Breaking the Silence on Menstruation

Findings from a Study on Menstrual Hygiene Management (MHM) in Eritrean Middle Schools

State of Eritrea
Ministry of Education, 2017
Acknowledgements

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Table of Contents

Acknowledgements ................................................................................................................................. 2
Abbreviations and Acronyms .................................................................................................................... 5
Executive Summary ................................................................................................................................. 6
Introduction ............................................................................................................................................. 9
Background .............................................................................................................................................. 9
Country Context ...................................................................................................................................... 10
    WASH and Education ............................................................................................................................ 11
    MHM Policy and Programme Environment .......................................................................................... 13
Study Methodology ................................................................................................................................. 14
    Study Design ....................................................................................................................................... 14
    Study Objectives ................................................................................................................................. 15
    Study Area and Selection Criteria ........................................................................................................ 15
    Sampling ............................................................................................................................................ 15
    Data collection activities ..................................................................................................................... 16
    Research team and training ................................................................................................................ 17
    Data Analysis ....................................................................................................................................... 18
    Limitations .......................................................................................................................................... 18
    Ethical Considerations ........................................................................................................................ 19
Findings ..................................................................................................................................................... 19
    Overview of the existing situation ......................................................................................................... 20
        Girls .................................................................................................................................................... 20
        Mothers .......................................................................................................................................... 24
        Fathers ........................................................................................................................................... 27
        Boys ............................................................................................................................................... 30
        Schools ......................................................................................................................................... 31
        Health facilities .............................................................................................................................. 33
Box 1: CULTURAL PRACTICES AND BELIEFS ....................................................................................... 34
Impacts ....................................................................................................................................................... 36
    Absenteeism ....................................................................................................................................... 36
    Participation ....................................................................................................................................... 36
    Concentration ..................................................................................................................................... 37
    Punishment ......................................................................................................................................... 37
    Emotional distress .............................................................................................................................. 38
    Social isolation .................................................................................................................................. 38
    Health ............................................................................................................................................... 39
Challenges .................................................................................................................................................. 39
    Poor management leading to leaks and stains .................................................................................. 39
    Menstrual pain .................................................................................................................................... 39
    Teasing and gossip ............................................................................................................................. 40
    Odour ................................................................................................................................................... 40
Determinants ............................................................................................................................................... 40
    Insufficient school WASH facilities ................................................................................................... 40
    Lack of information, support, and communication .......................................................................... 41
    Cultural practices and beliefs ............................................................................................................ 42
    Lack of access to MHM materials and pain management options .................................................. 43
List of figures and tables

Figure 1: Map of Eritrea with administrative regions (Zobas) ......................................................... 10
Figure 2: Net enrolment in basic education, 2014-2015 .................................................................... 12
Figure 3: The socio-ecological framework ..................................................................................... 14
Figure 4: Schematic of key findings on the determinants, challenges, and impacts of insufficient MHM practices ...................................................................................................................... 19
Figure 5: Key findings on challenges and determinants organized with the ecological framework ......................................................................................................................................................... 46

Table 1: Average household and school WASH coverage ............................................................. 11
Table 2: Educational statistics, Eritrea, 2014-2015 ........................................................................ 12
Table 3: Demographics of selected schools .................................................................................... 15
Table 4: Activities completed and participants included ............................................................... 16
### Abbreviations and Acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>FGM/C</td>
<td>Female genital mutilation/cutting</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus group discussion</td>
</tr>
<tr>
<td>IDI</td>
<td>In-depth interview</td>
</tr>
<tr>
<td>KII</td>
<td>Key informant interview</td>
</tr>
<tr>
<td>MHM</td>
<td>Menstrual hygiene management</td>
</tr>
<tr>
<td>MOE</td>
<td>Ministry of Education</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>NUEW</td>
<td>National Union of Eritrean Women</td>
</tr>
<tr>
<td>NUEYS</td>
<td>National Union of Eritrean Youth and Students</td>
</tr>
<tr>
<td>PTSA</td>
<td>Parent, Teacher, and Student Association</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, sanitation, and hygiene</td>
</tr>
</tbody>
</table>
Executive Summary

There is an increasing global recognition that school-aged girls face challenges in sufficiently managing their menstrual hygiene, which affects their educational attainment and psychosocial well-being. There is limited information on the challenges that school-aged girls face in relation to menstruation in Eritrea or the impacts that cultural beliefs and practices have on girls’ ability to manage their menstruation while in school. The Eritrean Ministry of Education has undertaken this research in collaboration with UNICEF’s global WASH in Schools for Girls (WinS4Girls) project, and with funding from the Government of Canada, to better understand the unique situation that girls’ face in Eritrea.

The objectives of this research were to:

A. Identify and understand the range of personal challenges and needs girls have during menstruation in the school setting;
B. Identify the determinant causes of these challenges;
C. Provide recommendations on improving school environments to address girls’ challenges related to menstrual hygiene management (MHM).

Prior to data collection activities, researchers carried out a desk review and conducted key informant interviews with government officials and leaders in civil society organisations to understand the MHM policy environment. Researchers then conducted qualitative interviews and focus group discussions in 11 middle schools across Eritrea. Participants included girls, mothers, fathers, boys, school directors, teachers, and Parent, Teacher and Student Association members, and health facility staff. Participants were selected from eight of Eritrea’s nine major ethnic groups to identify the role of unique cultural practices and beliefs. Schools were selected in both urban and rural areas as well as across all administrative regions. Discussion guides and study methodologies were adapted from a suite of global tools, previously developed by Emory University and UNICEF.

This report details the current menstrual hygiene management practices of girls and women and the menstrual attitudes of girls, mothers, fathers, and boys in Eritrea, as well as the support, programmes, and facilities offered by schools and health facilities. Based on this information, researchers have identified three main findings:

1. The key impacts that insufficient MHM practices have on girls’ educational attainment and psychosocial well-being;
2. The specific challenges that girls face in safely and effectively managing their menstruation so that they can fully participate in school; and
3. The determinants for the identified challenges.
The main impacts on girls’ education according to the girls and other participants included: absenteeism if their periods happened while they were in school, or if girls had severe pain or difficulty in managing their menstrual flow; decreased participation in class due to worry about exposing stains if called to the chalkboard; decreased concentration due to distraction from pain or worry about stains; and punishment such as suspension or missed exams if girls left school without telling teachers the reason for their absence, or did not provide proof of a doctor’s visit for absences. Girls also reported psycho-social impacts including emotional distress, social isolation, and health impacts such as physical weakness and tiredness, nausea, vomiting, and dizziness.

Key challenges that prevented girls from effectively managing their menstruation included poor MHM practices (including limited preparation for managing their menstruation in school), menstrual pain, teasing and gossip, and odours.

The study identified several main determinants or underlying factors that led to the challenges and impacts described above. A primary determinant was insufficient WASH facilities, including lack of sex-segregated latrines; lack of privacy; lack of materials such as water, soap, and waste bins; restricted access to latrines and water; and lack of MHM materials. Another determinant was limited information, support, and communication, including lack of, or insufficient information prior to menarche, school lessons that were taught too late, infrequently, and/or were poorly understood; limited comfort and knowledge of mothers, leading to limited communication with their daughters; and no communication with boys, between husbands and wives, and within schools. Cultural practices and beliefs also contributed to challenges for girls’ on MHM. These included negative perceptions of menstruation and menstruating women; restrictions against bathing; norms against leaving the house while menstruating and of deep shame if women or girls were observed with stains; and taboos or discomfort with talking about menstruation. Finally, many girls had limited access to their preferred MHM material such as pads, due to financial constraints as well as limited access to pain management solutions.

Based on the findings of the research, this report identifies key recommendations to address the challenges that girls face, and to mitigate the impact that menstruation has on their educational attainment. These include:

**Expanding formal lessons** on menstruation in middle schools (grades 6-8), starting in 6th grade (ages 12-14). Lessons should include information on MHM practices including MHM at school and multiple classes should be offered during the middle school years. Students should also have access to sex-segregated extracurricular sessions so that they can have a comfort to discuss and fully engage in the topic. **Improving school sanitation**
facilities so that they are sex-segregated, private (meaning that they have doors with functional locks and no one can be seen inside from the outside), clean, and contain essential supplies including water, soap, and waste receptacles.

Creating support systems in schools including provision of financially and culturally appropriate MHM supplies for use in urgent situations, extra uniforms, designation of a focal support person, and establishment of a system for girls to make up lessons missed due to menstruation.

Providing outreach to mothers and fathers to increase their biological knowledge, awareness of the importance of pain management, and ability to provide informational, emotional, and financial support to their daughters. Outreach should also work towards reducing harmful social beliefs and restrictions.

Increasing capacity of teachers and school management so that the relevant actors are aware of the challenges and educational impact that girls’ face and have ideas for activities and actions that can be done in the schools to support girls.

Providing information to the public including media campaigns and radio messaging.

Conducting further research on religious beliefs, the quantitative impact of MHM on absenteeism and dropouts, current practices for care and disposal of MHM materials, girls’ preferred MHM materials, and the challenges faced by women in managing their menstruation.
Introduction

Background
Globally there is growing recognition that adolescent girls face challenges in sufficiently managing and meeting their menstrual hygiene needs. Sufficient menstrual hygiene management (MHM) is defined as: “Women and adolescent girls are using clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear.” (WHO/UNICEF Joint Monitoring Programme, 2012). Insufficient MHM for girls can lead to limited educational attainment and psychosocial well-being.

Research has found that common challenges for girls across different countries include inadequate guidance and information; limited communication; poor access to preferred MHM materials; and insufficient access to water, sanitation, and hygiene (WASH) infrastructure at school including adequate water, safe and private spaces to change their protective materials, handwashing facilities, and methods for disposal of used protective materials (Caruso et al., 2013, Ellis et al., 2016, Long et al., 2013, Sommer, 2010, Trinies et al., 2015). In addition, girls often must follow cultural norms that can restrict their behaviour and activities. The difficulties that girls face due to these challenges have been associated with missed classes, decreased participation and ability to concentrate in class, school dropout, and negative emotional outcomes such as stress, shame, and fear (Caruso et al., 2013, Ellis et al., 2016, Long et al., 2013, Mason et al., 2013, McMahon et al., 2011, Sommer, 2010, Trinies et al., 2015).

An increasing number of countries have begun to identify the challenges faced by girls and women related to MHM and are designing programmes to mitigate them, and equip girls and women to effectively manage their menstruation and fully participate in society, including at school, in the workplace, and in the household. For programmes to be effective, it is important to understand the unique situation that girls and women face in each context, including access to resources and specific cultural practices and beliefs (Sommer et al., 2015). To that end, UNICEF’s global ‘WASH in Schools for Girls: Advocacy and Capacity Building for MHM through WASH in Schools Programmes’ (WinS4Girls) project, funded by the Government of Canada, is supporting research and programming into menstrual hygiene management (MHM) in fourteen countries, including Eritrea. The objective of the initiative is to create a more supportive school environment for girls through strengthened evidence-based advocacy and action on MHM using the existing UNICEF-supported WASH in Schools programme.

In Eritrea there are no documented studies carried out on the challenges that school-age girls face during menstruation and the impact that cultural beliefs and practices have on girls’ ability to manage their menstruation while in school. The objective of this research was therefore to identify the challenges that prevent school-aged girls from confidently managing their menstruation in a way that protects their health, and does not hinder their
Findings from a study on MHM in Eritrean middle schools

Educational attainment, as well as to determine the causes for those challenges and identify recommendations to improve the situation.

Country Context
Eritrea is situated in the Horn of Africa on the Red Sea and is bordered by Sudan, Ethiopia, and Djibouti. It has an area of about 124,000 square kilometres. Eritrea is divided into six administrative regions, or Zobas (Anseba, Debub/Southern, Gash Barka, Maekel/Central, Northern Red Sea and Southern Red Sea), 59 sub-regions (Sub-Zobas), 704 local administrative areas, and 2580 villages. It spreads across three distinct geographic zones: The Western Lowlands, the Central and Northern Highlands, and the Eastern Lowlands.

