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Sanitary pads and school attendance: The numbers — and what they mean

By Audrey Anderson (/news/authors/1152730) 23 February 2016

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Leave a message





Girls stand outside school toilets in Tanzania. There is a growing sub-sector of international development that relies heavily on anecdotal reports that link menstruation with education outcomes, yet there is very little quantitative research to back these claims. Photo by: SuSanA Secretariat (<https://www.flickr.com/photos/gtzecosan/5741028520/>) / CC BY (<https://creativecommons.org/licenses/by/2.0/>)

“What if not having sanitary supplies meant days without school?”

This is among the many claims from nongovernmental organizations that girls miss school due to lack of access to sanitary pads, the embarrassment of leaks, or the pain and discomfort from using rags. In some cases, NGOs even argue that menstruation is the “number one reason that girls miss school (<http://www.femmeinternational.org/the-issue.html>).” If this were true, it would follow that all that is needed to achieve gender parity in secondary schools is the distribution of a few sanitary products.

Menstrual Hygiene Management is a growing sub-sector of international development that relies heavily on anecdotal reports linking menstruation with educational outcomes. And yet there is very little quantitative research to support these claims. Research in Nepal (<http://www.nber.org/papers/w14853>) examining the effects of distributing menstrual cups to adolescent girls found no impact on school attendance, although it did show an increase in girls’ free time due to less need for washing. A study in Kenya (<https://globalhealth.duke.edu/media/news/why-adolescent-girls-miss-school-rural-kenya>) reinforced that girls who used commercial sanitary pads enjoyed health benefits, but found no positive effects on school attendance.

Further research in Ghana (<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0048274>) examined the impact on school attendance of two levels of puberty-related interventions: First, provision of puberty education with the distribution of sanitary pads; and second, provision of puberty education alone.

The study found that both interventions increased school attendance compared to the control group, but the

group that received education alone had slightly higher school attendance than those that also receive sanitary pads. Although this study is often quoted as evidence that sanitary pads reduce school absences, it reveals, in fact, that puberty education is a more effective intervention.

These studies should not be taken as evidence that MHM interventions are ineffective, or even detrimental, to school attendance. Rather, that a more complete intervention package is needed.

A girl's right to dignity

We know that adolescent girls are often remarkably motivated to go to school. They will walk 10 kilometers (<https://www.devex.com/news/fixing-the-global-pain-over-periods-86222>) each way, go without food (<http://wfpusa.org/what-wfp-does/school-meals>) all day, and suffer physical and sexual abuse (<https://www.planindia.org/sites/default/files/learn-without-fear-report-summary-english.pdf>) at the hands of their teachers. It is no surprise that most girls figure out a way to manage their periods during school as well.

It is a grievous oversimplification to claim that the provision of sanitary products alone improves school attendance, and doing so endangers the legitimacy of the MHM subsector. Such reductive strategies are tempting in development programming, where advocates can be distracted by the promise of a “silver bullet” that keeps girls in school — especially when it's neatly packaged in pink plastic. But this detracts from the complexity of the problem and of adolescent girls' needs.

That is, we don't just want more girls sitting in school. We want girls who are safe, who are learning, and, critically, who believe in their own dignity and have the tools to maintain it.

While the studies referenced above found limited/negligible effects of sanitary products on girls' school attendance, they each reported findings that are critical for MHM. As evidenced in the Ghana study, puberty education alone can positively impact girls' school attendance. The Kenya study indicated that sanitary pads might contribute to preventing vaginal infections. In each study, girls overwhelmingly reported feeling less embarrassed when they had access to sanitary products. This finding is significant. As summarized by the Nepal study: “While increasing schooling for girls is a priority for development agencies, gains for girls' overall well-being should not be underestimated.”

The shame girls suffer from poor MHM is a symptom of a much larger issue — a systemic problem of gender inequality compounded by poverty that touches all aspects of girls' lives, including education. MHM is not the silver bullet that will bring down the beast of gender inequality, but it is an integral part of an adolescent girl's life that is deeply connected to a sense of dignity. As such, it must be central to programs that help girls live safe, healthy, thriving lives.

