

## Policy Brief

# Youth sexual and reproductive health education and school safe corners for menstrual hygiene management

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**Received:** 14 June 2025

**Revised:** 16 July 2025

**Accepted:** 17 July 2025

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## ABSTRACT

This policy brief presents findings and recommendations from the "I know I can, sexual reproductive health for informed decision" project implemented by the Development Expertise Centre (DEC) in Ethiopia over the past 3 years. The project aimed to enhance youth sexual and reproductive health (SRH) education and establish safe corners for menstrual hygiene management (MHM) in schools across four implementation areas in the Oromia region. The project successfully reached over 48,600 adolescents, significantly increasing awareness and utilization of youth-friendly SRH services, reducing absenteeism, and fostering community support.

**Keywords:** Policy brief, Youth sexual and reproductive health, Oromia region

## INTRODUCTION

Ethiopia has one of the largest youth populations in Africa, with over 37 million adolescents.<sup>1,2</sup> Despite government initiatives to improve access to sexual and reproductive health (SRH) services, significant barriers remain, including cultural stigma, lack of knowledge, and inadequate facilities.<sup>3,4</sup> Many girls face challenges related to menstruation, leading to high absenteeism and dropout rates.<sup>5,6</sup> The "I Know I Can" project was designed to address these issues by providing comprehensive SRH education and establishing school safe corners for MHM across four words as in the Oromia region over 3 years.

## ABOUT THE PROJECT

The project was implemented in four areas within the Oromia region: Becho district, Guto Gidda district, Jimma town, and Bedelle town, targeting 27 schools from these areas with the goal to empower young people aged 11-19 to make evidence-based decisions about their Sexual and Reproductive Health. The project successfully reached

48,600 adolescents through face-to-face sessions with facilitators who then educated an average of three peers each.

Major activities included contextualizing and distributing the SRH training manual named the Meharebe manual, capacity building through community sensitization sessions, and training health service providers. The project also used community engagement initiatives such as radio programs, parent dialogue sessions, and whole-school approaches (WSA) to foster a supportive environment for SRHR. The establishment and strengthening of safe corners in 27 schools across the project implementation areas provided essential resources for menstrual hygiene management, contributing to reduced absenteeism among girls during menstruation. These safe corners were equipped with sanitary pads, clean water, and hygiene education materials, ensuring that girls could manage their menstrual hygiene with dignity and confidence.

The project's outcomes included increased awareness and knowledge of SRHR among adolescents, enhanced

utilization of youth-friendly SRHR services, and greater community support and engagement. Health service providers were equipped with the skills to deliver youth-friendly SRH services, and referral systems between schools and health facilities were strengthened. Community engagement initiatives educated a wide audience of parents, teachers, and community leaders, reducing stigma and reinforcing the program's messages at the community level.

## FINDINGS

### *Increased knowledge and awareness*

The evaluation indicated a significant increase in adolescents' knowledge about sexual and reproductive health rights (SRHR). Participants reported improved understanding of key topics such as puberty, menstruation, and reproductive health services.<sup>7</sup>

### *Increased confidence in communicating and accessing SRHR services*

The evaluation showed a high level of confidence among adolescents in communicating their SRH needs with healthcare providers and accessing SRH services. A significant majority of participants felt extremely confident in discussing their SRHR needs (80%) and seeking information about SRHR services (81%).<sup>7</sup>