Figure 1: Map of Eritrea with approximate locations of selected schools and pupil enrollment in grade 6-8 in 2016
A complete population census has not been conducted, however based on a population count by the Ministry of Local Government and National Statistics office estimates, the total resident population of Eritrea was about 3.2 million as of 2010 (National Statistics Office (NSO) [Eritrea] and Fafo AIS, 2013). The population is approximately 65% rural with 60% of the population following Christian religions (largely Orthodox) and 40% Muslim. There are nine ethnic groups in Eritrea, each with their own language. The ethnic groups are Afar, Bilen, Budawyet (Hidarb), Kunama, Nara, Rashaida, Saho, Tigre, and Tigrinya.

Female genital mutilation/circumcision (FGM/C) was banned in 2007 and though the incidence of FGM/C has declined, it is still in practice. Infibulation, also known as Type III FGM, is practiced in Eritrea and involves stitching the external genitalia together so that there is one small hole for urine and menstrual blood (Zerai and Norwegian Church Aid, 2003). In 2010, estimates indicated that 69% of girls age 15-19 had undergone FGM/C and over 90% of women aged 35 and above had undergone FGM/C (National Statistics Office (NSO) [Eritrea] and Fafo AIS, 2013). Early marriage, meaning marriage before the age of 18, was banned in 1991 but is still practiced in many areas. Estimates from 2010 show that 27% of women ages 20-29 had been married by age 18 and 9% were married by the age of 15 (National Statistics Office (NSO) [Eritrea] and Fafo AIS, 2013).

**WASH and Education**

Data on access to WASH facilities among households and schools is presented in Table 1. One quarter of urban households and half of rural households do not have access to an improved water source. One quarter of urban households have access to improved unshared sanitation facilities, while only 3% of rural household have access to such facilities.

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Urban</th>
<th>Rural</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household access to improved water</td>
<td>72.9%</td>
<td>50.0%</td>
<td>58.2%</td>
</tr>
<tr>
<td>Household access to improved sanitation</td>
<td>24.0%</td>
<td>3.3%</td>
<td>10.7%</td>
</tr>
<tr>
<td>School access to improved water</td>
<td>n/a</td>
<td>n/a</td>
<td>60%</td>
</tr>
<tr>
<td>School access to improved sanitation</td>
<td>n/a</td>
<td>n/a</td>
<td>56%</td>
</tr>
</tbody>
</table>

*Source: National Statistics Office (NSO) [Eritrea], Fafo AIS. Eritrea Population and Health Survey 2010 (National Statistics Office (NSO) [Eritrea] and Fafo AIS, 2013)

The education system in Eritrea consists of primary (grades 1-5), middle (grades 6-8), and secondary schools (grades 9-12). Ninety-one percent of schools are government schools administered and financed by the Ministry of Education (MoE) (Ministry of Education, 2015). Education is compulsory through 8th grade and enrolment in government schools is free, although schools charge nominal registration fees to cover operations costs. Enrolment in first grade typically occurs at ages 6-7 but ranges from ages 5-14 (Ministry of Education, 2015). Lessons are taught in local languages in primary school and all instruction is in English beginning in the 6th grade.
Data on educational enrolment in Eritrea shows that around 20% of school-aged girls have never been enrolled in school and that school enrolment for girls declines sharply in middle and secondary school (Figure 2). Boys are slightly more likely to attend school but follow similar declines in enrolment in higher grades. The percentage of female enrolment is slightly lower than male enrolment overall across all levels of education (Table 2).

Table 2: Educational statistics, Eritrea, 2014-2015

<table>
<thead>
<tr>
<th>Statistic</th>
<th>No. public schools</th>
<th>% female enrolment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary school enrolment (grades 1-5)</td>
<td>871</td>
<td>45.3%</td>
</tr>
<tr>
<td>Middle school enrolment (grades 6-8)</td>
<td>321</td>
<td>45.0%</td>
</tr>
<tr>
<td>Secondary school enrolment (grades 9-12)</td>
<td>93</td>
<td>45.4%</td>
</tr>
</tbody>
</table>


Responsibility for WASH in schools lies with the MOE, with support from the Ministry of Health (MOH) and the Ministry of Land, Water, and Environment. There is no dedicated budget for WASH in schools; funding comes from either general school funds, donors, or community contributions. Construction of sex segregated latrines is mandatory in all new schools. The latrine ratio to students is one cubicle is for 50 boys; one cubicle for 40 girls and one cubicle for 10 teachers. Health programming in schools is led by the MOE in coordination with the MOH. Every school has a designated health focal person who is trained on conducting health screenings, referring students to health facilities, first aid, and providing health education sessions. Schools also participate in national health education campaigns. Funding for trainings and materials come from general school budgets or from donors. School health and WASH activities are also carried out by school clubs, including peer education and community outreach programmes.
MHM Policy and Programme Environment

Researchers previously carried out a desk review and conducted key informant interviews with government officials and leaders in civil society organisations to understand the existing MHM policy environment and identify points of access for future programmes. A range of government agencies, civil society, and UN organisations in Eritrea implement programmes that include content related to MHM, although few programmes specifically focus on MHM or menstrual education. There is little coordination between programmes and activities have limited scope of continuity.

Lessons on reproductive health including biological aspects of menstruation are part of the science curriculum for the 7th and 8th grades. Lessons on menstruation (including both biology and hygienic management) are also included in the 7th grade curriculum for Life Skills, a programme in grades 4-12 intended to equip students with practical knowledge, skills, and attitudes. Official policy is that Life Skills lessons are required in all schools, however in practice some schools may lack the capacity to fully implement the curriculum.

The Ministry of Education (MOE) with support from UNICEF has recently begun a series of initiatives related to MHM through their involvement with the WinS4Girls project. Activities related to MHM include: capacity development including training on MHM of key MOE staff; reviewing the basic education curriculum; and revision of the design of school WASH facilities to better support MHM. In collaboration with the MOH, the MOE has a programme to train teachers on health topics. Menstruation is not currently included, but this programme could offer a point of integration in the future.

The Ministry of Health (MOH) has also participated in capacity development through the WinS4Girls project. Additionally, it is developing communication tools that cover sexual and reproductive health for use in outreach events and a peer education programme. The MOH is also involved in Community-Led Total Sanitation campaigns throughout the country, which do not currently include content on menstrual biology or MHM but could offer an opportunity for integration. Health facilities in Eritrea have a mandate to conduct health outreach in the schools in their communities. In practice, some facilities do not conduct outreach activities. There are no specific programmes related to menstrual biology or MHM, however health promoters may choose to include these topics as part of their outreach activities. The MOH also has an initiative to establish adolescent-friendly spaces in health facilities. The establishment of these spaces will include the training of community members, students, and teachers on topics related to adolescent health.

The National Union of Eritrean Women (NUEW) is a non-governmental organization focused on programming to improving women’s lives and has a network of communications representatives in villages across the country. The NUEW has several programmes that touch on menstruation and reproductive health, including dissemination of magazines and diaries for girls; establishment of girls’ clubs in middle and secondary schools; and establishment of gender committees in middle schools to address challenges that girls face in schools. The NUEW also operates a facility that produces low-cost pads, although their production accounts for a minority of the sanitary pads available in the country and the majority are imported. At the time of the research the
facility was undergoing an upgrade and was not operational but was expected to have increased production within the year. Pads had previously been distributed for free or for low cost to schools around the country.

The National Union of Eritrean Youth and Students (NUEYS) is a non-governmental organization focused on youth development. It is currently engaged in a limited-scale project providing sanitary pads, conducting reproductive health education, running community awareness campaigns, and training female role models for girls. The NUEYS plans to scale up its activities to all regions once funding is available.

Policies such as the Education Policy, School Health Policy, Adolescent Health Policy, and other guidelines and communication strategies do not currently cover MHM or menstrual education. However, they could be targeted for future programming.

Study Methodology

Study Design

This study adapted methodologies and tools from a suite of global tools developed by Emory University and UNICEF during prior studies exploring the issue of girls’ MHM in other country contexts. (Long et al., 2013, Haver et al., 2013, Caruso et al., 2013, Caruso, 2014) These global tools were contextualized to the Eritrean context like a tool for FGD for fathers was developed and all the tools used were translated to the eight ethnic groups language.

A qualitative approach was employed in order to identify the range of challenges and determinants that impacts upon girls’ educational performance and psychosocial well-being. This qualitative approach allowed researchers to probe for depth and clarity on the issues that exist for girls and more broadly in their communities. Tools were based on a social-ecological framework that examined issues at different levels within girls’ lives and the broader societal context (Figure 3).

![Figure 3: The socio-ecological framework](source: Caruso, B. (2014) WASH in Schools Empowers Girls’ Education: Tools for Assessing Menstrual Hygiene Management in Schools (Caruso, 2014))
**Study Objectives**

The objectives of this study were to:

(A) Identify and understand the range of personal challenges and needs girls have during menstruation in the school setting;
(B) Identify the determinant causes of these challenges;
(C) Provide recommendations on improving school environments to address girls' challenges related to menstrual hygiene management (MHM).

**Study Area and Selection Criteria**

The study was conducted in eleven schools across the country (Table 3). Schools were selected in each of the six administrative regions and included four urban, two semi-urban, and five rural communities as defined by the Ministry of Local Government. Participants were selected from eight of Eritrea’s nine ethnic groups in order to identify the role of unique cultural practices and beliefs. MOE officials identified middle schools where the language of each ethnic group was the language of instruction in the neighbouring elementary school. Schools were purposively selected so that there were an equal number of schools in each geographic region and across urban, rural, and semi-urban environments. Participants were selected from the identified ethnic group in each school. During the data collection period there were no middle school students enrolled in the area where the Rashaida people live; therefore, the Rashaida ethnic group was not included in the study.

**Sampling**

Multiple schools were selected to represent the two largest ethnic groups, Tigrinya (3 schools) and Tigre (2 schools). Although all respondents were selected from middle school grades, selected schools included mixed elementary and middle/junior schools, middle schools, and mixed middle/junior and secondary schools. All were government-run schools.

**Table 3: Demographics of selected schools**

<table>
<thead>
<tr>
<th>Geographic region</th>
<th>Administrative region</th>
<th>Ethnic group</th>
<th>Setting</th>
<th>No. male teachers</th>
<th>No. female teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern lowlands</td>
<td>Southern Red Sea</td>
<td>Afar</td>
<td>Semi-urban</td>
<td>15 (78%)</td>
<td>2 (12%)</td>
</tr>
<tr>
<td></td>
<td>Northern Red Sea</td>
<td>Saho</td>
<td>Semi-urban</td>
<td>24 (100%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tigre</td>
<td>Urban</td>
<td>19 (83%)</td>
<td>4 (17%)</td>
</tr>
<tr>
<td>Western lowlands</td>
<td>Anseba</td>
<td>Budawyet</td>
<td>Rural</td>
<td>11 (85%)</td>
<td>2 (15%)</td>
</tr>
<tr>
<td></td>
<td>Gash-Barka</td>
<td>Kunama</td>
<td>Urban</td>
<td>50 (81%)</td>
<td>12 (19%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nara</td>
<td>Rural</td>
<td>15 (94%)</td>
<td>1 (6%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tigre</td>
<td>Rural</td>
<td>19 (79%)</td>
<td>5 (21%)</td>
</tr>
<tr>
<td>Central highlands</td>
<td>Anseba</td>
<td>Bilen</td>
<td>Rural</td>
<td>19 (76%)</td>
<td>6 (24%)</td>
</tr>
<tr>
<td></td>
<td>Debub</td>
<td>Tigrinya</td>
<td>Rural</td>
<td>7 (50%)</td>
<td>7 (50%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tigrinya</td>
<td>Urban</td>
<td>21 (81%)</td>
<td>5 (19%)</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>Tigrinya</td>
<td>Urban</td>
<td>16 (46%)</td>
<td>19 (54%)</td>
</tr>
</tbody>
</table>
Within each school, researchers targeted the following participants for inclusion in the study:

- Girls in grades 7-8 and between the ages of 12-17 who had experienced at least 3 menstrual cycles;
- Mothers and fathers of middle school girls who had begun menstruating;
- Boys in grades 7-8;
- Science teachers or female teachers who had been at the school for at least one year;
- School directors;
- Parent members of the Parent, Teacher, and Student Association (PTSA);
- Community health facility nurses and doctors.

