# Informal Teacher MHM Practices in Goma, DR Congo

Emily Bishop and Lindsee Gregory

*Teachers College, Columbia University, NY, USA*

## Background

The case studies are from Goma, North Kivu, Democratic Republic of the Congo, a town with a population of 1 million, and a significant displacement site with fluctuating populations of both refugees and IDPs.

Girls' education is a key priority for the government and there is a highly visible campaign underway across the country. Another initiative has been to suspend upward age limits in many schools to accommodate students whose education has been delayed by conflict. As of 2014, gross primary enrolment is 111% overall and 89% for girls: There are many overage students in the system, but still many girls missing out.

No statistics are available for North Kivu, but in a neighboring province with similar demographics and migration dynamics, women make up less than 7% of the teaching profession.

WASH campaigns have had a visible effect on many schools sites, but anecdotally, most emphasis seems to be on hand-washing, especially in primary schools.

## Objective

By relaying narratives of how individual educators developed their own strategies to help girls in their schools (crucially, not necessarily their own students) with their MHM needs, this presentation proposes both specific practices and decision-making approaches as potential models for teacher training or other strategic interventions.

## Methods

Qualitative data collected in Fall 2015 interviews conducted by Emily Bishop with teachers in primary, secondary and vocational schools in Goma.

39 interviews conducted with teachers and staff from 11 schools and female leaders of 4 community organizations.

Purposive sample guided by input from local teachers' union leaders on schools/organisations known to have female teachers/leaders.

Focus on women prompted by the 2012 national education plan (still listed as a current sector document) specifying that "questions of reproductive health" in schools should be addressed by "female teachers and community leaders".

## Results

Names have been changed to protect confidentiality.

Leonie is a 1st grade teacher with students up to 10 years old (the expected age is 5). She is **very concerned that the older children are a bad influence on younger students**. She reports that her primary school can have students up to age 17, and thinks they "bring nasty ideas". Her colleague reported that some of the 10 year old girls in the school had reached puberty, and that the teachers do give advice but "limited, because they're children" and it was primarily parents who would give advice about puberty. Kyrie, another teacher at the same school, has **taken it upon herself to offer advice about menstruation to all the 6th year girls**, both her students and those from the other class of the same level together. She advises them to start keeping a sanitary napkin with them to be pepared for their first period, to tell their mothers when it comes and then keep track of the dates. She says that she tries to help her students financially, giving them small amounts of money she tells them to spend on peanuts they can sell for a profit. She knows that girls resort to informal trade to buy MHM supplies like extra underwear.

Nanette is a cashier in a secondary school where there are students up to age 23, and a majority of girls. She is one of only two women who work at the school. Because of that, **even though it is not her job, she has been called upon to offer MHM support to girls** by providing them with sanitary pads, and prior to her interview, she was observed giving a pain medicine pill to a girl who came looking for her. She leads **sessions with girls grouped by grade**. She recommends to them that they have several spare pairs of underwear on hand, and warns girls that as there is no incinerator at the school they must keep used pads for disposal later. She offers individual advice upon request, and says that while there are no sessions or provisions whatsoever just for boys, around puberty education or anything else, they also never ask for advice.

Rose, a secondary school geography teacher, reports having **students 4 or more years older than the 12 year olds expected in her 1st year classes**. Reproductive health isn't in her curriculum and she knows her students won't learn about it until their 2nd year, so she "talks to them in parentheses", finding opportunities during her lessons to share elements of what she teaches in "Life Education" in a different school, as well as from her own life experience. She finds that in general girls can be quite distracted and difficult but that **whenever she talks about reproductive health or MHM they calm down and become attentive**. She thinks this is because some mothers don't talk about anything to do with sexuality because it's taboo, so the girls are attentive when it's discussed as it's "their only chance" to learn about it. She makes sure they know they can approach her with questions, but she also says keeping quiet is important - not discussing what they tell her with anyone else, so they feel comfortable and know they can trust her. She sees these activities as "play[ing] the role of mothers", and told the story of one girl who came to her home for help, which Rose readily provided.

## Conclusions & Recommendations

In Leonie and Kyrie's school a girl might reach puberty while in the 1st grade, years away from learning about MHM or reproductive health in the curriculum, and where alternatives to what's on the syllabus depend on teacher initiative, and Leonie's attitude to older children is a reminder that not all of them might be willing to take the time to offer support beyond what's formally required. Kyrie's financial assistance underscores the impact of students' socioecnomic status not just on access to education but also the quality of their experience, and the disproportionate burden faced by girls. **Systematizing and expanding non-classroom support** would allow for teachers to be trained, recognized and paid for their time and work in providing it, and ensure both boys and girls could access the information and resources they need even if they're in a class below their age grade level.

Nanette's situation demonstrates the expectation faced by women to address girls' MHM needs. **Addressing gender biases in education policy and practices and attitudes** across communities can improve MHM support for girls in schools with few or no female teachers to turn to, and distribute additional responsibilities more evenly. This might allow for a broader range of support to meet the diverse needs of girls across the wide age range seen in this school. It might also create an environment were boys feel more comfortable seeking advice and support of their own. The waste disposal challenges in Nanette's school are also a reminder of the often overlooked practical aspects of meeting MHM needs, which continue to apply to students more familiar with MHM, as well as the women teachers and staff in their schools.

Rose's account indicates the lag between girls' need and desire for information about puberty, and the stage at which the curriculum (at least partly) addresses it. It also shows the potential of puberty education to bridge the gap of an unmet need for knowledge and support, but also to improve girls' classroom experiences by engaging them on a topic they are invested in. Her practice of **balancing opportunities to discuss MHM throughout her class as well as individually outside** of teaching sessions shows the value of both approaches in meeting girls' needs for discretion while also normalizing the topic by confronting the taboo. Her belief that is assuming a maternal role in providing this support, her reliance on her own experience as a source of knowledge to transmit, and her willingness to offer help to girls at her home, outside of school space and hours, points to the prevailing association of girls' reproductive health education with the domestic sphere. Both Rose's interviews and others underlined the lack of time and willingness by parents to discuss puberty questions at home as a key challenge to schoolgirls' reproductive health. Her willingness to offer help in her home is generous, but it is not a realistic or fair solution to this gap in support.