I did not know why. (girl in Niger)

I thought it means I'm pregnant. (girl in Niger)

Nobody had shared any information with us girls those days. When we saw the menstrual blood for the first time we thought that we are no longer virgins and were scared. (female education official, Burkina Faso)

Only 14 % of the girls in Burkina Faso and 48 % of the girls in Niger had received some information about menstruation before they experienced their first periods, as the chart 2 below shows. Menstruation had been discussed with them only afterwards. Half of the girls had received the first information on menstruation by their mothers. Other girls had received the first information from friends, grand-mothers, sisters, aunts, female neighbor (one) or female teacher (one).

Chart 2: Information Received Before Menstruation



Later on, almost all the girls in Niger but only 31 % of the girls in Burkina Faso had received some advice on menstrual hygiene management. It can be assumed that girls' age and level of education has an impact on their knowledge and advice received. Puberty and MHM are rarely taught in primary schools in Burkina Faso (see section 3.7.).

The guidance that girls had received on menstrual hygiene management usually meant only practical advice: 1) how to use sanitary protection materials and 2) how to stay clean. Most often the advice had been given by mothers of female friends. Only 28 % of the girls in Burkina Faso and 48 % of the girls in Niger had received information on the significance of menstruation. Those who had received information on the significance said that having periods means 'capacity to have children'. Unfortunately, parental guidance is often missing and "guidance" from only female friends and sisters may sometimes mean receiving ill-advised information, as the example below illustrates.

My elder sister told me that I should not sleep with men during my periods but otherwise I can. (girl in Burkina Faso)

In general, girls' age and level of education, as well as the socio-economic situation of the family seem to have an impact on the MHM knowledge: older girls from upper classes in the urban setting had more information on MHM.

Local Names for Menstruation

in Burkina Faso: *pekré* (to wash, rinse), *mari rose*, (purple husband), *haïla* (menses, among Muslims)

in Niger: *al-ada* (tradition), *wanki* (lensive), *haïla* (menses)

3.5. Current MHM Practices

Local production of sanitary pads does not yet exist in Burkina Faso or Niger. All the sanitary pads are imported from abroad, for example from Ivory Coast or Arabic countries. The imported pads cost on average 300 - 1200 FCFA per package and they are too expensive for most poor households. Hence, the majority of the interviewed girls use mostly pieces of cloth and occasionally absorbent cotton as sanitary protection material during menstruation. Some of the wealthier girls, mostly in urban settings, told us that they use only absorbent cotton.

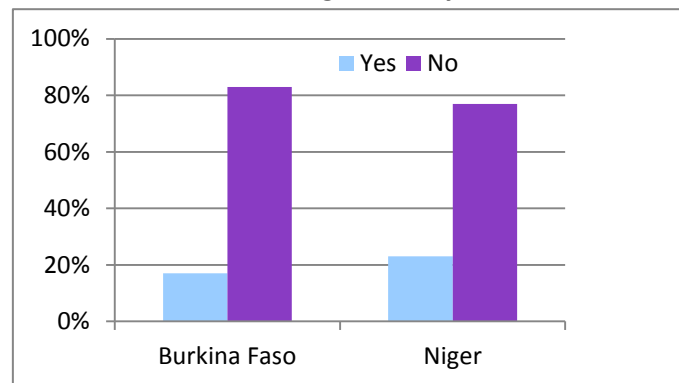
It is sometimes difficult to get even pieces of cloth and they are old and dirty. Even our mothers do not always have enough of them. (girls' FGD in Burkina Faso)

All the girls who use pieces of cloth for protection said that they wash them with soap. However, the majority of the girls do not want to dry their pieces of clothes under the sun (which would kill the germs) because they do not want other people to see their sanitary

protection materials. Menstruation is supposed to be kept secret and completely hidden from others. In general, girls are able to dry their pieces of cloth under the sun only in the outdoor washrooms reserved for women. Otherwise they are dried indoors.

The majority of the girls said that they change their sanitary protection on average 3-5 times per day during menstruation. However, only 17 % of the girls in Burkina Faso and 23 % in Niger said that there is a place in school where they can change their sanitary protection, as illustrated in chart 3.

Chart 3: Girls Able to Change Sanitary Protection at School



Furthermore, only 6 % of the girls in Niger and 45 % of the girls in Burkina Faso said they can wash their bodies at school, if needed. The girls who change their protection or wash at school do so in the latrines. It is also important to note that only 13 % of the girls in Niger and 31 % of the girls in Burkina Faso said there is a place in school where they can dispose their dirty sanitary protection materials. At school, there are only latrines for disposal.

Hence, the majority of girls (83 % in Burkina Faso and 77 % in Niger) said they prefer going home to change, during the break, for example. This means that girls are sometimes missing lessons. Furthermore, if their home is far away from school, girls are staying at home during menstruation instead of coming to school.

We have to go home to change and therefore we are missing lessons. (girl in Niger)

We have friends who live far and therefore they are absent from school. (girl in Niger)

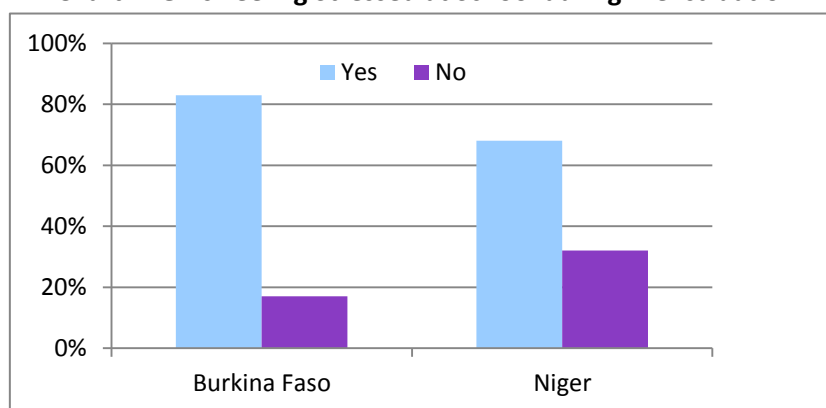
More than half (54%) of the teaching staff thought that girls' absenteeism during menstruation is common. However, as girls do not talk about the menstruation freely, they are more likely to tell teachers that they are ill or have stomach pain and must therefore stay at home. When asked about absenteeism due to menstruation, 35 % of the girls in Niger and 21 % of the girls in Burkina Faso said that they are sometimes absent from school during their periods. Some girls told that are staying at home only for a day or two, some for several days, and some during the whole menstrual cycle.

There is a lack of hygiene at school: girls cannot even wash themselves at school and therefore feel ashamed because of the bad odour. (female teacher in Burkina Faso)

3.6. Interpersonal Relationships and Psycho-social Support

The majority of the girls, 83 % in Burkina Faso and 68 % in Niger, told us that they feel shy or stressed at school during menstruation, as the chart 4 below illustrates. Furthermore, most of the girls, 72 % in Burkina Faso and 58 % in Niger, said that they also have other problems during periods, such as fatigue, lack of confidence and bad mood. When asked about participation in the classroom during their menstruation, 83 % of the girls in Burkina Faso and 39 % of the girls in Niger told that they participate less. As per reasons for participating less at school during menstruation, the girls mentioned pain, stress, fatigue, and shame (because of stains, for example). Pain is common: 78 % of the girls in Burkina Faso and 90 % of the girls in Niger experience pain (mostly in lower belly) during menstruation.

Chart 4: Girls Feeling Stressed at School during Menstruation



When we have periods we cannot work well at school. (girl in Burkina Faso)

I do not want go to the blackboard. I am ashamed. (girl in Burkina Faso)

I am afraid to have stains. (girl in Burkina Faso)

I do not want my teachers to see. (girl in Burkina Faso)

My mother told me to keep this secret. (girl in Burkina Faso)

My hijab helps to protect me, nobody can see any stains. (girl in Niger)

I still remember my class mate, a brilliant girl who dropped out of school because of menstruation. She was so ashamed of her blood stains that she never came back to school. (male prefect, Niger)

When the girls were asked with whom they would like to discuss issues related to menstruation, most of them responded mother (48%) or female friend (43%). Other answers (15 %) included sisters, aunts and female neighbours. None of the girls wanted to discuss menstruation with fathers, boys or men in general.

According to the majority of the head teachers, teachers and ministry officials, it is the mother who should have the main responsibility of educating girls about menstruation. However, because menstruation remains a taboo, mothers do not always have enough information themselves and they avoid discussing the subject with their daughters. Thus, only 14 % of the girls in Burkina Faso and 48 % of the girls in Niger had received information before their first menstruation. Furthermore, only half of the interviewed girls had received the first information about menstruation from their mothers. In this situation, schools have a key role in providing children with correct information on puberty and MHM.

Parents are often ashamed to talk about these issues but, as Natural Sciences teacher, I am not ashamed to talk about sex. (male head teacher, Niger)

Most of the teachers and education officials were aware and mentioned the important role of the school and teachers in delivering correct information about health and hygiene issues. According to head teachers and female teachers, half of the schools currently have someone (usually a female teacher) who can give guidance and counseling to the menstruating girls. However, from the girls' point of view, only 14 % of the schools in Burkina Faso and 35 % of the schools in Niger had somebody who can advise girls about menstruation. Girls prefer discussing menstruation with other girls (53%) or female teachers (47%) at school. According to teachers, girls are often too shy to talk about menstruation even when they are encouraged by teachers to do so.