Eligible girls, mothers, fathers, boys, and PTSA members were identified and contacted by school directors and teachers using the criteria listed above. Eligibility was confirmed by the research team prior to the start of study activities. The girls for IDI were identified voluntarily from the group of girls who came for the study. Therefore, the IDI participants were not part of the FGD.

The total number of participants included in the study is shown in Table 4. In the Budawyet community there were no Budawyet girls enrolled in grades 7-8. Researchers identified three out of school girls for participation in IDIs and did not conduct a girls’ FGD. Teachers and PTSA members were not available for interviews in some schools due to the data collection being undertaken during the summer break. Community health facility workers were interviewed in all schools that had a health facility in the community.

<table>
<thead>
<tr>
<th>Tool</th>
<th>Participant</th>
<th>Sample size, per school</th>
<th>Sample size, total</th>
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<tr>
<td>Focus group discussions (FGDs)</td>
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<td>6-11</td>
<td>90</td>
</tr>
<tr>
<td></td>
<td>Mothers</td>
<td>6-11</td>
<td>105</td>
</tr>
<tr>
<td></td>
<td>Fathers</td>
<td>7-12</td>
<td>94</td>
</tr>
<tr>
<td></td>
<td>Boys</td>
<td>6-13</td>
<td>105</td>
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<td>In-depth interviews (IDIs)</td>
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<td>Key informant interviews (KIIs)</td>
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<td><strong>Total</strong></td>
<td></td>
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**Data collection activities**
Four types of data collection activities were conducted during the research: in-depth interviews (IDIs), focus group discussions (FGDs), key informant interviews (KIIs), and
facilities observations. All interviews were conducted in local languages by trained research assistants. All IDIs and FGDs were recorded. KIIs were not recorded and interviewers compiled detailed notes. They were not comfortable in recording and then the researchers respected the choice of interviewee. Data was collected between June and September 2016.

In-depth interviews were held with two girl students in each school. Girls were asked to discuss their first knowledge of menstruation, the experience of their first period, whether and how they received menstrual-related support and information, their typical practices for managing menstruation at home and at school, and the challenges and impacts related to managing menstruation in school.

Focus group discussions were held separately with girls, boys, mothers, and fathers. Discussions with fathers and boys focused on their knowledge of menstruation, attitudes towards menstruation and menstruating girls and women, knowledge of cultural practices, and degree of support provided to the women in their lives. Discussions with mothers focused on their personal experience with menstruation, menstrual knowledge and the support they provide to their daughters, and cultural practices and beliefs. Discussions with girls included an activity to create an ideal latrine to identify girls’ MHM needs and whether those needs were currently met: an activity to describe the changes in girls’ lives before and after menarche to identify cultural pressures placed on menstruating girls and norms around the meaning of menstruation, and a discussion of how girls typically manage their menstruation in school.

Key informant interviews were held with school directors, science and female teachers, PTSA members, and doctors and nurses at community health facilities. These interviews explored any structured programming or support offered to girls, as well as observed challenges that girls face in school and in their communities related to menstruation.

Facilities observations were carried out in all schools. They included observation of water supply, latrines, handwashing facilities, waste disposal, and materials or facilities related to MHM.

Additionally, all participants were asked for their recommendations for ways to improve the situation of menstruating girls in schools.

All study tools were pre-tested in three schools in the Central/Maekel region. Pre-test interviews were not recorded; however interviewers took detailed notes on the interview process as well as respondents’ responses. Tools were revised based on interviewer observations and the findings from the pre-test.

**Research team and training**
The research team consisted of five researchers (4 male, 1 female) from the MOE, the MOH, and UNICEF and eleven research assistants (4 male, 7 female) who were community health workers from across the country. Research team members had competencies in all of the country’s languages. The team participated in an eight-day training session facilitated by Emory University that covered WASH and MHM, methods and techniques in qualitative data collection, study procedures, and research ethics. All researchers had previously completed an e-course on MHM provided by UNICEF and
Emory University. Additionally, nine research assistants (4 male, 5 female) from Ministry of Information, Health and Education joined the team after the original training and participated in a three-day training provided by the researchers.

**Data Analysis**

All IDI and FGD recordings were transcribed verbatim and then translated into English. No transcripts were available for the fathers’ interview in the rural Tigrinya school and the boys’ interview in the Kunama School due to inaudible recordings and these interviews were excluded from the analysis. Data was analysed using thematic analysis (Guest et al., 2011) and coded in Microsoft Word and Excel. A codebook had been previously developed as part of the multi-country study on which this methodology was based. These codes were modified based on the context of the current research and applied to the transcripts. Data from across all participants within each school/ethnic group was examined together to triangulate the norms and practices within each group. Findings between schools were compared to identify commonalities and differences across ethnic groups, regions, and urban/rural zones.

**Limitations**

Various challenges delayed the start of field data collection activities, including the difficulty of coordination among study collaborators and the difficulty of recruiting a consulting firm. This led to data collection taking place during the summer break when school was not in session and teachers and PTSA members were therefore not available for interview in some schools. Some of the facility observations had been conducted during a pre-study visit during the school year, however complete data on WASH facility availability and cleanliness during typical usage was not available for all schools.

Considering existence of distinct cultural practices and beliefs, researchers felt that it was important to include the voices from all ethnic groups. However, due to logistical considerations it was not possible for this study to investigate multiple communities/villages within each ethnic group. For most groups, therefore, perspectives were solicited from multiple participants within a single village/community. Although perspectives from all major ethnic groups were included and many unique aspects and commonalities across groups were identified, the research may not have captured the full range of potential challenges surrounding the unique cultural beliefs within each ethnic group nationwide.

The topics discussed during this study were extremely sensitive for many of the study participants, and many participants had never spoken about menstruation openly. Although interview facilitators strived to maximise the willingness of participants to engage in the conversations, it was difficult to create an open and participatory environment. At times, it was not possible to fully explore all of the topics in the discussion guides and to follow up on all issues and ideas that emerged during the interviews.

In the Rashaida and Budawyet communities visited for this study, female students typically did not continue school past the 6th grade. Therefore, it was not possible to implement the full study methodology in these areas.
Ethical Considerations

Ethical approval was obtained from the MOH Research Ethics and Protocol Review Committee in Asmara, Eritrea. An approval letter was obtained from each Zoba and Sub-Zoba Education Office. School directors provided permission to conduct the study in their schools. All study participants provided informed verbal or written consent prior to participating in study activities. For participants who were under 18 years of age, school directors provided informed written consent and the participant provided informed written or verbal assent. No financial compensation was offered to the participants. Research team members were trained on ethical research practices including informed consent/assent and confidentiality. Interview recordings were stored securely and all transcriptions of students and parents were de-identified.

Findings

The findings of this study first outline how menstruation is currently managed, supported, and perceived among girls, mothers, fathers, and boys, as well as the support (including programmes and facilities) offered by schools and local health facilities.

Subsequent sections identify key impacts that insufficient MHM practices have on girls’ educational attainment and psychosocial well-being; the specific challenges that girls face in safely and effectively managing their menstruation so that they can fully participate in school; and the determinants for those challenges. Information on the impacts, challenges, and determinants of girls’ current MHM practices come from a synthesis of the information presented in the overview of the existing situation as well as additional evidence from the interviews. Key study findings related to impacts, challenges, and determinants are outlined in Figure 4.

This study was designed to explore the research topics in depth rather than to identify how frequently different challenges or determinants appear in the overall population. This meant that the study recruited a relatively small number of purposely-selected respondents rather than a large representative random sample. The results presented in this report will not refer to the number or percentage of respondents that followed certain practices or held specific beliefs. This is intentional, as the interviewed respondents may not be representative of the population as a whole. Rather, the study presents an overview of the range of menstruation-related experiences across different ethnic groups, different regions, and different urban and rural environments in Eritrea.

**Figure 4: Schematic of key findings on the determinants, challenges, and impacts of insufficient MHM practices**

- **Determinants**
  - Insufficient school WASH facilities
  - Lack of information, support, and communication
  - Cultural practices and beliefs
  - Lack of access to MHM materials and pain management options

- **Challenges**
  - Poor MHM practices leading to stains / fear of stains
  - Menstrual pain
  - Teasing and gossip
  - Menstrual odour

- **Impacts**
  - Educational
    - Absenteeism
    - Decreased participation
    - Decreased concentration
    - Punishments for being absent
  - Psychosocial
    - Emotional distress
    - Social isolation
    - Impaired health
Overview of the existing situation
The findings presented in this section describe the general menstrual practices, knowledge, and attitudes of girls, mothers, fathers, and boys. For each type of respondent, findings are organised by knowledge about menstruation and the menstrual cycle, support around menstruation (either support they received or support they provided to others, depending on the type of respondent), and attitudes towards menstruation and menstruating women. Findings for girls and mothers also include management practices, and findings for mothers, fathers, and boys include their awareness of girls' knowledge, practices, needs, and challenges. Within each respondent type, differences between other aspects of the study populations such as urban/rural location and ethnicity have been identified where relevant.

This section also includes findings from interviews with school and health facility officials that describe the formal and informal support provided by these institutions, including facilities/infrastructure, and the officials' awareness of girls' MHM challenges and needs.

Girls
On average, girls that were interviewed for this research started menstruation between the ages of 13-14, with the youngest starting at 11 and the oldest at 16. The average school year at menarche was 6 on average with the youngest starting in grade 5. Since the research included only girls in middle school who had already started menstruating, the average age and grade at menarche is likely lower among these girls than in the larger population. However, this data does indicate that girls in Eritrea begin to go through menarche in middle school, with some girls starting at the end of elementary school.

Knowledge
The majority of girls had heard about menstruation prior to menarche. Sources of information included: conversations with mothers, other female relatives, or friends, often initiated after observing a stain or MHM materials; overhearing other women discussing menstruation; and formal education including lessons in science class (for girls who started menstruating in 7th grade or higher) or from a health facility worker. Some girls attended Quranic schooling in addition to their formal primary education. Girls who participated in this religious education learned about religious restrictions and requirements related to menstruation. Outside of formal lessons, information learned prior to menarche typically was restricted to the existence of menstruation and that women experience it monthly. Few girls had learned about management practices prior to menarche.

I knew that [menstruation] will occur, but I didn’t know for how long it will stay or what to do when it occurs.
- Girl, rural Bilen community

In general, girls had limited knowledge about the biology of menstruation. Most girls had a basic understanding that menstruation was related to fertility but none were able to give a clear explanation of what menstrual blood was or how it fit into the reproductive cycle. The most detailed explanation was that a woman’s egg would turn into blood if it was not fertilized. Few girls had a clear understanding of how to track their menstrual cycle; many
relied on using the same calendar date each month or observing signs in their bodies, while others said they had no idea when their next period would arrive.

Some girls said that they did not understand or could not remember the information that was taught in school lessons, which were taught in English in mixed-sex settings. In several schools in both rural and urban areas girls said that the teachers had been embarrassed to teach the topic or that boys had laughed, which made the girls embarrassed to participate or concentrate on the lesson. Only one girl in the semi-urban Saho community said that school lessons had included information on menstrual hygiene management.

We were missing that class [on menstruation] because the boys tease us.

- Girl, semi-urban Afar community

Interviewer: What about what to do when period comes? Did he teach you that?

Participant: Yes, but the boys used to laugh and he also feels shy.

- Girl, semi-urban Saho community

We didn’t learn much especially because it was in English. He said some things we didn’t understand then he left.

