

Equipping school teachers for a menstruation-friendly world

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As I entered a menstrual health education workshop in a Marathi medium school in North Maharashtra, I expected a hushed silence in a room filled with 'girls only' with a serious-looking gynaecologist showing diagrams of reproductive organs labelled with medical jargon. I vividly remember my younger self in school, coming out of an inexplicable session on menstruation with a pack of sanitary napkins that many of us were desperately trying to hide. However, what I was witnessing now was something unique.

The session started with a drum session by students. It was followed by an interactive group discussion which nudged students to think about healthy relationships and participate in role-plays to discuss gender roles. They discussed socio-cultural beliefs and the stigma around menstruation in simple Marathi, devoid of jargon. In a room full of teenagers, apart from a few giggles, awkward looks on the faces of a few boys and some initial hesitation to speak, two health educators had managed to engage everyone in a manner that they shed their inhibitions. One of them was a school teacher trained in sex education and the other was from a theatre background with experience in conducting community-based sex education sessions in rural and tribal areas of Maharashtra. That lively session stayed with me as I reflected on the role of health educators in easing discussions on this sensitive topic.

Much has been written about menstruation-related health challenges in India – the stigma, infrastructural barriers, lack of access to age-appropriate information, poor treatment seeking for menstrual illnesses and the exclusion of men in menstrual discourse. Most of these issues remain unresolved even as various community-based studies suggest that 50-80 percent of girls suffer from painful menstruation and 10-30 percent experience heavy periods; 89 percent of women from the highest income quintiles are likely to use hygienic sanitary products whereas only 21 percent belonging to the lowest income quintile are able to do so; and only 20 percent of adolescent boys know the physiology of menstruation. These realities underscore the importance of equal access to sanitation facilities and comprehensive sexual reproductive health education for adolescents across socioeconomic strata.

As we celebrate World Menstrual Health Day on May 28, what remains less discussed is the need for knowledgeable and competent health educators who can engage with adolescents from diverse backgrounds in an empathetic way. Given the culture of silence around menstruation, schools often remain the only safe spaces to discuss these sensitive topics with adolescents. However, even in schools, the discussion on menstruation is either avoided, tied only to the biology syllabus or is a one-time session by a medical professional. Most school teachers receive no training in health education, so their body language exudes awkwardness and their own beliefs on menstruation are

reflected in such sessions. A school teacher working with a government school shared how male colleagues would silently lock the door from outside during sessions on menstruation.

Menstrual health educational materials which can capture the cultural nuances associated with menstruation in regional languages are rarely accessible to teachers. This limits the possibility of discussing menstruation in an egalitarian, creative and participatory manner. Teachers who carry the double burden of facing parents who find discussing menstruation 'inappropriate' and students who find it amusing, may settle for 'delivering information' to students only on the biological aspects.

Although the *Rashtriya Kishor Swasthya Karyakram* recognises teachers as key functionaries in adolescent health education, studies have highlighted the need of equipping teachers as health educators beyond their role in organising discussions on the 'Adolescent Health Day'. The Kerala government recently offered a training session for government school teachers on sex education and the POCSO Act. However, whether it focused on developing teachers' affective skills of discussing these topics with diverse students; helping them critically reflect on menstruation-related norms or building their participatory skills, is unclear. There is talk of introducing a text book on these topics as part of the social studies syllabus. While this acknowledges the 'social' nature of sex education and is a welcome step, students' participation in the selection and design of the communication tools, whether flipbooks, posters or podcasts, is critical. Sensitising the school staff to realise their role in ensuring that the social experience of menstruation in school is safe and non-discriminatory is an essential step too.

School teachers can play an important role in ensuring that adolescents are sensitive, knowledgeable, and skilled to take care of their own and others' menstrual well-being. This would be an important contribution to creating a menstrual-friendly world.