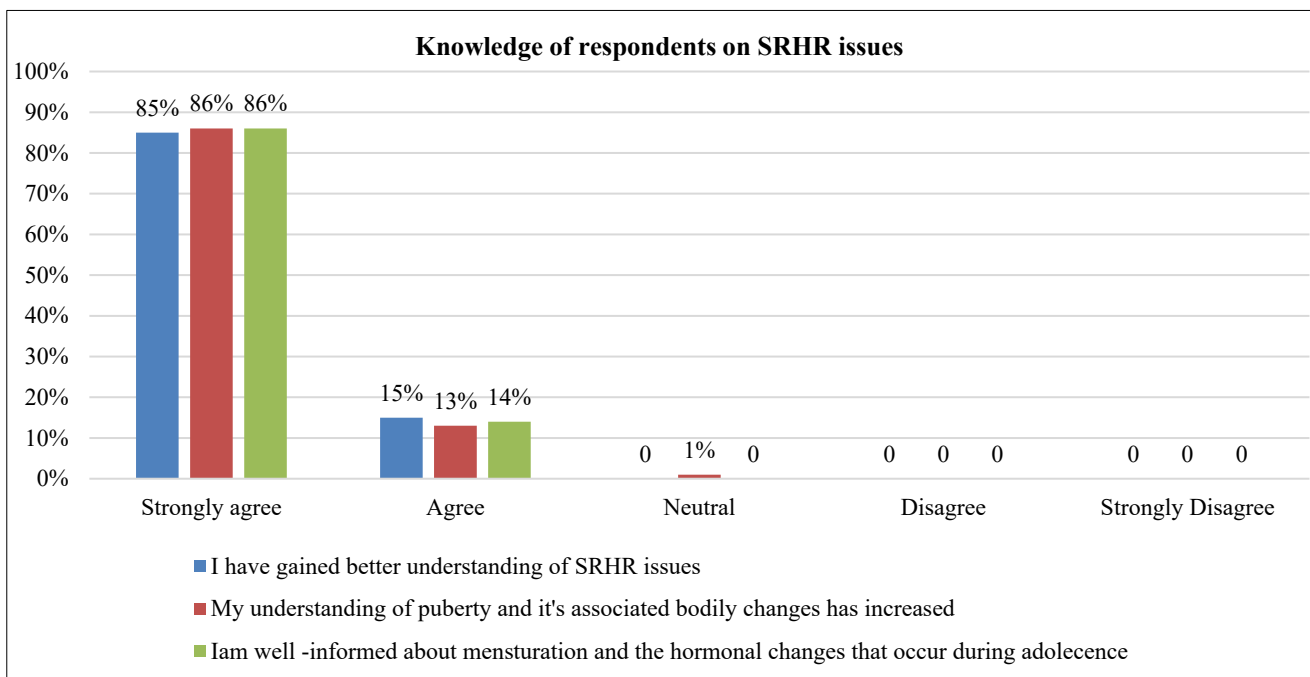
### *Improving MHM and female students' participation*

The implementation of safe corners significantly improved menstrual hygiene management (MHM) in schools. By

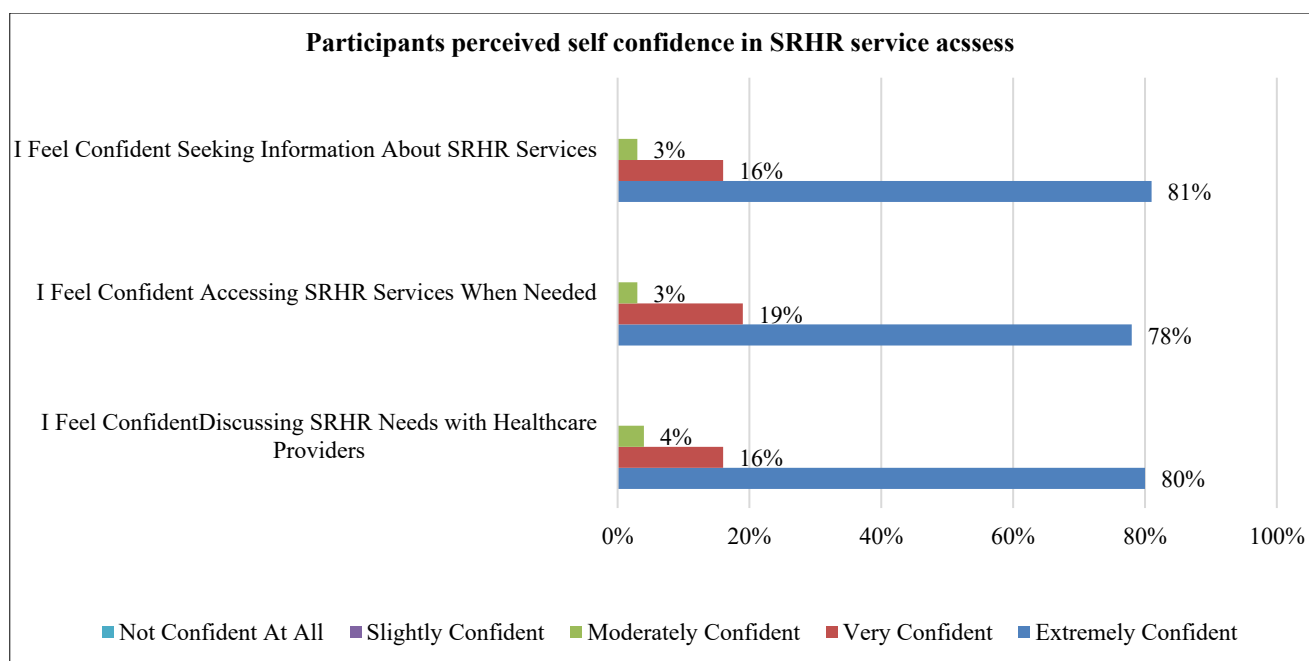
providing access to sanitary pads, clean water, and hygiene education materials, girls were able to manage their menstrual hygiene with dignity and confidence. This led to increased attendance and participation in school activities, as girls no longer felt the need to miss school during their menstruation. One student noted, "If I realize that my menstruation has started at school unexpectedly, I will go to the people that are there for this kind of issue. I will take sanitary pads, take a shower, and clean up my seat if I need to do that." This improvement in MHM directly contributed to a more inclusive and supportive educational environment, enabling female students to fully engage in their education.<sup>7</sup>