- Girl, semi-urban Saho community

Since [the science teacher] is a male, he doesn’t tell how it comes and what to prepare as it is needed.

- Girl, rural Bilen community

**Management practices**

Girls used either cloths or disposable sanitary pads (known colloquially as “modes”) to manage their menstruation. Girls in urban areas reported using pads more often than girls in rural areas and many girls reported using cloths only when pads were not available. In general, girls said that they preferred pads to cloth because they offered better protection, particularly when away from home such as at school or when traveling.

Sanitary pads can keep her menstruation well, that is why we use it for school or when we go for a journey. However, piece of cloth cannot serve this purpose. Her pants may be stained with blood.

- Girl, urban Tigrinya community

Girls in Saho and Tigre communities in the Eastern Lowlands said that they preferred cloth to pads because pads feel hotter than cloth and it was believed that pads can cause unspecified “sickness.” One girl said that she used the same cloth for up to two days at a time. Girls often wore additional layers of clothing such as tights or trousers underneath their skirts for additional protection while on their periods, as well as wearing dark-coloured clothing.
The issue of how girls cared for and used MHM materials was not fully explored in all interviews. Available information suggests that girls who used cloth either washed and re-used the cloth pieces or in a few cases threw them away after one use.

*Interviewer*: What does she do with it after a single use?

*Participant 3*: She disposes it

*Participant 8*: She washes it, how can she dispose it?!

*Participant 3*: Uuf disgusting! How can she reuse it?!

*Participant 6*: If it is properly washed, what is wrong with it?

*Participant 1*: She washes it and throws the dirty water in the toilet.

- Girls, rural Bilen community

Girls said that they washed and dried their cloths out of sight of others but usually dried them outside. A girl in the semi-urban Saho community said that it was acceptable for family members to see used materials drying, while a girl in an urban Tigrinya community said that cloths must be hidden to prevent them being used for witchcraft. More detail on washing and drying practices, including whether cloths were fully dried before storage, was not available.

Girls in Budawyet, Bilen, Tigre, and Tigrinya communities said that they did not bathe during their periods or did not bathe during the first few days due to cultural restrictions, although these practices were not followed by all girls in these areas.

*You don’t take a bath in the first days...They say it is not good for your health.*

- Girl, rural Tigre community

*For myself, I wash my body. But, some of my friends say that they don’t wash their body because they think that it can aggravate the menstruation.*

- Girl, rural Tigrinya community

Girls across all communities reported limiting their activities and avoiding socializing due to pain and to prevent others from learning that they are menstruating. A few girls in urban areas reported taking pain medication such as paracetamol and traditional medicines to help with pain relief, and girls also mentioned drinking hot drinks such as ginger tea. Several girls said that drinking tea was thought to increase menstrual flow and pain.

Typically, girls said that they did not bring additional pads or cloths to school to change during the day, often because there was no suitable place to change at school. Although most schools had latrines, girls said that they were not private, were dirty, and/or lacked soap and water.

*If she has a piece of cloth, she can wash and come back to class, but our school toilet has no water and the only solution is going home.*

- Girl, rural Bilen community

*The toilet doesn’t have a door and water. How are you going to [change your cloth]?”*

- Girl, rural Tigrinya community
However, in most schools at least one girl said that she did bring additional materials and changed either in the latrine or in the trees or fields around the school. Girls who did not bring additional materials would return home if they needed to change their pads during the school day. Almost all girls said that if their period started while they were in school they would go home to manage it. The one exception to this was in the school in Asmara, where pads were available for emergencies. Only a few girls said that they would prepare themselves with a pad or cloth when they thought that their period was coming.

When girls needed to go home to manage their menstruation they usually either told the teacher that they were sick or left school without permission. Girls in four of the schools said that they regularly stayed at home the first one to four days of their periods due to pain; the difficulty of managing menstrual flow to avoid stains; and, in some cases, either implicit social expectations for women to stay home or explicit advice from mothers, religious teachers, or in one case from a school teacher. When in school, girls often restricted their participation in class or were unable to concentrate on lessons due to pain and fear of leaks.

I don’t go to school when I am with menstruation. If you go to school, you might release a lot of blood that you cannot control or it may cause you some pain.  
- Girl, rural Tigre school

Participant: It was in grade 7 that we learned something about ‘period’ of girls ... and once a girl has it that she shouldn’t come to school. Our teacher told us that.  
Interviewer: Why should the girl not come to school? Did he tell you why?  
Participant: If she comes with not enough materials to dispose it might get overflow and others could see it. She should sit at home for the three days.  
- Girl, semi-urban Saho community

Support
Most girls went to their mothers or other female relatives such as sisters for support at menarche. They typically received reassurance that it was normal and natural, guidance on management, and caution on avoiding pregnancy. A minority of girls said that they did not tell anyone when their first periods arrived, and that they managed themselves according to knowledge that they had received prior to menarche. After menarche, girls frequently discussed menstruation with their friends but were less likely to speak with their mothers. However, they did seek support for relief from chores, permission to stay home from school, and for purchasing pads. Girls did not seek support from their male relatives aside from asking their fathers and sometimes brothers for money to purchase pads, although all but a few girls said that they would not tell their fathers or brothers that the money was needed for purchasing pads.

We even tell our fathers that we need money for other purposes. We feel shame to tell our fathers.  
- Girl, urban Kunama community

Interviewer: How did you asked your father for money? Did you tell him that it was for sanitary pads?  
Participant: No! I tell him that I need money.
Nearly all girls reported supporting friends and peers who needed help managing their menstruation. Girls would offer scarves to cover stains, share management materials, and ask teachers for permission for their friends to leave. Girls would also go home with their friends if they needed to leave during the school day, and some girls reported staying home with friends who did not go to school while menstruating.

*I would give her my uniform, I would also give her my scarf or she does her own and I go home with her.*

- Girl, urban Tigre community

*I my female friend stays with me at home. I do the same for her during her menstruation.*

- Girls, rural Tigre community

Girls reported teasing and gossip by both boys and girls in a majority of the schools. Some girls suggested that teasing was motivated by a lack of information.

**Boys laugh if they don’t know, but if they understand, they say nothing.**

- Girl, rural Bilen community

**They might say “this girl has something” and they gossip about you with others. In school the students, they always gossip. Even the girls if they saw something on you they just talk about it.**

- Girl, semi-urban Saho community

**Attitudes**

Girls largely considered menstruation to be a positive and necessary part of their lives. They used words like “mature,” “fertile,” “natural,” “healthy,” and “protection” against disease to describe menstruation and menarche. They also valued menstruation as an indication that they could have children. In Nara, Tigre, and Tigrinya communities, girls said that menarche was an indication that girls were ready for marriage. Some girls expressed negative attitudes towards menstruation, calling menstruation “bad blood” (rural Tigre community) and a “dirty state” (semi-urban Afar community). In the Nara community, a girl said that menstruating women cannot go to Quranic School because “the devil can go with you.”

**Mothers**

**Knowledge**

Mothers’ knowledge of menstruation was largely based on what they had learned from their own experiences. Several women mentioned that they had undergone menarche only after they had been married; they had been unaware that unwed girls could experience menarche until their daughters started menstruating. Women in several areas appeared to rely on using the same calendar date each month to track their cycles, although this topic was not explored in depth. Women often had an unclear understanding of what symptoms were associated with normal menstruation and what was abnormal. They expressed ideas including that any pain during
Menstruation indicated a problem with menstrual flow, that menarche before age 14 indicated a problem, and that menstrual flow was related to body weight.

**Management practices**

Overall, mothers tended to use cloth to manage their menstrual flow, aside from women in the Asmara area who typically used pads. Women in all communities except for the rural Budawyet area had some experience with pads, in some cases due to promotion and distribution conducted by the NUEW. Many women preferred pads over cloth because of the added protection against leaks. However, women did not use pads regularly because they were unaffordable, although they said that girls were more likely to use them.

*Participant 2: Modes [colloquial term for pads] are better, pieces of cloth are used due to lack of money.*

*Participant 3: If she wears modes it doesn’t leak. Since it is soft it does not cause pain.*

- Mothers, semi-urban Afar community

*Participant 10: Modes are not affordable to everyone. Those who can afford modes use them, but those who can’t afford, use what is affordable to them.*

*Participant 9: When they are used there is no fear of spillage. It is better for the health.*

- Mothers, rural Bilen community

Some women preferred cloth to pads, believing that pads can cause kidney disease (Tigre, urban) or block menstrual flow (Afar, semi-urban), that the cotton will tear and enter the body (Saho, urban), and that they are impractical in hot climates because women must change their materials many times a day to stay fresh.

*Participant 1: If the blood is too much, sanitary pads cannot protect it. Pieces of cloths can protect it even if the blood is too much. Sanitary pads are too soft and weak.*

*Participant 5: In addition to the weakness and softness, sanitary pads are said to [be] bad for health.*

*Participant 6: It is hot for the body and it causes diseases.*

- Mothers, rural Tigre community

**Support**

Women reported supporting their daughters’ menstruation in many ways, including providing emotional support and management information at menarche, providing money for pads and underwear, providing traditional or pharmaceutical pain medication, and instructing girls to avoid pregnancy. Most women said that they did not speak about the topic to their daughters until menarche. A few women said that their daughters had never informed their mothers that they had started menstruating. Mothers frequently said that that both they and their daughters were uncomfortable talking about the topic due to embarrassment and shame.
None of us speaks about this issue, neither the mother nor the daughter. Not only here, but everywhere Afar girl don’t talk about such things openly. No mother tells her daughter and no daughter tells her mother.

- Mother, semi-urban Afar community

All mothers are not the same; there is a mother who talks to her daughter and there is a mother who gets embarrassed. She says, “What will she think of me if I tell her?” So she remains without telling her.

- Mother, urban Tigre community

We don’t ask [our daughters] in order not to shame them.

- Mother, urban Tigrinya community

Very few women said that they had ever talked to their sons about menstruation. Most mothers did not tell their husbands that their daughter had started menstruating, and several women said that they would not ask their husbands directly for MHM supplies for their daughters.

We have to buy her underwear, but we are ashamed to ask the fathers that.

- Mother, rural Budawyet community

Interviewer: When men give you money for other expenses, do you tell them if you use some of it to buy modes?

Participant 3: We don’t tell

Participant 7: We tell them that we used it to buy soap or red-pepper. We buy one ribi’et (local measurement) of cereals instead of two.

Participant 8: We lie and tell them that we bought two ribi’ts.

- Mothers, rural Bilen community

Awareness

Mothers generally felt that girls were well-informed about menstruation due to school and discussions with their friends and older girls. Some mothers noted that school instruction came too late, with lessons starting in 7th grade despite many girls starting menstruation in 6th grade; that lessons did not cover management practices; and that science lessons covering menstruation are taught in English, which prevented some students from fully understanding the content.

They learn in 7th grade that there is period. They don’t teach them how to manage it. A parent must add on to what she learns because it’s taught in English and they might not understand it well.

- Mother, urban Tigrinya community

Mothers were generally aware that their daughters missed school due to pain and the difficulty of managing heavy flow. Most felt that it was acceptable and even advisable for girls to stay home from school on the first few days of their periods because of pain and to follow cultural requirements to keep menstruation hidden. One woman thought that pain was only a problem for women or girls who had undergone FGM/C. Another woman did not experience pain herself and so did not think it was a common problem. Some mothers were aware that girls may face
emotional distress such as shame, embarrassment, and worry, as well as mood changes and teasing at school.

**Attitudes**
Women had mixed attitudes towards menstruation. Many women spoke of menstruation as being natural, saying that it “comes from God” (Nara, rural) and calling it “God’s gift” (Tigrinya, urban). Mothers also accepted that it was necessary for fertility and reproduction. Some women saw it as cleansing:

- Participant 6. Menstruation cleans the womb where the infant sleeps during pregnancy.
- Participant 1. With menstruation, all the diseases in your body come out with it. It cleans the body.
- Participant 4. It is protecting me from diseases.