Girls are afraid to talk about this issue in the classroom, in front of boys. (female teacher, Niger)

The girls do not talk about this thing freely and they are even absent from school. Once one of my students got her periods in the classroom and I tried to tell her not to feel ashamed. (male head teacher, Burkina Faso)

Girls are ashamed to talk about menstruation even with us female teachers. (female teacher, Niger)



Picture 3: Focus Group Discussion with girls (Burkina Faso)

Peer-to-peer support seems important for the girls: most of them told that girls help each other at school when they have their periods. Only half of the schools in Burkina Faso and 1/3 of the schools in Niger currently have a school health club or other clubs for students. None of the schools have a club for girls. According to the girls, in the majority of schools (83% in Burkina Faso and 77% in Niger) other pupils behave correctly towards menstruating girls.

Lack of female teachers remains a problem especially in the hard-to-reach rural areas of Burkina Faso and Niger. In Niger, only 26 % of the teachers were female (even if the study included 2 urban schools). In Matameye, one of Zinder's rural departments in Niger, there were only 15 % of female teachers among all the secondary school teachers. However, it is important to note that there are big differences between urban and rural schools in both countries. In general, rural schools have less girls and less female teachers but in some primary schools, there are nowadays more girls than boys enrolled in lower classes. In Burkina Faso, there was gender parity in the enrolment in the visited schools. However, in both countries, girls' enrolment figures – and enrolment figures in general – drop in higher classes. In Niger, girls average enrolment rate in the visited schools was 39% and in one of the schools there were only 3 girls amongst the 15 pupils of the last grade (*3eme*, official ages of students 15-16).

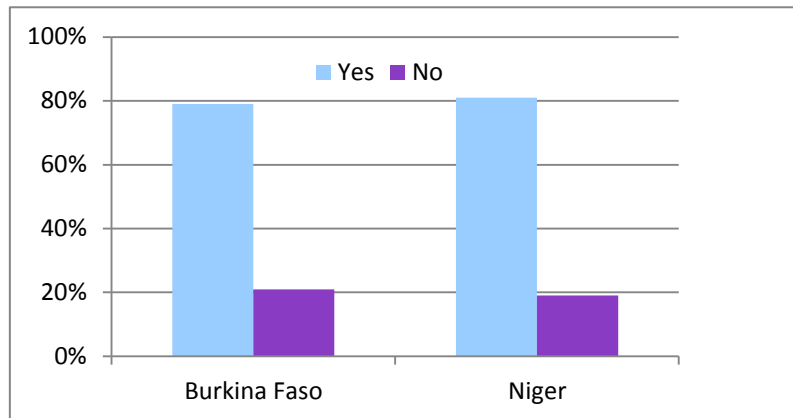
3.7. Teaching of Puberty and MHM in Schools

According to teachers and education officials, issues related to puberty are taught in Burkina Faso in science classes (*sciences d'observation*) during the two last grades of primary schools, CM1 & CM2 (ages between 10 and 12). In Niger, puberty and issues related to menstruation are taught both in science and in family economics (*sciences de la vie et la terre & économie familiale*) from the beginning of junior secondary school, 6ème (ages 12-13). As they are part of the secondary school curriculum in Niger, puberty and MHM are being taught to both boys and girls, according to teachers.

However, only 31 % of the girls in Burkina Faso and 71 % of the girls in Niger said that their school actually teaches them issues related to puberty. Moreover, MHM issues had been taught at school to only 10 % of the girls in Burkina Faso and 58 % of the girls in Niger. The girls in higher classes had received more teaching whereas the majority of the girls in primary schools had received no teaching at all on puberty or menstruation.

Generally, MHM is taught too late: the majority of the girls in Burkina Faso and Niger had not received any information before experiencing their first menstruation. Due to the lack of information, 79 % of the girls in Burkina Faso and 81 % of the girl Niger had been scared as the chart 5 below illustrates.

Chart 5: Girls Scared when Experiencing First Menstruation



There is also lack of teaching and learning materials on MHM. According to all the teachers and education officials, there is currently no education material on MHM available in Burkina Faso and Niger. Teachers emphasized that there should also be more training available for teachers on the school sanitation, health and hygiene, including menstrual hygiene management. Furthermore, issues related to puberty and MHM should be integrated in the curriculum - and in the examination subjects. Some teachers, especially the female teachers, said that boys and men should also be included in the MHM discussions.

Teachers should be trained to talk freely about this subject. (female teacher, Niger)

3.8. Comments on the Draft MHM Manual in French

It was not clear how well school booklets about menstruation developed elsewhere would be accepted in francophone and Muslim West Africa. Therefore, as part of the study, the Consultant translated from English to French an existing MHM booklet from Sierra Leone in order to pre-test it at schools in Burkina Faso and Niger. The original manual has been developed by UNICEF Sierra Leone and it has been distributed to all Sierra Leonean primary schools nationwide since 2010. One of the objectives of the study was to discuss the translated French version of the manual with teachers, girls and education officials in order to gauge its appropriateness in the contexts of Burkina Faso and Niger. The pre-tested guide in French is attached to the report as ANNEX 2.

All the girls found the MHM manual very useful and said that it provided them with new information. During the focus group discussions, many girls in both Burkina Faso and Niger said that this was the very first time they discussed openly issues related to MHM.

We have learned a lot. We have never talked about all this before. (girls' FGD in Niger)

There is a lot of new information in the guide, even for us in 3eme [10th grade]. We will talk about it with our younger sisters. (girls' FGD in Niger)

This is the first time we talk about this issue openly. It's good. Now we know what to do. We are not ashamed now. (girls FGD in Burkina Faso)

It is important to tell that every girl is different. We would like to hear more about different ways to use sanitary protection materials. (girls' FGD in Niger)

Also the female teachers, head teachers and ministry officials found the MHM manual useful and informative. There is currently no teaching and learning material on menstrual hygiene management available in Burkina Faso and Niger, so the teachers said they would definitely need some educational material on MHM - and on sexual and reproductive health.

This guide is very useful. I will ask my daughter to read it, and also her mother, and then we can all talk about it together. (male education official, Burkina Faso)

I have worked for education for almost 30 years but I have never really thought that this [MHM issue] could lead to girls' abandon of schooling. However, this is a very important issue for the girls and should be studied further. (female education official, Burkina Faso)

In the urban areas, girls are more aware. Despite that, we still have unwanted early pregnancies etc. Even if we talk about these things during Family Economics lessons, more sensitization and teaching material is truly needed. (female head teacher, Niger)

It is important to note that local cultural beliefs and sensibilities have to be taken into consideration when developing education material on menstrual hygiene management in order to pass the important messages about health and hygiene in a culturally sensitive way. For example in Burkina Faso, the advice to burn dirty sanitary protection materials (when they can no longer be used) had to be removed from the draft manual before pre-testing it at schools because of a common cultural belief in Burkina Faso according to which burning female sanitary materials causes infertility. In this case, the advice to burn the cloths might have been too shocking – and it might have prevented other important messages from passing through. Hence, different hygienic ways to dispose should be explained in the manual, taking into consideration the local sensibilities. In Niger, the advice to burn dirty sanitary protection materials did not cause any problem.

The teachers and education officials in both countries found the manual useful and relevant already in its current version. They said that the language was clear and easy for children to understand. However, according to the teachers, some expressions such as 'change in mood' (*saute d'humeur*) or 'underwear' (*sous-vêtements*), should be explained or simplified. Teachers also made other good suggestions on how to improve the manual and how to use it in practice. According to them, the guide could be studied and discussed in small groups

amongst girls and female teachers at schools. Local languages should be used in discussions with the youngest primary school children. Teachers emphasized that training for teachers and community sensitization would be needed to improve the level of MHM knowledge. Several female teachers said that MHM issues should also be discussed with boys and men. Teachers' and education officials' other suggestions for the guide were to:

- add more information about reproductive health (e.g. how to count the menstrual cycle).
- list some concrete negative consequences of early pregnancies (e.g. fistulas, high mortality rates, lacerations, abandoning schooling).
- mention that periods can be very irregular in the beginning (after the first period sometimes even 6 months can pass without seeing the next ones).
- emphasize that each girl should have her own personal sanitary protection materials (they should not be shared with other girls or women).

3.9. Recommendations from Girls and Female Teachers

During the field research in Burkina Faso and Niger, girls and female teachers were encouraged to share their ideas and recommendations for better menstrual hygiene management in the future. It is important to hear women's and girls' own opinions regarding MHM programming since interventions are intended to benefit them. They had many relevant suggestions to share. This section summarizes their recommendations.

