**INDICATOR: Number of youth who understand menstruation and menstruation hygiene**

**STANDARD SECTOR INDICATOR CODE:** HE_YOUTH_269  
**HEALTH SECTOR:** Youth Health and Well-Being  
**PROJECT AREA:** Youth Health and Well-Being  

**Type:** Outcome  
**Unit of Measure:** Youth  

**Disaggregation:**  
**Male by Age:** <1, 1–4, 5–9, 10–14, 15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49, 50+  
**Female by Age:** <1, 1–4, 5–9, 10–14, 15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49, 50+

**Related Objective:** Increase the knowledge and skills of youth to improve their health and well-being through health and life skills education and linkages to youth-friendly services (Objective 1)

**Precise definitions**

**Youth:** The Youth Health and Well-Being project focuses on young people between the ages of 10 and 19 because this is such a crucial time in terms of developing lifelong behaviors that impact health. Each country may have its own definition for youth and posts can use this definition to align with government reporting and priorities. The age disaggregations should be used to reflect the age of the participants.

**Understand:** The Youth Health Outcomes Survey tool has a set of questions related to this indicator under the section on Sanitation and Hygiene. These questions should be used as a pre-test, post-test, and as a three- to six-month follow-up to assess accurate knowledge. Those individuals answering the questions correctly in the three- to six-month follow-up should be used to calculate this indicator.

**Menstruation:** Menstruation, or period, is normal vaginal bleeding that occurs as part of a woman's monthly cycle. Every month, a woman’s body prepares for pregnancy. If no pregnancy occurs, the uterus, or womb, sheds its lining. The menstrual blood is partly blood and partly tissue from inside the uterus. Most menstrual periods last from three to five days. They begin during puberty and continue through menopause (ages 45–55), except during pregnancy.

**Menstruation hygiene:** is defined as “women and adolescent girls using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials.”¹ Menstruation-hygiene curricula and training often cover the stigma and discrimination issues around the topic as well as barriers it creates for girls and women in society.

**Data collection**

**Tool:** Youth Health Outcomes Survey

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¹ UNICEF. 2014. WASH in Schools Empowers Girls’ Education.
The Youth Health Outcomes Survey is intended to be given to youth who participate in a multi-session training focused on Youth Health and Well-Being facilitated by a PCV and their counterpart. This survey tool should be used three times:

1) As a pre-test at the start of the first training session/meeting;
2) As a post-test at the last session/meeting to assess change during the time of the training; and
3) Three to six months after the training/activity has finished to assess whether knowledge is retained.

All youth should be given the pre-test and post-test. Only youth who attended at least 75 percent of the defined information sessions should be included in the survey three to six months afterward. Therefore, the results of Step 3—the follow-up survey—should be used to calculate this indicator.

If the timing of a PCV’s close of service (COS) or other factors will not allow for this, a survey could be conducted earlier, but some indicators may need to be modified. The survey should be conducted by the PCV and their counterpart or co-facilitator of the group following the instructions provided in the outcomes survey tool closely. The survey should only include the topics that were included in the training on Youth Health and Well-Being. Questions should be removed from the survey if not discussed in the training.

**Reporting**

To be counted for this indicator the following criteria must be met:

- The individuals must have received at least 75 percent of the training sessions and/or information offered on youth health and well-being.
- The information must have been provided by a PCV or their partner in an individual or small group setting with 25 people or less.
- Attendance at each session must be documented by the Volunteer or their partner.
- The individual must be assessed after the conclusion of the intervention using the Youth Health Outcomes Survey tool.

In the VRT, outcome indicators have two fields: “achieved” and “total.” Please enter the total number of individuals who took the survey in the “total” field and the number of individuals who gave the correct answer in “achieved.” The correct answer can be found in the instructions for the outcomes survey.