- Mothers, urban Kunama community

However, women also voiced numerous negative attitudes towards menstruation. Women often referred to menstrual blood as dirty, particularly in rural areas, calling it “ill blood” (Tigre, rural), “dirty blood” (Kunama, urban), “dirt removed out” (Nara, rural), “dirt” (Bilen, rural), and “impurity” (Saho, semi-urban). Women at times referred to menstruation as “the woman’s illness” (Budawyet, rural; Kunama, urban), “the bad illness” (Kunama, urban), or Eve’s “curse” (Bilen, rural).

Several communities also spoke about menarche as an indication that girls were ready for marriage. In the Budawyet and Nara communities, mothers said that they would allow their girls to be married as soon as they reached menarche.

**Fathers**

**Knowledge**
Fathers tended to have a limited understanding of the biology of menstruation. Few men had received any formal education on the topic and most had learned what they knew through the experience of their wives or from interactions with women during the Eritrean War of Independence or “armed struggle”, when men and women trained and fought together. Some fathers in rural areas (where pad use was less common) were not aware of the possible benefits of disposable pads over cloth.

**Support**
Some fathers said that they spoke with their sons about menstruation but most said that it was not discussed between men in their community. Very few fathers had ever discussed menstruation with their daughters; fathers’ groups unanimously agreed that it was the role of mothers to speak with daughters. Fathers in several communities said that they were ashamed or shy to talk about these topics, while others said that it was “none of a man’s business” (Kunama, urban). Some fathers said that they would talk to their wives about their daughters’ menstruation, but others said that they never spoke of their daughters’ menstruation directly. In urban and semi-urban areas where pad use was common, fathers frequently provided financial
support but said that their daughters and wives would not directly ask for money to purchase pads, instead asking for money for general shopping. In general, the main role that fathers perceived for themselves regarding their daughters’ menstruation was to find them husbands once they reached menarche.

Several fathers said that they had not considered the role that they could play in supporting their wives’ and daughters’ menstruation prior to the interview, and were open to the idea of playing a larger role.

This meeting is really a good chance for us. The rest of the society will need such a chance to discuss such topics. It has never come to my mind that I should have a role in supporting my daughters or wife during menstruation. But we should include it in our responsibilities of the family. We should supply them with what they need during menstruation.

- Father, urban Tigre community

**Awareness**

Fathers largely felt that girls were getting sufficient knowledge from their mothers and from school, although one father was concerned that girls may not always receive sufficient information:

[If] her mother is uneducated, she cannot tell her what she herself does not know and it harms the girl greatly. On the other side, a father does not approach his daughter to the extent that he sits with her and discusses this with her. Because of this, girls’ knowledge is insufficient.

- Father, semi-urban Afar community

Most fathers were aware that their daughters faced difficulties related to menstruation, including pain, teasing, loss of appetite, and missing class. However, some fathers were unaware that girls might have challenges managing their menstruation while in school.

**Attitudes**

As with mothers, fathers’ attitudes towards menstruation and menstrual blood were mixed. In most communities, men described menstruation as natural or normal and a sign of maturity and adulthood. A few men specifically stressed that menstruation “does not necessarily make a girl or woman unclean” (Tigrinya, urban) and that “it is not a shameful thing” (Bilen, rural).

More commonly, however, fathers tended to voice strong negative attitudes towards menstruation. Many used the words “shame” (Tigre, Nara, Kunama), “nasty” (Kunama, Bilen) and “dirty” (Bilen, Tigrinya) when describing menstruation and menstruating women. Fathers in the rural Bilen community believed that menstruating women can contaminate food and drink and compared it to an infectious disease. Men in the Kunama community thought that loss of blood causes women to age prematurely and also thought that it was shameful for a girl to start menstruating too young (they did not specify what age was acceptable). Some men appeared to think of menstruation as a condition that needed to be prevented through marriage in order for girls not to face psychological harm.
Participant 4: If she starts menstruation, her medication is to get married. If she does not get married menstruation will continue coming.

Interviewer: If she is not married at the age of 14 or 15, what happens to the girl?
Participant 7: She will be psychologically harmed.

- Fathers, urban Tigrinya community

Many fathers felt that it was acceptable or even preferable for girls to miss class during menstruation because it was shameful for girls to be around boys and men while they were not “clean”. This attitude was especially prominent in the Nara and Tigre communities:

Even now there are some who do not allow menstruating girls do things. If she has menstruation she can’t come in front of boys. She can’t go here and there. She keeps herself secret until she performs taharaa (ritual cleansing at the end of the menstrual period). Until she washes her body from the period and is free from menstruation she can’t do anything as she was doing before and she sits at home.

- Father, rural Nara community

If a girl started menstruating in class and when sitting between two boys; what should be the consequences? It is not good for the girl. ... When the smell of her menstruation reaches the boys, they may despise her and hate her nature.

- Father, urban Tigre community

She is menstruating, she is not neat. She shouldn’t go outside her home. Most of our society except few does not know sanitary pads. Our girls do not use them. So blood may suddenly approach her when she is participating in a ceremony. And this is shame.

- Father, rural Tigre community

In six of the communities, fathers explicitly said that menarche meant their daughters were ready for marriage. Fathers’ desire for their daughters to be married soon after menarche was often due to a need to follow cultural traditions or protect against pregnancy while unmarried.

Participant 8: I think girls are more intelligent and promote more [than boys]. But as what we are saying we are not allowing them to progress to next level. If she reaches 7th, 8th and 9th we let her to leave school and we try to get her married.
Participant 5: If the girl starts having period she is ready for marriage.

- Fathers, rural Nara community

Participant 4: What does he feels after his daughter begins menstruation? Before this time he has no suspicion of her that she may do adultery. After the beginning of menstruation. [he] tries to protect her from being involved in such things.
Participant 7: After she begins menstruation, he thinks about marriage, if he finds anybody asking her for engagement, he gives her, let her marry, if not he does what he is able to do in order to get her married.

- Father, semi-urban Afar community
In our community if a girl reached puberty, we plan for her marriage. ... It is must that we plan to marry girl who reached menarche. Why? Because we need to follow our culture and religion. ... We cannot tell our brothers who ask us for marriage that we cannot give them before she completes school.

-Father, Semi-urban Saho community

Boys

Knowledge
Most boys had heard about menstruation prior to the interview, although some had not. Sources of information included formal lessons in science class, lessons from Quranic schooling, and occasionally from parents, peers, or girlfriends. Boys generally had a limited knowledge about the biology of menstruation; they knew that women experience bleeding and that menstruation is related to pregnancy. However, they were often unaware or misinformed about details such as frequency, duration, the fact that some women experience pain, and that there were ways for women to tell when it would arrive. Boys attributed their lack of information in part to insufficient science class lessons; as one boy in the urban Tigre community explained, “When [the science teacher] taught us, he didn’t tell us clearly for how long it stays, or why it occurs monthly.” Only boys in the urban Tigrinya school in the Eastern Lowlands demonstrated a detailed understanding of the biology of menstruation, including the length of the menstrual cycle and the relationship between ovulation, fertilisation, and menstruation.

Most boys who knew about menstruation were also aware that women used pads or cloth to manage it, although there was limited understanding of how frequently women needed to change their materials. Boys learned about pads from seeing them in shops or from observing discarded pads in trash pits and fields.

Support
Most boys said that they had never discussed the topic with their parents and that talking to their sisters about it was forbidden, taboo, or shameful. Boys generally did not talk about the subject between themselves. Boys in several schools reported teasing as a problem and said that teasing is done by “boys who do not know” about menstruation, as one boy explained when describing an incident where a girl had gotten her period in class and stained her skirt:

They started laughing at her because they were small at that time. After they become older if they understand what menstruation is, they can avoid laughing and can help her.

-Boy, rural Nara community

Awareness
In all areas boys noted that menstruation led to changes in behaviour for girls. They reported that girls would isolate themselves and experience stress, embarrassment, and shyness. They also observed that girls decreased their participation in class and left class more often. One group of boys recounted a story where a girl had dropped out of school due to teasing after her clothes got stained in class.
**Attitudes**

Boys in several areas demonstrated negative attitudes towards menstruation. One boy in the Bilen community said, “There could be some who looks at [a menstruating girl] as disgusting and some others may feel pity” and another thought that women were “ashamed” to participate in social events during their periods. In a rural Tigre community, a boy mentioned that menstruating women should not travel for fear of “contaminating” others, while a boy in an Afar school said that he would not eat food cooked by a menstruating woman “because the blood may be poured into it.” Boys in Bidawyet, Tigre, and Tigrinya communities said that they did not wish to learn more about menstruation because it is a concern for women or they did not see the value of learning more.

*Boys and men don’t need to discuss, it is [women’s] problem and their concern.*

- Boy, urban Tigre community

A few boys spoke about menstruation in positive terms; two boys in the rural Bilen community used positive words to describe menstruation, calling it “nature” and “God’s gift.” Boys in the Afar, Nara, and Saho communities said that they wanted to know more about menstruation so that they could help their sisters.

*It is important that boys know about it. ... If I know what it is, I can tell [my sister] that it is a common nature of all females, but if I do not know I can do nothing for her.*

- Boy, semi-urban Afar community

**Schools**

Information on the formal and informal support provided by schools was collected through interviews with school directors, teachers, and PTSA members, as well as observation of school facilities. Additional information is included from interviews with students and parents.

**Support**

All but one school director reported that lessons on menstruation were taught as part of the 7th and 8th grade science curriculum. The director of the school that did not include any lessons, which was in a Budawyet community, said that teachers refused to discuss the topic of menstruation and also that there was only one female student in the school so the topic was unnecessary (more information can be found in a case study of the Budawyet community in Box 2). Topics covered in menstruation lessons included the biology of menstruation and reproductive health. Some school directors said that the lessons covered management practices as well, however only one student in the semi-urban Saho community reported learning about management in school and she did not specify what information was covered. School directors and teachers said that teachers did not receive any special training on menstruation. Some teachers reported being uncomfortable teaching about menstruation or only teaching highlights due to having insufficient knowledge on the topic. Teachers also reported discomfort or shyness among students; in one urban school, the science teacher had started using a projector to teach the lessons and found that it made the students more engaged. According to students’ reports,
life skills lessons were taught regularly in only one school and in the other schools taught sporadically (2 schools) or not at all (7 schools).

Only one of the schools, in the capital Asmara, offered menstrual hygiene materials for girls. The school purchased pads with school funds and female teachers kept stock to distribute to girls for free as needed for emergency situations.

School WASH conditions were generally poor; the schools had higher rates of sanitation facility availability but lower rates of water access compared to national averages (Table 5). Although all schools had latrines, two schools did not have any operational latrines, only half of schools had sex-segregated latrines, a third had girls’ latrines with working locks for privacy, and no latrines had internal waste disposal facilities aside from latrine pits. Only one quarter of schools had a functional water source on the school grounds, with urban schools more likely to have water access than rural schools. Only one third of schools had handwashing facilities with water and none of the schools had soap for handwashing. As discussed previously, MHM materials were only available in one school and none of the schools had facilities designed or adapted for MHM.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rural (N=5)</th>
<th>Urban / semi-urban (N=6)</th>
<th>Total (N=11)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n (%)</td>
<td>n</td>
<td>n</td>
</tr>
<tr>
<td><strong>Sanitation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latrines present</td>
<td>5</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>At least one operational latrine present</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>At least 50% of latrines partially or fully functional</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>At least 50% of latrines fully functional</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>At least one sex-separated latrine available</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>At least one clean or somewhat clean girls’ latrine</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>At least one girls’ latrine with functional inside lock</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>At least one girls’ latrine with dust bin inside</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Waste disposal</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pit for burning waste</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Incinerator for burning waste</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Water</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functional improved water source on school grounds</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Handwashing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handwashing facilities present</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Handwashing facilities with water</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Handwashing facilities with soap and water</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>MHM</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MHM materials available</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Separate space/room for changing MHM materials or latrines adapted for MHM</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Partially functional latrines defined as a latrine that can be used, but there are at least some problems with the physical infrastructure (e.g., deterioration in concrete, loose doors, locks, deteriorating roof) and some repair is necessary. Fully functional latrines have no problems with physical infrastructure, including locks, and no repairs are needed.

