



# TEACHER'S MLE REPORT

## MENSTRUAL EQUALITY IN CAMBODIA:

*Evaluation on Puberty and Menstrual Health Teacher Training and Education for Students Third-Year Project*

**DAYS FOR GIRLS**

Client : Days for Girls (DfG)  
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# 01 Research Background & Objectives



Following a successful pilot project in 2022, DfGI and CRESO have an MOU agreement with the MoEYS, for a multi-year menstrual health project between 2023-2025 to increase access to timely, accurate, well-delivered, age and culturally appropriate puberty and menstrual health education and menstrual products for 15,000 students and 600 Teachers & Trainee Teachers in Phnom Penh, Ratanakiri, Mondulakiri, Kratie, and Kampong Som Provinces, Cambodia.

DfG commissioned Indochina Research to conduct an MLE to understand the impact of the teacher training on the Teachers & Trainee Teachers and the Grade 5 to Grade 10 lessons on the students during the second year of the project.

# 01 Research Background & Objectives



## Teachers & Trainee Teachers

- To understand changes (if any) in classroom Teachers & Trainee Teachers' knowledge of puberty and menstruation.
- To measure if Teachers & Trainee Teachers' knowledge of curriculum activities and delivery methods increased.
- To measure if Teachers & Trainee Teachers' confidence increased in delivering the Menstrual Health curriculum to students.
- To measure changes (if any) to classroom Teachers & Trainee Teachers' attitudes about both the subject of Menstrual Health and teaching it to students.



02

## Research Design

### *Research Methodology*

A Mixed methods approach was employed to collect primary quantitative and qualitative information.

#### **1. Area Coverage**

Ratanakiri Province & Phnom Penh

#### **2. Respondent Criteria**

- Occupation: Teachers & Trainee Teachers
- Grade: Primary & Secondary
- Gender: Male & Female

#### **3. Fieldwork date**

Pre-test & Post test | February–August 2025

## QUANTITATIVE

**Method:**

- Face-to-face, paper-based self-completion structured questionnaire in Khmer language using SurveyToGo as the survey software for data entry after completion.
- Purposive random sampling was employed to select the target respondents.

**Sampling Frame:**

- All Teachers & Trainee Teachers of grade 5-6 & grade 7-9 in the selected schools were invited to join the survey.

**Sample Size:**

- Phnom Penh = n148
- Ratanakiri = n32

## QUALITATIVE

**Method:**

- Offline Face-to-Face, In-depth Interview (IDI) with Teachers.
- Interviews are audio-taped and moderated by an experienced Khmer moderator.
- Respondent selection was via purposive/ convenience sampling.

**Sampling Frame:**

- Teachers & Trainee Teachers of grades 5-6 and 7-9 in the selected schools were invited to take part in the study.

**Sample Size:**

- Ratanakiri = 8 (4 males & 4 females)

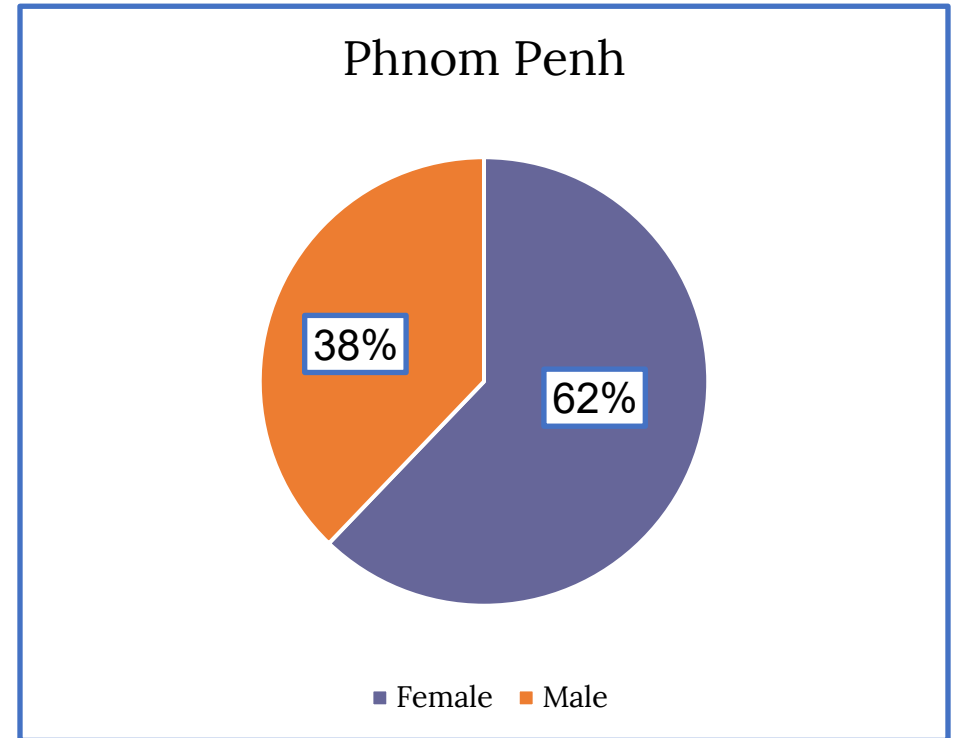
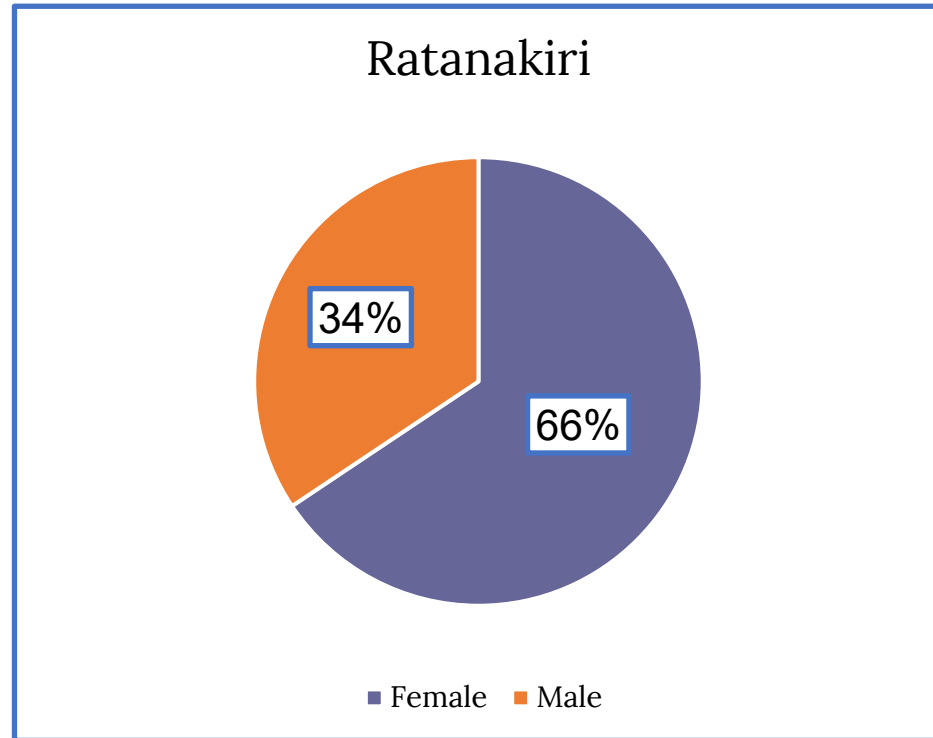
03

## Research Findings



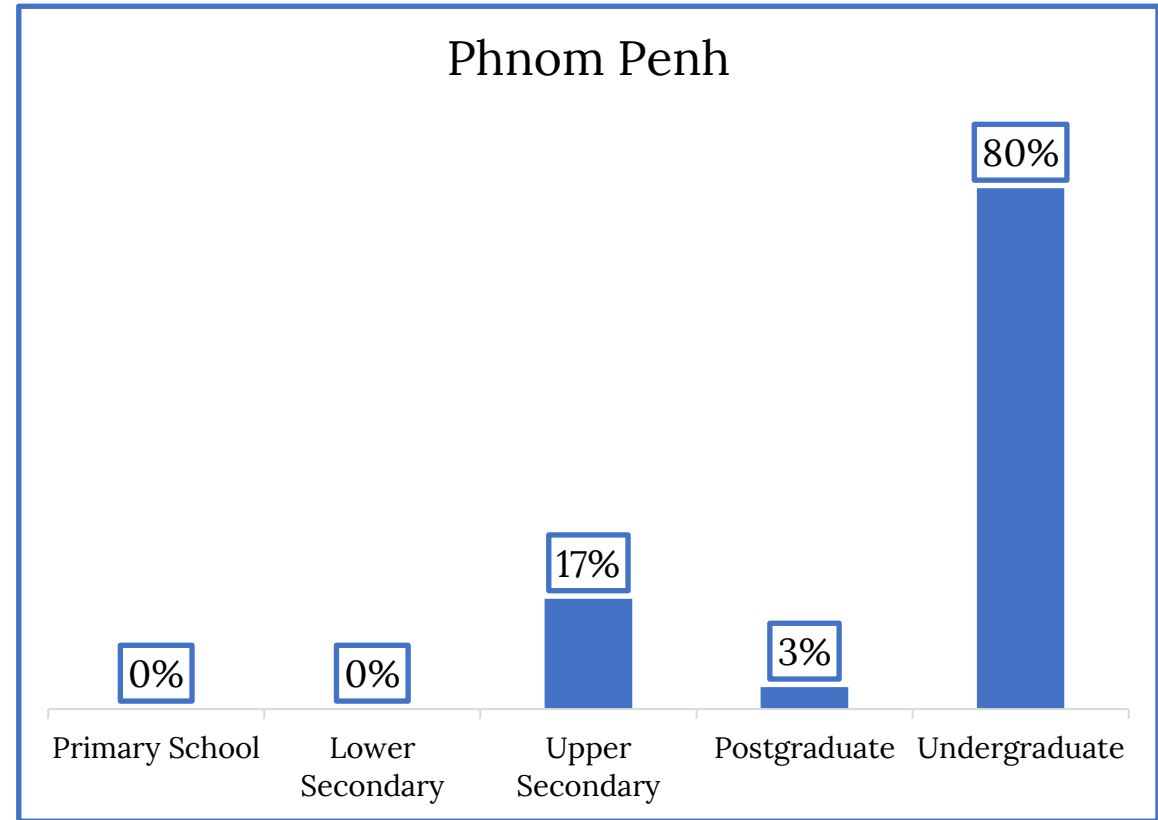
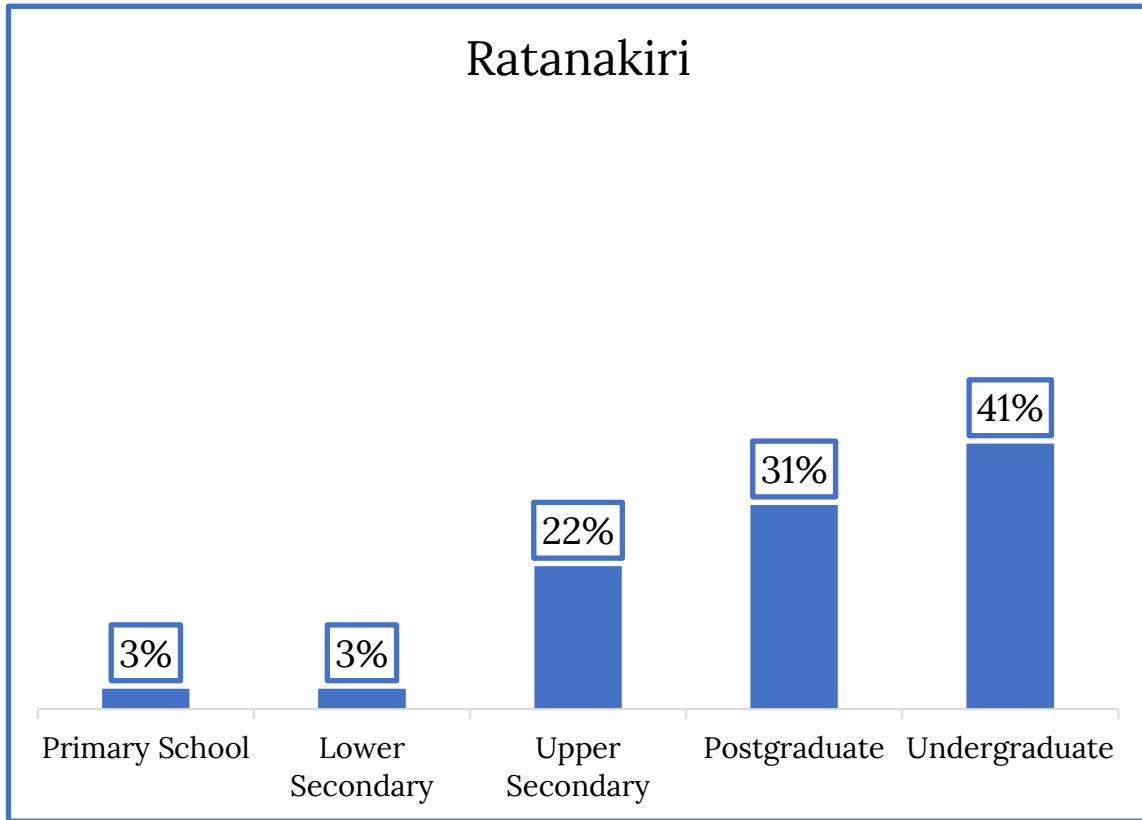
**QUANTITATIVE**

# PROFILE OF RESPONDENTS



**A majority of the Teachers & Trainee Teachers who participated in the training were female (66% in Ratanakiri and 62% in Phnom Penh).**

# PROFILE OF RESPONDENTS



In Ratanakiri, **93% of Teachers are Khmer, while 7% are Cham**. The trainee teachers in Phnom Penh are **entirely Khmer (100%)**. Furthermore, **educational attainment is higher in Phnom Penh**, where **83% of Teachers & Trainee Teachers have their highest level of education at the university level**, compared to 72% in Ratanakiri. The **age range for teachers in Ratanakiri is broad, spanning 25 to 57 years old**, whereas the **trainee teachers in Phnom Penh are younger, ranging from 17 to 30 years old**.

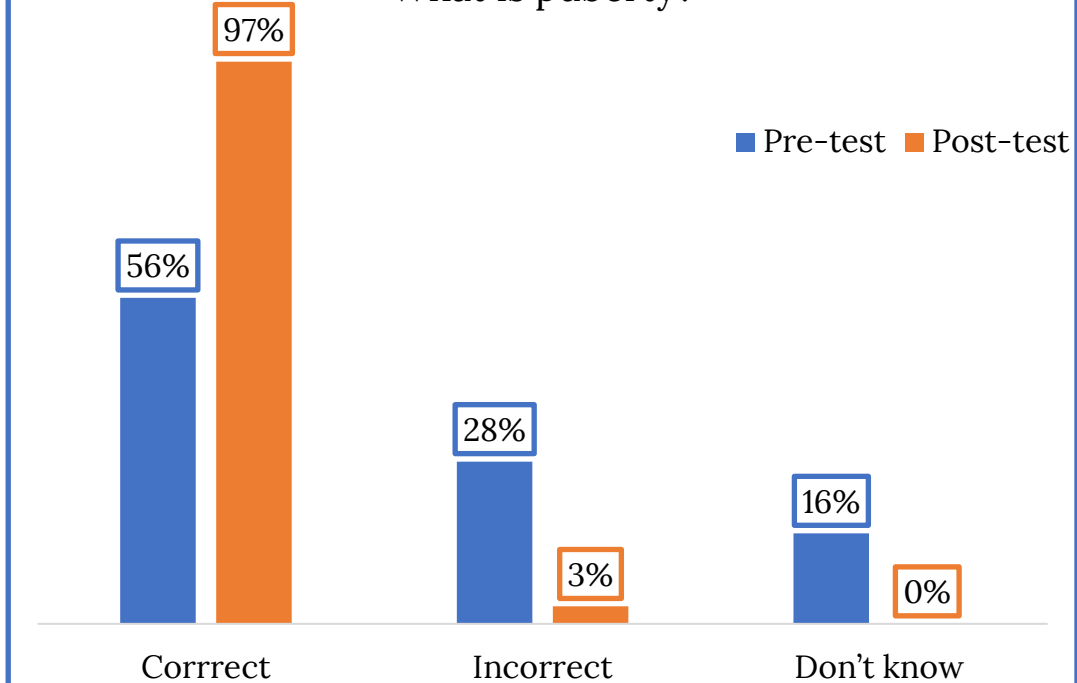
# KNOWLEDGE



# MEANING OF PUBERTY

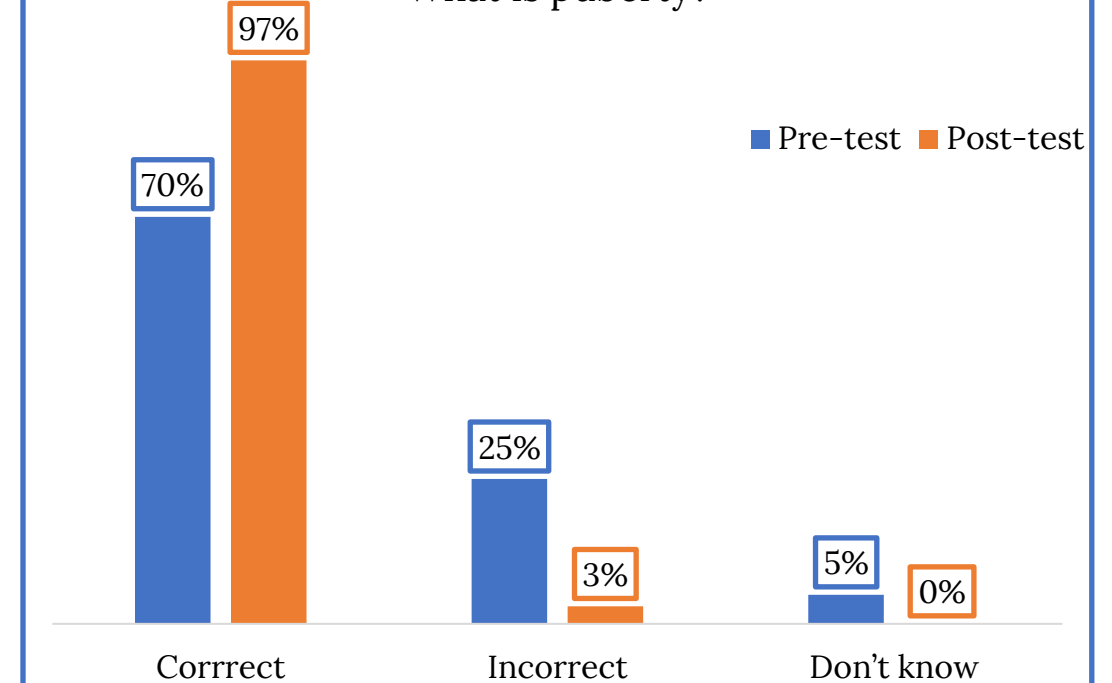
## Ratanakiri

What is puberty?