In order to improve MHM hygiene at schools, girls wanted to have:

- Separate and clean latrines with doors only for girls
- Functional water source at school
- Water inside the latrines (e.g. a kettle and a bucket)
- Soap available at school
- Changing room / place to wash for girls
- Sanitary protection materials available at school
- Pharmacy kit (including painkillers) available at school
- Discrete disposal for sanitary protection materials
- Female teachers
- More teaching and learning material on MHM
- Tables and chairs for classrooms
- Food at school

According to female teachers, for better MHM in schools, there is need for:

- Separate latrines for girls and female teachers

- Changing room / place to wash for girls and female teachers
- Discrete disposal for sanitary protection materials
- More teaching and learning material on MHM
- Teacher training on SSHE, MHM and reproductive health: how to make it concrete and age-appropriate
- Integration of MHM in curricula – and examinations – as a subject.
- School health and other clubs for students (also at secondary schools) for peer-to-peer support
- MHM sensitization and engagement of mothers and other community members
- MHM discussions also with boys and men



Picture 4: Shared latrine for boys and girls (Burkina Faso)

Chapter 4: Conclusion and Recommendations

Based on the findings provided earlier in the report, this final chapter of the report presents key findings of the study and provides recommendations on further steps that UNICEF and partners can take to improve the current WASH in schools approach to incorporate MHM support to adolescent girls. Ideas and suggestions from girls, teachers and education officials from Burkina Faso and Niger are included in the recommendations.

4.1 Key Findings

Overall, there are serious barriers and gaps that need to be addressed before good menstrual hygiene management becomes a reality in schools.

In Burkina Faso and Niger, the WASH facilities in schools are currently inadequate. There are not enough water sources and latrine units for students. Furthermore, there is lack of separate latrines for girls and female teachers: none of the observed schools in Niger and only half of the schools in Burkina Faso had separate latrine blocks for girls. Also handwashing facilities with soap are often missing in schools. None of the schools had a changing room / wash room for girls, sanitary protection materials available at school, or a disposal for sanitary protection materials.

Menstruation remains a taboo in Burkina Faso and Niger. Nearly all (86%) head teachers and teachers said menstruation is still a taboo: a forbidden, hidden, shameful subject. Women talk about menstruation only with other women. Sometimes the issue is so hidden that even mothers do not discuss it with their daughters. Menstruating women are still often considered 'dirty' or 'impure'. Taboos and negative socio-cultural beliefs may lead to forced seclusion and stigma. Half of the girls said that there are activities and places that are forbidden for them during menstruation.

There is lack of knowledge and information about menstruation: most of the girls (90 % in Burkina Faso and 61 % in Niger) did not know what happened when they experienced menstruation for the first time. Hence the majority of the girls (79 % in Burkina Faso and in 81 % Niger) had been afraid when they saw their first periods.

Most of the girls cannot change their sanitary protection at school. Only 17 % of the girls in Burkina Faso and 23 % in Niger said that there is a place in school where they can change their sanitary protection. Furthermore, only 6 % of the girls in Niger and 45 % of the girls in Burkina Faso said they can wash their bodies at school, if needed. Those girls who change their protection or wash their bodies at school do it in the latrines. Most of the girls have to go home to change and consequently miss lessons or even several days at school: 35 % of the girls in Niger and 21 % of the girls in Burkina Faso and said that they are absent from school during their periods.

Menstruation also affects girls' participation and performance at school. The majority of the girls (83 % in Burkina Faso and 68 % in Niger) feel shy or stressed at school during menstruation. Girls (83 % in Burkina Faso and 39 % in Niger) also participate less at school due to stress, fatigue, shame or pain. Pain is common: 78 % of the girls in Burkina Faso and 90 % in Niger experience pain during menstruation.

There is currently a lack of psycho-social support for menstruating girls at school: only 14 % of the schools in Burkina Faso and 35 % of the schools in Niger have somebody who can advise girls about menstruation, according to the girls. At school, girls prefer discussing menstruation with other girls or female teachers. However, some schools do not have any female teacher since there is still a lack of female teachers in both countries, especially at secondary school level and in hard-to-reach areas.

Generally, MHM is taught too late: only 14 % of the girls in Burkina Faso and 48 % of the girls in Niger had received some information about menstruation before they experienced their first periods. Later on, 10 % of the girls in Burkina Faso and 58 % of the girls in Niger had received some teaching on MHM at school. There is currently no education material on MHM available in Burkina Faso and Niger. Hence, all the girls, teachers and education officials found the pre-tested MHM manual useful and informative. They also made good suggestions how to improve the manual. It is essential to take into consideration local sensibilities and age-appropriateness when developing MHM materials.

All the interviewed girls, teaching staff and education officials thought that MHM is an important issue for girls' education, health and wellbeing that needs to be supported and studied further to create safe and healthy schools.

4.2 Recommendations for MHM Programming in UNICEF

These recommendations for UNICEF programming refer to the various components needed to create supporting environment for MHM as described in Chart 1 on page 8.

Ensure that key professionals are knowledgeable on MHM and engaged in MHM advocacy

- MHM programming is not WASH business only. It requires cross-sectoral collaboration: education, gender, health, protection, WASH, community development and C4D should all be involved in programming and monitoring.
- As an important element of safe, healthy and hygienic schools, MHM should be amongst school WASH indicators in the next UNICEF medium-term strategic plan and other guiding documents.
- MHM should be integrated and mainstreamed in national education, health and WASH programming, strategies, guidelines and monitoring.
- This MHM survey from Burkina Faso and Niger and its data collection tools could be shared with other UNICEF country offices to encourage them to conduct their own MHM surveys to collect country-specific data.
- A practical MHM check list for schools could be developed and integrated in the WASH in schools monitoring to support MHM programming.

Support provision of adequate infrastructure and materials

- Provision of adequate WASH facilities at school - water, gender-segregated and clean latrines, handwashing facilities with soap - is a necessary prerequisite for menstrual

hygiene management in schools.

- In order to improve MHM, schools should also have a discrete disposal for sanitary protection materials, a place to wash / change for girls, and sanitary protection materials available at school.
- As first steps, simple solutions, such as hygiene kits (including sanitary protection materials and pain killers) and availability of water (e.g. in buckets and kettles) inside the latrines, may have a positive impact on the MHM in schools.
- Production of local, low cost and ecological sanitary pads could be encouraged by sharing examples and experiences from other countries.

Share knowledge and information on good MHM practices

- Schools have a key role to play in breaking taboos and spreading correct information on reproductive health. MHM material and teacher training is needed to improve the level of knowledge and gender-sensitive teaching practices among teachers.
- Age appropriate information on MHM should be integrated in the curriculum - and examinations - already at primary school level.
- MHM should be taught to girls and boys already before they reach the age of puberty. Girls should receive information about menstruation before experiencing it for the first time.
- A MHM manual in French could be published and distributed to schools in the French speaking countries of the WCA region. Since country contexts are different, it is important to pre-test the manual (e.g. in collaboration of the local teachers and education officials) to take into consideration cultural beliefs and sensibilities. Take into consideration also the suggestions for improvement from Burkina Faso and Niger (see section 3.8.).
- Distribution of MHM booklets alone may not produce any impact on practices unless incorporated into practical training and activities of WASH in Schools programmes. Hence, the MHM issues should be integrated in teachers' school sanitation and hygiene training.
- Regular school sanitation and hygiene education (SSHE) activities should be conducted in schools. The key topics in the SSHE should be: handwashing with soap, use of latrines and menstrual hygiene management.

Support creation of positive social norms

- Advocacy for female teachers should continue: all schools should have at least one female teacher or another female staff member to provide guidance and counseling for menstruating girls.
- Students clubs (e.g. health clubs or girls' clubs) should be encouraged, also at secondary school level, as they are important for peer-to-peer support, group discussions and sensitization on hygiene in general & MHM in particular.
- It is essential to sensitize the communities, both men and women, and include Parent Teacher Associations, School Management Committees, and Mothers' Associations (*associations des mères éducatrices*) in the MHM initiatives at school. They could contribute to a "hygiene kit" for schools including local sanitary protection materials (cloths and cotton wool) and pain killers for menstruating girls.
- It is important to discuss with influential religious and community leaders and engage them in the promotion of healthy female hygiene practices, including MHM. Emphasizing the health aspect of good MHM should encourage their engagement.