Clean latrines are defined as toilet compartments that are not smelly, have no visible faeces in or around the facility, and have no flies or litter. Somewhat clean latrines are defined as a latrine with some smell and/or some sign of faecal matter/urine and/or some flies and/or litter or better.

Improved drinking water source defined as private connection, public standpipe, borehole, protected dug well or spring, and rainwater collection. All water sources present in the schools were either standpipes or rainwater.

Data taken from pre-study visit; data from one rural school not available

**Awareness**

When asked how girls’ behaviour changes during menstruation, teachers generally said that girls missed classes and reduced their participation in class. Few teachers reported being aware of teasing. Five of the seven PTSA members interviewed said that their committee had never discussed the challenges that girls may face in school in relation to MHM, and several members said that they did not know what girls needed in the school. In one school the PTSA had worked with the NUEW to provide awareness sessions and pads to school girls, although the programme had lapsed. Several parents and girls recounted conflicts with teachers caused by the fact that girls were absent due to menstruation but did not tell teachers the cause. Parents and girls said that girls were sometimes punished for these unexcused absences. Punishment typically involved suspension, although one girl said that it could also involve physical punishment.

> There are some events in which parents were called to school for absenteeism of this kind. They harass the student saying that they don’t know whether she was absent because of travel to somewhere, busy with tasks at home, negligence, etc. [They say] if you were sick you must bring sick report. This approach causes additional absenteeism of two days or more. The problem could not be solved until one of the parents come to school and tell the teacher that the real reason for their daughter’s absenteeism was her menstrual period. If we ask why this problem doesn’t get quick resolution, it is because the girl do not dare to tell her teachers that she was absent because of period.

– Father, rural Bilen community

> Inform the teachers to stop beating the girls with a stick or to making them hop on the ground when they tell them that they are sick and ask for permission to go home. She may be embarrassed to tell the teacher, but she is punished by being made to hop.

– Girl, rural Tigre community

**Health facilities**

Information on the programmes and services offered by health facilities, as well as awareness of challenges faced by menstruating girls and women, came from interviews with doctors and nurses working in seven health facilities that were located in the school communities.
Support
Health facility staff actively conducted health outreach sessions in 5 of the 7 schools where staff were interviewed. Information on MHM, including instruction on absorptive materials and personal hygiene, was included in lessons in only two of the health facilities, and only one of the health facilities had teaching materials for facilitators to use. These facilities started MHM outreach in grades 7 and 8. An additional health facility had provided educational sessions on MHM in the past but was no longer conducting any school health outreach sessions; the reason for discontinuing the sessions was not provided. This health facility also formerly provided sanitary pads to students, but no longer had any available. None of the other facilities provided sanitary pads.

Two health facilities where health education or MHM-specific health education were not in place said that the absence of programming was due in part to a lack of guidance or directives from higher levels of the Ministry.

“We take [the topic of menstruation] for granted. We thought it doesn’t have that much importance. Moreover, it is not remembered at Zoba level/top level.”
- Nurse midwife, health facility in rural Bilen community

“Priority has not been given at the top level. Most of our activities are top-down. There is no school health programme at zone and health facility level, this has a role. Had this been in place, we could have implemented some activities.”
- Doctor, health facility in urban Tigre community

Awareness
Health facility staff said that the main reasons that girls and women came to them were pain and irregular menstruation. Staff members at three of the facilities mentioned that women commonly faced additional menstrual pain due to FGM/C, particularly related to overly narrow vaginal openings due to infibulation.

Health facility staff in both urban and rural communities reported a low level of awareness of when to seek treatment for menstrual issues among community members. One respondent said that girls in particular do not always know when menstruation should start and when to seek medical assistance if it has not started. In several facilities respondents said that girls rarely came in.

Box 1: Cultural practices and beliefs

Cultural practices and beliefs related to menstruation

Participants described a number of culturally-specific practices and beliefs around menstruation. These beliefs were not necessarily shared or practiced by all members of a given community; however, they offer an overview of factors that may impact girls’ and women’s menstrual experiences. Some participants noted that women and girls were less likely to follow traditional practices in urban areas compared to rural areas, and that the younger generation of girls were also less likely to observe some traditions.
In addition to the cultural beliefs listed below, respondents across all ethnic groups also reported religious restrictions in both Christian and Muslim communities. These include restrictions against entering church/mosque, not touching the Quran or cross, not praying or fasting, and the need for ritual washing at the end of each menstrual period among Muslims. Some Christian participants said that these restrictions came from traditional beliefs and were not enforced by the church.

<table>
<thead>
<tr>
<th>Region</th>
<th>Restrictions/Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afar</td>
<td>Restrictions on milking animals, drinking camel milk, fetching water from the well,</td>
</tr>
<tr>
<td></td>
<td>bathing in running water or near the well, and bathing generally (reported as current</td>
</tr>
<tr>
<td></td>
<td>practice by one girl and as prior practice by others)</td>
</tr>
<tr>
<td>Bilen</td>
<td>Restrictions against drinking fresh milk (fermented milk allowed), entering animal</td>
</tr>
<tr>
<td></td>
<td>sheds, bathing (voiced by one girl only)</td>
</tr>
<tr>
<td></td>
<td>Belief that drinking tea or coca cola will make period heavier</td>
</tr>
<tr>
<td>Budawyet</td>
<td>Extreme taboo against talking about menstruation</td>
</tr>
<tr>
<td></td>
<td>Restrictions on drinking certain types of milk</td>
</tr>
<tr>
<td></td>
<td>Some belief that washing during menstruation is forbidden, some belief that illness and</td>
</tr>
<tr>
<td></td>
<td>pain will occur if a woman doesn’t wash</td>
</tr>
<tr>
<td>Kunama</td>
<td>A ceremony is observed for girls at menarche that involves palm leaves tied to their</td>
</tr>
<tr>
<td></td>
<td>heads/hands and eating ceremonial food with female family and neighbours</td>
</tr>
<tr>
<td></td>
<td>Restrictions against eating porridge with salt, shaking hands with men, cooking or</td>
</tr>
<tr>
<td></td>
<td>being in the kitchen, collecting water from rivers, sitting in chairs that others use,</td>
</tr>
<tr>
<td></td>
<td>making or drinking Siwa (local drink)</td>
</tr>
<tr>
<td></td>
<td>Belief that used menstrual materials can be used for witchcraft</td>
</tr>
<tr>
<td>Nara</td>
<td>Restrictions against bathing with cold water, taking a smoke bath (tesh), being</td>
</tr>
<tr>
<td></td>
<td>exposed to the sun (voiced by one woman only), being near men</td>
</tr>
<tr>
<td></td>
<td>Belief that water that is used for washing a menstruating woman’s body or menstrual</td>
</tr>
<tr>
<td></td>
<td>cloths should not be thrown on another’s legs</td>
</tr>
<tr>
<td></td>
<td>Some women stay home until the end of their period / ritual washing (taharaa)</td>
</tr>
<tr>
<td>Saho</td>
<td>Restrictions on hairdressing, shaking hands with men, milking animals, being near goats</td>
</tr>
<tr>
<td></td>
<td>and cattle, sitting in a seat that is used by others, bathing (no longer widely observed)</td>
</tr>
<tr>
<td></td>
<td>Belief that drinking tea makes menarche arrive early and drinking tea or other hot</td>
</tr>
<tr>
<td></td>
<td>drinks increases the amount of blood during menstruation</td>
</tr>
<tr>
<td>Tigre</td>
<td>Restrictions against preparing food, attending ceremonies were blood is spilled, going</td>
</tr>
<tr>
<td></td>
<td>where garbage is thrown, drinking certain types of milk, going where cows sleep,</td>
</tr>
<tr>
<td></td>
<td>coming into contact with cow urine, eating butter, going near animals, hairdressing,</td>
</tr>
<tr>
<td></td>
<td>bathing (sometimes limited to bathing with cold water)</td>
</tr>
</tbody>
</table>
Findings from a study on MHM in Eritrean middle schools

- Belief that menstruating women are susceptible to illness
- Belief that drinking tea makes menarche arrive early and increases the amount of blood/pain during menstruation

**Tigrinya**
- Restriction against bathing; belief that washing with warm water will increase menstrual flow and that washing with cold water will thicken the blood
- Belief that drinking tea makes menarche arrive early and increases the amount of blood during menstruation
- Belief that used MHM materials need to be kept hidden to prevent evil spirits

### Impacts

This section details the impacts that menstruation has on girls’ academic performance and psychosocial well-being. This information was provided directly from the reports of girls as well as the observations of mothers, teachers, fathers, and boys. Voiced educational impacts include increased absenteeism, decreased participation in class, decreased concentration, and punishments for absence. Additional impacts include emotional distress, social isolation, and impaired health.

#### Absenteeism

Nearly all girls reported occasional or consistent absenteeism during their menstrual periods. Most girls said that they would go home if menstruation began while they were in school or if they got a stain while in school; this was due to the lack of MHM materials and insufficient WASH infrastructure such as privacy, soap, and water.

*When menstruation starts, we are forced to go home and change, then back to school. This kills our time. In addition, when it passes to your cloths you can have it all the way to home and somebody can see your cloths and insult you and tell others.*

- Girl, rural Tigre community

Girls in all schools except for the school in Asmara also said that they would stay at home or leave school if they experienced bad pain. More information on potential reasons why girls in the Asmara school were able to manage their periods in school can be seen in the Asmara case study in Box 2. Girls in four of the schools reported regularly staying home from school the first one to four days of their periods. The reasons attributed were pain, fear of leaks and stains, or implicit or explicit social expectations for women to stay home while menstruating. Several girls said that girls accompanied their menstruating friends home and stayed with them while away from school, multiplying the impact of menstruation on girls’ absenteeism.

#### Participation

Most girls said that they or their peers avoided going to the front of the class or answering questions in class due to fear of stains. Girls would pretend not to know the answer to questions
to avoid being called to the front or would only answer from their seats. Other girls would answer questions but would worry and stress about the fear of leaks while doing so.

*Interviewer: You don’t write on the blackboard?*
*Participant: With menses? Woow, how can we stand in front of the class?*

- Girls IDI, semi-urban Afar community

*Interviewer: How is your participation at class? Do you work out or answer questions at the black board?*
*Participant: This is very challenging situation. As I sit at front I feel discomfort but I go and answer the question.*

- Girls IDI, urban Tigre community

Decreased participation was reported in rural, semi-urban, and urban areas, and by girls who used both pads and cloth. Not all girls who were interviewed reported reduced participation in class; some were confident that their MHM materials (both pads and cloth) would protect them from stains and said they had no hesitation in going to the board.

**Concentration**

Girls in several schools said that pain and worry about stains distracted them from concentrating in class. This occurred both during menstruation and also when girls think that their menstrual period might start.

*Those who come to school have pain and discomfort, so they do not concentrate in their education. They are only in the class physically.*

- Girl, urban Kunama community

*While the teacher is teaching [a menstruating girl] is not giving attention to the lesson. She thinks, “What will I do if my uniform gets stained?”*

- Girl, urban Tigrinya community

**Punishment**

Girls and parents reported that girls sometimes faced punishment for unexcused absences when girls left school without informing teachers or when they did not provide proof of a doctor’s visit for absences that they claimed were due to illness. Punishment typically involved suspensions for missing class.

*Participant: The teacher does not permit us to go home. Even if the teacher permits, he asks you what is your sickness and he knows you. So, knowing the risk of suspension from school and calling of our parents to the school, we go home without telling the teacher. You go home despite the risk of suspension from school by the teacher.*

*Interviewer: Why didn’t you ask permission from the teacher?*
*Participant: It is a matter of embarrassment.*

- Girl, rural Tigrinya community
The school teacher calls her family if she violates the school rules. Then we negotiate with the teacher to get her back. This is because [the teachers] do not understand their situation.