## Phnom Penh

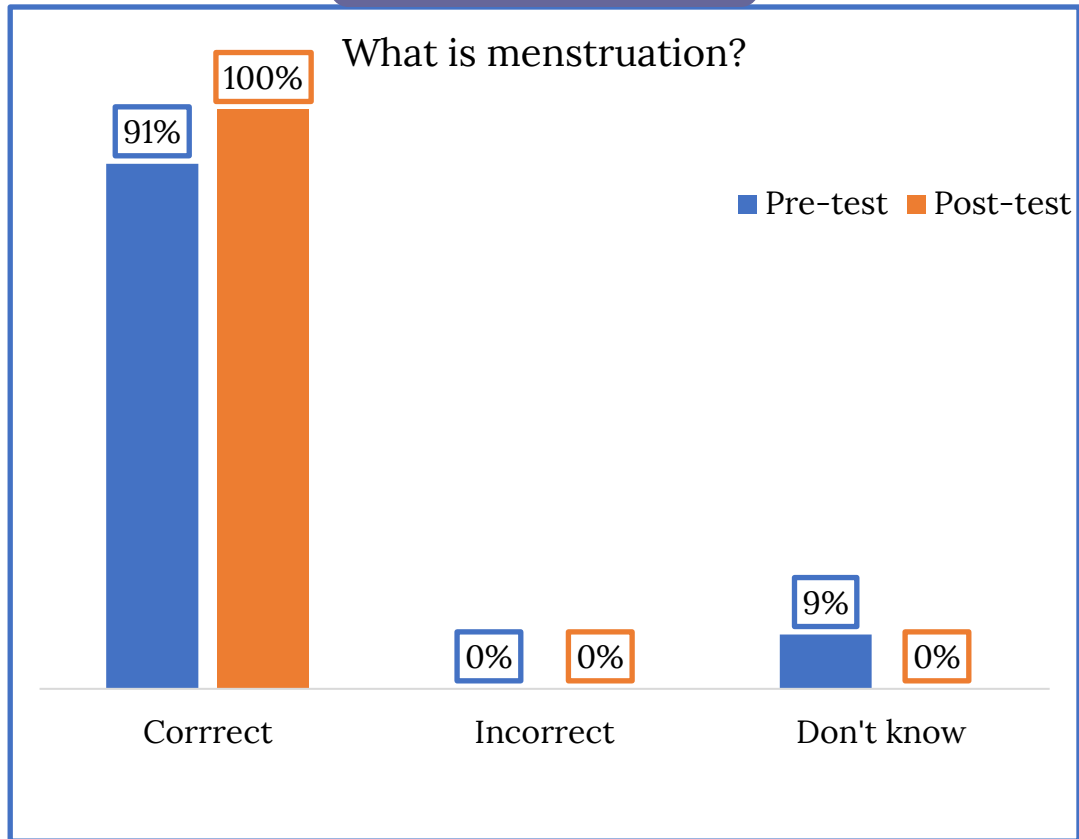
What is puberty?



Knowledge regarding the definition of puberty demonstrated a significant increase following the training sessions, advancing from 56% to 97% in Ratanakiri and from 70% to 97% in Phnom Penh.

# MEANING OF MENSTRUATION

Ratanakiri



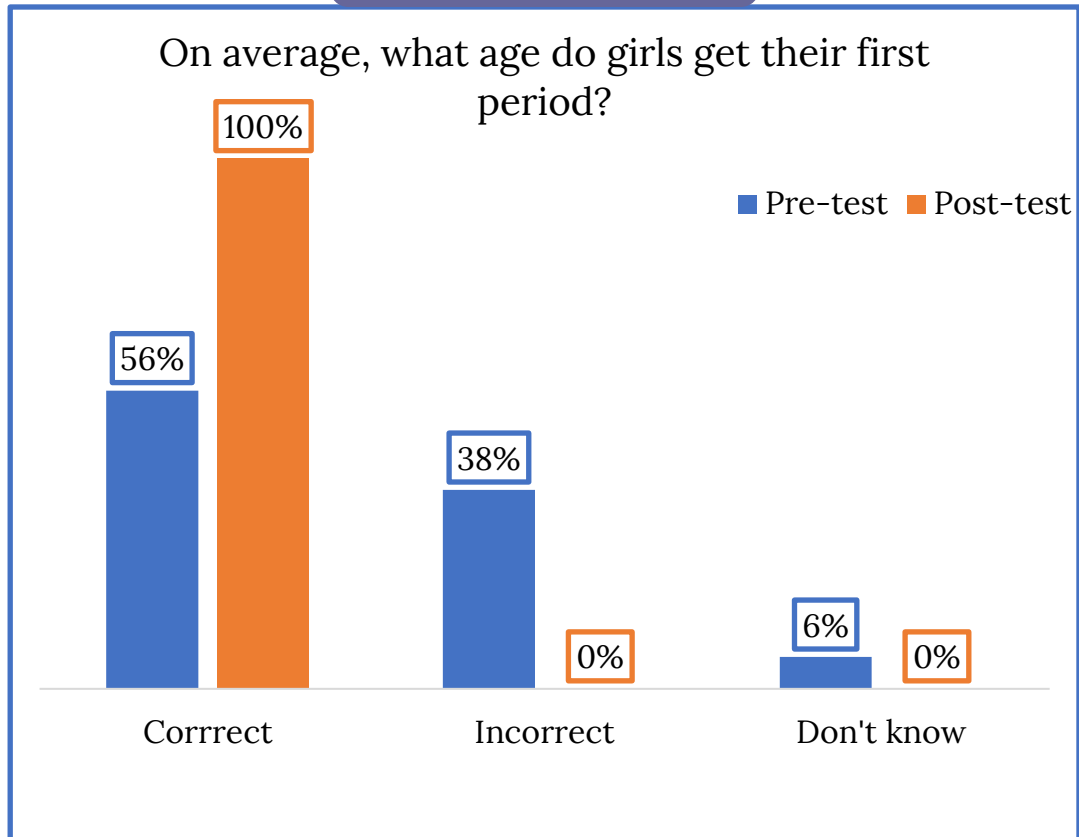
Phnom Penh



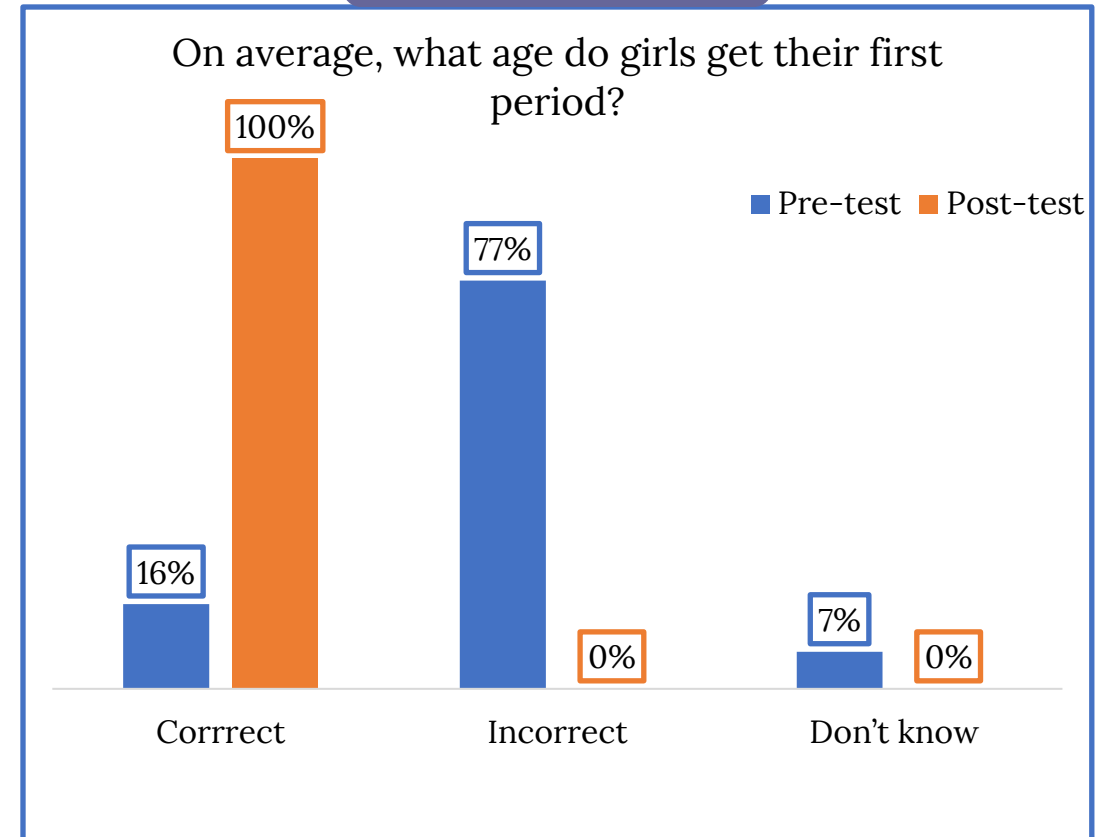
Similarly, understanding of the menstruation definition improved substantially in both locations, rising from 91% to 100% in Ratanakiri and from 88% to 100% in Phnom Penh.

# AVERAGE AGE THAT GIRLS START MENSTRUATION

## Ratanakiri



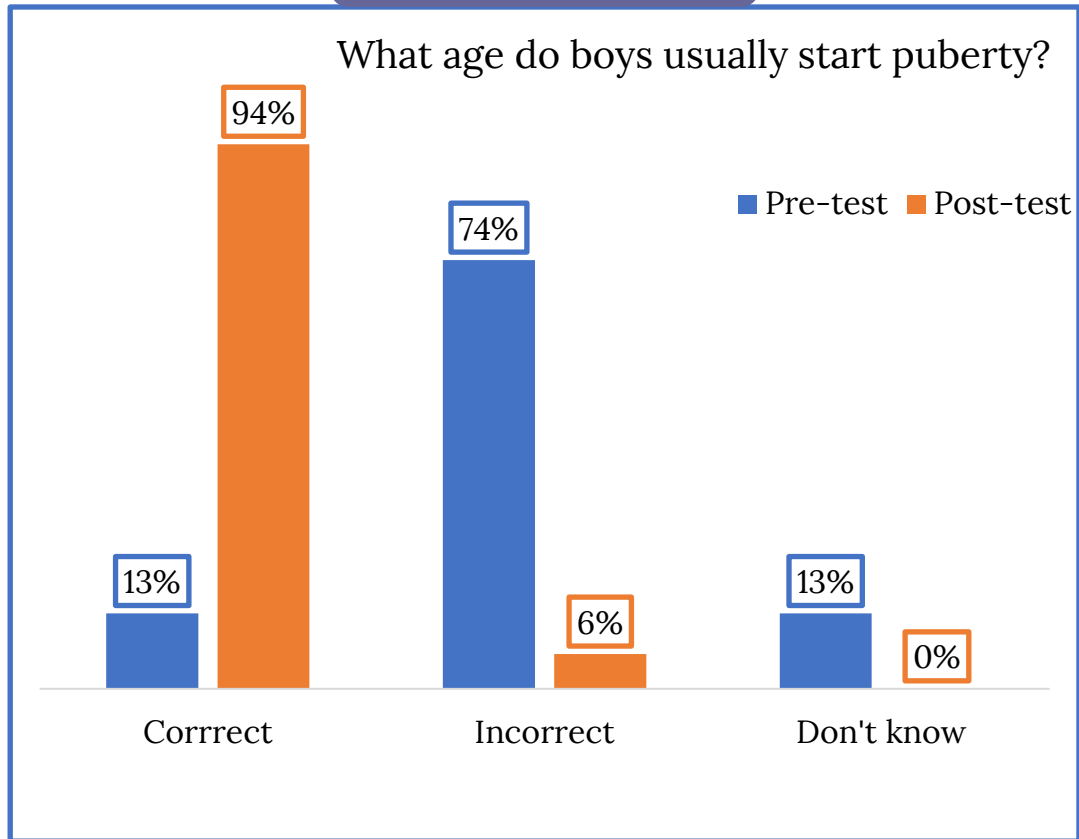
## Phnom Penh



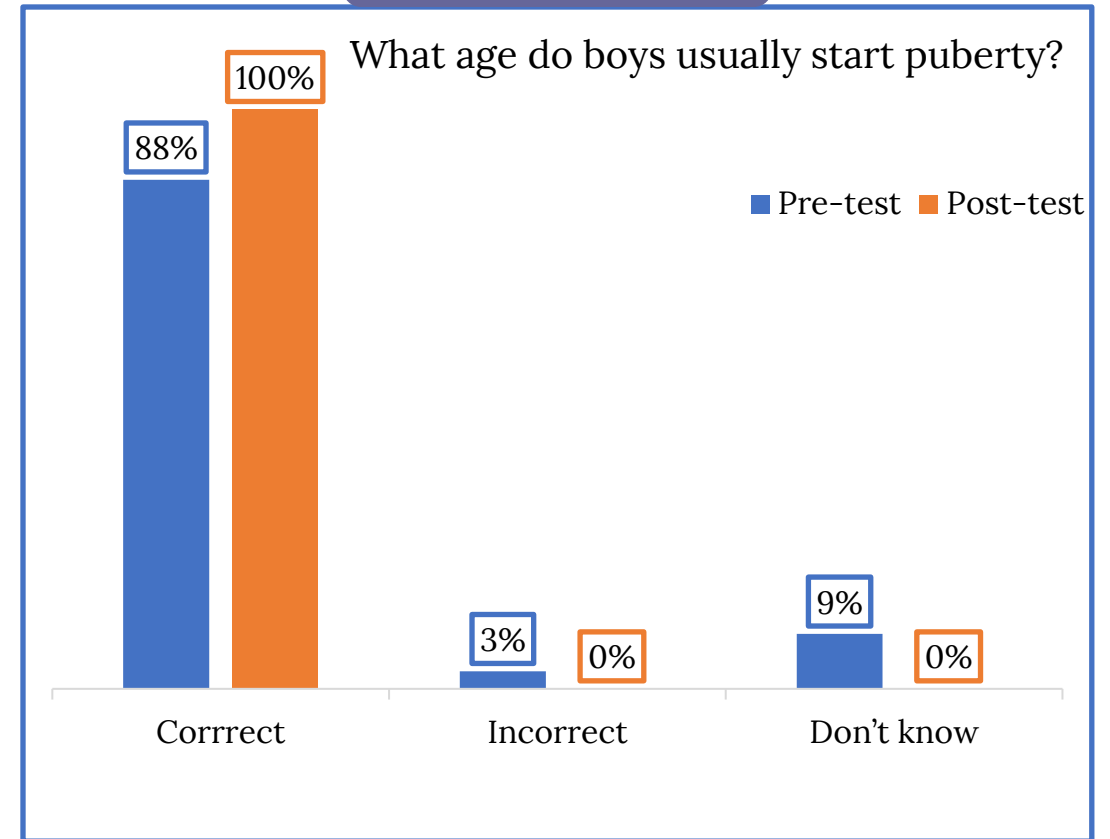
Knowledge concerning the typical age that girls begin menstruation exhibited a complete shift post-training, achieving 100% proficiency in both locations. Specifically, Ratanakiri reported an increase from 56% to 100%, and Phnom Penh demonstrated a substantial gain, moving from 16% to 100%.

# AVERAGE AGE THAT BOYS START PUBERTY

## Ratanakiri



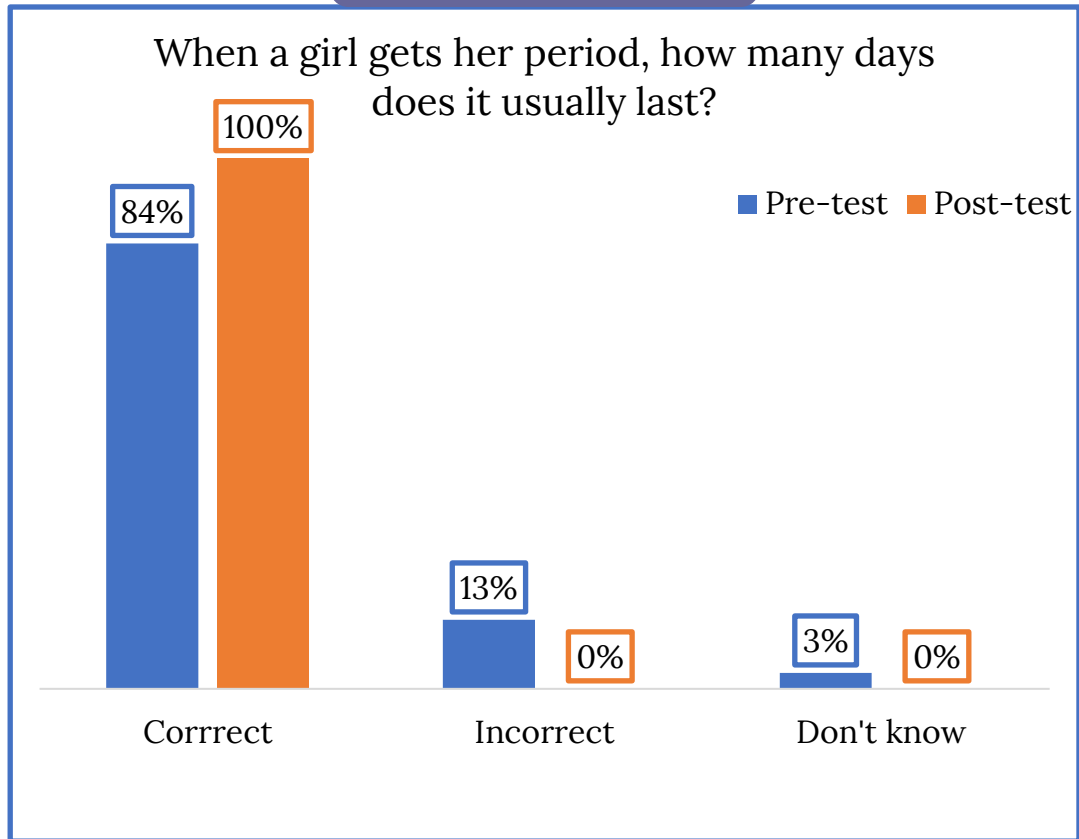
## Phnom Penh



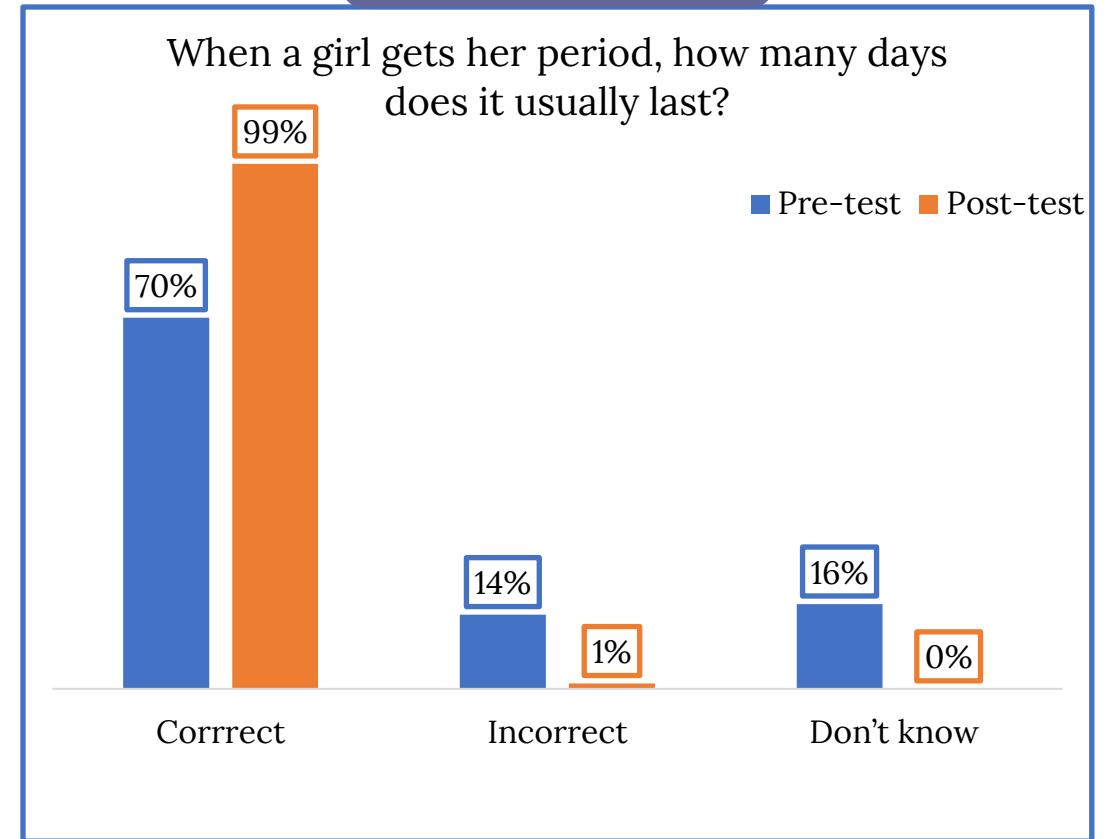
Similarly, knowledge of the typical age that boys begin puberty showed considerable improvement. In Ratanakiri, proficiency increased from 13% to 94%, while Phnom Penh reached full proficiency, advancing from 88% to 100%.

