

GAGE Digest

# An agenda for policy and action to support girls through puberty and menarche

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July 2017



## Key Policy Recommendations

1. **Girls need information – they have little knowledge of puberty and menstruation before they experience them.** This leaves girls scared and ashamed when they begin menstruating and poorly prepared to handle the physical and emotional demands of adolescence – including how to access family planning services and protect themselves from pregnancy. Programming should focus on the most vulnerable, including the youngest and those who are out of school.
2. **Social norms and stigma shape girls' experiences with puberty and menstruation.** In many developing countries, menstruating girls are seen as less capable, or even 'dangerous' or 'impure'. Taboos mean that girls are often excluded from daily activities. Programming should focus on mothers and boys, who are central to shifting the harmful gender norms that surround menstruation.
3. **Adolescent girls face great difficulty in hygienically managing menstruation.** Without access to needed supplies, spaces and support, they are vulnerable to infection, are prone to school absenteeism and drop-out, and are exposed to the risk of sexual violence (where public toilets are not safe). It is especially critical to ensure that schools have girl-friendly WASH facilities.
4. **Research is urgently needed in order to address evidence gaps – with existing evaluation especially limited.** Research on the effectiveness of puberty- and menstruation-related interventions is thin and largely confined to three Asian countries. Evidence from other world regions – and humanitarian contexts – is notably lacking.

# Introduction

Puberty and menstruation are a fundamental part of the second decade of girls' lives. Yet many girls in low- and middle-income countries know very little about the physical and emotional changes that are part of growing up. This lack of knowledge can reinforce girls' feelings of fear, shame or embarrassment – especially when coupled with sociocultural norms that deem girls and women 'impure' or 'dangerous' during menstruation. Risks created by girls' lack of information about their own bodies are amplified by the very real threats to which many are exposed once their bodies begin to mature, including child marriage, social isolation, school drop-out, and sexual violence. Recognising that even in 2017, a perfectly normal physiological process is truncating adolescent girls' trajectories, there is an urgent need – as policy-makers, development practitioners and thought leaders gather at the London Family Planning Summit – to pay greater attention to understanding what girls know about growing up and how they can be supported through healthier transitions.

This agenda for action is based on a rapid evidence review undertaken as part of the Gender and Adolescence: Global Evidence (GAGE) research programme (see Box 1). It was motivated by two research questions: 1) What do we know about young adolescent girls' knowledge and experiences related to puberty and menstruation? and 2) What are the household, community and/or programmatic factors that shape that understanding and those experiences? (see Coast et al. 2016).

Our review found that the evidence base is overall thin. Focusing specifically on young adolescent girls, the 10-14 year olds just beginning puberty, we found only 15 studies that had looked at girls' knowledge about and experiences with puberty and menstruation. Another 44 studies were thematically on track, but included girls older than 14. Our review also found that the evidence base is narrow. Most of the studies in our review looked only at school-going girls. The majority were focused on girls in Asia. Only one looked at girls with disabilities. Finally, most of the studies lacked methodological rigour.

## Box 1: What is GAGE? And how does menstruation fit in?

GAGE is a nine-year longitudinal research programme generating and communicating knowledge on good practice initiatives and policies that support adolescent girls in diverse contexts. Our research will follow 18,000 adolescents (including approximately 12,000 girls and 6,000 boys) as they move from late childhood across seven countries in Africa, Asia and the Middle East.

GAGE's conceptual model is framed around six capabilities, all of which we believe girls need in order to become successful adults: education, good health, bodily integrity and freedom from violence, psychosocial wellbeing, voice and agency, and economic empowerment.

We see girls' successful management of menstruation as important to each of these capabilities. Specifically,

- To stay in school, girls need to be able to deal with menstruation while at school – both practically (e.g. they need sanitary facilities) and socially (e.g. they need to not be teased).
- To stay healthy, girls need to avoid the infections caused by using poor menstrual hygiene management and understand their monthly cycles.
- To avoid violence, girls need access to safe WASH facilities and to avoid being married simply because they have begun to menstruate.
- To stay happy and well adjusted, girls need to know that puberty and menstruation are normal and that neither is a sign of disease or degeneration.
- To achieve voice and agency, girls need to not be prevented from engaging in daily life while they are menstruating.
- To become economically empowered, girls not only need to complete their education, but also be able to manage menstruation hygienically while working.

Figure 1: An agenda for action



## An agenda for action

If achieving gender equality for all is to become a reality, more attention needs to be paid to understanding how puberty and menstruation constrain girls' capabilities and life chances – and then designing and delivering the interventions that support change. Here we have identified an agenda for action, laying out what we know, what we don't know and what we should do to best foster progress.