- Mother, rural Tigrinya community

Girls were also usually not able to make up exams that they missed due to menstruation and often had limited support making up missed lessons.

*Interviewer*: How long do you stay absent in your home [during menstruation]?
*Participant 3*: Three days, sometimes for one week.
*Interviewer*: What do teachers say to you when you come back after a week?
*Participant 3*: They do not give me extra support for the lessons I missed.
*Interviewer*: What about if you miss an examination?
*Participant 3*: You just miss it. No help or support is given to you
*Participant 4*: There are some good teachers who teach you what you have missed.
*Participant 3*: They tell us, "We cannot teach the lesson again for only one girl".

- Girls, urban Kunama community

**Emotional distress**

Girls in all schools reported emotional distress such as shame, embarrassment, gossip and teasing, and worry about stains, odour, or anyone finding out that they were menstruating. As one girl in a semi-urban Saho community described, “When you have your period it is stressful.”

Girls also described feelings of shock and fear at menarche. This was particularly problematic for girls who had never heard about menstruation before menarche, but also occurred to girls who had heard about it but did not have sufficient information to fully understand what would happen.

I started to hate myself, but later, when I knew that there are others like me, I became ok.

- Girl, urban Tigrinya community

I was a little bit terrified, but that was not that much because my mother told me before.

- Girl, rural Tigrinya community

**Social isolation**

Many girls said that they limited their activities, decreased interactions with others, and stayed at home during their periods. This was due to pain/discomfort and desire to avoid teasing or gossip, as well as fear that others would find out that they were menstruating due to the smell, leaks, or following cultural restrictions for menstruating women.

They might talk later or they might even say “stay away from us.” So to avoid hearing such bad things from them you prefer not to speak.

- Girl, semi-urban Saho community
I hate when men/boys ask me to give them Holy Quran, because it is not allowed for us to touch it and if I refuse they will know that I am at menses. I prefer to hide in order to avoid such situations.

- Girl, semi-urban Afar community

**Health**

Girls frequently reported health issues that may be the result of poor MHM practices. These included abdominal pain, physical weakness and tiredness, nausea, vomiting, dizziness, visual impairment, and loss of appetite. Some of these symptoms may be directly related to the body’s physiological response to menstruation rather than being health impacts related to poor MHM. However, this may also indicate anaemia, nutritional deficiencies, inadequate rest, and inadequate pain management. The Afar, Bilen, Budawyet, and Tigre ethnic groups observed restrictions against drinking certain types of milk, which could potentially lead to decreased nutrients if girls typically relied on milk as part of their diet. There is the potential for additional health impacts related to inadequate care of MHM materials, such as improperly drying reusable materials or infrequently changing materials. However, the issue of how frequently materials were changed and detailed information on the care of reusable materials were not fully explored.

**Challenges**

The challenges detailed here are the aspects of girls’ experiences during menstruation that led to the educational and psychosocial impacts reported above. Challenges included poor management leading to leaks and stains, menstrual pain, teasing and gossip, and odour.

**Poor management leading to leaks and stains**

One of the main challenges that girls discussed was their difficulty in preventing leaks and stains, leading to worry and shame. This challenge was particularly difficult for girls in the first months after menarche. During this time girls were learning how best to manage their menstruation, often through trial and error.

At the beginning, I did not know what to do. I was afraid when I was trying to use sanitary pad. I was fearing that the pad might fall down. However, through time I was adapting it and you gain experience. It becomes a routine practice.

- Girls, urban Tigrinya community

Leaks and stains were particularly challenging during the first few days of girls’ periods when their menstrual flow was heaviest. Girls typically did not bring additional MHM materials with them to school during these days, increasing the risk of an accident. Girls also typically did not bring MHM materials with them when they thought their periods might start, or did not know when their periods would start. This challenge of not knowing when her next period will start may be especially difficult for girls in the first months or years after menarche, as girls often experience irregular cycles during this period.

**Menstrual pain**

The second main challenge that girls voiced was menstrual pain and other health symptoms associated with menstruation, including physical weakness and tiredness, nausea, vomiting,
dizziness, visual impairment, and loss of appetite. These symptoms limited their ability to participate in school and conduct daily activities. Girls and mothers cited pain as the main reason that girls missed school during their periods. One girl in the semi-urban Saho community described that she did not go to school on some days because “Your body tells you, it just cannot handle it.”

**Teasing and gossip**

Fear of teasing and gossip from their peers (both male and female) caused girls emotional distress and encouraged or forced them to avoid social interactions, decrease their participation in class, and stay home from school during their periods.

*I don’t go to school when I am on menstruation...If something happened to you without you paying attention, the children will insult you or say something that offends you.*

- Girl, rural Tigre community

*One day we were sitting with our friends and when we stood to go the vendor near us told one of our friend that she has a stain. The girl was so shy and she stopped going with us. After menarche, you feel that people are talking about you, you think that they know that you are menstruating. You think that the girls are gossiping about your menstruation.*

- Girl, urban Tigrinya community

**Odour**

A few girls expressed concern about menstrual odour. This may not be a widespread challenge; however it was a driver for social isolation among these girls. While it was not explicitly stated as a reason for girls staying home from school, it might contribute to the feeling of embarrassment and fear of discovery that motivates some girls to stay at home during their periods. The challenge of odour could particularly be an issue in communities where restrictions on bathing during menstruation are observed.

**Determinants**

Determinants are the underlying factors that led to the challenges that prevent girls from fully participating in school and society during menstruation. The determinants uncovered by the research were insufficient school WASH facilities; a lack of sufficient information and support for girls, boys, parents, and teachers; cultural practices and beliefs; and lack of access to effective MHM materials and pain management.

**Insufficient school WASH facilities**

One of the main barriers preventing girls from practicing good menstrual hygiene in school was the lack of sufficient WASH facilities. As mentioned above, only half of the latrines were sex-segregated, and in practice that separation was often ignored. Latrines frequently lacked privacy due to missing doors, cracks, lack of functional locks, and short walls, decreasing girls’ confidence in using them to change their MHM materials, or indeed to use them at all. Latrines were also
often dirty and lacked water and soap, which made it impossible to manage a stain or for girls to clean themselves.

*Interviewer: Can’t she go to somewhere in the school, for example, can’t she use a toilet?*

*Participant: What can she do in the toilet, it has nothing!*

- Girl, rural Bilen community

None of the latrines had disposal options aside from the latrine pits; although some schools did have waste disposal systems, some girls said they were embarrassed to dispose of pads in external rubbish bins for fear that others would see. Disposal in latrine pits could cause the pit to fill up quickly and lead to premature loss of functionality of the latrine if the pit was not excavated.

Rules and restrictions around the use of latrines also impaired girls’ ability to manage menstruation in school. In one school girls reported that teachers did not allow them to use the latrines during class, which could increase the risk of stains and discourage girls from coming to school on days with heavy menstrual flow. In another school, water was available but managed by a guard who would not always allow access to the water for cleaning latrines, leading to dirty latrines that girls did not want to use.

All except one school lacked MHM supplies for girls to use in emergencies, which meant that they had no option but to go home if their periods came unexpectedly or if they needed to change during the day and did not have any additional materials.

**Lack of information, support, and communication**

Another key driver for girls’ poor MHM overall and in school is the lack of sufficient information and support for girls, as well as a lack of information and communication among mothers, fathers, boys, and teachers and the school administration.

Girls were often insufficiently informed about menstruation prior to menarche, leading to distress. Few mothers told their daughters about menstruation prior to menarche, and school lessons usually came after the onset of menarche. In some cases girls, had heard about menstruation prior to menarche, often from overheard or brief conversations, but did not fully understand what it entailed and were both physically and psychologically unprepared for it.

*I knew about [menstruation] before that, but I didn’t understand about what it was.*

- Girl, rural Tigrinya community

Although formal education helped increase students’ knowledge of menstruation, few students appeared to retain much of the information that they had learned. This may in part be due to students receiving few lessons, that the lessons are hard for some students to understand because they are taught in English, and that both students and at times teachers are uncomfortable in the class and not able to fully participate in the lesson. This discomfort may be exacerbated by the fact that lessons are done in co-education environments and boy and girl students are uncomfortable learning together.
Nowadays it starts before they learn it. The topic is in seventh grade and they start to menstruate most of the time in sixth grade. Even in the seventh grade the teacher shies and doesn’t explain the topic well, and their classmates (boys) make fun of them and look at them so the girls feel shy and don’t listen to the teacher.

- Mother, semi-urban Saho community

Formal school lessons do not include information on menstrual hygiene management, and many girls do not seem to know how to track their cycles which means that they are caught unprepared at the start of each menstrual cycle. While girls often have irregular cycles during adolescence and therefore may not be able to track the length of their menstrual cycles, learning to notice physical signs in their bodies could help prevent them from being caught unaware.

Mothers are often shy in talking to their children about menstruation, and they are often limited in their knowledge to what they have learned through experience. This means that mothers may be unequipped to provide information on tracking cycles, using pads, or helping girls develop strategies for managing their menstruation while in school. Mothers also may lack an understanding of when a girl’s menstrual symptoms are normal and when she might need to seek medical attention. In addition, many mothers expressed the belief that their daughter knew more than their mothers did due to school, media, and friends, and that the mothers therefore did not need to provide support. However, they do not necessarily realize that girls often receive formal education too late, that it doesn’t cover management, and that information learned from friends is likely to be inaccurate. Mothers and fathers also often think that boys have learned enough from school and friends and that they do not need any additional information. However, as with girls, boys’ education comes late and boys are more likely to tease girls when they do not understand what menstruation is.

There is often limited communication between husbands and wives about their daughters’ menstruation and her menstrual needs, such as pads, clothing, and pain relief. Women take money for these needs from funds provided for other reasons, but without communication it is likely that families are not sufficiently budgeting for the materials that enable girls to effectively manage their menstruation in school. In addition, fathers and boys are often unaware of the material needs of menstruating girls and women, such as how often pads must be purchased and the security that is provided by pads and additional layers of clothing. They therefore may not understand the value of allocating financial resources for these purposes.

Within schools, there was typically no discussion among teachers or the school administration and management about what the needs of girls are or ways to improve the school environment to better support them. This lack of discussion contributes to the poor condition of the latrines and the challenges that girls face regarding punishment for absence and restriction of latrine access during the school day.

Cultural practices and beliefs

Participants described a number of traditional and religious practices and beliefs that influence girls’ willingness and desire to go to school and participate actively in class while menstruating.
One major factor that triggered many of the feelings of shame, fear of leaks, and desire for isolation that girls reported is a general negative perception of menstruation and menstruating women. Findings from all groups of participants revealed negative perceptions such as menstrual blood and menstruating women being dirty, unclean, and impure. Many of these attitudes seemed related to religious conceptions of purity and cleanliness. Negative attitudes seemed particularly strong and prevalent among men, possibly related to their limited knowledge of the biological process. It is likely that such strong and pervasive attitudes influence girls’ desire to keep their menstruation secret and to prevent men in particular from finding out about it. If girls have internalized the idea of being unclean it may also contribute to their desire for social isolation.

There were several cultural restrictions that may have similarly enforced or influenced girls to stay home during menstruation. This includes restrictions against bathing, which exist among most of the ethnic groups (although they were not universally observed within these groups, and in many cases it appeared that the practice was disappearing). Some communities also voiced specific norms that girls and women should stay home while menstruating. Other beliefs, such as restrictions against using chairs that other sit in and strong prohibitions against the shame of being observed with a stain, may encourage girls to hide themselves and avoid school during menstruation. Due to these cultural prohibitions, and perhaps social habits and tradition, many communities considered it acceptable for girls to stay home during menstruation and that it was acceptable to miss school.