# THE AVERAGE DURATION OF MENSTRUATION

## Ratanakiri



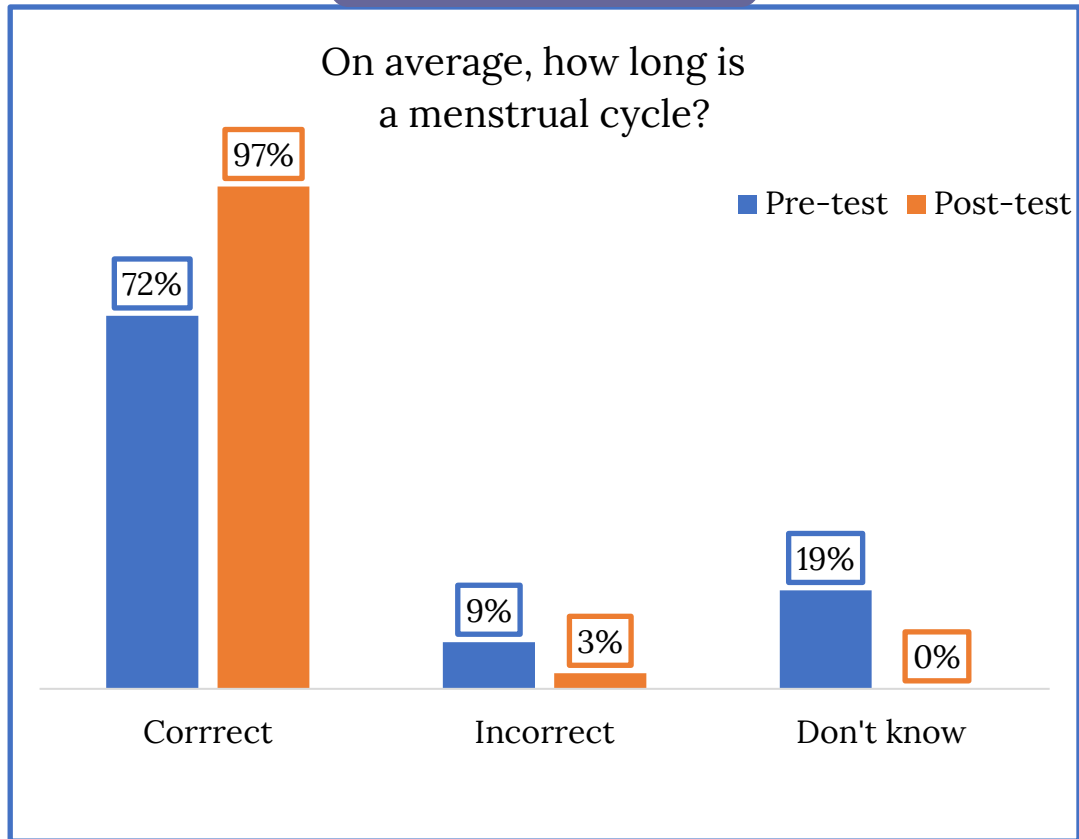
## Phnom Penh



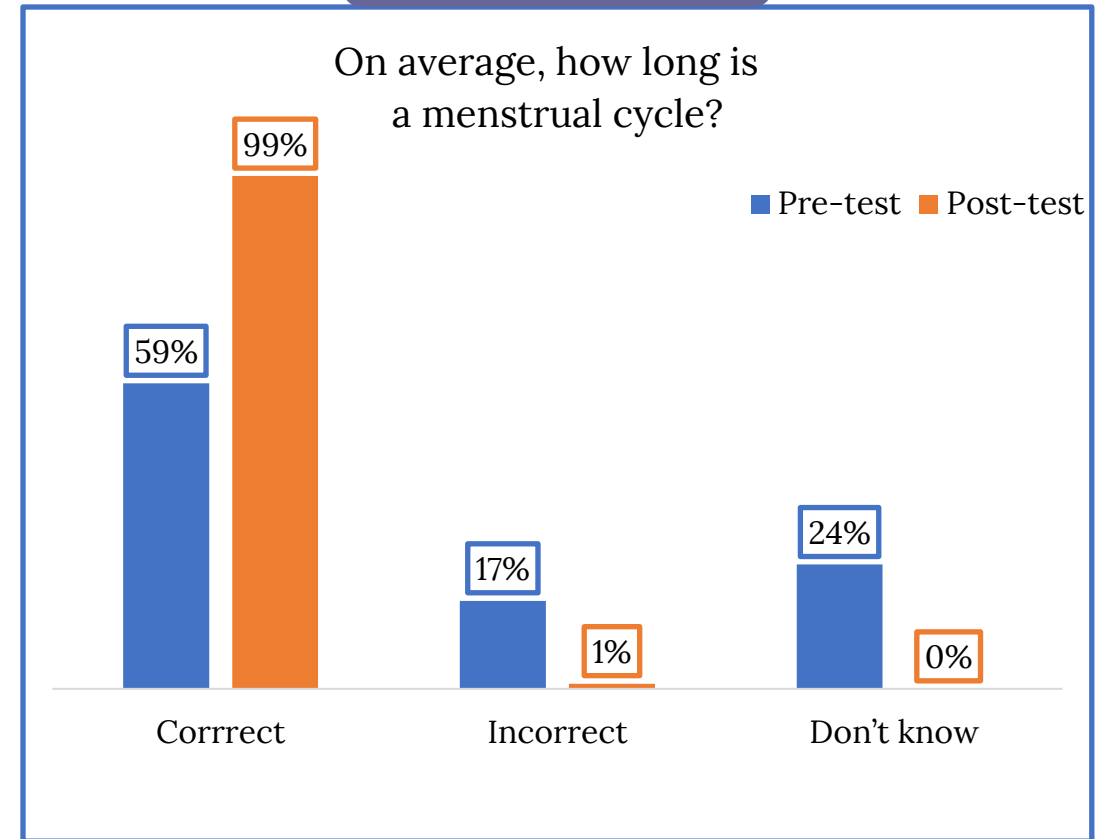
Following the training, participants in both locations demonstrated near-universal knowledge of the average menstrual period duration (3–5 days). Knowledge proficiency reached **100% in Ratanakiri**, up from a 84% baseline, and **99% in Phnom Penh**, increasing from a pre-test score of 70%.

# THE AVERAGE MENSTRUAL CYCLE DURATION

## Ratanakiri



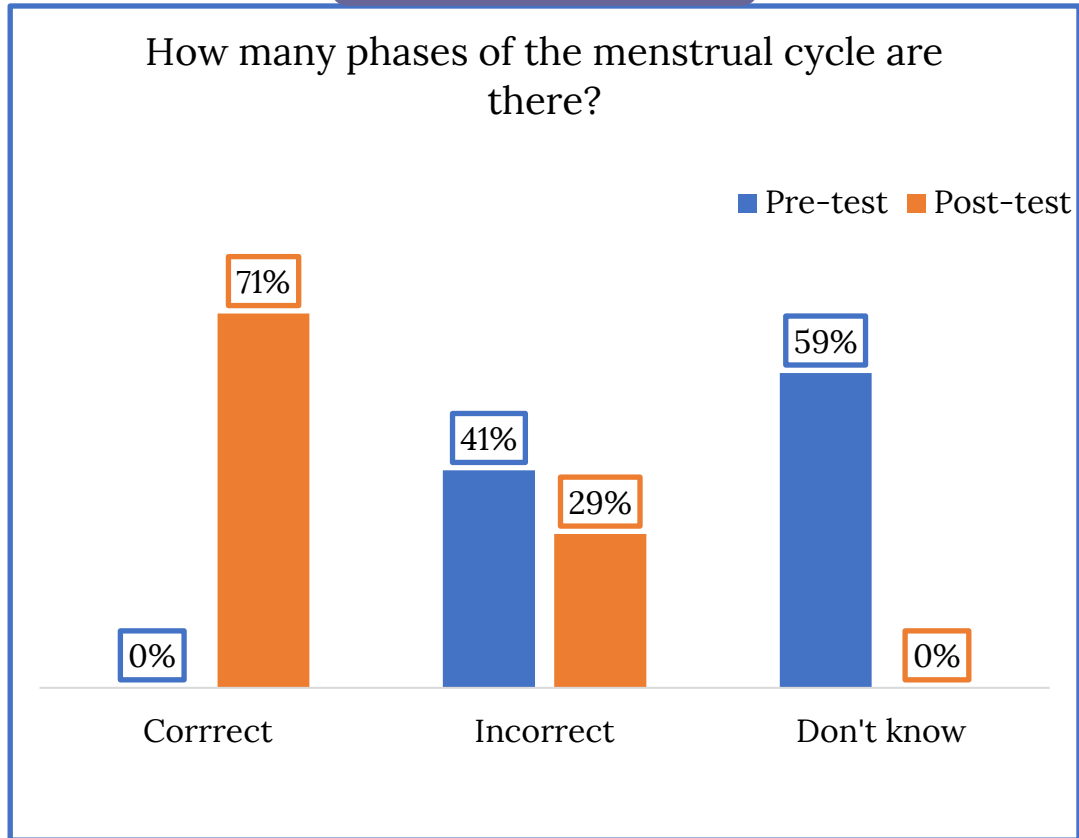
## Phnom Penh



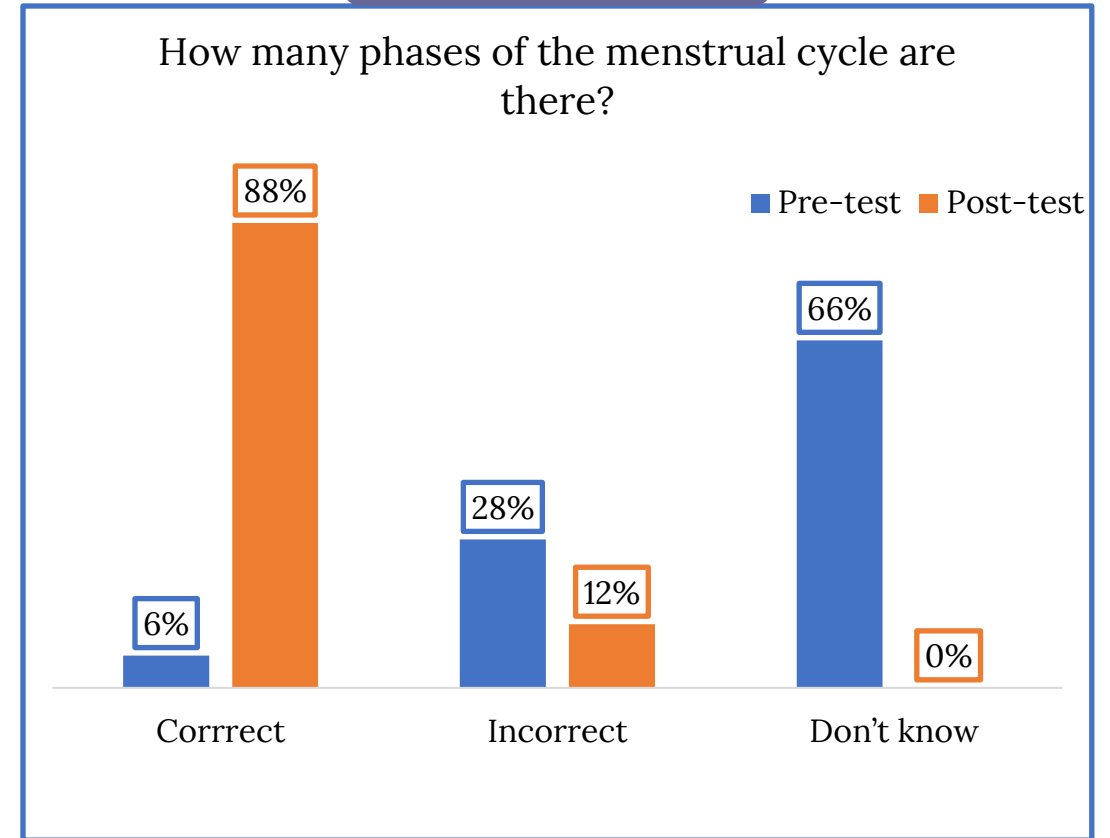
**Knowledge concerning the average duration of a menstrual cycle (28 days) significantly increased post-training.** In **Ratanakiri**, awareness rose from 72% at pre-test to **97%** at post-test. Similarly, **Phnom Penh** demonstrated a substantial gain, increasing from 59% to **99%**.

# PHASES OF THE MENSTRUAL CYCLE

## Ratanakiri



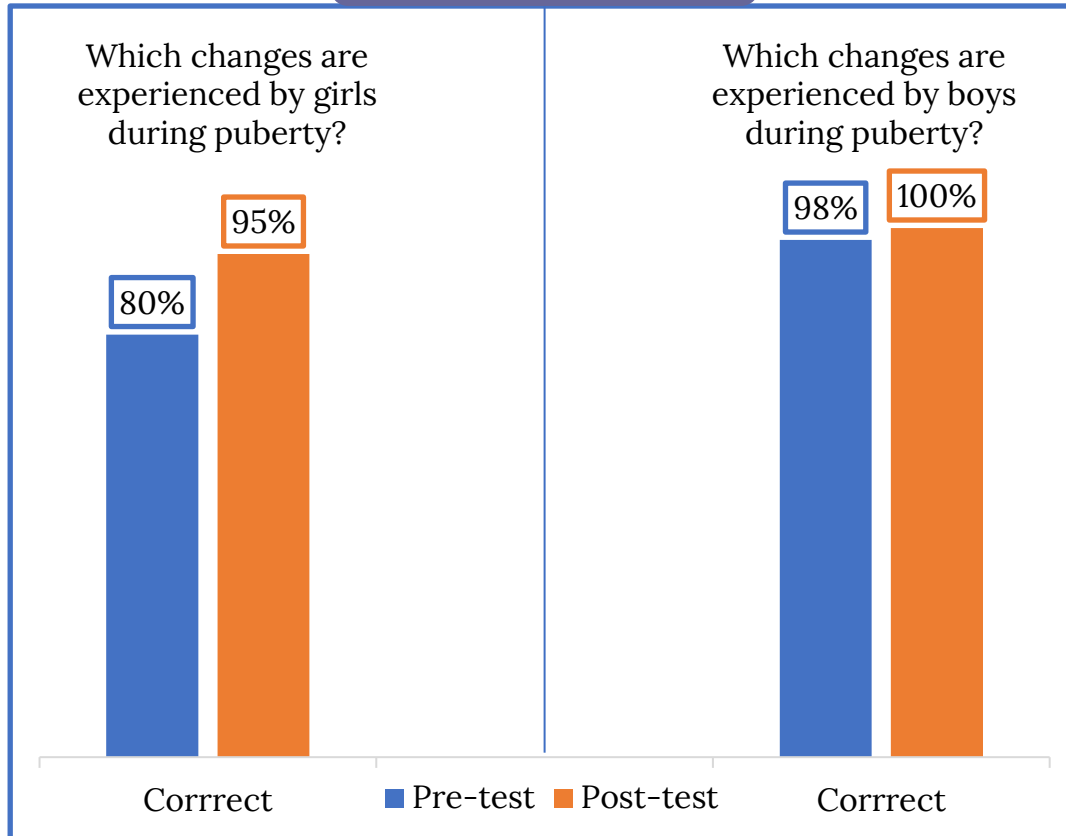
## Phnom Penh



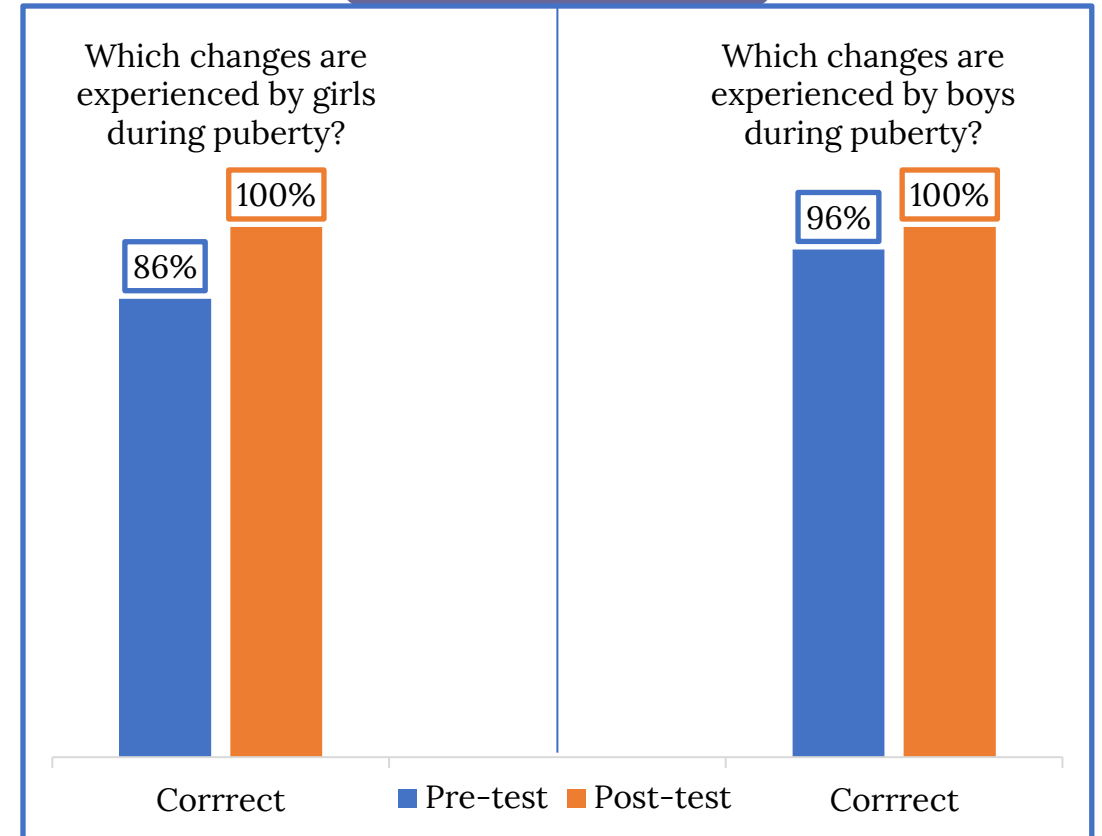
Prior to the training, knowledge regarding the four phases of menstruation was extremely limited or non-existent, with **0% of Teachers & Trainee Teachers in Ratanakiri and only 6% in Phnom Penh demonstrating awareness**. Following the intervention, proficiency significantly increased to **71% in Ratanakiri and 88% in Phnom Penh**.