Picture 5: School without a water source has to bring water to school from a nearby village with jerrycans for its 666 students out of which only 156 are girls. (CEG Maijirgui, Tessaoua, Niger)

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Picture 5: School without a water source has to bring water to school from a nearby village with jerrycans for its 666 students out of which only 156 are girls. (CEG Maijirgui, Tessaoua, Niger)

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ANNEX 1: Selected Schools in Burkina Faso and Niger

Burkina Faso, Primary Schools:

Name and Location of School	Current Enrolment, Percentage of Girls & Gender Parity Index (GPI)	Number of Teachers, Percentage of Female Teachers & Pupil Teacher Ratio (PTR)
1. Amitié A, Zorgho (urban school)	total 469 M: 263, F: 206 (44 % girls) GPI: 0,78	total 8 M: 4, F: 4 (50% females) PTR: 59:1
2. Boglem, Zorgho (urban school)	total 162 M: 62, F: 100 (62 % girls) GPI: 1,6	total 3 M: 1, F: 2 (67% females) PTR: 54:1
3. Ganloukin, Meguet (rural school)	total 85 M: 41, F: 44 (52 % girls) GPI: 1,07	total 2 M: 2 (no female teacher) PTR: 43:1
4. Pimalga, Meguet (rural school)	total 91 M: 46, F: 45 (49 % girls) GPI: 0,98	total 2 M: 1, F: 1 (50 % females) PTR: 43:1
5. Zanrcin, Boudry (rural school)	total 152 M: 78, F: 74 (49 % girls) GPI: 0,98	total 4 M: 1, F: 3 (75 % females) PTR: 38:1
6. Sapaga A, Zorgho (urban school)	total 470 M: 230, F: 240 (51 % girls) GPI: 1,04	total 6 M: 1, F: 5 (83 % females) PTR: 78:1
TOTAL Burkina Faso	<ul style="list-style-type: none"> • average percentage of enrolled girls: 51% • average GPI: 1,07 	<ul style="list-style-type: none"> • average percentage of female teachers: 54% • average PTR: 53:1

Niger, Secondary Schools:

CEG = collège d'enseignement général

CES = centre d'enseignement secondaire

Name and Location of School	Current Enrolment, Percentage of Girls & Gender Parity Index (GPI)	Number of Teachers, Percentage of Female Teachers & Pupil Teacher Ratio (PTR)
1. CEG 6 Yantala, Niamey (urban school)	total 735, M: 343, F: 393 (53 % girls) GPI: 1,15	total 42, M: 20, F: 22 (52 % females) PTR: 18:1
2. CES Aguié, Maradi (rural school)	total 1889, M: 1442, F: 447 (24 % girls) GPI: 0,31	total 40, M: 34, F: 6 (15 % females) PTR: 47:1
3. GEG Maijirgui, Tessaoua (rural school)	total 666, M: 510, F: 156 (23 % girls) GPI: 0,31	total 13, M: 11, F: 2 (15 % females) PTR: 51:1
4. GEG Gomba Haoussa, Matameye (rural school)	total 289, M: 198, F: 91 (31 % girls) GPI: 0,46	total 6, M: 6 (no female teacher) PTR: 48:1
5. CEG 9 Zinder, Zinder (urban school)	total 1340, M: 711, F: 629 (47 % girls) GPI: 0,88	total 22, M: 15, F: 7 (32 % females) PTR: 61:1
6. CEG 12 Niamey, Niamey (urban school)	total 392, M: 181, F: 211 (54 % girls) GPI: 1,17	total 30, M: 17, F: 13 (43 % females) PTR: 13:1
TOTAL Niger	<ul style="list-style-type: none"> • average percentage of enrolled girls: 39 % • average GPI: 0,71 	<ul style="list-style-type: none"> • average percentage of female teachers: 26 % • average PTR: 40:1

ANNEX 2: Pre-tested MHM manual in French

(original version in English developed by UNICEF Sierra Leone, translation to French by Laura Keihas)

Hygiène menstruelle

Petit guide pour les filles



Avant-propos

Toutes les filles et les femmes vivent l'expérience des règles durant leur vie. Savoir ce que sont les règles évite de s'inquiéter pour rien. Il s'agit de quelque chose de naturel et il n'y a aucune honte à avoir. Les règles sont une étape tout à fait normale quand on grandit. Ce petit guide t'aidera à mieux comprendre ces changements et en parler librement avec ta famille, tes amies et tes professeurs.

Certaines filles pensent qu'il faut cacher le fait d'avoir ses règles et qu'il s'agit de quelque chose de sale et, par conséquent, restent à la maison. Pourtant, les règles sont quelque chose de tout à fait normal. Les filles peuvent continuer leurs activités habituelles même si elles ont leurs règles. Personne n'a besoin de savoir que tu as tes règles. Si tu apprends à gérer tes règles, tu auras confiance en toi et tu n'auras pas honte.

Avoir ses règles – une étape naturelle quand on grandit

Pourquoi a-t-on ses règles?

La puberté est une étape normale dans la croissance. La plupart des filles et garçons constatent les changements dans leurs corps entre 10 et 14 ans. Avoir ses règles signifie qu'on est en train de devenir une femme. Il s'agit de sang qui coule de l'utérus à travers le vagin.

Avoir tes règles te prépare pour être mère un jour. Même si tu peux tomber enceinte dès que tu as tes règles, ton corps n'est pas complètement prêt avant au moins 18 ans.

Comment change mon corps au cours de la puberté?

Le corps d'une fille change beaucoup pendant la puberté. Ces changements ne sont pas les mêmes pour chaque fille, mais généralement les changements sont:

- les seins poussent
- on devient plus grand de taille
- les hanches s'élargissent
- du poil pousse sur le sexe et sous les bras
- on a des sautes d'humeur
- on a ses règles

A quel âge apparaissent les règles?

La plupart des filles ont leurs règles entre l'âge de 11 et 14 ans. Mais quelque fois ça peut être plus tôt ou plus tard.

Comment savoir quand cela commence?

Le meilleur moyen est guetter les signes suivants: avoir du poil sous les bras, du liquide clair coule du vagin. Les règles commencent quand un peu de sang coule du vagin.

Est-que ça fait mal?

Les règles elles-mêmes ne font pas mal mais certaines filles ont des douleurs au ventre juste avant ou pendant leurs règles.

Quelles sont les autres signes des règles?

Il y a d'autres signes pendant les règles:

- douleurs au ventre
- les seins font mal
- mal de tête et fatigue
- avoir le ventre ballonné
- avoir des sautes d'humeur

Combien de temps durent les règles?

C'est différent pour chaque fille. Une fille peut avoir ses règles pendant 3 jours et une autre pendant 7 jours. La durée des règles change pendant les premiers mois car prend un peu de temps pour que le corps s'habitue à ce changement.

Que dois-je faire lorsque mes règles arrivent pour la première fois?

C'est important de comprendre ce que sont les règles avant qu'elles arrivent pour la première fois. Ca te permettra de mieux gérer la situation quand elles viendront pour la première fois. C'est bien d'en parler à sa mère, sa grand-mère, ou une

autre femme en qui tu as confiance. Elles sont les mieux placées pour te guider et t'aider.

Est-ce les autres peuvent deviner que j'ai mes règles?

Personne ne peut deviner à moins que tu leur dises. Le jour où tu as tes premières règles c'est une bonne idée d'en parler à une adulte: ta mère, ta grand-mère, ou une autre femme en qui tu as confiance.

Enfant, Fille, Femme



Que dois-je faire lorsque mes règles arrivent?

Qu'est-ce que les filles utilisent généralement pendant leurs règles?

Un tissu propre: un grand tissu plié plusieurs fois peut former une serviette confortable. Le tissu doit être lavé régulièrement et il ne faut pas le partager avec les autres.

Combien de fois par jour dois-je changer mon tissu?

Tu as besoin de changer ton tissu toutes les 3-4 heures pour rester propre, pour éviter les infections et pour te sentir bien.

Comment peux-je faire mon propre tissu?

Prends une pièce de tissu propre et sèche, plie-la en deux, ensuite de nouveau en deux – pour avoir une pièce de tissu plus épaisse. Mets-la au milieu de ta culotte. Et voilà, c'est ça! Pour une pièce plus épaisse encore, prends deux tissus et plie-les ensemble.

Quoi faire lorsque je suis à l'école?

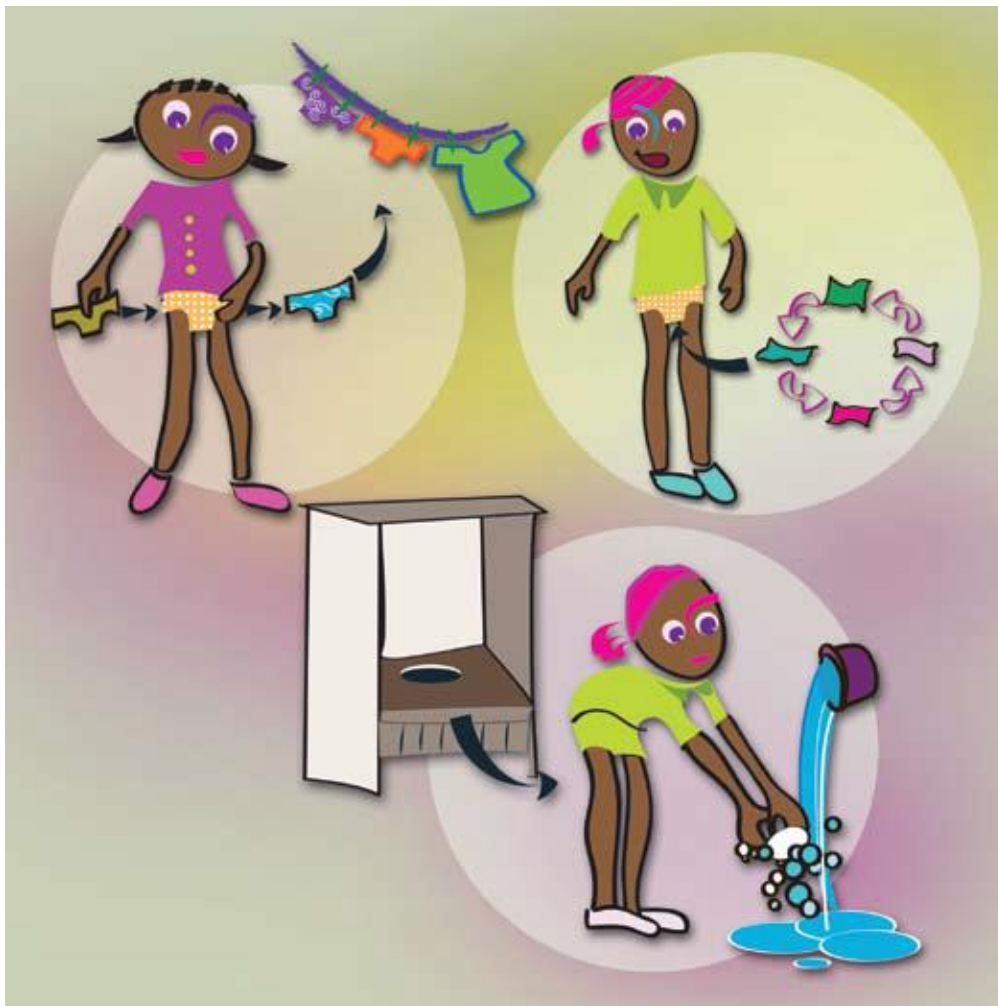
Lorsque tu sais quand tu auras tes règles pour la prochaine fois, tu seras bien préparée. Pendant tes règles, amène toujours de vêtements propres avec toi pour que tu puisses te changer pendant la journée, si besoin.