In most communities, the topic of menstruation was taboo and participants expressed discomfort talking about it. This contributes to the lack of knowledge and support mentioned above, including lack of communication between mothers and daughters, parents and sons, husbands and wives, and teachers and school management personnel. However, outside of the Budawyet community, the existing cultural taboos did not mean that participants were unwilling to discuss the subject or did not want their children to learn more (although one woman in an urban Tigrinya community was concerned that boys might be more prone to teasing if they learned about menstruation when they were too young). Parents accepted and seemed to approve that children were learning this information in school. Many also seemed to be willing to engage in the topic further:

\textit{Fathers should support their daughters [in managing] menstruation in school. The female is his mother, his wife, his sister and his daughter. If [menstruation] was not present, he wouldn’t have been created in the world. Menstruation is not an issue or problem that should be left only to women. It affects and concerns all the society. Hence, fathers should take responsibility of caring for their daughters and fulfil whatever they need during their menstruation time.}

- Father, rural Tigre community

\textbf{Lack of access to MHM materials and pain management options}

Girls generally preferred disposable pads to cloth because they offered better protection against leaks. Pads enabled girls to have more confidence to go to school and participate in other activities outside of their homes. However, although pads were available in all communities
except for the Budawyet community in the Western Lowlands, many girls and mothers said that pads were unaffordable. Families may not budget for purchase of pads since mothers and daughters rarely discuss the need for purchasing pads with their husbands/fathers. It should be noted that in several communities in the Eastern Lowlands, where the climate tends to be hot and humid, women and girls preferred cloth to pads in part because cloth was perceived as cooler and more practical.

While most girls reported having menstrual pain that frequently prevented them from going to school and participating in their normal activities, very few girls mentioned doing anything to relieve their pain. Some participants said that girls could take traditional medicine or drink hot drinks such as ginger tea, but only two girls mentioned taking pharmaceutical pain relievers. There may be some cultural bias against seeking medical pain relief. A mother in the rural Tigre community said that doctors advise against taking painkillers, while a father in the rural Nara community thought that seeking treatment for painful menstrual symptoms could stop menstrual flow:

_There are some that become severely sick... And this is not like other disease having medication (treatment). Because if they treat it the bleeding can stop [and] it can progress to other problems._

- Father, rural Nara community

Additionally, many participants including girls, mothers, and fathers appeared to accept that pain was a normal and unavoidable aspect of menstruation and a valid reason for girls to miss school.

**Box 2: Case Study: Budawyet Community**

In the rural Budawyet community visited in the Western Lowlands, girls face numerous challenges in educational attainment and in menstrual hygiene management practices that must be addressed before focusing on the issue of MHM in schools.

All but one girl in the community had dropped out of school prior to 6th grade. Mothers reported intentionally taking their daughters out of school. Reasons included: not seeing the value of education for girls; a belief that education would make their daughters too difficult to control; that adolescent girls should be separated from boys to prevent pregnancy; there were no high school in the immediate area and they were afraid of girls getting pregnant if they went to another community for school; and the practice of marriage once girls reached menarche.

_If a girl is matured, she has to get married. We do not want her to continue her education._

_We do not understand the value of educating girls, so we take them out of school. When a girl is matured, she should not go with boys. That is why we take them out of school and make them marry. If our daughter is in school, we do not feel she will be safe._

_If someone asks us for marriage, we give him, even when she is young._
- Mothers, rural Budawyet community

There was also a deep taboo against talking about menstruation in the community. Several of the mothers asked interviewers to change the topic during their discussion and said that menstruation was not a subject that should be discussed openly. This resulted to limited conversation and support between women and between mothers and daughters.

*Our mothers and grandmothers do not give advice and information to their daughters. We are, therefore, still following this culture.*

*The elders do not talk about menstruation and we do not talk also.*

*We do not tell about this even to our mothers.*

- Girls, rural Budawyet community

*The girls do not tell us whether they have started menstruation or not.*

*We do not talk about menstruation with our daughter. So if they do not tell us how can we help them.*

*We do not give her any support.*

- Mothers, rural Budawyet community

The taboo against talking about menstruation was observed in schools as well, where lessons on female reproduction and menstruation were not taught in 7th and 8th grade science. Women in this community were typically expected to isolate themselves and stay home during menstruation, which would become a challenge for any girls who remained in school past menarche.

### Box 3: Case Study: Asmara

**Case study: Asmara middle school**

In one school in Asmara, the capital, none of the girls mentioned missing class due to menstruation. This school had the following facilities:

- Gender separated latrines
- Water source on the school grounds
- Availability of sanitary pads for use in emergencies
- A female teacher designated as the focal point for girl students

In addition, pads were easily available in the community and usage of pads was common among all participants, including both girls and mothers. Girls also reported taking paracetamol to manage pain.

Although menstruation did not cause problems with attendance for girls, they still reported challenges such as fear of gossip and teasing and worry about stains and smell. They also reported problems with the school WASH environment including dirty and blocked latrines, lack of privacy,
water shortages, lack of disposal options for pads, and teachers restricting use of latrines during class time.

**Summary of key findings**

The key findings of determinants and challenges that girls face in sufficiently managing their menstruation that emerged from this research can be summarised by interpreting them through the lens of the social-ecological framework that was used to organize the questions included in the study discussion guides (Figure 5).

**Societal factors: Policy, tradition, cultural beliefs**

Current school curricula include lessons that occur after girls have already begun going through menarche and do not have sufficient focus on management. Students generally did not retain the information due to an insufficient number of lessons, classes being taught in English, and classes being taught in co-educational environments that may not be sufficiently comfortable to allow students to engage in the material. Teachers also do not receive sufficient training on the topic. Linkages with health facilities are not systematic and PTSAs are not given the responsibility of addressing the issue.

Cultural traditions and beliefs that created challenges for girls included negative perceptions of menstruation and menstruating women, restrictions against bathing, norms against leaving the house while menstruating and deep shame if women or girls were observed with stains, and taboos or discomfort regarding talking about menstruation.

**Environmental factors: WASH facilities and resource availability**

School WASH was generally insufficient for girls to confidently manage their menstrual materials while at school. Latrines were often not sex-segregated in practice, lacked privacy, were dirty, and lacked essential supplies such as water, soap, and waste receptacles. Emergency MHM supplies were available in only one school. Commercial pads were available in markets but were often financially inaccessible.
Interpersonal factors: Relationships with family, teachers, and peers

Mothers often expressed limited comfort in talking about the topic of menstruation with their daughters, and also had limited knowledge that was generally based only on their own experience. Girls often relied on information coming from their peers that was likely to be inaccurate or incomplete. Generally, neither girls nor mothers were comfortable talking to their fathers/husbands about girls’ menstrual needs, limiting men’s capacity to provide financial
support. Parents rarely provided information to their sons, and boys who were uninformed were more likely to engage in teasing, which was a factor in girls’ social isolation and desire to say home from school on days when they were afraid of leaks.

Girls were generally uncomfortable talking to their teachers and therefore faced punishments for missing school. School management did not discuss the topic of MHM or girls’ needs amongst themselves.

**Personal factors: Knowledge, skills, beliefs**

Most girls had limited knowledge of the biology of menstruation and how to track their cycles, and few had developed good practices for preparing for the start of their period and managing pain and heavy menstrual flow while in school. This was particularly challenging in the months after menarche, since girls had to learn by experience. Girls also often lacked skills in managing pain, which was a key factor in missed class time.

Some girls voiced negatives attitudes about menstruation and menstruating women that likely came from cultural beliefs, and the attitudes likely contributed to girls’ desire for social isolation during their periods that contributed to stress and missed classes.

**Biological factors: Age, the physical experience of the menstrual cycle**

Girls started experiencing menarche in grade 6, before the initiation of formal education on menstruation. Girls also experienced challenges in with heavy flow, irregular cycles, odours, and pain.

**Recommendations**

In order to address the challenges that girls face and to mitigate the impacts that menstruation has on their education, it will be necessary for stakeholders at all levels to address the determinants of the challenges through improving social practices and beliefs and the educational and school management system. This includes parents, teachers, school administrations, government ministries, and potentially non-governmental organizations. A list of key recommendations based on the recommendations stated by participants of the study and findings of the research is provided below.

**Expanded formal lessons on menstruation in middle schools**

- Lessons should be provided beginning in 6th grade, prior to the start of menstruation for most girls.
- Multiple lessons should be presented over time so students have the space to become comfortable and familiar with the subject.
- Boy and girl students should have opportunities to participate in sex-segregated extracurricular discussions so that they can have a comfortable space to engage in the materials, which they may not be afforded in co-educational classroom environments.
- Students should be provided with handouts or other reference materials.
• Lessons should include information on menstrual hygiene management in schools specifically, when to seek medical attention, ideas for pain management, how to track cycles, and instructions on not teasing or gossiping.
• There should be a focus on separating religious ideas of purity from personal cleanliness and hygiene, as well as decreasing harmful social beliefs such as isolation from others and restrictions on bathing.
• Instruction should be provided by permanent local actors such as teachers, community workers, or health facility staff.
• Additional outreach to girls in elementary school should be considered to provide support for girls who start menstruating early and girls who are enrolled in primary school at older ages.

Improved school WASH facilities
• Latrines should be sex-segregated, with physical separation if possible.
• Girls should have access to at least some girls-only latrines that have functioning locks for privacy.
• Schools should develop systems to maintain latrine cleanliness.
• Latrines should have essential supplies such as water, soap, and waste receptacles.
• Where possible, schools should have at least one girls’ latrine adapted with sufficient space and facilities for girls to wash themselves and their clothes if necessary.
• Schools should have a sufficient amount of water for cleaning latrines and for personal hygiene, and schools should not restrict access to water for these purposes during the school day.

Create support systems in schools
• Schools should establish a system to supply emergency MHM materials to girls, either through partnerships with the NUEW or through soliciting donations from school parents. MHM materials should be financially and culturally appropriate and could include locally made reusable pads, clean cloths, or sanitary pads.
• Schools should identify a female focal teacher who can provide support for girls; if there are no female teachers, peer support can be provided by older girl students and/or health club members.
• Schools can establish girls’ discussion groups, possibly as a part of school clubs if the clubs are functional.
• Systems of support should be established for girls if they miss classes due to menstruation, including getting access to notes from missed classes and being able to make up missed assignments and exams.

Outreach to mothers and fathers
• Outreach to community members should focus on increasing biological knowledge, the importance of pain management, and the importance of school attendance, as well as
decreasing harmful social norms such as taboos in talking about menstruation, enforcing
social isolation, bathing restrictions, and religious perceptions.

- Mothers should be offered guidance on talking to their daughters before menarche as
  well as information on tracking cycles and signs for when to seek medical help.
- Outreach for fathers should focus on increasing awareness among men regarding
  requirements for healthy management and the importance of material support, including
  buying pads, clothing, and pain medication, as well as role modelling for sons.

**Increased capacity for teachers and school management committees**

- Teachers and school management should be informed about the challenges and
  constraints that girls face in order to increase their awareness.
- Teachers should receive specific training on the biology of menstruation so that they are
  comfortable teaching it and can teach it in a dynamic and interesting way.
- Teachers should receive trainings on how to help girls manage menstruation in school and
  ensure that the school provides a supportive environment, including allowing full access
  to latrines during the school days and allowing girls to make up missed classes and exams
  for absences due to menstruation.
- School management committees and teachers should be provided with ideas for activities
  and actions that can be done in the schools to support girls, such as establishing girl’s
  discussion groups, holding meetings to discuss the schools’ MHM needs with the PTSA,
  and holding teachers’ meetings to discuss how to support girls.

**Outreach to the general public**

- Outreach can include media campaigns, radio messaging, and community events.
- Topics should include breaking down harmful stereotypes and cultural beliefs as well as
  increasing awareness for the need to support girls and women.
- Additional outreach activities should be designed for out of school girls.

**Further research**

- Based on these findings, quantitative studies could explore the impact of MHM on
  absenteeism and dropout as well as the prevalence of the impacts, challenges and
  determinants uncovered in this research.
- Further qualitative explorations could be made on religious beliefs, current practices for
  care and disposal of MHM materials, girls’ preferred MHM materials, and methods for
  reaching out of school girls.
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