# CHANGES THAT GIRLS & BOYS EXPERIENCE

## Ratanakiri



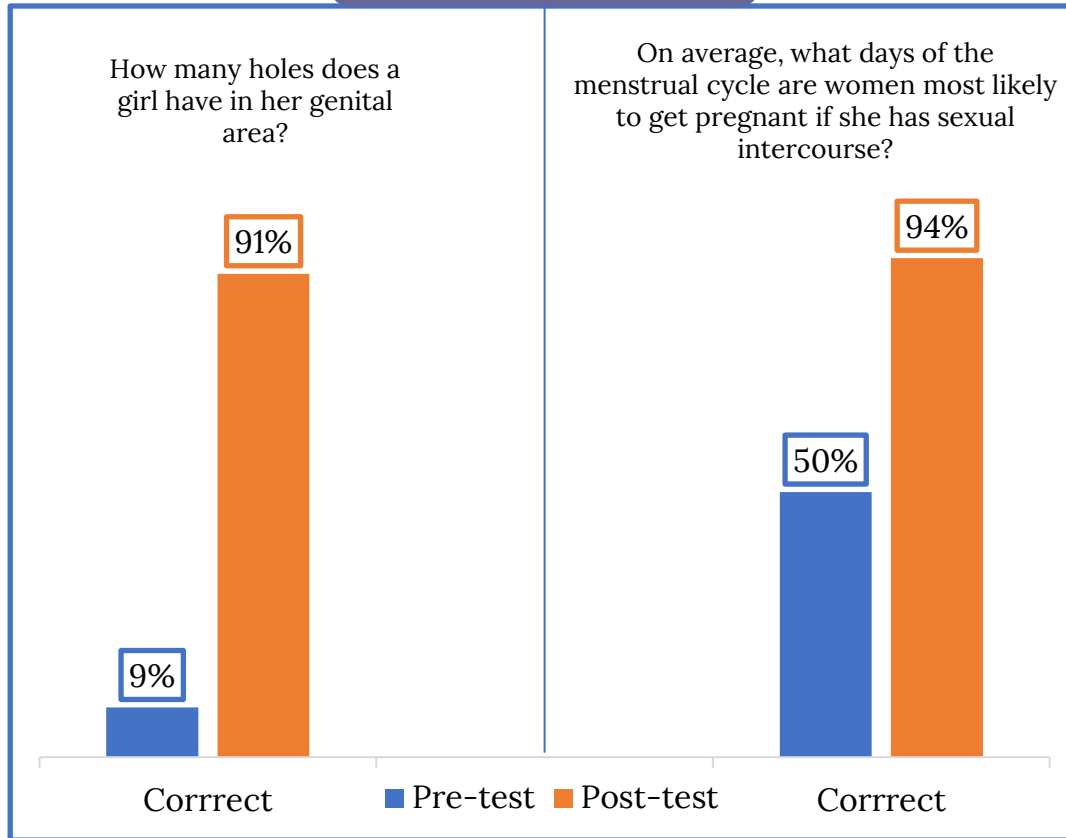
## Phnom Penh



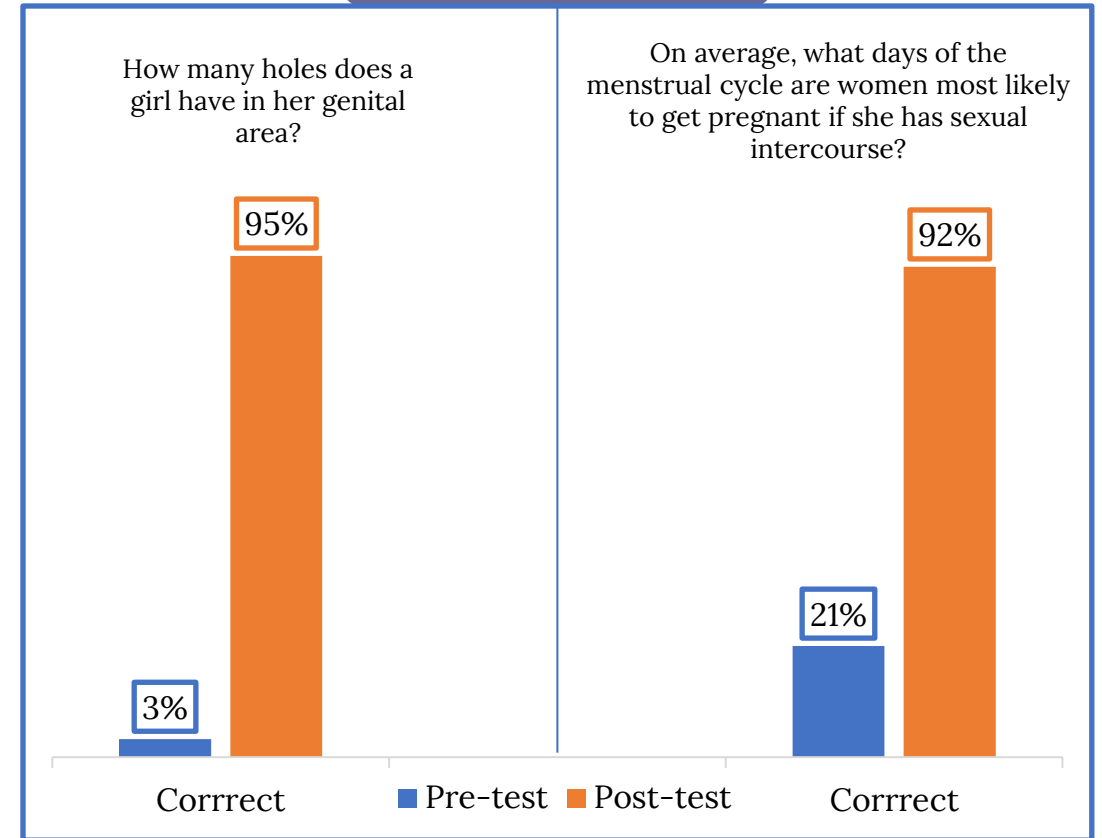
Teachers & Trainee Teachers in **Ratanakiri** reported a significant increase in awareness regarding changes experienced by students after the training. Awareness of changes experienced by **girls** rose from 80% to 95%, and awareness for **boys** increased from 98% to 100%. A similar trend was observed in **Phnom Penh**, where the percentage of Teachers & Trainee Teachers correctly answering questions about changes experienced by girls increased from 86% to 100%, and for boys, it increased from 96% to 100%.

# NUMBER OF HOLES A FEMALE HAS IN HER GENITAL AREA & AVERAGE FERTILE DAYS IN A MENSTRUAL CYCLE

## Ratanakiri

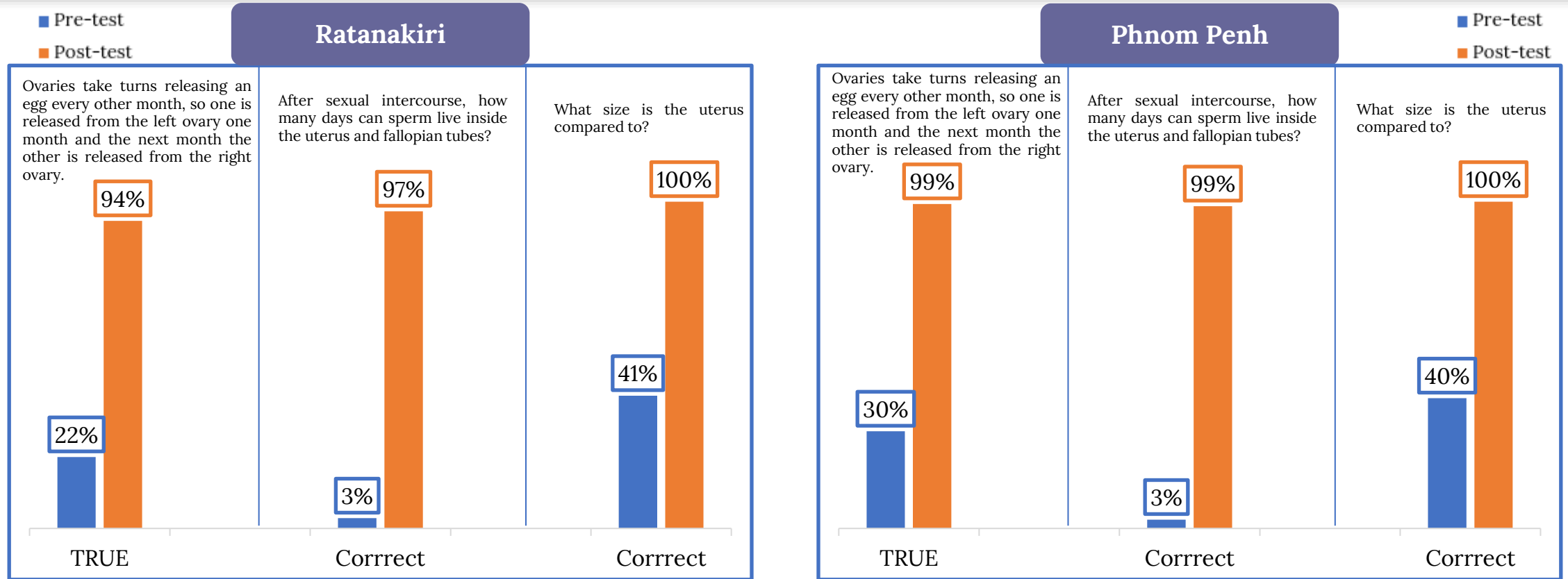


## Phnom Penh



Awareness regarding the female reproductive anatomy showed a dramatic increase following the training. Before the session, very few Teachers & Trainee Teachers knew that **girls have three openings in the genital area** (9% in Ratanakiri and 3% in Phnom Penh). This knowledge gap was significantly addressed, with post-training awareness soaring to 91% in Ratanakiri and 95% in Phnom Penh. Similarly, teacher knowledge about the **average fertile window** (Days 10-17) also saw substantial growth. The percentage of Teachers & Trainee Teachers aware of the menstrual cycle days when sexual intercourse is most likely to result in pregnancy increased from 50% to 94% in Ratanakiri and from 21% to 92% in Phnom Penh.

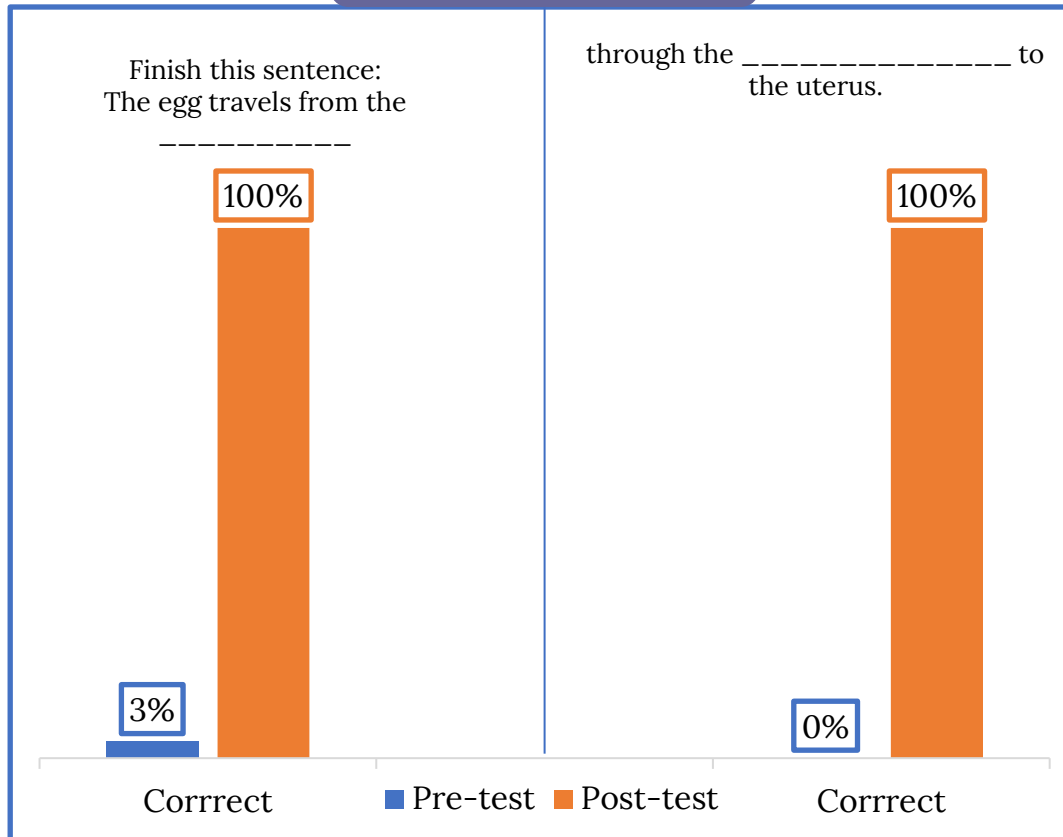
# REPRODUCTIVE SYSTEM



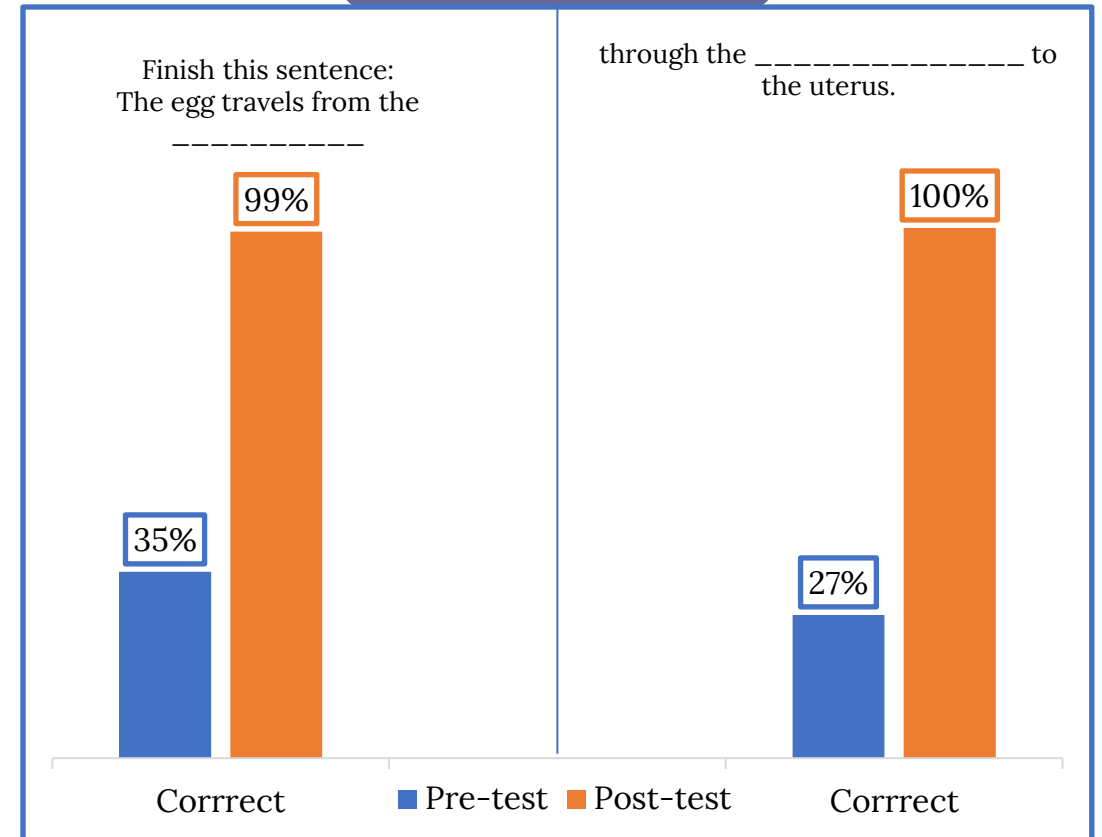
Post-training results revealed significant gains in teacher knowledge regarding reproductive facts. Before the training, only 22% of Teachers & Trainee Teachers in **Ratanakiri** and 30% in **Phnom Penh** correctly understood the concept that the **ovaries typically alternate the release of an egg** each month. This awareness substantially improved post-training, reaching 94% and 99% in Ratanakiri and Phnom Penh, respectively. Similarly, initial knowledge about sperm viability was very low, with only 3% of Teachers & Trainee Teachers in both Ratanakiri and Phnom Penh correctly identifying that **sperm can survive up to five days** within the uterus and fallopian tubes. This figure dramatically increased to 97% in Ratanakiri and 99% in Phnom Penh after the training. Furthermore, 100% of Teachers & Trainee Teachers in both Ratanakiri and Phnom Penh achieved the correct understanding that the **uterus is approximately the size of a closed fist** following the training.

# REPRODUCTIVE PROCESS

## Ratanakiri



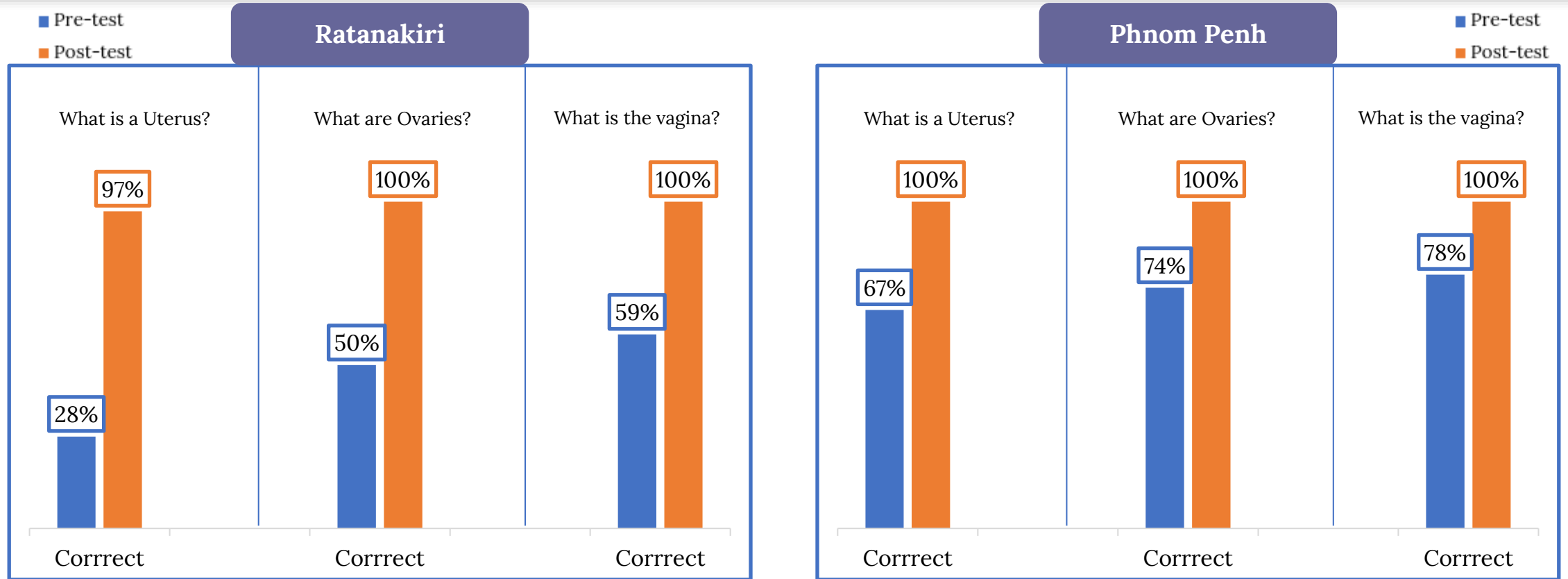
## Phnom Penh



Teachers & Trainee Teachers' understanding of the **ovum's pathway** through the reproductive system showed one of the most significant improvements. Prior to the training in **Ratanakiri**, only 3% of Teachers & Trainee Teachers knew the egg travels from the ovary, and critically, **zero percent** were aware that it specifically passes through the fallopian tubes to the uterus. This knowledge deficit was completely resolved, with post-training awareness reaching **100%**.