Comment nettoyer mes tissus?

Lave tes tissus sales séparément de tes vêtements avec de l'eau et du savon, et sèche-les sous le soleil pour éliminer les microbes. C'est TRES IMPORTANT de garder tes tissus propres. Ça empêche les microbes de se répandre et tu te sentiras bien et propre.

Important:

- Garde tes sous-vêtements propres.
- Change ton tissu toutes les 3-4 heures.
- Lave tes mains avec du savon.



Conseils pour gérer ses règles

Conseils d'hygiène

Une bonne hygiène est très importante mais encore plus quand tu as tes règles. Voici quelques conseils pour que tu restes en bonne santé et que tu te sentes bien:

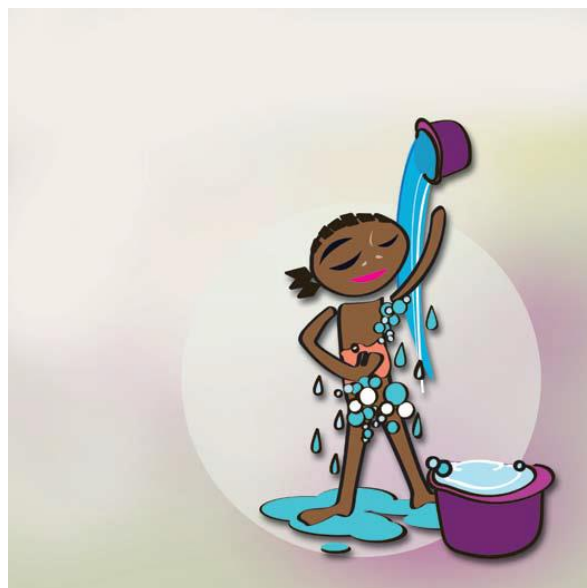
- Lave-toi au moins 2 fois par jour. Ca t'aidera peut-être à avoir moins de douleurs et tu te sentiras propre.
- Change ton tissu régulièrement, plusieurs fois par jour.
- Garde tes sous-vêtements propres et change-les régulièrement.
- Lave-toi avec du savon après les toilettes et sèche bien la zone entre les jambes.

Conseils de santé

Pendant tes règles tu sentiras peut-être un manque d'appétit et deviendras fatiguée. Fais les choses suivantes pour te sentir mieux:

- Mange équilibré en incluant des fruits et des légumes
- Fais de l'exercice, par exemple la marche
- Dors bien, au moins 6-7 heures par jour

Lave-toi au moins 2 fois par jour.



Comment te débarrasser de ton tissu?

Pourquoi faut-il se débarrasser de son tissu?

Il ne faut pas jeter les tissus par terre car ils peuvent causer des maladies et des problèmes d'environnement. Il ne faut pas jeter les tissus dans les toilettes car ils risquent de les boucher.

Les tissus doivent être brûlés quand ils sont vieux.

Comment te débarrasser de ton tissu à la maison?

Après l'avoir utilisé et lavé plusieurs fois, brûle-le.

Que dois-je faire si je suis à l'école ou dans un endroit public?

Certains endroits ont une poubelle spéciale dans les toilettes pour femmes. S'il n'y pas de poubelle spéciale, mets ton tissu dans un sac en plastique ou dans du papier et amène-le à la maison pour le laver ou le brûler s'il est vieux.

Si vous avez besoin plus d'information,
veuillez contacter

La section WASH



Annex 3: Research Tools (6 in total)

Étude de l'Hygiène Menstruelle aux Écoles en Afrique de l'Ouest et Centrale Francophone, 2013

1. Questionnaire du Directeur/Directrice de l'École

Nom de l'école:	
Identifiant de l'école	
Lieu:	
Date:	

Objectif et éthique de l'étude

L'objectif de cette étude organisée par l'UNICEF (le Fonds des Nations Unies pour les enfants) est d'étudier les questions de l'eau, de l'assainissement et de l'hygiène dans les écoles pour mieux appréhender la situation et les besoins actuels. Cette étude s'intéresse particulièrement à la gestion de l'hygiène menstruelle (i.e. comment les filles gèrent leurs règles) à l'école. C'est une question qui a une grande importance pour la santé et l'éducation des filles. Différentes études ont établi que la présence de toilettes séparées pour les filles avec de bonnes conditions d'hygiène améliore les taux de présence des filles à l'école. Par contre, le manque de facilités pour les filles conduit dans un certain nombre de cas à l'absence et l'abandon précoce de leur scolarité. Nous souhaitons savoir comment vous soutenir pour améliorer la situation dans votre école.

Comme il s'agit d'un sujet sensible, cette étude respecte et garantit la confidentialité et l'anonymat de tous les participants.

Les noms des participants ne sont partagés avec personne. Les participants ont le droit de ne pas répondre à certaines questions ou d'arrêter l'interview à n'importe quel moment s'ils le souhaitent.

Consentement

Par ma signature j'accepte que mon école participe à cette étude constituée d'interviews, observations et discussions avec les élèves et les enseignants.

.....
(Signature du directeur / directrice ou autre personne en charge de l'établissement)

1. Demographiques

Participant

homme femme

Nombre d'èves durant l'année scolaire 2012-2013:

garçons: _____, filles: _____ (pas d'information: _____)

Nombre d'enseignants durant l'année scolaire 2012-2013:

hommes: _____, femmes: _____ (pas d'information: _____)

2. Infrastructure: eau, assainissement et hygiène

Votre école a-t-elle...

- des latrines disponibles pour les élèves? Oui / Non
- des latrines séparées pour les filles? Oui / Non
- des latrines réservées aux enseignants? Oui / Non
- des latrines séparées pour les enseignants femmes? Oui / Non
- les portes dans les latrines qui ferment de l'intérieur? Oui / Non
- des structures adaptées aux élèves handicapés? Oui / Non
- une source d'eau qui fonctionne? Oui / Non
- de l'eau disponible pour se laver les mains? Oui / Non
- du savon disponible pour se laver les mains? Oui / Non
- un endroit privé et protégé pour que les filles et et enseignantes puissent se laver et se changer de vêtements, si besoin? Oui / Non
- un endroit discret pour déposer les déchets/ordures (comme les serviettes d'hygiène sales)? Oui / Non

3. Enseignement

- Votre école enseigne-t-elle aux élèves les questions liées à la santé et la puberté comme les changements physiques naturels des adolescents?

Oui / Non

- Si oui,

dans quelle matière ces sujets sont enseignés? (p.ex. pendant les cours de biologie, éducation de santé, sciences naturelles ou autre)

- avez-vous du matériel d'enseignement approprié à ces sujets? Oui / Non

- Votre école enseigne-t-elle la gestion de l'hygiène menstruelle (comment prendre soin de sa santé et hygiène pendant les règles)?

Oui / Non

Si oui, qui enseigne le sujet? (enseignant femme ou homme ou les deux?)

- Le sujet est enseigné aussi bien aux garçons qu'aux filles? Oui / Non
- Le sujet est enseigné uniquement aux filles? Oui / Non
- Avez-vous du matériel d'enseignement sur l'hygiène menstruelle? Oui / Non

4. Soutien aux filles à l'école

- Est-ce qu'il a quelqu'un dans votre école qui peut aider et donner des conseils aux filles quand elles ont leurs règles? Oui / Non

Si oui, qui? _____

- Est-ce qu'il y a des serviettes d'hygiène, linge, tissu ou mouchoirs disponibles pour les filles, si besoin?

