

From Data to Action: Informing Menstrual Health Management Programs

The Population Council's [Girl Innovation, Research, and Learning \(GIRL\) Center](#) and [Evidence for Gender and Education Resource \(EGER\)](#) program hosted the second virtual webinar of its *From Data to Action* series, “**Informing Menstrual Health Management Programs**” on Wednesday, February 16th, 2022. The webinar featured a global systematic review and results from a randomized controlled trial in Kenya on menstrual health management (MHM) programs. [ZanaAfrica](#) shared perspectives on program implementation and how the evidence is shaping their approach.

The Evidence

Karen Austrian, Director of the GIRL Center, introduced the webinar by noting that adolescence is a period characterized by a series of key transitions for girls. The transitions – in menstruation, education, sexual debut, relationships, and more – are often rapid and not always linear. The webinar is a valuable opportunity to bring together colleagues that are advancing the evidence on what works for girls in MHM and translating this into programs to improve the lives of adolescent girls.

Nicole Haberland, Senior Associate, Population Council, shared evidence from a global systematic review of programs addressing inadequate MHM supplies as a barrier to education, and their impact on education outcomes.

- The review included four studies evaluating programs from Kenya, Nepal, and Zimbabwe. The programs included provision of menstrual cups, sanitary pads, training on how to make reusable sanitary pads, and a multi-component program that added payment of school fees, uniforms, school supplies, and adult mentorship.
- There was not sufficient quantitative evidence linking MHM supplies to education outcomes. The review concluded that more research is needed to assess the effects of interventions that address menstrual health supplies on education outcomes.
- Yet there are other reasons, apart from education outcomes, as to why the provision of MHM supplies may be desirable – such as improved dignity, confidence, and reproductive health knowledge.

Beth Kangwana, Executive Director, Population Council Kenya, presented results from a randomized controlled trial (RCT) in Kenya evaluating the Nia Project, a ZanaAfrica program that provided sanitary pads and reproductive health education.

- Providing sanitary pads improved MHM, as the proportion of girls that reported having enough pads increased from 20% to 80%. There was also a significant reduction by 20 percentage points in girls reporting leaking blood while menstruating.
- Reproductive health education improved sexual and reproductive health knowledge, self-efficacy, gender norms, as well as attitudes on menstruation among girls. When reproductive

health education was combined with pad provision, shame and stigma related to menstruation was reduced.

- There was no significant impact found on education outcomes (attendance, end-of primary school exam score, enrollment in secondary school) for sanitary pad provision alone or combined with reproductive health education.

From Data to Action

Megan White Mukuria, Founder, ZanaAfrica, shared her experiences and perspectives on MHM program implementation and how evidence has been shaping ZanaAfrica's approach.

- Through curricula and programs co-created with girls, ZanaAfrica addresses the need for sanitary pads and takes a rights-based approach to help girls safely navigate adolescence and transition into adulthood. Evidence is central to ensuring that the organization truly meets adolescent girls' needs while also driving global awareness of menstrual health management.
- The evaluation by the Population Council presented an opportunity to replace – with data – the early narrative that 'pads keep girls in school.' The value of sanitary pads should not be linked to their impact on education outcomes, as we all have a right to manage our bodies and menstruation with dignity.
- Findings also suggested that the program helped spark conversations to challenge entrenched, negative social norms for girls. To improve the lives of adolescent girls, MHM is necessary but not sufficient. Thus, it will be important to continue including MHM as a part of global sexual and reproductive health efforts, including through investments in longer-term follow-up to strengthen evidence-based solutions.

To close, Austrian reflected on the role of MHM among the many gendered barriers to education, which are often structural. She stressed that it is critical to recognize MHM as a human right, and the ongoing integration of MHM in broader reproductive health education. The webinar highlighted the incredible value of partnership in data and evidenced-based programs and policies to ensure the best we can do for girls around the world.

Revisit the [webinar](#) and explore the resources to learn more. Stay up to date on the latest by subscribing to the quarterly [GIRL Center newsletter](#) and [EGER digest](#).

Explore the evidence further:

- [Effects of sanitary pad distribution and reproductive health education on upper primary school attendance and reproductive health knowledge and attitudes in Kenya: a cluster randomized controlled trial](#)
- [Policies and interventions to remove gender-related barriers to girls' school participation and learning in low- and middle-income countries: A systematic review of the evidence](#)

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