In **Phnom Penh**, 35% of Teachers & Trainee Teachers initially knew the egg travels from the ovary, and 27% correctly identified the fallopian tube as the route. Following the training, these figures rose substantially to **99%** and **100%**, respectively.

# DEFINITIONS



Knowledge of fundamental female anatomy showed varying baseline proficiency but achieved **100% mastery post-training** in both locations.

- **Ratanakiri:** Prior to the training, **over 20%** of Teachers & Trainee Teachers could define the **uterus**, and **more than 50%** could define the **ovaries and vagina**. This knowledge was raised to **100%** proficiency in all three categories following the intervention.
- **Phnom Penh:** Pre-test results were higher, with **over 60%** of Teachers & Trainee Teachers able to define the **uterus** and **more than 70%** able to define the **ovaries and vagina**. Post-training, proficiency also reached **100%** across all definitions.

# SUMMARY OF KNOWLEDGE

The training program significantly enhanced Teachers & Trainee Teachers' knowledge of puberty and reproductive health across both Ratanakiri and Phnom Penh. While demographic differences exist—such as a higher proportion of university-educated Teachers & Trainee Teachers in Phnom Penh and a more ethnically diverse teaching population in Ratanakiri—the impact of the training was uniformly positive.

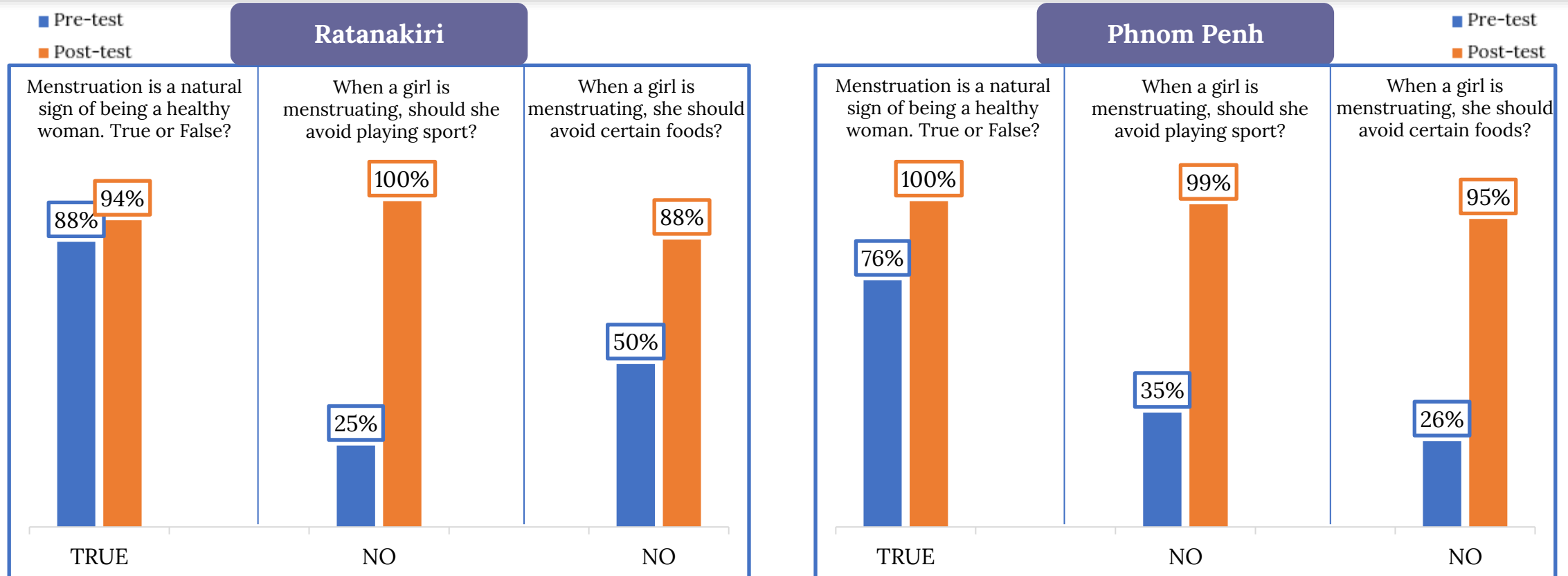
Key improvements include:

- **Puberty and menstruation definitions:** Post-training understanding reached near-universal levels (97–100%) in both locations.
- **Menstrual cycle knowledge:** Teachers & Trainee Teachers showed substantial gains in understanding cycle duration, fertile windows, and menstrual phases.
- **Reproductive anatomy and physiology:** Awareness of female anatomy, ovum pathways, and reproductive facts (e.g., sperm viability, ovary function) improved dramatically, with most indicators reaching 99–100% proficiency.
- **Baseline disparities:** Although Phnom Penh Teachers & Trainee Teachers generally started with higher baseline knowledge, Ratanakiri Teachers & Trainee Teachers showed equally strong post-training outcomes, indicating the training's effectiveness regardless of initial proficiency.

# PERCEPTION & ATTITUDES

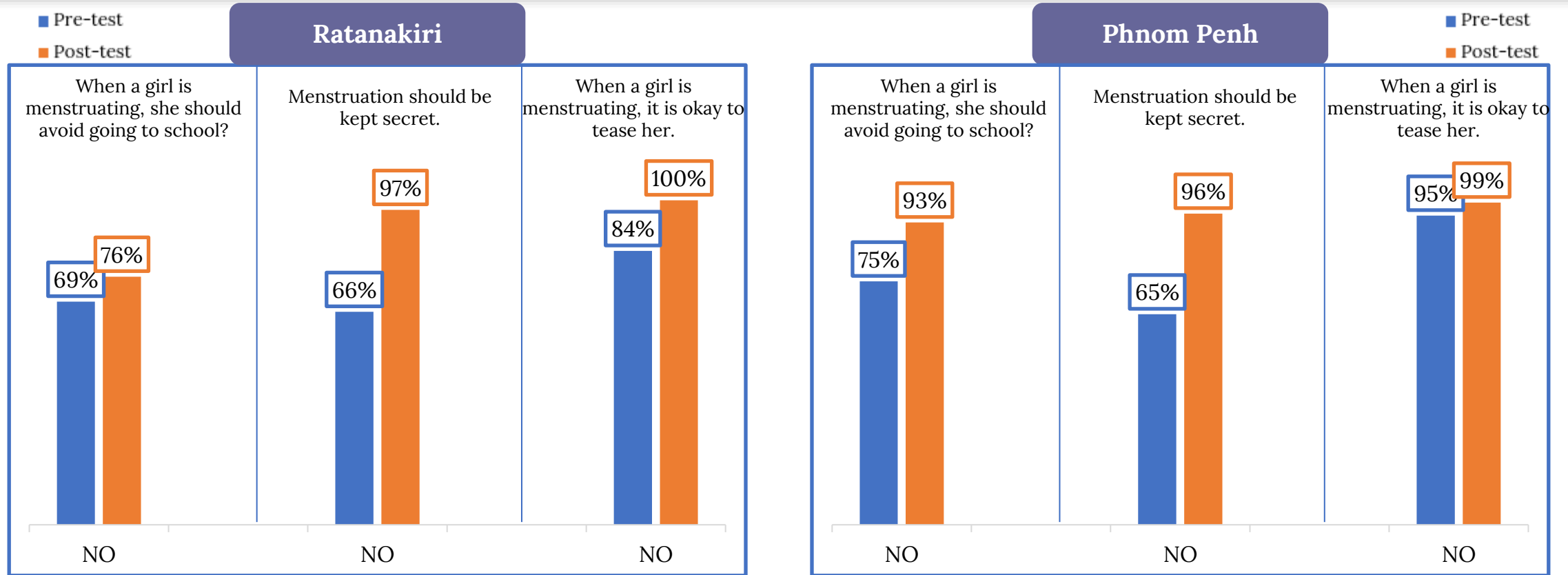


# PERCEPTION & ATTITUDE



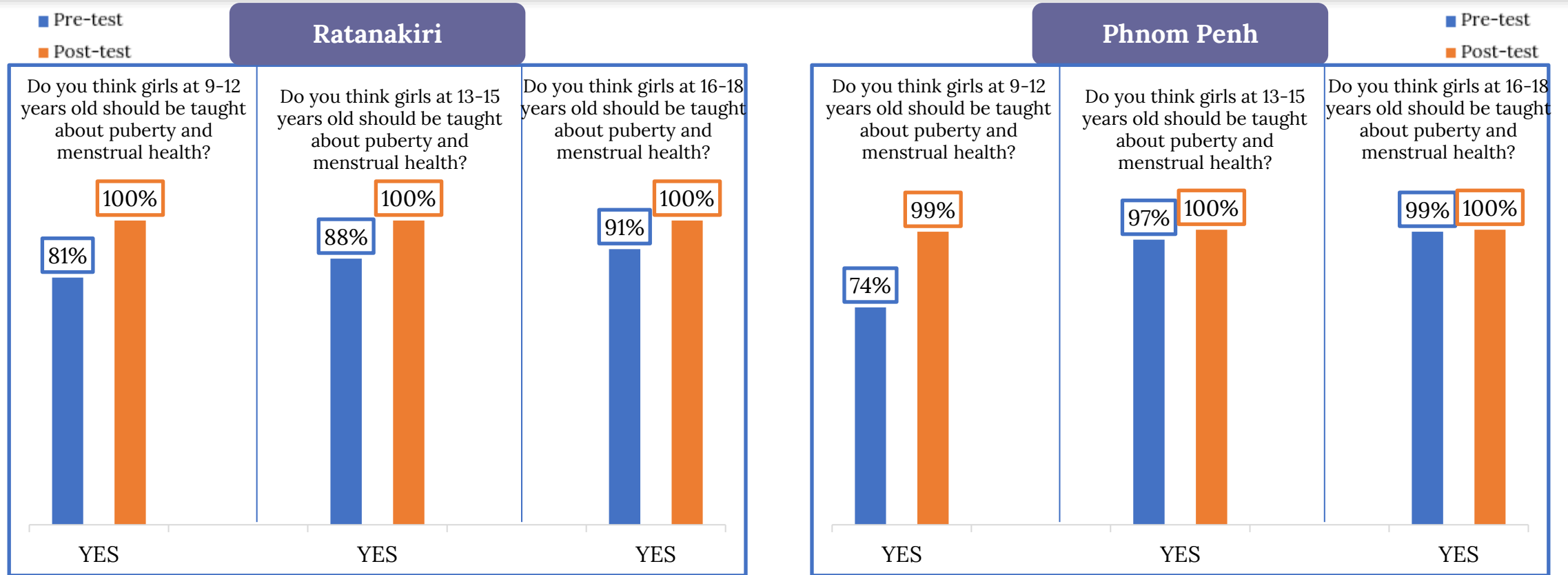
Teacher beliefs regarding menstruation as a **natural sign of being a healthy woman** were already high before the training, with 88% agreement in **Ratanakiri** and 76% in **Phnom Penh**. This positive perception increased further post-training, reaching 94% and 100% in Ratanakiri and Phnom Penh, respectively. Despite this, pre-training agreement was low in both locations concerning the beliefs that a girl **can play sports** and **can eat all desired foods** during menstruation. Following the intervention, awareness increased significantly, reaching between 88% to 100% in both Ratanakiri and Phnom Penh.

# PERCEPTION & ATTITUDE (CON'T)



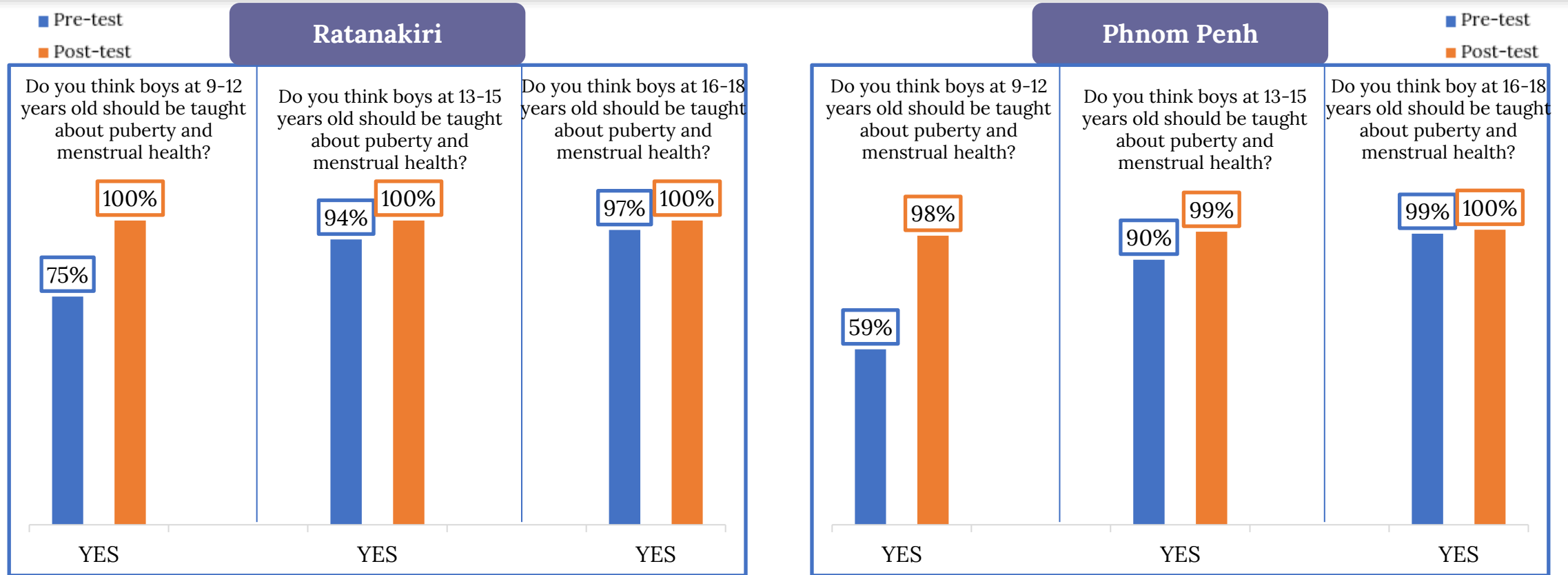
The provided data confirms the immediate and high-impact success of the menstrual health intervention in significantly correcting negative social attitudes across both Ratanakiri and Phnom Penh. The program was particularly effective in reducing the stigma of secrecy, with both locations seeing a comparable increase of approximately 31 percentage points in the belief that menstruation should **not** be kept secret, reaching 97% in Ratanakiri and 96% in Phnom Penh. Furthermore, the intervention virtually eliminated the acceptance of teasing, achieving a **100% agreement** that teasing is unacceptable in Ratanakiri and 99% in Phnom Penh. Finally, the lessons strongly addressed concerns about school attendance, most notably in Phnom Penh, where the belief that girls should **not avoid school** increase by 18 percentage points.

# PERCEPTION & ATTITUDE (CON'T)



Teacher perception regarding the necessity of providing puberty and menstrual health education to girls aged **9 to 18 years old** was already strong during the pre-test in both Ratanakiri and Phnom Penh. Following the training, this support achieved **universal consensus**, rising to **100%** across all surveyed age categories in both provinces during the post-test.

# PERCEPTION & ATTITUDE (CON'T)



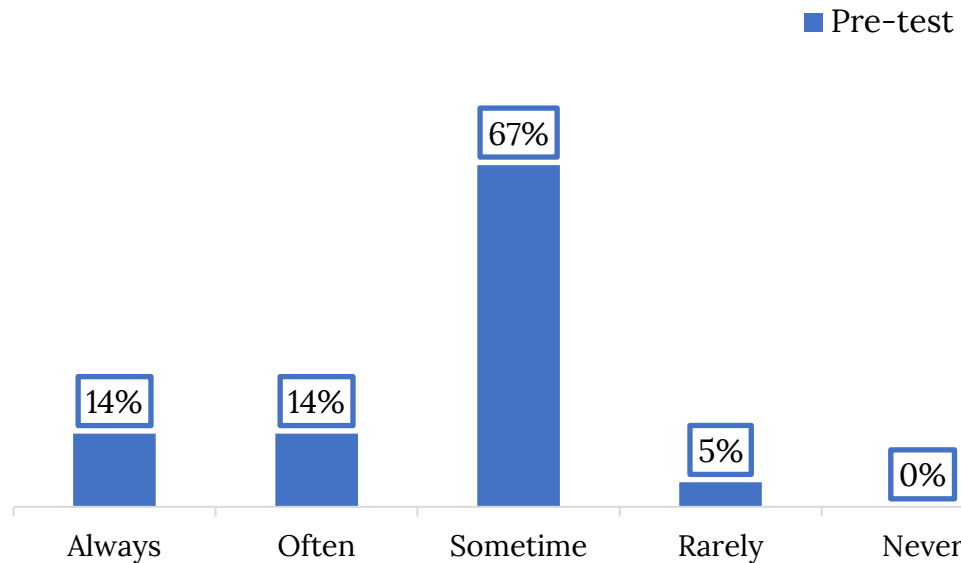
A key difference was observed in the perceived suitability of teaching puberty and menstrual health to younger male students. Before the training, **41% of Teachers & Trainee Teachers in Phnom Penh** held the view that **boys aged 9-12 years old** were too young for this content. Post-training, this figure was largely overturned, with support for teaching this younger cohort rising to **98%**.

Conversely, the proportion of Teachers & Trainee Teachers who supported the education of **boys aged 13-18 years old** remained robust since the pre-test and reached **100%** in both Ratanakiri and Phnom Penh following the training intervention.

# MENSTRUAL CRAMPS

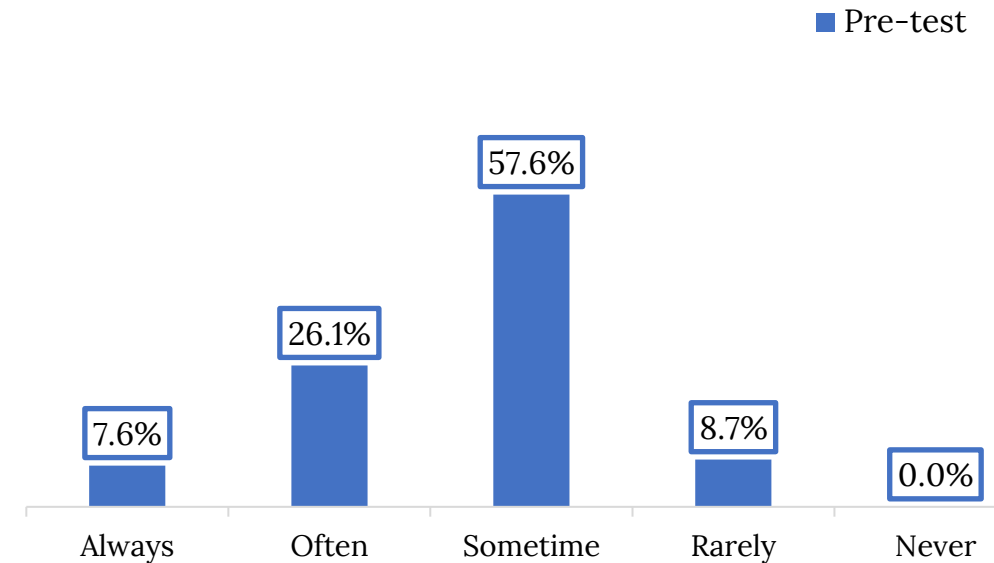
## Ratanakiri

Have you ever had menstrual cramps?



## Phnom Penh

Have you ever had menstrual cramps?