Oui / Non

- Est-ce qu'il y a un club de santé ou d'autres clubs d'élèves dans votre école?

Oui / Non

- Est-ce qu'il y a un club des filles dans votre école pour qu'elles puissent s'entraider?

Oui / Non

5. Opinions du directeur / directrice sur la situation des filles adolescentes

- Est-ce que dans votre école il y a, à votre avis, des filles qui ne viennent pas à l'école à cause de leurs règles? Oui / Non

Si oui, pourquoi?

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- Est-ce que la menstruation est un sujet tabou (un sujet interdit dont on ne parle pas librement) dans votre communauté? Oui / Non

Si oui, pourquoi?

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- Est-ce qu'il y a dans votre communauté, à votre avis, des croyances négatives liées à la menstruation?

Oui / Non

Si oui, quel genre de croyances, par exemple?

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- A votre avis, à qui revient la responsabilité d'éduquer les filles sur leurs règles (qui a le rôle le plus important)?

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6. Avis et opinions sur le manuel traduit en français

(après la présentation et un moment de lecture du manuel)

- Est-ce qu'un manuel sur la gestion de l'hygiène menstruelle comme celui-ci serait utile dans votre école? Oui / Non

- Opinions sur le manuel traduit en français (Comment on pourrait l'utiliser dans l'enseignement? Comment l'améliorer? Autres commentaires?)

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7. D'autres commentaires

- Avez-vous d'autres commentaires que vous souhaitez partager avec nous?

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Merci beaucoup pour votre temps et toute l'information qui sera utile pour cette étude.

**Étude de l'Hygiène Menstruelle aux Écoles
en Afrique de l'Ouest et Centrale Francophone, 2013**

2. Questionnaire des Filles

Nom de l'école:	
Lieu:	
Date:	

Objectif et éthique de l'étude

L'objectif de cette étude organisée par l'UNICEF (le Fonds des Nations Unies pour les enfants) est d'étudier les questions de l'eau, l'assainissement et l'hygiène dans les écoles pour mieux appréhender la situation et les besoins actuels. Cette étude s'intéresse particulièrement à la gestion de l'hygiène menstruelle (i.e. comment les filles gèrent leurs règles) à l'école. C'est une question qui a une grande importance pour la santé et l'éducation des filles.

Comme il s'agit d'un sujet sensible, cette étude respecte et garantit la confidentialité et l'anonymat de tous les participants.

Introduction du sujet et consentement des filles:

Nous voulons parler avec toi de la situation des filles dans cette école: les problèmes, les idées et les solutions que les filles ont elles-mêmes pour se sentir bien à l'école. Particulièrement, nous voulons comprendre comment les filles gèrent leurs règles. Ne t'inquiète pas, c'est un sujet naturel dont nous pouvons parler librement entre femmes. Cette étude est donc confidentielle: nous n'allons pas partager tes idées ou ton nom avec personne. Si tu ne veux pas répondre à certaines questions ou si tu veux arrêter cet interview à n'importe quel moment, tu as bien sûr le droit de le faire. Il suffit de nous le dire. Aussi, n'hésite pas à nous dire si tu ne comprends pas les questions et nous allons essayer de te les expliquer mieux. Nous te remercions d'avance pour tes opinions et ta participation à cette étude organisée par l'UNICEF qui permettra – nous l'espérons – d'améliorer le bien être, la santé et l'éducation des filles.

(Le consentement oral de l'élève est demandé avant de commencer l'interview.)

D'abord quelques questions sur toi:

Ton âge: _____

Ta classe: _____

A quel âge es-tu entrée l'école? _____

Connaissances personnelles et croyances culturelles sur les règles

- A quel âge as-tu eu tes premières règles? _____
- Est-ce que tu savais ce qui t'arrivait quand tu as eu tes premières règles? Oui / Non
- Est-ce que tu avais peur?
Oui / Non
Si oui, pourquoi?

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- Est-ce que quelqu'un t'avait parlé des règles et expliqué ce qui se passe avant qu'elles commencent?
Oui / Non
- Qui t'a donné la première information sur les règles?
Options:
1. Mère
2. Grand-mère
2. Tante ou autre femme de la famille
3. Sœur
4. Amie/s
5. Enseignant femme
6. Enseignant homme
7. Père
8. Oncle ou autre homme de la famille
9. Autre, qui? _____
10. Pas d'information
- Est-ce que l'on t'a expliqué ce que tu dois faire quand tu as les règles?
Oui / Non
Si oui, quels conseils as-tu reçu?
Options:
1. comment utiliser les serviettes / tissus / linge
2. comment rester propre / se laver
3. comment gérer la douleur
4. les choses / activités à éviter pendant les règles
5. autre, quoi? _____

- Est-ce que quelqu'un t'a expliqué ce que ça signifie d'avoir ses règles (pourquoi les filles et les femmes ont leurs règles)?

Oui / Non

Si oui, pourquoi, à ton avis, les filles ont leurs règles?

Options:

1. puberté / maturité biologique (la capacité d'avoir des enfants)

2. hormones

3. malédiction

4. péché

5. autre, quoi? _____

6. je ne sais pas

- Avec qui aimerais-tu parler de tes règles?

- Avec qui ne veux-tu pas parler de tes règles?

- Est-ce qu'il y a des endroits où tu ne peux pas aller pendant tes règles?

Oui / Non

Si oui, quels endroits? _____

- Est-ce qu'il y a des activités que tu n'as pas le droit de faire pendant tes règles?

Oui / Non

Si oui, quelles activités? _____

Gestion des règles et les relations interpersonnels

- Qu'est-ce que tu utilises pour absorber le sang des règles?

- Combien de fois par jour changes-tu de protection pendant tes règles?

- Est-ce que tu peux te laver à la maison au moins deux fois par jour? Oui / Non

- Est-ce que tu laves les tissus que tu utilises pendant tes règles avec du savon? Oui / Non

- Est-ce que tu sèches les tissus que tu as lavés au soleil? (c'est une bonne solution contre les germes, ça garde les serviettes plus propres)

Oui / Non

Si non, où sèches-tu les tissus?

Est-ce qu'il y a une raison pour laquelle tu ne sèches pas les tissus au soleil en dehors?

Oui / Non

Si oui, quelle raison?

- Est-ce que tu as mal (des douleurs physiques) quand tu as tes règles?

Oui / Non

Si oui, que fais-tu pour avoir moins mal?

- As-tu d'autres problèmes pendant tes règles? (p.ex. mauvaise humeur, stress, fatigue, manque de confiance en toi)

Oui / Non

Si oui, quels problèmes?

- Est-ce qu'il y a quelqu'un avec qui tu peux parler et qui peut t'aider quand tu as tes règles? Oui / Non

Si oui, qui? _____

Gestion des règles à l'école

- Est-ce que tu viens à l'école quand tu as tes règles?

Oui / Non

Si non, pourquoi?

- Est-ce qu'il y a certains jours où tu ne peux pas venir à l'école à cause de tes règles?

Oui / Non

Si oui, pourquoi?

(Si oui) Pendant combien de jours dois-tu rester à la maison à cause de tes règles?

Si tu as tes règles à l'école...

- est-ce qu'il y a un endroit où tu peux changer de protection (tissu, serviette ou autre)?
Oui / Non
Si oui, où?

- est-ce que tu peux te laver les mains avec du savon après avoir changé de protection et après avoir utilisé les latrines?
Oui / Non
- est-ce que tu peux te laver le corps quelque part, si besoin?
Oui / Non
Si oui, où?

- est-ce qu'il y a un endroit réservé uniquement aux filles où tu peux te changer les vêtements, si besoin?
Oui / Non
- (Si oui) est-ce que tu te sens en confort et privacité dans ces endroits?
Oui / Non
- est-ce que tu participes autant pendant les cours que normalement (quand tu n'as pas tes règles)?
Oui / Non
Si non, pourquoi?

- est-ce que tu te sens timide ou stressée pendant tes règles à l'école?
Oui / Non
- est-ce que les autres élèves se comportent correctement envers toi?
Oui / Non
Si non, qu'est-ce qui se passe?

- est-ce que tu peux parler à quelqu'un à l'école, si besoin (enseignant ou amies, par exemple)?
Oui / Non
Si oui, à qui? _____

Infrastructure de l'eau, l'assainissement et l'hygiène à l'école

Est-ce que dans votre école il y a...