### 1. Step up girls' access to information

Our review found that girls typically know very little or nothing about puberty and menstruation before they begin menstruating themselves. A study in India, for example, found that 60% of girls were unaware of menstruation until they reached menarche (Shah et al. 2013). This lack of knowledge leaves girls afraid and ashamed when they begin menstruating – with one study finding up to two-thirds of girls 'reaching menarche in fear' (Bosch et al. 2008). Younger girls tend to know less than older girls. Even girls who report 'knowing' about menstruation often have more questions than answers.

*I only saw a woman who lived nearby, she put 3 leaves down where she sat, and I saw blood all over there. I was dubious, I wanted to ask but I didn't say anything at all. (Woman)(Jones et al., 2013)*

We also found that much of what girls do 'know' is highly inaccurate and rooted in myth rather than fact. Less than 40% of Nigerian girls in one study knew that menstruation is normal. They thought it was the 'release of bad blood', 'cleansing of the womb', or releasing an 'undeveloped' baby (Adinma and Adinma 2008). In Ethiopia, a quarter of girls thought it was caused by a 'curse of god' and another quarter attributed it to disease (Upashe et al. 2015). Over two-thirds believed that menstruation was 'not normal' (Gultie et al. 2014).

*I heard that when girls start to have their periods, they will study worse than boys. I heard that but I am not sure whether it is true or just a rumour. (Girl)(Jones et al. 2013)*

While most girls get information about menstruation from their mother or other female relatives, our review found that many would prefer not to, because of social norms which make it difficult for mothers and girls to discuss topics that touch on sexuality (Marván and Molina-Abolnik 2012; Shah et al. 2013; Isguven et al. 2015; Sharma et al. 2015). Our review suggests that girls would prefer to get information from other sources – such as books and teachers. In Bangladesh, for example, two-thirds of girls preferred course books over their own mother as a source of information (Adhikari et al. 2007). In some countries, such as Kenya, it does not appear to matter to girls whether puberty education teachers are male or female (Mason et al. 2013). On the other hand, in countries such as Turkey, girls have a marked preference for female-only classroom environments (Isguven et al. 2015).

*My mother and older sister have intimate talks with me. I am in my rebellious period, half child and half adult, it is difficult to teach, so people often have intimate talks with me. (Girl)(Jones et al. 2015)*

Critically, our review found that most research and interventions that address puberty education and menstrual management are ignoring the girls who need the most education and support, such as those who are younger, are out of school, or who have disabilities. We found only one study that included girls with disabilities.

Our findings reveal that nearly three times as many studies assess the knowledge of older adolescents than assess the knowledge of younger adolescents. In part this mismatch is driven by the fact that many nationally representative surveys (e.g. DHS) include girls between the ages of 15 and 19 – but not their younger peers. In part, however, the absence of evidence on younger

girls is shaped by the same social norms which make it difficult for girls and mothers to talk. In many contexts it is considered inappropriate to ask younger girls questions about subjects even tangentially related to sex.

The over-representation of in-school girls in research and programming is more pragmatically driven, given that students are effectively a captive audience. Excluding out-of-school girls, however, is a critical oversight. First, existing research suggests that some adolescent girls leave school for menstruation-related reasons. Second, out-of-school girls are likely to have very different knowledge, experiences and needs – in part because they are more vulnerable to threats such as child marriage.

Our review also found that while menstruation has been edging towards centre stage in a variety of development contexts, and although puberty education is becoming more common in the classrooms of developing countries, there appear to be no studies addressing girls' knowledge about and experiences with the emotional aspects of puberty. We found, for example, no studies aimed at exploring the development of girls' sexual feelings. We also found little evidence that puberty education programming is being linked with more comprehensive sexuality education that includes information about contraception. As child marriage becomes less common – and girls and boys spend more time in the age- but not gender-segregated school environment – this is a critical gap.

*We have strange feelings when standing next to a friend of the opposite sex. (Girl) (Jones et al. 2015)*

It will take time to move through the research agenda, which ultimately will help us to target and refine interventions. Clear from our review, however, is that the first step is to take what we do know – that girls lack but very much want accurate information about their bodies – and use existing platforms to get as many girls as much information as possible. These efforts must include the previously excluded and over time be linked into broader sexuality education programming. Programming must also include teaching girls about good hygiene practices – such as not using dirty cloth or grass as absorbents. While our review found that most girls cannot afford to purchase sanitary products, they can be taught to safely use local alternatives.

## 2. Tackle harmful gender norms

How girls experience puberty and menarche is shaped by the sociocultural norms of their environments. Other people's attitudes towards a girl often change when she begins puberty – especially when she develops breasts and begins menstruating. Parents and other adults may expect her to change how she dresses or behaves and there is also often an assumed readiness for more 'adult' roles, including marriage and sexual activity. Whether girls feel 'happy' when they see their bodies change, because they feel that they are 'becoming attractive' (Sommer 2010) – or terrified that they will be married off because their mothers believe that puberty is 'a fire age at which they need males' (Jones et al. 2016) is largely dependent on the opportunities and threats they face.