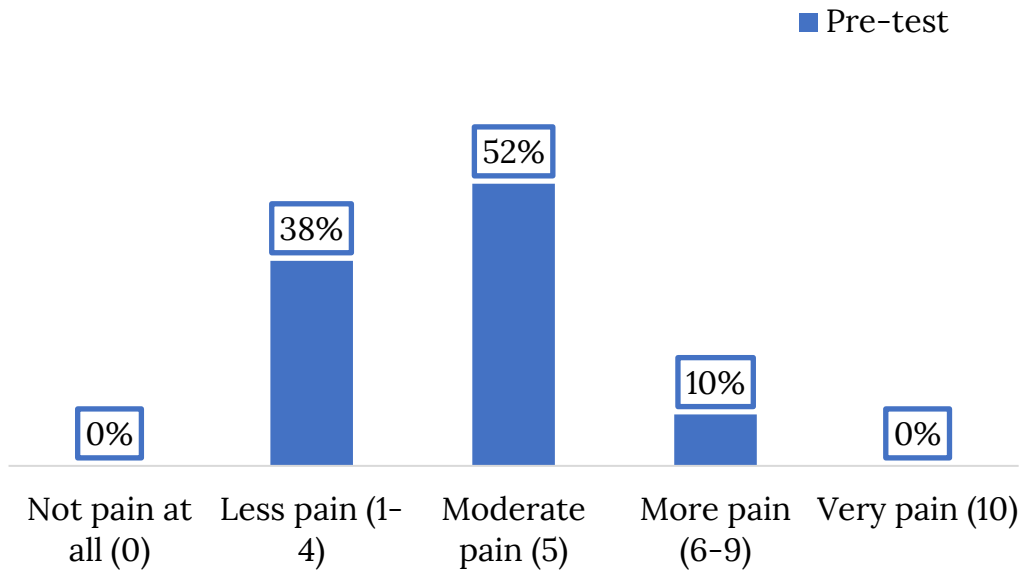


**All female Teachers & Trainee Teachers** surveyed in both Ratanakiri and Phnom Penh reported having experienced **menstrual cramps** at some point in their lives. The prevalence of this lifetime experience was **100%** among female Teachers & Trainee Teachers in Ratanakiri and in Phnom Penh.

# LEVEL OF MENSTRUAL PAIN

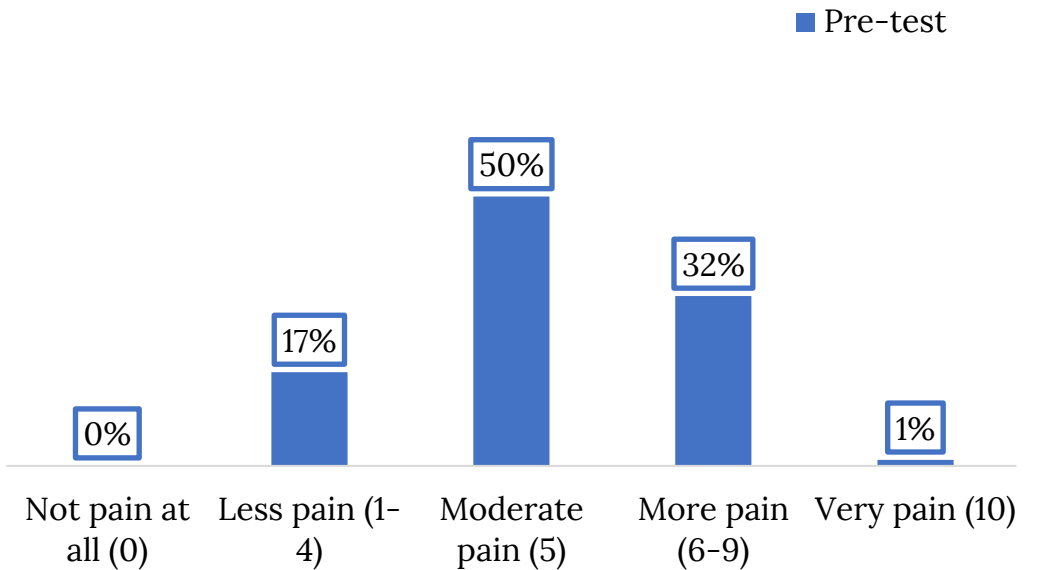
## Ratanakiri

How would you rate your menstrual cramps?



## Phnom Penh

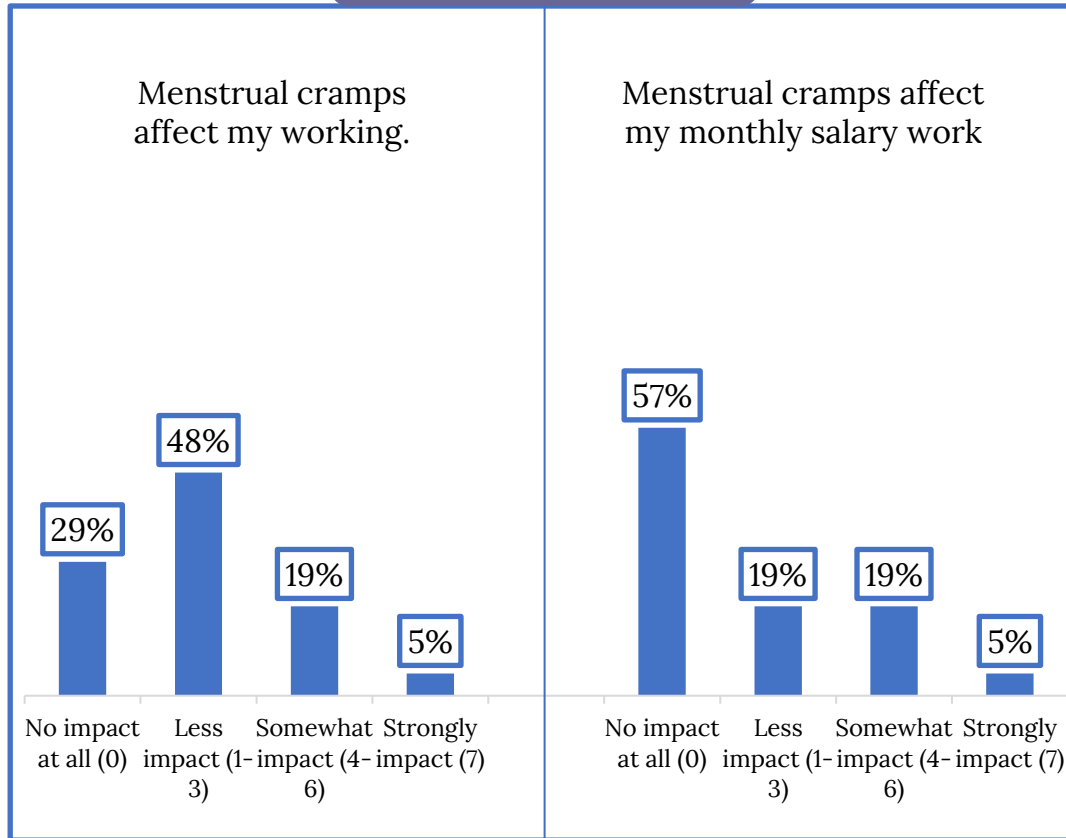
How would you rate your menstrual cramps?



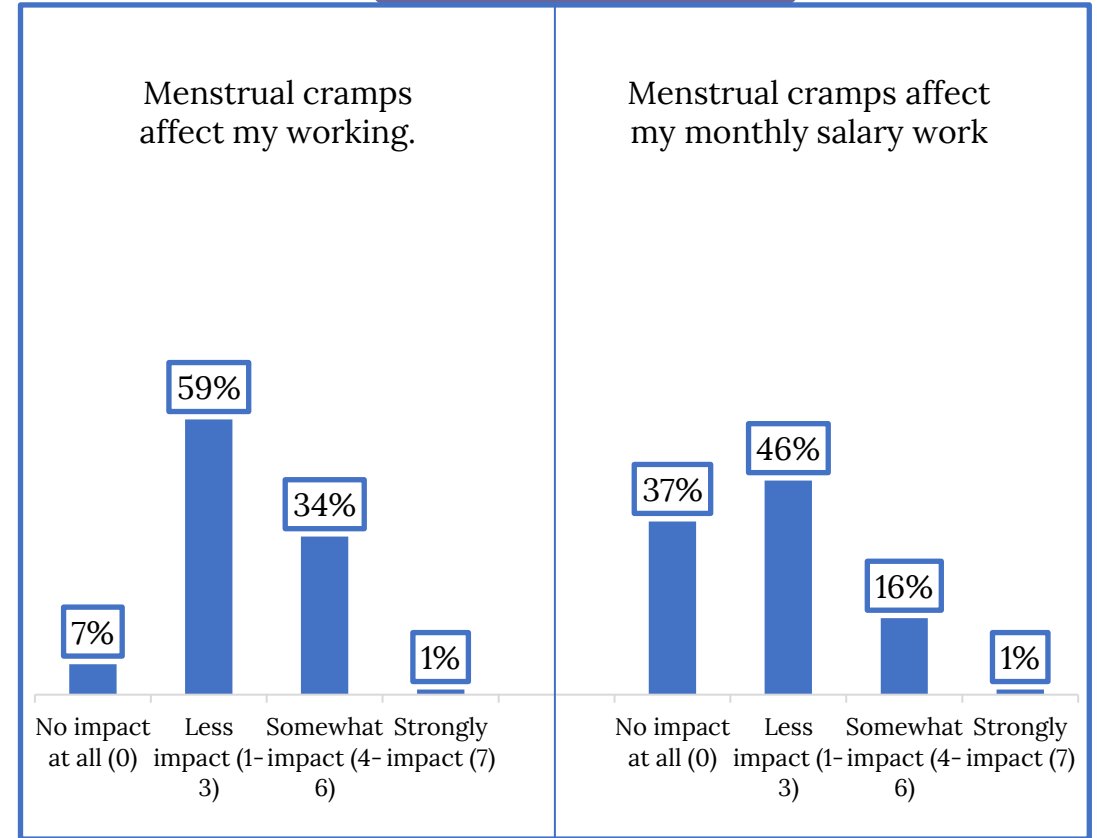
The majority of Teachers & Trainee Teachers who experience menstrual cramps reported **moderate pain** intensity in both Ratanakiri (52%) and Phnom Penh (50%).

# MENSTRUAL CRAMP EXPERIENCES

## Ratanakiri



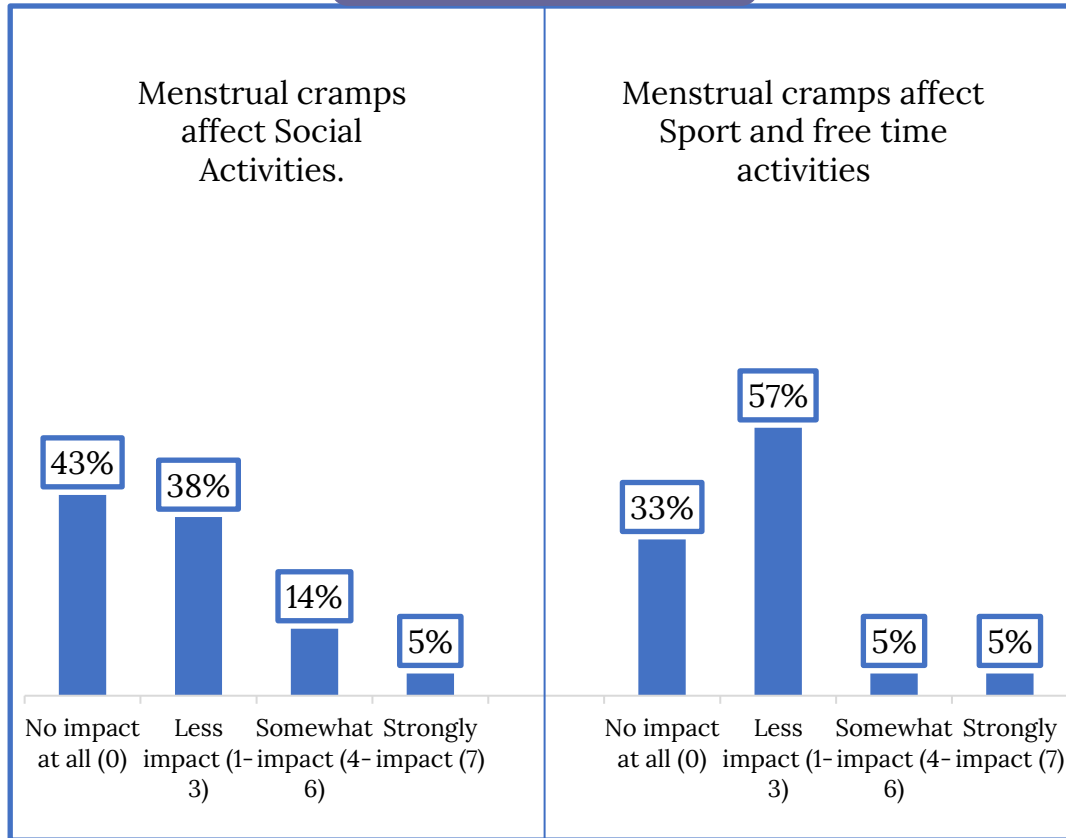
## Phnom Penh



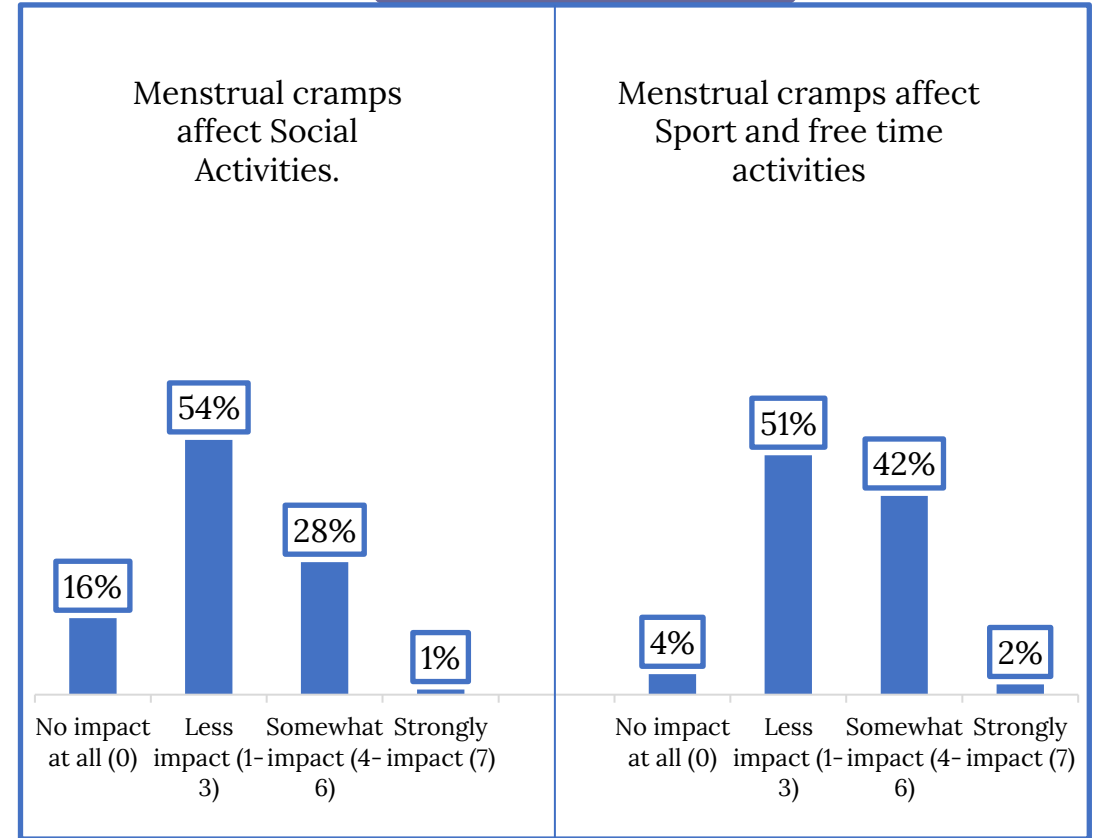
- A **higher percentage of Teachers & Trainee Teachers in Ratanakiri (29%)** reported "No impact at all" compared to Phnom Penh (7%). However, a larger percentage of Teachers & Trainee Teachers in **Phnom Penh reported "Somewhat impact" (34%)** compared to Ratanakiri (19%).
- The majority of Teachers & Trainee Teachers in **Ratanakiri (57%)** reported "No impact at all" on their salary work, significantly higher than in Phnom Penh (37%). Conversely, a majority of Teachers & Trainee Teachers in **Phnom Penh (46%)** reported "Less impact" on salary, a much higher proportion than Ratanakiri (19%).