- des latrines disponibles pour les élèves? Oui / Non
- des latrines séparées pour les filles? Oui / Non
- des latrines réservés aux enseignants? Oui / Non
- des latrines séparées pour les enseignants femmes? Oui / Non
- les portes dans les latrines qui ferment de l'intérieur? Oui / Non
- les latrines propres? Oui / Non
- de l'eau disponible pour se laver les mains? Oui / Non
- du savon disponible pour se laver les mains? Oui / Non
- un endroit où tu peux mettre les serviettes hygiéniques / tissus sales que tu ne veux plus utiliser?
Oui / Non

Enseignement lié à la menstruation

- Est-ce que ton école enseigne aux élèves les questions liées aux changements physiques naturels / biologiques des adolescents?
Oui / Non
- Est-ce que ton école enseigne comment prendre soin de sa santé et hygiène pendant les règles (la gestion de l'hygiène menstruelle)?
Oui / Non
Si oui, qui enseigne ça? (enseignant femme ou homme ou les deux)

Soutien psycho-social aux filles à l'école

- Est-ce qu'il a quelqu'un dans votre école qui peut aider et donner des conseils aux filles quand elles ont leurs règles?
Oui / Non
Si oui, qui? _____
- Est-ce qu'il y a des serviettes hygiéniques, coton ou tissu disponible aux filles qui ont leurs règles, si elles en ont besoin?
Oui / Non
- Est-ce qu'il y a des clubs d'élèves dans ton école?
Oui / Non

- Est-ce qu'il y a un club des filles dans ton école?
Oui / Non
- Est-ce que les filles dans ton école s'entraident (tu aides tes amies et elles t'aident)?
Oui / Non

Propositions / recommandations par les filles

- De quoi aurais-tu besoin pour te sentir mieux à l'école quand tu as tes règles?

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- Qu'est-ce qui te manque actuellement à l'école?

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- De quoi as-tu besoin pour te sentir mieux à la maison quand tu as tes règles?

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- Qu'est-ce qui te manque actuellement à la maison?

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- As-tu quelque chose d'autre que tu voudrais nous dire / partager avec nous?

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Avis et opinions sur le manuel traduit en français (après un moment de lecture)

- Est-ce que tu aimes bien ce manuel? Oui / Non
Pourquoi?

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- Est-ce que tu penses que ce manuel peut aider les filles à mieux comprendre les questions liées aux règles? Oui / Non
- As-tu quelque chose d'autres à dire sur le manuel (p.ex. comment l'améliorer)?

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Merci beaucoup pour tes réponses et pour toute l'information que tu as partagée avec nous. Ce sera très utile pour cette étude. Nous te souhaitons bonne continuation et bonne chance pour tes études !

Étude de l'Hygiène Menstruelle aux Écoles en Afrique de l'Ouest et Centrale Francophone, 2013

3. Questionnaire des Enseignantes

Nom de l'école:	
Lieu:	
Date:	

Objectif et éthique de l'étude

L'objectif de cette étude organisée par l'UNICEF (le Fonds des Nations Unies pour les enfants) est d'étudier les questions de l'eau, l'assainissement et l'hygiène dans les écoles pour mieux appréhender la situation et les besoins actuels. Cette étude s'intéresse particulièrement à la gestion de l'hygiène menstruelle (i.e. comment les filles gèrent leurs règles) à l'école. C'est une question qui a une grande importance pour la santé et l'éducation des filles. Différentes études ont établi que la présence de toilettes séparées pour les filles avec de bonnes conditions d'hygiène améliore les taux de présence des filles à l'école. Par contre, le manque de facilités pour les filles conduit dans un certain nombre de cas à l'absence et l'abandon précoce de leur scolarité.

Comme il s'agit d'un sujet sensible, cette étude respecte et garantit la confidentialité et l'anonymat de tous les participants.

Introduction du sujet et consentement des enseignantes:

Nous voudrions discuter avec vous de la situation des filles dans cette école. Particulièrement, nous voulons comprendre comment les filles gèrent leurs règles. Nous souhaitons savoir comment vous soutenir pour améliorer la situation dans votre école. Cette étude est confidentielle: nous n'allons pas partager votre nom avec personne. Si vous ne voulez pas répondre à certaines questions ou si vous souhaitez arrêter cet interview à n'importe quel moment, vous avez bien sûr le droit de le faire. Il suffit de nous le dire. Nous vous remercions d'avance pour vos opinions et votre participation à cette étude organisée par l'UNICEF qui permettra – nous l'espérons – d'améliorer le bien être, la santé et l'éducation des filles.

(Consentement oral de l'enseignante est demandé avant de commencer l'interview.)

1. Infrastructure: l'eau, l'assainissement et l'hygiène

Votre école a-t-elle...

- des latrines disponibles pour les élèves? Oui / Non
- des latrines séparées pour les filles? Oui / Non
- des latrines réservées aux enseignants? Oui / Non

- des latrines séparées pour les enseignants femmes? Oui / Non
- les portes dans les latrines qui ferment de l'intérieur? Oui / Non
- des structures adaptées aux élèves handicapés? Oui / Non
- une source d'eau qui fonctionne? Oui / Non
- de l'eau disponible pour se laver les mains? Oui / Non
- du savon disponible pour se laver les mains? Oui / Non
- un endroit privé et protégé pour que filles et enseignantes puissent se laver et changer leurs vêtements, si besoin? Oui / Non
- un endroit discret pour déposer les déchets/ordures (comme les serviettes d'hygiène sales)? Oui / Non

2. Enseignement

- Votre école enseigne-t-elle aux élèves les questions liées à la santé et la puberté comme les changements physiques naturels des adolescents?
Oui / Non
 - Si oui,
dans quelle matière ces sujets sont enseignés? (p.ex. pendant les cours de biologie, éducation de santé, sciences naturelles ou autre)

 - avez-vous du matériel d'enseignement sur ces sujets? Oui / Non
- Votre école enseigne-t-elle la gestion de l'hygiène menstruelle (comment prendre soin de sa santé et hygiène pendant les règles)?
Oui / Non

Si oui, qui enseigne le sujet? (enseignant femme ou homme ou les deux?)

 - Le sujet est enseigné aussi bien aux garçons qu'aux filles? Oui / Non
 - Le sujet est enseigné uniquement aux filles? Oui / Non
 - Avez-vous du matériel d'enseignement sur l'hygiène menstruelle? Oui / Non

3. Soutien aux filles à l'école

- Est-ce qu'il a quelqu'un dans votre école qui peut aider et donner des conseils aux filles quand elles ont leur règles? Oui / Non
Si oui, qui? _____
- Est-ce qu'il y a des serviettes d'hygiène, linge ou tissu disponible aux filles, si besoin?
Oui / Non

- Est-ce qu'il y a un club de santé ou d'autres clubs d'élèves dans votre école?
Oui / Non
- Est-ce qu'il y a un club des filles dans votre école pour qu'elles puissent s'entraider?
Oui / Non

4. Opinions de l'enseignante sur la situation des filles adolescentes

- Est-ce que dans votre école il y a, à votre avis, des filles qui ne viennent pas à l'école à cause de leurs règles? Oui / Non

Si oui, pourquoi?

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- Est-ce que la menstruation est un sujet tabou (un sujet interdit dont on ne parle pas librement) dans votre communauté? Oui / Non

Si oui, pourquoi?

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- Est-ce qu'il y a dans votre communauté, à votre avis, ou des croyances négatives liées à la menstruation? Oui / Non

Si oui, quel genre de croyances, par exemple?

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- A votre avis, à qui revient la responsabilité d'éduquer les filles de leurs règles (qui a le rôle le plus important)?

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5. Situation des enseignants femmes à l'école

- Y a t'il des choses qui vous manquent en tant qu'enseignante femme dans votre école?
(p.ex. latrines réservées aux femmes, un endroit privé pour se laver, ou autre)

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6. Avis et opinions sur le manuel traduit en français

(après la présentation et un moment de lecture du manuel)

- Est-ce qu'un manuel sur la gestion de l'hygiène menstruelle comme celui-ci serait utile dans votre école? Oui / Non
- Opinions sur le manuel traduit en français (Comment on pourrait l'utiliser dans l'enseignement? Comment l'améliorer? Autres commentaires?)

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7. D'autres commentaires

- Avez-vous d'autres commentaires que vous souhaitez partager avec nous?

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Merci beaucoup pour votre temps et toute l'information qui sera utile pour cette étude !

**Étude de l'Hygiène Menstruelle aux Écoles
en Afrique de l'Ouest et Centrale Francophone, 2013**

4. Observation de l'infrastructure de l'école: l'eau, l'assainissement et l'hygiène

Nom de l'école:	
Lieu:	
Date:	

L'école a...

- des latrines disponibles pour les élèves? Oui / Non
- des latrines séparées pour les filles? Oui* / Non / Partiellement
- des latrines réservées aux enseignants? Oui / Non
- des latrines séparées pour les enseignantes femmes? Oui* / Non / Partiellement
- des portes dans les latrines qui ferment de l'intérieur? Oui / Non
- des latrines propres? Oui / Non
- des structures adaptées aux élèves handicapés? Oui / Non
- une source d'eau qui fonctionne? Oui / Non
- un endroit pour se laver les mains? Oui / Non
- de l'eau disponible pour se laver les mains? Oui / Non
- du savon disponible pour se laver les mains? Oui / Non
- un endroit privé et protégé pour que les filles et enseignants femmes puissent se laver et changer leurs vêtements, si besoin? Oui / Non
- un endroit discret pour déposer les déchets/ordures (comme les serviettes d'hygiène sales)? Oui / Non

Autres observations

* '**Oui**' signifie que les latrines des filles / femmes sont situées dans les bâtiments ou endroits séparés des latrines des garçons / hommes.