Girls in a wide range of countries and settings face restrictions on their day-to-day activities while they are menstruating. In Nepal, menstruating girls are sometimes prohibited from going to school and other times are not allowed to fetch water, enter the kitchen, eat certain foods or even sleep inside their own homes (Adhikari et al. 2007). In Brazil, Cambodia, and India girls face food restrictions (da Silva Bretas et al. 2012; Sommer et al. 2015; Dongre et al. 2007) and in India they are further prohibited from engaging in religious rites (Kumar and Srivastava 2011; Dasgupta and Sarkar 2008). In Ghana, girls reported being unable to play with other children, remaining indoors and avoiding being around boys or men (Dolan et al. 2014).

Our review suggests that focusing on two groups – mothers and boys – may prove central to shifting the harmful gender norms that surround menstruation. Mothers are typically where girls get their information about puberty. It is clear, however, that mothers' information is not necessarily accurate and that much of what mothers teach is not rooted in fact but in tradition. Girls in Brazil, for example, are taught by their mothers that they cannot eat pineapple or lemon because it will cause cramping and delay their menses. Research needs to be directed to exploring not only what mothers know, but how to support them to develop knowledge grounded in biology rather than sociocultural norms. There is a pressing need to invest in research and evaluation of the effectiveness of programming aimed at helping mothers share accurate knowledge with their daughters, despite their discomfort in doing so. We suggest, especially in more rural environments, exploring how platforms such

### Box 2: Using an Army to reach women at scale

Ethiopia's Health Extension Programme, which deployed its first workers in 2005, has trained tens of thousands of female high school graduates to provide primary health care at the community level. The Women's Development Army grew out of the Health Extension Programme. It organises local women into groups of about 30 – which are then further split into smaller groups consisting of one leader and five members. Groups meet regularly (almost daily in some locations) to discuss a wide variety of health-related topics including sexual and reproductive health. In some communities these Armies are instrumental to making sure that adolescent girls are enrolled in school, are regularly attending health clinics, and remain unmarried.

as Ethiopia's Health Extension Programme could be brought into play (see Box 2).

*Nobody teaches; we don't teach our daughters anything, I think that it is not needed. They will teach themselves. (Mother)(Jones et al. 2014)*

Health Extension Workers in Ethiopia are already delivering sexuality education classes in school – with little effort they could scale up the scope of their associated Armies and help mothers learn how to help their daughters learn about puberty and growing up.

Boys also have a key role to play in tackling the harmful social norms that surround menstruation in particular and girls' sexuality in general. Not only does boys' teasing force girls to stay home while they are menstruating,

but it can push girls out of school altogether. Despite this, our review found that boys are effectively invisible in research and programming aimed at puberty and menstruation. Indeed, when they have been included in comparative studies, boys have been asked no questions about menstruation itself. This is a glaring oversight – with extensive implications given that boys' knowledge of the menstrual cycle is critical to pregnancy prevention, especially in contexts where due to social norms girls have little control over when sex occurs and whether contraception is used. Boys need to know not only the facts about how girls' versus boys' bodies work, but also be guided through thinking about gender roles and how those play out on a daily basis at home and at school. Critically, while programming should target the youngest boys as brothers and peers, it is also important to target older boys and young men as husbands and fathers.

*I remember one time when students laugh at a menstruating girl because they said she did smell bad; then she went home and remained there. She didn't come back to school. (Boy)(Jones et al. 2016)*

### 3. Provide more girl-friendly WASH facilities – especially at school

The research included in our review almost universally highlights how challenging girls find it to practice good menstrual hygiene, especially in environments where soap and water are scarce and regular use of public toilets a real risk for violence (Mason et al. 2013; Shah et al. 2013). Where it is culturally inappropriate for fathers

### Box 3: The Sustainable Development Goals and menstruation

While puberty and periods have neither indicators nor targets in the Sustainable Development Goals, it is obviously an important component of Goal 5: Achieve gender equality and empower all women and girls.

Three of the other goals also have important but indirect links to menstrual management:

Goal 3: Ensure healthy lives and promote well-being at all ages.

- Target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

- Target 4.a: Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all.

Goal 6: Ensure availability and sustainable management of water and sanitation for all.

- Target 6.2: By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.

(Source: [www.un.org/sustainabledevelopment/sustainable-development-goals/](http://www.un.org/sustainabledevelopment/sustainable-development-goals/))

**Figure 2: Girls' experiences of puberty and menstruation**



Authors, clockwise from top left:  
(Shah et al. 2013)  
(Sommer et al. 2015)  
(Mason et al. 2013)  
(Mason et al. 2013)  
(Sommer et al. 2015)  
(Dolan et al. 2014)

and brothers to know about menstruation, girls found bathing and cleaning their clothes and cloths – even in the sanctity of their own homes – a source of great anxiety. Some were reduced to trying to conceal their menstrual status by hiding their cloths in unsanitary environments and washing them in secrecy (Mason et. al 2013).