Reframing MHM in practice

The claim that “sanitary pads keep girls in school” cannot be the foundation of MHM. Given what the existing research says — and doesn't say — about the impact of MHM, where do we, as development

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practitioners and girls’ rights advocates, go from here?

1. Advocate for MHM as a girl’s right.

Proponents of MHM should argue for sanitary products as a girl’s right for her health, safety and dignity and as a component of a broader effort towards gender equity, not merely as a tool to increase school enrollment. Removal of the “tampon tax (<http://time.com/4183108/obama-tampon-tax-sanitary/>)” in the U.S., for example, likely would not have a significant effect on reducing poverty for women, but we still rally behind this change because we believe MHM is a need, and a right — not a luxury. We must apply the same approach to MHM advocacy, highlighting it as essential for a girl’s physical, emotional and psychological well-being.

2. Invest in robust research.

Data matters and causation is critical for justifying interventions that use donor money. Regardless of the inherent value of MHM for a girl’s well-being, if MHM advocates rely on shaky causal evidence about sanitary products and education rates, then we are setting ourselves up for failure. If we believe in MHM as a girl’s right, then we must work in harmony with supporting data. We must invest in research that asks more complex questions: What are the needs and cultural factors that affect girls’ ability to manage menstruation? What is the extent of the challenge? Which products are appropriate for the context?

3. Employ integrated intervention strategies.

Our program interventions must reflect this evidence and include MHM programming as more than a single intervention intended to increase rates of school attendance and completion. We must consider a holistic programming package, including sustainable and contextually appropriate MHM solutions, to keep girls safe, healthy, empowered and educated.

This combination of interventions must be connected to evidence-based outcomes for girls. Only then will we create robust, effective intervention strategies and ultimately succeed in delivering high-impact, data-driven programming with girls’ dignity at the center.

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Calum Smith · 7 days ago

Although the evidence base for MHM as a means of increasing school attendance is currently weak, it's hugely important to remember that a lack of evidence is a different thing to evidence of no effect. The study in Ghana you mention was not sufficiently powered to detect a meaningful difference between the two intervention arms and is therefore not evidence that puberty education alone is superior to puberty education and pad provision in reducing absenteeism. There are other studies not mentioned in your article that provide some, albeit weak, evidence that sanitary pad provision alone may well make a difference to absenteeism & the only meta analysis to be done found overall that there is some weak evidence to suggest pad provision does reduce absenteeism.

The truth is no sufficiently powered studies investigating the impact of pad provision and absenteeism have yet been published but that must not be considered equivalent to evidence of no effect.

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Emily Wilson · 8 days ago

Such an important message. Check out our research program. Results from our randomised control trial with the University of Sheffield will be available later this year.

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Ina Jurga · 8 days ago

Really great article Audrey! MHM per official definition is generally beyond pad/products: it includes education, infrastructure, disposal, and affordable accessible products.

Simply want to add one thing:
that it is not only a girl's right, but menstruation matters to many, including female teachers, working women, or simply for every household that has not adequate water and toilets for changing products in privacy.

To create more awareness why Menstruation Matters, WASH United has initiated 28 May- Menstrual Hygiene Day. www.menstrualhygieneday.org
The day an open, global platform for partners across all sectors to engage in action, advocacy & knowledge-sharing around MHM.
We have more than 350 partners supporting the day, and last year it was celebrated in 33 countries. This years will be under the theme menstruation matters for everyone everywhere.

info@menstrualhygieneday.org

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Susan Stasi · 8 days ago

A close-up photograph of a hand filling a yellow plastic water container from a public tap. The tap is yellow and has a small spout. Water is being poured into the container. The background is slightly blurred, showing more of the tap and the hand. The overall tone is warm and focused on the act of getting clean water.

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