NB: Recommandations par l'Organisation mondiale de la Santé:

une toilette per 25 filles et une pour les enseignantes femmes;
une toilette plus un urinoir per 50 garçons, et une pour les enseignants hommes.

**Étude de l'Hygiène Menstruelle aux Écoles
en Afrique de l'Ouest et Centrale Francophone, 2013**

5. Questionnaire des Ministères

Nom du ministère:	
Lieu:	
Date:	

Objectif et éthique de l'étude

L'objectif de cette étude organisée par l'UNICEF (le Fonds des Nations Unies pour les enfants) est d'étudier les questions de l'eau, l'assainissement et l'hygiène dans les écoles pour mieux appréhender la situation et les besoins actuels. Cette étude s'intéresse particulièrement à la gestion de l'hygiène menstruelle (i.e. comment les filles gèrent leurs règles) à l'école. C'est une question qui a une grande incidence sur la santé et l'éducation des filles. Différentes études ont établi que la présence de toilettes séparées pour les filles avec de bonnes conditions d'hygiène améliore les taux de présence des filles à l'école. Par contre, le manque de facilités pour les filles conduit dans un certain nombre de cas à l'absence et l'abandon précoce de leur scolarité.

Comme il s'agit d'un sujet sensible, cette étude respecte et garantit la confidentialité et l'anonymat de tous les participants.

Cette étude est donc confidentielle: nous n'allons pas partager votre nom avec personne. Si vous ne voulez pas répondre à certaines questions ou si vous souhaitez arrêter cet interview à n'importe quel moment, vous avez bien sûr le droit de le faire. Nous vous remercions d'avance pour vos opinions et votre participation à cette étude.

(Un consentement oral est demandé avant de commencer l'interview.)

1. Disparités dans l'enseignement primaire

- Votre ministère a-t-il élaboré une politique d'éducation des filles? Oui / Non

- Existe-t-il des disparités entre filles et garçons dans l'enseignement primaire (scolarisation, présence à l'école, achèvement, résultats d'apprentissage)?
Oui / Non
Si oui, quel genre de disparités, en bref?

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- A votre avis, existe-t-il des interrelations entre les disparités par rapport la dimension genre et les autres dimensions comme localisation (milieu urbain vs. milieu rural) et niveau de richesse des ménages, par exemple?

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2. L'enseignement du sujet dans les écoles primaires

- Les écoles primaires enseignent-t-elles aux élèves les questions liées à la santé et la puberté comme les changements physiques naturels des adolescents (est-ce que cela fait partie des curriculas)?

Oui / Non

- Si oui,

dans quelle matière ces sujets sont enseignés? (p.ex. pendant les cours de biologie, éducation de santé, sciences naturelles ou autre)

- Vos écoles enseignent-t-elles la gestion de l'hygiène menstruelle (comment prendre soin de sa santé et hygiène pendant les règles)?

Oui / Non

- Avez-vous du matériel d'enseignement sur l'hygiène menstruelle disponible?

Oui / Non

3. Opinions sur la situation des filles adolescentes

- Y-a-t-il, à votre avis, des filles qui ne viennent pas à l'école à cause de leur règles?
Oui / Non

Si oui, pourquoi?

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- La menstruation est-elle un sujet tabou (un sujet interdit dont on ne parle pas librement) dans quelques communautés de votre pays?

Oui / Non

Si oui, pourquoi?

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- Y-a-t-il des croyances négatives liées à la menstruation dans quelques communautés de votre pays?

Oui / Non

Si oui, quel genre de croyances, par exemple?

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- A votre avis, à qui revient la responsabilité d'éduquer les filles sur leurs règles (qui a le rôle le plus important)?

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4. Production locale des serviettes hygiéniques

- Existe-t-il dans ce pays une production locale des serviettes hygiéniques féminines?
Oui / Non
- Si oui, les produits locaux sont-ils moins chers que les produits importés?
Oui / Non

5. Avis et opinions sur le manuel traduit en français

(après la présentation et un moment de lecture du manuel)

- Est-ce qu'un manuel sur la gestion de l'hygiène menstruelle comme celui-ci serait utile dans vos écoles? Oui / Non
- Opinions sur le manuel traduit en français (Comment on pourrait l'utiliser dans l'enseignement? Comment l'améliorer? Autres commentaires?)

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7. D'autres commentaires

- Avez-vous d'autres observations que vous souhaitez partager avec nous?

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Merci beaucoup pour votre temps et toute l'information qui sera utile pour cette étude.

**Étude de l'Hygiène Menstruelle aux Écoles
en Afrique de l'Ouest et Centrale Francophone, 2013**

6. FGD Guide des Filles

Participants: *Elèves qui ont eu leurs règles (choisies discrètement avec l'aide d'une enseignante, s'il y a au moins une enseignante femme à l'école)*

Numéro des participants: *entre 8-10*

Nom de l'école:

Date:/...../.....

Âges des élèves:.....

Introduction du sujet et consentement des filles:

(Au début présentation des animatrices: noms et professions.)

Nous voulons parler avec vous de la situation des filles dans cette école: les problèmes, les idées et les solutions que vous les filles avez vous-mêmes pour vous sentir bien à l'école. En particulier, nous souhaiterions comprendre comment les filles de cette école gèrent leurs règles. Ne vous inquiétez pas, c'est un sujet naturel dont nous pouvons parler librement entre femmes. Cette étude est confidentielle: nous ne partagerons avec personne tout ce que vous allez nous dire. Si vous ne voulez pas répondre à certaines questions ou si vous voulez arrêter cette discussion à n'importe quel moment, vous avez le droit de le faire. Il suffit de nous le dire. Nous vous remercions d'avance pour vos opinions et votre participation à cette étude organisée par l'UNICEF (le Fonds des Nations Unies pour les enfants) qui permettra – nous l'espérons – d'améliorer le bien être, la santé et l'éducation des filles.

(Le consentement oral des élèves est demandé avant de commencer la discussion.)

1. Connaissances / information sur les règles

- Vrai ou faux: Avoir les règles, c'est normal et naturel pour les filles et les femmes?
- A votre avis, pourquoi les filles et les femmes ont-elles leurs règles?

(Après la discussion, les animatrices expliquent, en bref, qu'avoir les règles est quelque chose de naturel et fait partie des changements physiques pour devenir adulte: le corps devient, peu-à-peu, prêt pour avoir un enfant un jour. Mais le corps n'est pas complètement prêt pour un enfant avant l'âge de 18 ans.)

2. Croyances culturelles sur les règles

- Quels sont les noms que vous utilisez pour désigner les règles?
- Est-ce qu'il y a des endroits où vous ne pouvez pas aller pendant vos règles?
- Est-ce qu'il y a des activités que vous ne pouvez pas faire / n'avez pas le droit de faire pendant vos règles?
- Vrai ou faux: les règles, c'est quelque chose de sale? Pourquoi?

(Après la discussion, les animatrices expliquent que les règles ne sont pas sales mais il faut prendre soin de sa hygiène personnelle: se laver et changer de tissu /serviette idéalement toutes les 3-4 heures.)

5. Problèmes et absence de l'école à cause des règles

- Est-ce que vous venez à l'école quand vous avez vos règles? Si non, pourquoi?
- Est-ce que vous participez autant pendant les cours en période règles que hors période? Si non, pourquoi?
- Vrai ou faux: vous vous sentez timides et vous avez moins confiance en vous pendant vos règles? Si oui, pourquoi?

1. Gestion des règles

- Est-ce que vous avez mal (des douleurs physiques) quand vous avez vos règles?
- Comment on peut soulager les douleurs pendant les règles?
- Avez-vous d'autres problèmes pendant vos règles? (p.ex. mauvaise humeur, stress, fatigue, manque de confiance en vous)
- Qu'est-ce qu'il faut faire pour se sentir bien pendant les règles?

1. Relations interpersonnelles et soutien aux filles

- Avec qui aimeriez-vous parler de vos règles?
- Avec qui ne voulez-vous pas parler de vos règles?

- Est-ce qu'il a quelqu'un dans votre école qui peut aider et donner des conseils aux filles quand elles ont leurs règles (une enseignante, par exemple)?
- Est-ce que les filles dans votre école s'entraident (tu aides tes amies et elles t'aident)?
- Comment pouvez-vous aider une amie qui a sali sa robe à l'école et qui a besoin d'un tissu ou serviette hygiénique?

6. Souhaits des filles

- De quoi auriez-vous besoin pour vous sentir mieux à l'école quand vous avez vos règles? (exemples: des latrines réservées aux filles, de l'eau et du savon, un endroit privé pour se laver, tissus...)?
- Qu'est-ce qui vous manque actuellement à l'école?
- Avez-vous quelque chose d'autre que vous voulez nous dire / partager avec nous?

6. Commentaires sur le manuel (après un moment de lecture)

- Est-ce que vous appréciez le manuel?
- Est-ce que vous pensez que ce manuel peut aider les filles à mieux comprendre les questions liées aux règles?
- Comment on pourrait améliorer le manuel?

Merci beaucoup pour cette discussion et pour toute l'information que vous avez partagée avec nous. Ce sera très utile pour cette étude. Nous vous souhaitons bonne continuation et bonne chance pour vos études !