Girls' difficulty with menstrual hygiene is complicated by the fact that most still lack access to sanitary products (Um et al. 2010; Mason et al. 2013; Shah et al. 2013). In Bangladesh, for example, only 17% of girls in one study used sanitary pads (Haque et al. 2014) and in an Indian study, only one girl out of 164 used pads (Shah 2013). Most girls use local alternatives, such as old cloths,

cotton wool, paper or grass, which are uncomfortable and can lead to infection – with implications for meeting Sustainable Development Goal 3 (health and wellbeing for all) (see Box 3). Some girls, especially in Africa, reported exchanging sex for money to buy sanitary pads (Mason et al. 2013).

Managing menstruation at school is especially difficult for most girls – and presumably even more so for girls with disabilities, though research has not yet addressed that issue (Sommer 2009; Sommer 2010; Sommer 2013; Dolan et al. 2014; Gultie et al. 2014; Mason et al. 2013). Given that girls largely lack high quality absorbents, and schools regularly lack girls-only toilets and running



water, the risk of blood leaking and staining their uniforms is almost universally stressful. A study from Ethiopia found that nearly 80% of adolescent girls did not 'feel comfortable' in school while menstruating and about 40% felt that menstruation interfered with their school performance (Gultie et al. 2014). A study from Ghana found that over 95% of rural girls had missed school due to menstruation (Dolan et al. 2014).

Critical to improving girls' menstrual management – and reducing the physical and emotional costs that girls pay for 'bad' management – is expanding their access to girl-friendly WASH facilities. Girls need access to soap and water and private spaces to change out absorbents and clean their bodies. They also require better access to safe absorbents and appropriate disposal facilities.

#### 4. Invest in better monitoring, evaluation and research

Our review also uncovered a need for better monitoring, evaluation and research. Menstruation has only recently begun to attract much attention, meaning that many programmes are new and as yet unevaluated. Research on the effectiveness of puberty- and menstruation-related interventions is largely confined to three Asian countries. Evidence from other world regions – and humanitarian contexts – is notably lacking.

We also found that current evaluations do not make it easy to compare the effectiveness of different types of interventions. For example, many studies fail to clarify what constitutes 'acceptable menstrual knowledge'. Others do not include sufficient detail around the study design, intervention (type but also duration, intensity, etc.), and results – making it difficult to draw firm conclusions and replicate the interventions. In addition, there have been very few attempts to directly compare 'hardware' and 'software' interventions, meaning that we do not know whether and how providing girls with physical supplies (e.g. pads or absorptive cloth) versus information (e.g. what to expect during puberty or how to manage menstruation) leads to better outcomes.

Girls' own views and girls' own voices are markedly absent from the current evidence base. Future research and programming needs to facilitate girls' meaningful participation in terms of setting agendas and shaping interventions. This must include ensuring that evaluation moves beyond the easily quantifiable (e.g. percentage of girls using pads) to capture the complexity of girls' experiences.

## Conclusion

Our rapid review found that while the evidence base regarding girls' knowledge about – and experiences with – puberty and menstruation is both thin and shallow, it suggests that young adolescent girls in developing countries are poorly informed about the changes their bodies will be undergoing as they grow up and find it difficult to take care of their maturing bodies. Constrained by social norms that stigmatise girls' sexuality, girls experience menarche with shame and fear and are often left to manage menstruation with neither instruction nor hygienic supplies. Given emerging evidence that adolescence is a critical period not only for inculcating good physical health, but also emotional resiliency and good mental health, development actors and champions for girls need to ensure that puberty education and menstrual management are brought to the fore – with a focus that moves beyond gender to the nexus of gender and age. By focusing on the younger girls just beginning the passage through adolescence, and combining practical information, programming aimed at gender norms, and girl-friendly WASH interventions, we can help girls better meet the challenges of growing up.



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## **About GAGE**

Gender and Adolescence: Global Evidence (GAGE) is a nine-year longitudinal research programme generating evidence on what works to transform the lives of adolescent girls in the Global South. Visit [www.gage.odi.org.uk](http://www.gage.odi.org.uk) for more information.

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This report is an output of the GAGE programme, which is funded by UK aid from the UK Department for International Development (DFID). The views expressed and information contained within are not endorsed by DFID, which accepts no responsibility for such views or information or for any reliance placed on them.

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Front cover: Girls' toilet at Beseka ABE Center in in Fantale Woreda of Oromia State. ©UNICEF Ethiopia/2014/Ose  
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