# MENSTRUAL CRAMP EXPERIENCES

## Ratanakiri



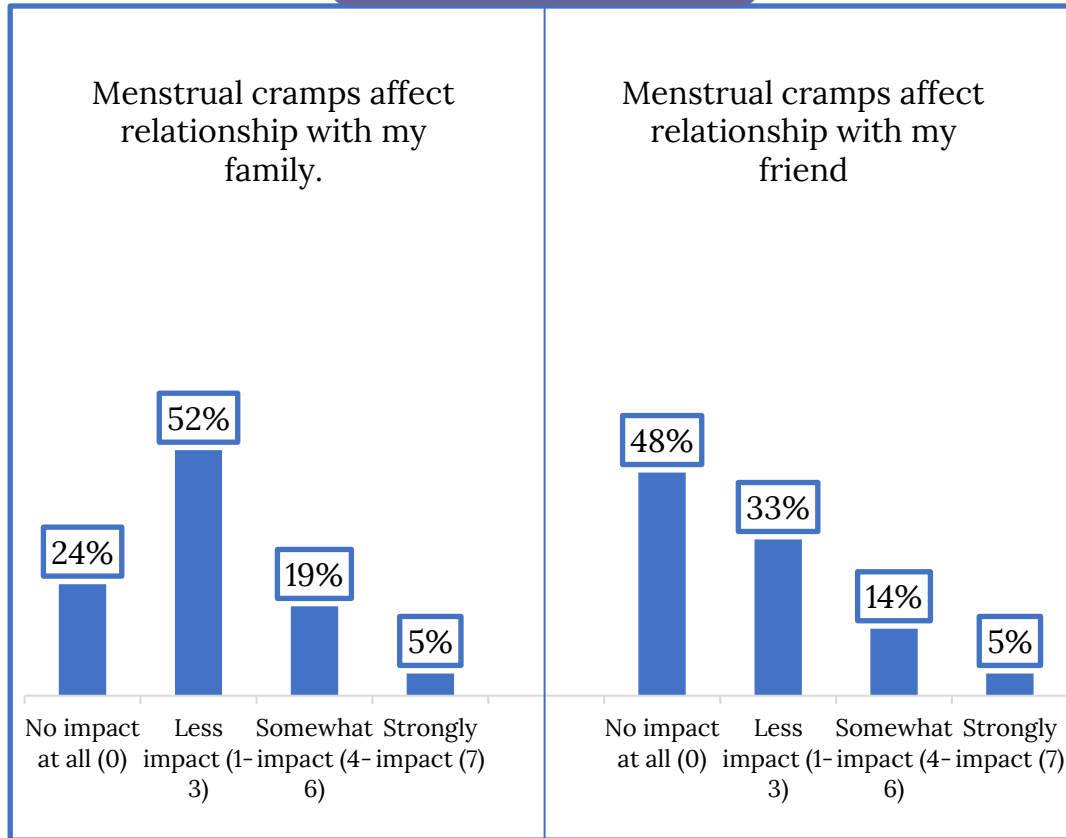
## Phnom Penh



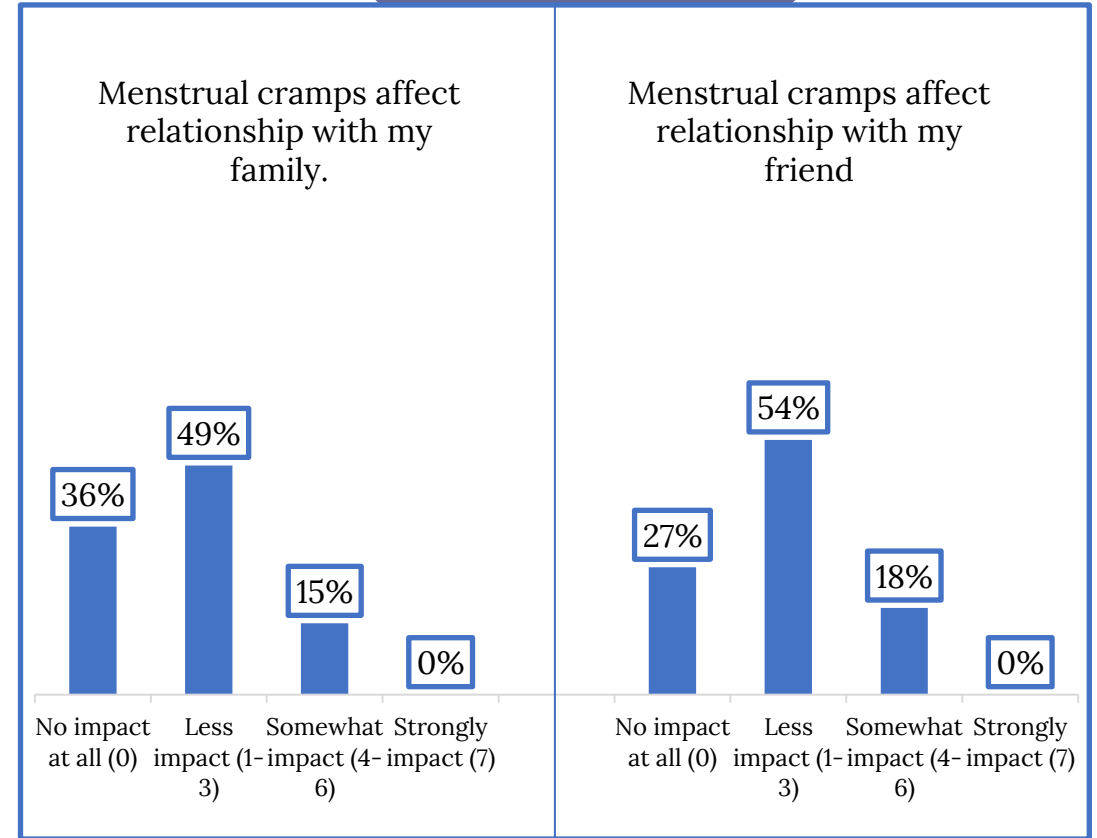
- The impact of menstrual cramps on social activities was reported by **over 50%** of Teachers & Trainee Teachers in Ratanakiri and **more than 80%** of Teachers & Trainee Teachers in Phnom Penh.
- A consistently high level of impact was noted concerning recreational pursuits: **over 60%** of Teachers & Trainee Teachers in Ratanakiri and **almost 100%** of Teachers & Trainee Teachers in Phnom Penh indicated that their menstrual cramps negatively affected their **sport and free time activities**.

# MENSTRUAL CRAMP EXPERIENCES

## Ratanakiri



## Phnom Penh

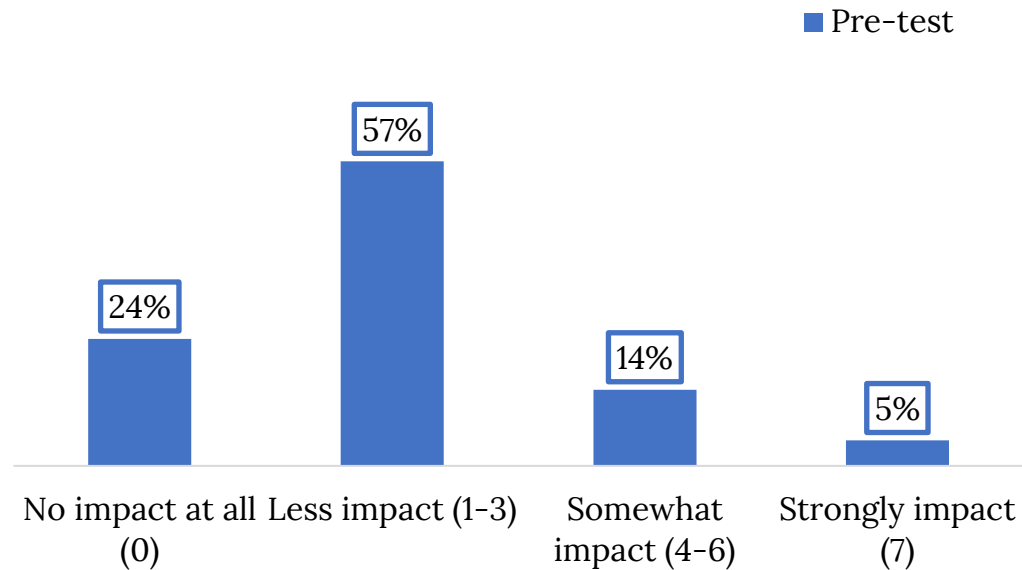


The reported impact of menstrual cramps on personal relationships varies between the two provinces. In **Ratanakiri**, cramps were reported to affect relationships with **family (76%)** more significantly than relationships with **friends (52%)**. Conversely, in **Phnom Penh**, the impact on relationships with **friends (73%)** was reported more frequently than the impact on **family (64%)**.

# MENSTRUAL CRAMP EXPERIENCES

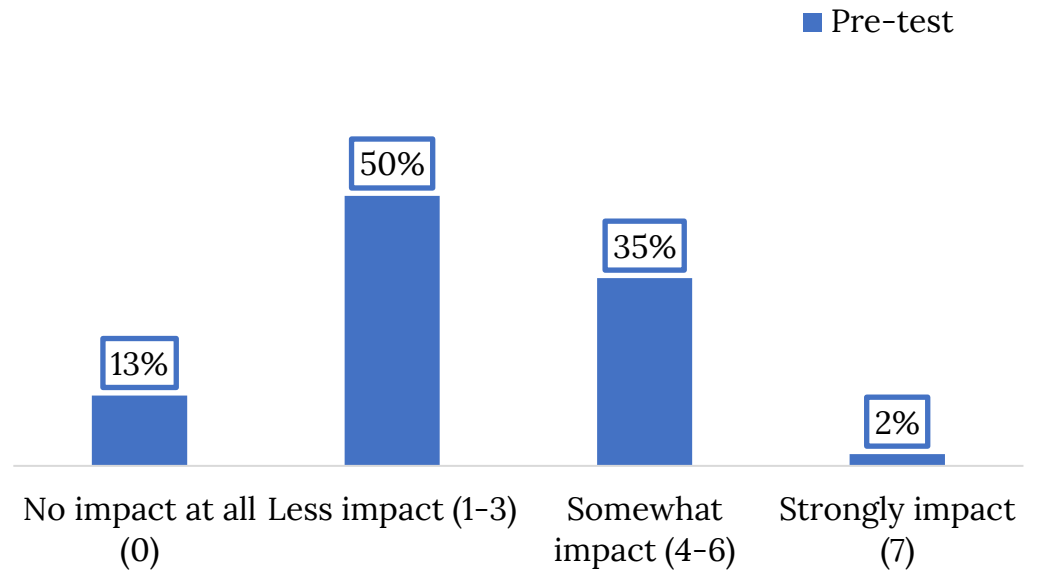
## Ratanakiri

Menstrual cramps affect exercise.



## Phnom Penh

Menstrual cramps affect exercise.



Menstrual cramps were reported to affect the exercise of 76% of Teachers & Trainee Teachers in Ratanakiri and 87% in Phnom Penh.

# SUMMARY OF PERCEPTIONS & ATTITUDES

The teacher training in Ratanakiri and Phnom Penh was highly effective, achieving 76% to 100% in correcting menstrual health taboos and establishing supportive educational strategies.

## Training Effectiveness Highlights

- **Elimination of Stigma:** The training achieved nearly 100% in the belief that menstruation should **not be kept secret** and that **teasing is unacceptable**.
- **Curriculum Support:** There is **100% support** for teaching puberty and menstrual health to **girls aged 9-18** and **boys aged 13-18**.
- **Addressing Age Barriers for Boys:** The initial view in Phnom Penh that **boys aged 9-12** were too young for this content (around 40% opposition) was almost entirely overturned, with post-training support surging to **98%**.

## Teacher Experience with Menstrual Cramps

All female Teachers & Trainee Teachers reported having experienced menstrual cramps, with the most common reported intensity being **moderate** (50% to 52%).

- **Work Impact:** The majority of Teachers & Trainee Teachers reported **Less or No impact** on their general working, though Phnom Penh Teachers & Trainee Teachers were more likely to report "Somewhat impact" (34%) than Ratanakiri Teachers (19%).
- **Social & Personal Life:** Cramps consistently had a major negative impact on personal activities:
- **Recreational Activities:** Almost 100% of Phnom Penh Teachers & Trainee Teachers and over 60% of Ratanakiri Teachers & Trainee Teachers reported an impact on **sport and free time**.
- **Relationships:** The impact was primarily felt on **family relationships** in Ratanakiri (76%) and **friendships** in Phnom Penh (73%).

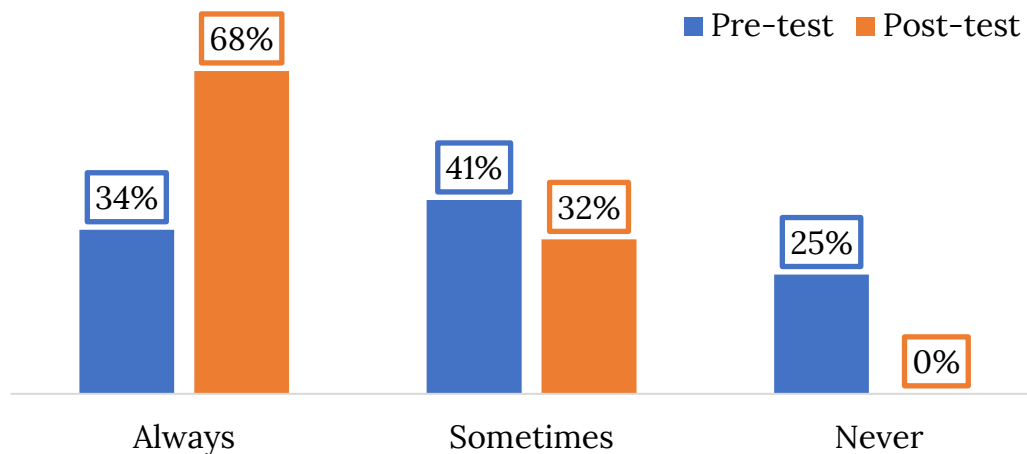
# CONFIDENCE



# CONFIDENCE: FAMILY

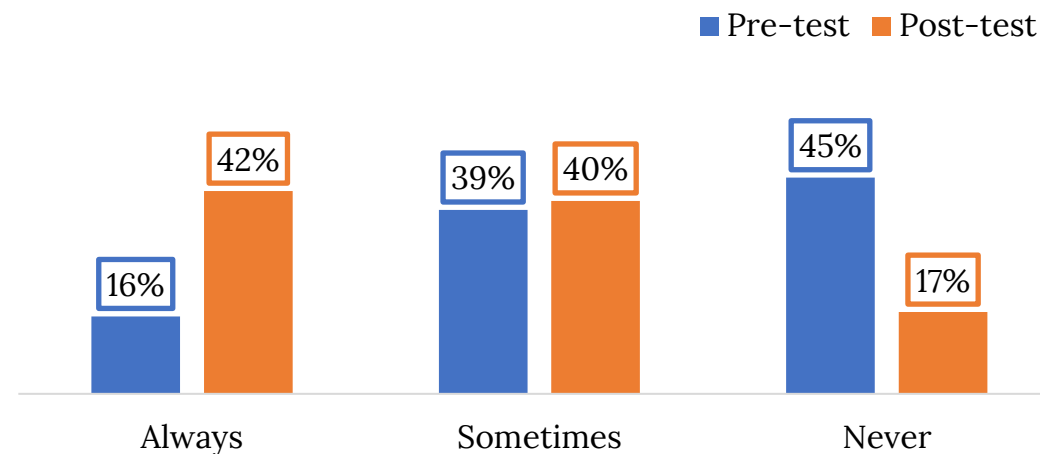
## Ratanakiri

During the last three months, I felt confident talking about menstruation with a family member (mother, sister, aunt, father, husband, wife).



## Phnom Penh

During the last three months, I felt confident talking about menstruation with a family member (mother, sister, aunt, father, husband, wife).

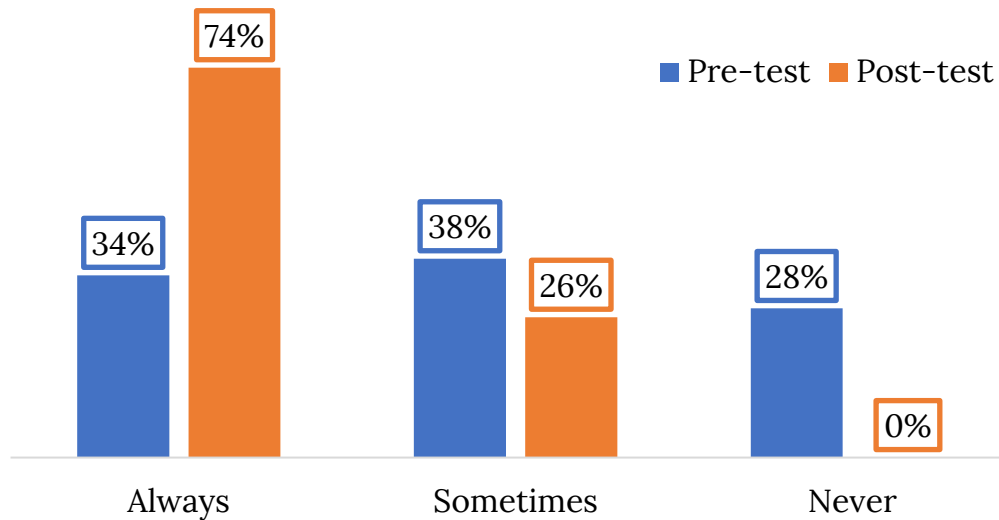


The difference in confidence levels between Ratanakiri and Phnom Penh is highly likely attributable to the **disparity in the age and professional profile** of the groups. Ratanakiri teachers, with an age range of **25 to 57 years**, possess a higher average age and are likely to have more **established life experience, professional authority, and parental status**, contributing to a high baseline confidence (75%) in discussing sensitive topics with family. This allowed the intervention to successfully bring **100%** of the Ratanakiri group to a state of confidence. In contrast, the Phnom Penh group, composed of **younger trainee teachers aged 17 to 30**, faced lower baseline confidence (55%). This lower starting point is likely due to their age, which may involve less life experience and greater cultural deference when discussing such topics with older family members, restricting their post-training confidence to **82%**, despite the training itself providing a substantial boost.

# CONFIDENCE: PEERS

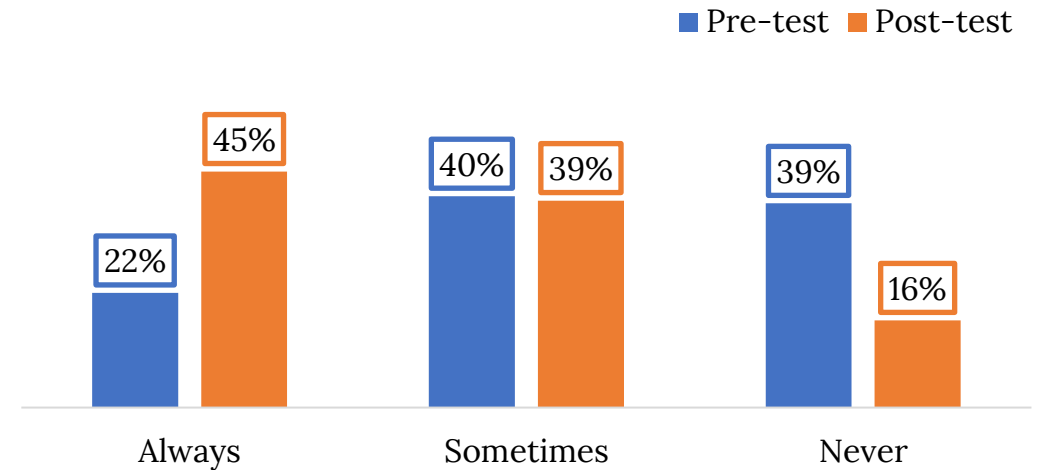
## Ratanakiri

During the last three months, I felt confident talking about menstruation with my peers.



## Phnom Penh

During the last three months, I felt confident talking about menstruation with my peers.



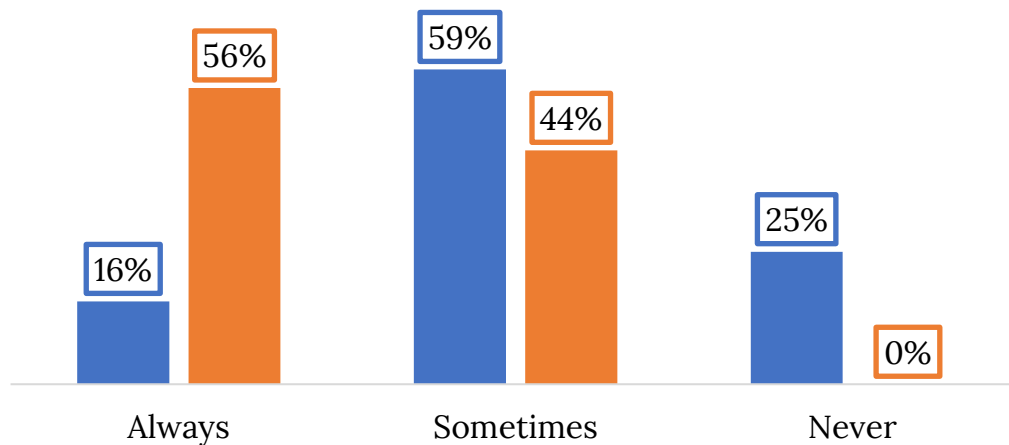
The higher post-test scores observed in Ratanakiri concerning peer discussion confidence (100% agreement) compared to Phnom Penh (84%) are strongly associated with the **age and established professional identity** of the teacher groups. The Ratanakiri teachers, with an older and more experienced age range (25–57), began with a higher baseline confidence (72%) and belong to a peer group defined by shared professional roles, where discussing curriculum topics like menstrual health is a matter of **professional necessity and authority**, enabling them to achieve a total consensus post-intervention. In contrast, the Phnom Penh group of younger trainee teachers (17–30) started with lower baseline confidence (62%), and their peer dynamic, being younger and less established professionally, likely retained some residual **social awkwardness or hesitation** about discussing sensitive health matters within a personal-social context, even after the training, which accounts for the excellent but non-universal 84% confidence score.