### *Improved community support for SRHR*

The evaluation revealed a significant improvement in community support for sexual and reproductive issues. Community engagement initiatives, such as radio programs and parent dialogue sessions, effectively fostered a supportive environment. These efforts led to greater involvement from parents, teachers, and community leaders, reducing stigma and creating an inclusive atmosphere for discussing and managing SRH. One parent shared their experience: "Two of my daughters, enrolled in grades 6 and 9, attended the Meharebe program. I observed significant improvements in their academics, confidence, and behavior. During a traditional coffee ceremony, I urged my neighbors to enroll their daughters in the program for their future well-being." This testimony highlights the program's powerful impact on girls' development and the growing community support for SRHR initiatives.<sup>7</sup>



**Figure 1: SRH knowledge of respondents, Jimaa, Bedele, Becho and Nekemte areas, 2024.**



**Figure 2: Perceived self-confidence and decision-making ability of respondents, Jimaa, Bedele, Becho and Nekemte areas, 2024.**

## POLICY RECOMMENDATIONS

Based on the findings from the evaluation, it is evident that enhancing SRH education and services holds immense value for young people. To this end, several strategic actions are essential.

Integrating SRH education into school curricula is a critical step.<sup>8-10</sup> By developing comprehensive SRH topics such as puberty, menstruation and reproductive health services, and aligning them with co-curricular activities like gender clubs, schools can foster a more inclusive and supportive learning environment. It is imperative to provide extensive training programs for teachers to ensure that they can deliver SRH education effectively and sensitively.

Allocating an adequate budget for the establishment and maintenance of safe corners in schools is essential. These spaces must be well equipped with sanitary pads, clean water, and hygiene education materials to ensure effective menstrual hygiene management.<sup>6,10-12</sup> Regular monitoring and evaluation of these safe corners will help to meet the needs of the students and maintain their effectiveness.

Implementing playful teaching methodologies can significantly enhance the delivery of SRH education.<sup>11</sup> Engaging, student-centered teaching approaches that encourage active participation and critical thinking need to be developed and used.

Enhancing accessibility to youth-friendly SRH services is another crucial aspect. Health facilities should adhere to the minimum service standards for youth-friendly health

services (YFHS), making them more accessible and welcoming to adolescents.<sup>14,15</sup> Training health service providers on the Meharebe/SRH I&E manual will ensure the delivery of appropriate and youth-friendly services.

Strengthening community support and engagement is vital.<sup>15</sup> Conducting community sensitization sessions, facilitating regular parent dialogue sessions, and leveraging media platforms such as radio programs will reduce stigma, encourage open discussions, and create a supportive environment for SRH. These efforts play a significant role in involving parents, teachers, and community leaders.

Finally, increasing collaboration among various stakeholders is essential. Encouraging a multi-sectoral approach and ensuring policy alignment across sectors will enable integrated and cohesive SRH programs.<sup>16</sup> Collaboration with community organizations, healthcare providers, and government agencies will ensure effective implementation and success of these initiatives.

## CONCLUSION

The I Know I can project has demonstrated significant advancements in youth sexual and reproductive health education and menstrual hygiene management in the Oromia region of Ethiopia. By establishing safe corners in schools and enhancing educational outreach, the project has effectively reached over 48,600 adolescents, leading to improved knowledge, confidence and community support for sexual and reproductive health rights. The project's outcomes underscore the necessity of integrating comprehensive sexual and reproductive health education into school curricula and ensuring that safe corners are

well equipped and maintained. continued community engagement and collaboration among stakeholders are essential to sustain these gains and further empower young people in their health decisions.

## ACKNOWLEDGEMENTS

Authors would like to acknowledge the invaluable contributions of the implementation team, including teachers and community members, whose dedication and effort have been pivotal. They extend their heartfelt thanks to the students and community members who participated enthusiastically in the project activities and provided crucial feedback.

*Funding: No funding sources*

*Conflict of interest: None declared*

*Ethical approval: Not required*

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**Cite this article as:** Debalke R, Tesfaye F, Aman A, Mulugeta H, Lemecha L, Demissie B. Youth sexual and reproductive health education and school safe corners for menstrual hygiene management. Int J Sci Rep 2025;11(10):383-6.