Period Proud : Empowering Next Generation Through Integrating MHM Education Into School Curriculum.

Executive Summary:

Menstrual Health Management (MHM) remains a neglected area in Pakistan's education system, where cultural taboos and policy gaps prevent young girls from accessing essential knowledge. Because of that millions face challenges related to menstruation due to misinformation, stigma and inadequate support. These barriers contribute to school absenteeism, poor health outcomes and long term gender inequalities, limiting girl's opportunities and rights.

Currently there is no formal policy in Pakistan to integrate MHM into school curricula. Drawing on the successful global and regional examples, including Muslim-majority countries like Bangladesh and Indonesia, this brief advocates for comprehensive MHM education tailored to Pakistan's cultural and social context through SMART policy implementation. These programs will empower the Next Generation of young girls, rescue their dropout rate, and contribute to broader gender equality. Immediate action is essential to address these systemic and structural gaps and ensure every girl's right to education and dignity.

Introduction:

Access to correct and factual knowledge is the first step towards empowerment and a basic human right. When either due to cultural stigmas, societal practices or general silence around a natural biological process restricts that access of young girls, it perpetuates a brutal cycle of inequalities. Menstruation, despite being a reality of 42 millions of young girls in Pakistan, is still heavily shrouded in silence and shame. Because no formal policy has ever introduced Menstrual Health Management (MHM) into the educational structure, the issue of period poverty has been exacerbated.

Periods, in addition to being about having access to hygienic products and factual information, is also about the fact that it has a direct relation with absences from schools impacting education for millions. It's about a cultural interpretation of taking it as a mark for marriage leading to early child marriages and ealy childbirths. Further, it is directly linked with Gender-based violence (GBV), pushing young girls to a cruel cycle of financial dependency, lack of autonomy over her body and gender inequality.

Having access to correct information about periods, from a young age, by integrating it into curriculum - either through formal education or informal LSBE - can not only end this cycle but also raise a next generation of young girls for whom period poverty is a fragment of the past. Reimagining a future Pakistan, that is period positive.

Overview of the Research Problem:

A 2018 study conducted by WaterAid in Pakistan revealed that 44% of girls are unaware of menstruation until their first periods. Furthermore a recent 2021 study by Shirkat Gah highlighted that 50% of adolescent girls in rural Pakistan miss their schools during menstruation because of inadequate knowledge and facilities.

This comes as no shock, as UNESCO has 1 in 10 girls in low-income countries dropping out of school due to menstruation-related challenges. According to UNFPA, in South Asia 45% of women aged 20-24 were married before the age of 18 years. A 2021 report from UNICEF highlights that in Pakistan 18% of the girls are married before the age of 18, most of these marriages are linked with the cultural perception that age of menarche coincides with girl's readiness for marriage.

Findings :

Menstruation is a lived reality of 49.58% of Pakistan's population. The absence of correct information, harmful cultural practices and inaccessibility to essential products is harming almost half of the country' population. It's acting as a strong hindrance in their path to become an able and benefiting member of the society.

Positive outcomes have been seen in neighbouring countries by bringing much needed structural and systematic changes. In Bangladesh, the 'Better Life' campaign supported by the integration of MHM education in schools reduced school absentees by 40%, normalised menstrual discussion and a significant decrease in child marriages due to the delayed dropouts.

Similarly in Indonesia, the 'Jubaedah Project' introduced culturally sensitive MHM programs in schools, improving awareness and reducing stigma among students and parents. This has resulted in a 30% decline in girl's marrying before the age of 18 over five years.

Both these programs are a clear examples of the positive and life-altering impact introducing of MHM education can have over the lives of millions of young girls necessitating urgent action.

Policy Recommendations and Implications:

Keeping in view the Sustainable Development Goals (SDGs), especially SDG 4 (Quality Education) and SDG 5 (Gender Equality), a focus on SMART pragmatic policies can guarantee change that sets a precedent for current and future governances to cater integral gender issues.

Specific Goal : Focusing on menstrual health awareness, by inculcating MHM education into the curriculum through formal or informal means, to increase access to correct information, combat harmful cultural myths and empower next generation of young girls by ensuring they are well-educated and become an ideal member of society.

Measurable Outcomes : Set fixed indicators to assess the successful implementation of the policy, i.e, percentage of government schools providing MHM education, reduction in school absenteeism among menstruating girls, number of girls reporting improved menstrual hygiene practices after receiving MHM education, accessibility of menstrual products having a link with decreased absentees and increased performance in school.

Achievable Interventions: Ensure feasibility by allocating specific funds, sensitising policy makers, local and religious leaders, making a one-scale MHM component for curriculum either for formal or informal education utilizing the expertise of medical professions, period and WASH advocates, teachers, students and religious leaders for implementations, professional training of teachers, and championing multi-stakeholder collaboration (Local stakeholders, NGOs, Health Departments, private enterprise, and educational institutions)

Relevant Scope: Addressing the cultural and infrastructural barriers to MHM, so that the policy is culturally appropriate and locally acceptable. This will include localizing and tailoring MHM education and relevant campaign material to respect the cultural nuances, addressing unique needs of under-represented and underserved population (PWDs), integrating modern solutions with traditional local methods to cultivate a sense of ownership and ensuring that the MHM policy aligns with the broader national health, education and gender equity policies to maximize the impact.

Time-Bound Milestones: Defining a clear timeline for the implementation and evaluation phases to ensure accountability and progress tracking. (for nationwide adaptation and scaling up of the program)