# CONFIDENCE: COLLEAGUES

## Ratanakiri

During the last three months, I felt confident talking about menstruation with my colleagues

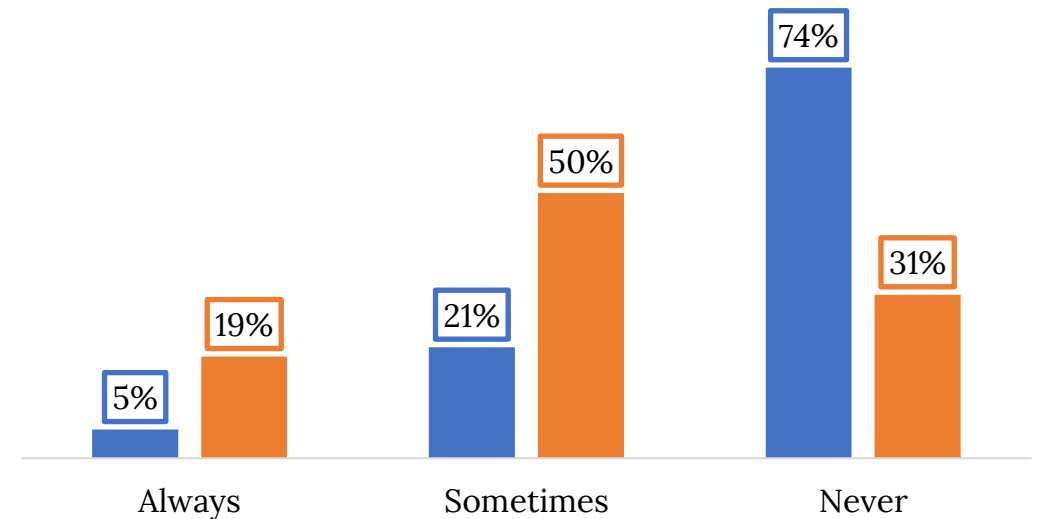
■ Pre-test ■ Post-test



## Phnom Penh

During the last three months, I felt confident talking about menstruation with my colleagues

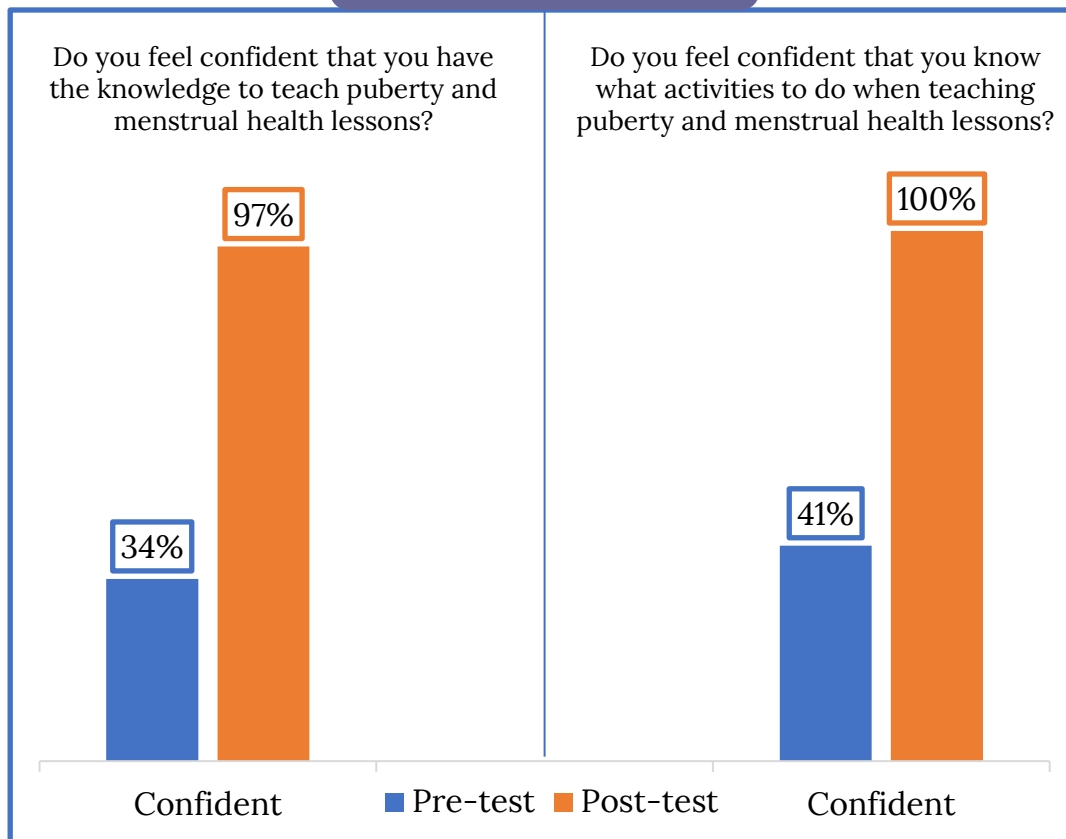
■ Pre-test ■ Post-test



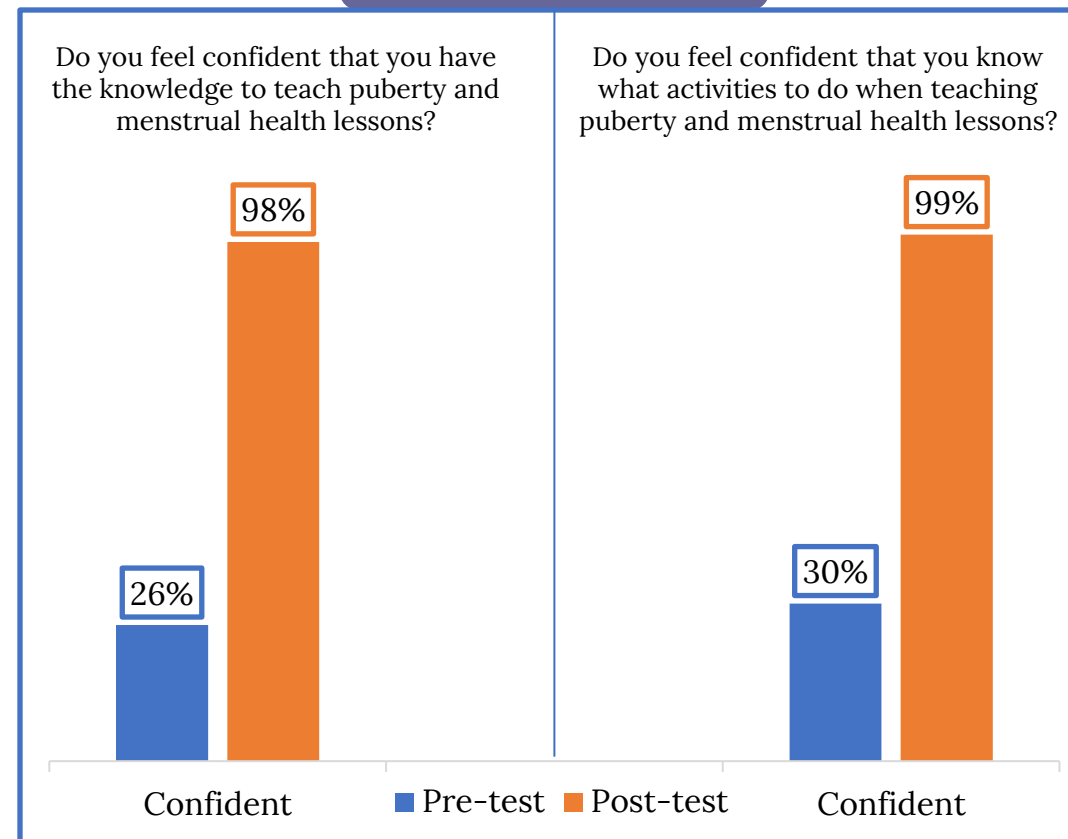
The highly confidence scores regarding discussions with **colleagues** (Ratanakiri at 100% vs. Phnom Penh at 69%) are overwhelmingly explained by the differences in the participants' **age, professional status, and peer dynamics**. The Ratanakiri group, composed of **older, established teachers** (age range 25–57), operates within a professional environment where discussing menstrual health as a curriculum topic is a matter of shared expertise and duty achieving a **100% consensus**. In contrast, the Phnom Penh group of **younger trainee teachers** (age range 17–30) possesses a less established professional identity and may view their peers more as social counterparts. Their transitional status and younger age likely contribute to **lingering self-consciousness or hesitation** in fully adopting the professional confidence required to discuss sensitive topics with all colleagues, resulting in a significantly lower, though still respectable, **69% confidence rating**.

# CONFIDENCE: TEACHING

## Ratanakiri



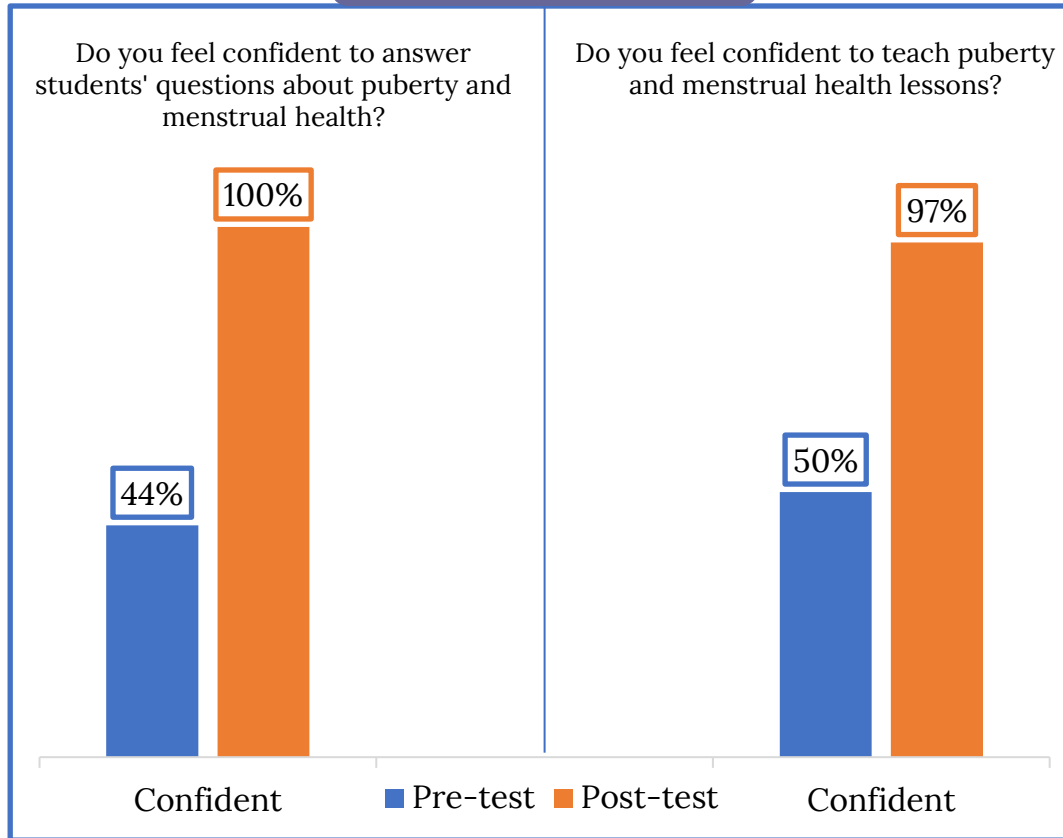
## Phnom Penh



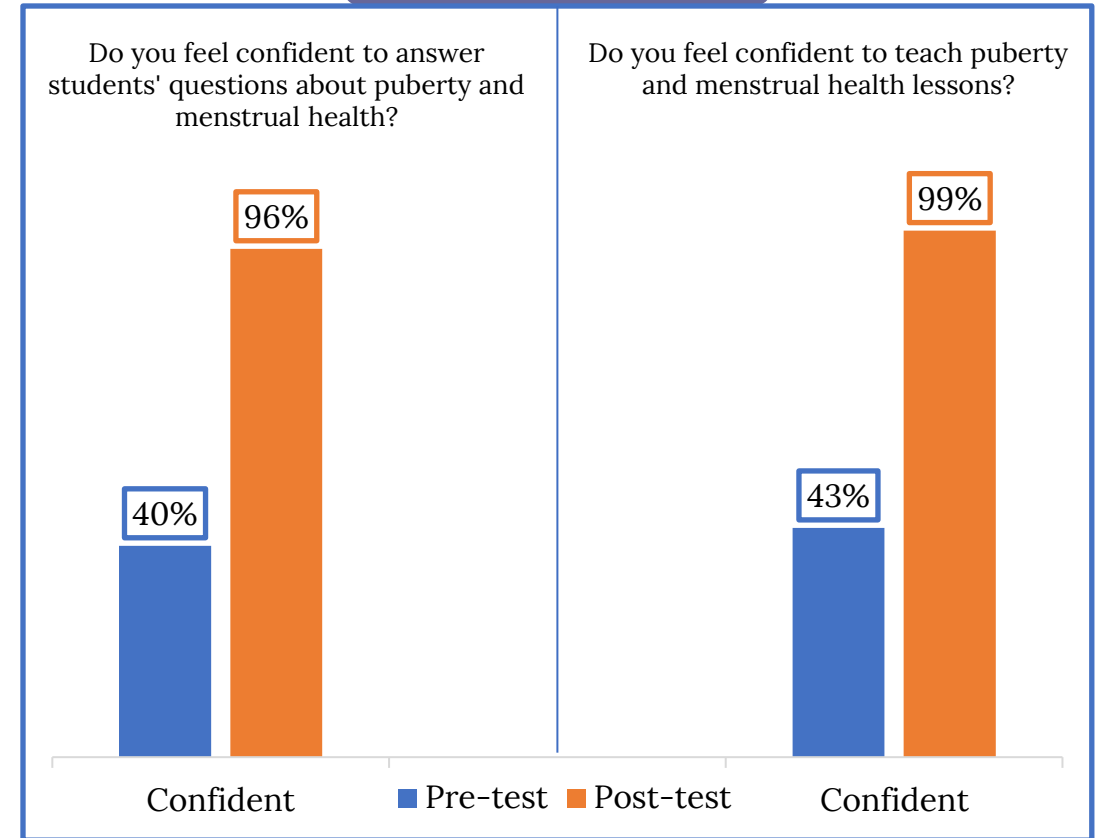
- Teacher confidence in possessing the necessary **knowledge to teach** was initially low (34% in Ratanakiri and 26% in Phnom Penh) but surged to near-universal levels post-training (97% in Ratanakiri and 98% in Phnom Penh).
- Similarly, confidence in utilizing **appropriate teaching activities** was limited before the intervention (41% in Ratanakiri and 30% in Phnom Penh). Post-training, this confidence reached **100% in Ratanakiri** and 99% in Phnom Penh.

# CONFIDENCE: TEACHING

## Ratanakiri



## Phnom Penh



- Teacher confidence in addressing **students' questions** was initially low (44% in Ratanakiri and 40% in Phnom Penh) but surged to **100% in Ratanakiri** and 96% in Phnom Penh post-training.
- Overall confidence in delivering the **entire puberty and menstrual health lesson** increased from a pre-test baseline of 50% in Ratanakiri and 43% in Phnom Penh to 97% and 99%, respectively.

# SUMMARY OF CONFIDENCE

The training intervention resulted in a **significant and widespread boost** in teacher confidence regarding puberty and menstrual health across both Ratanakiri and Phnom Penh. The most dramatic improvements were observed in areas directly related to **teaching capacity**, which initially showed very low confidence levels.

## Confidence in Discussions

- The intervention demonstrated a **significant success** in elevating the self-efficacy of teachers and trainee teachers to discuss menstrual health across all three measured interpersonal domains: **family, peers, and colleagues**. The most compelling outcome was the achievement of **strong confidence (100%)** among the **Ratanakiri teachers** (ages 25–57) for all discussion categories. This achievement is directly correlated with their higher baseline confidence, greater professional authority, and broader life experience.
- While the **younger Phnom Penh trainee teachers** (ages 17–30) registered substantial post-training gains, their final confidence scores were consistently lower (ranging from 69% to 84%). This systematic disparity is best attributed to **demographic and professional maturity factors**, suggesting that the trainees' lower starting confidence, transitional professional status, and younger age resulted in greater **cultural deference** toward family members and persistent **social awkwardness** in peer and colleague interactions. This indicates that while training effectively delivers knowledge, the complete acquisition of confidence is significantly mediated by the participants' established personal and professional roles.

## Confidence in Teaching Capacity

Confidence levels related to the actual delivery of lessons showed the **largest percentage increases**, transforming previously low confidence into near-universal assurance:

- **Knowledge and Activities:** Confidence in possessing the **necessary knowledge** to teach skyrocketed from a low baseline (**34% in Ratanakiri; 26% in Phnom Penh**) to nearly unanimous agreement (**97% and 98%**, respectively). Confidence in using **appropriate teaching activities** also saw a massive boost, reaching **100% in Ratanakiri** and **99% in Phnom Penh**, up from initial lows of 41% and 30%.
- **Answering Student Questions:** The capacity to address student queries, initially a concern for many Teachers & Trainee Teachers (**44% in Ratanakiri; 40% in Phnom Penh**), dramatically improved to **100% and 96%** post-training.

## Confidence in Teaching Lesson

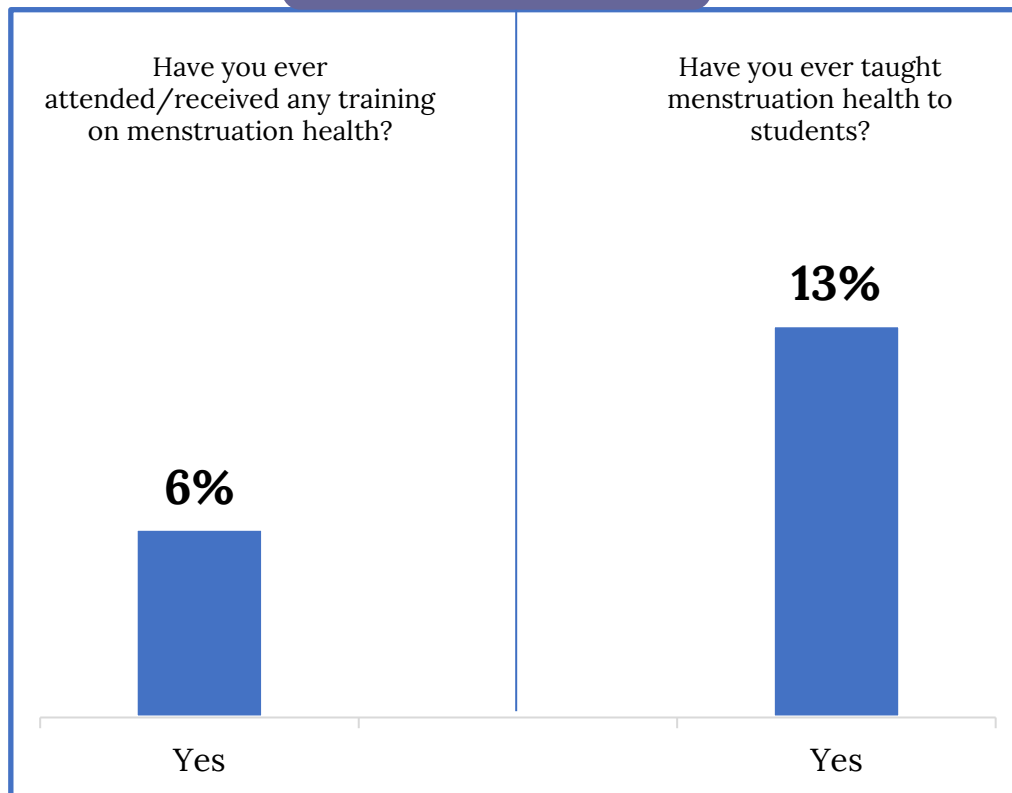
- Overall teacher confidence in successfully delivering the entire puberty and menstrual health lesson increased significantly in both locations: from **50% to 97% in Ratanakiri** and from **43% to 99% in Phnom Penh**. This outcome highlights the training's success in comprehensively equipping Teachers & Trainee Teachers with the knowledge and skills needed for effective instruction.

# TEACHING METHODOLOGIES & TECHNIQUES

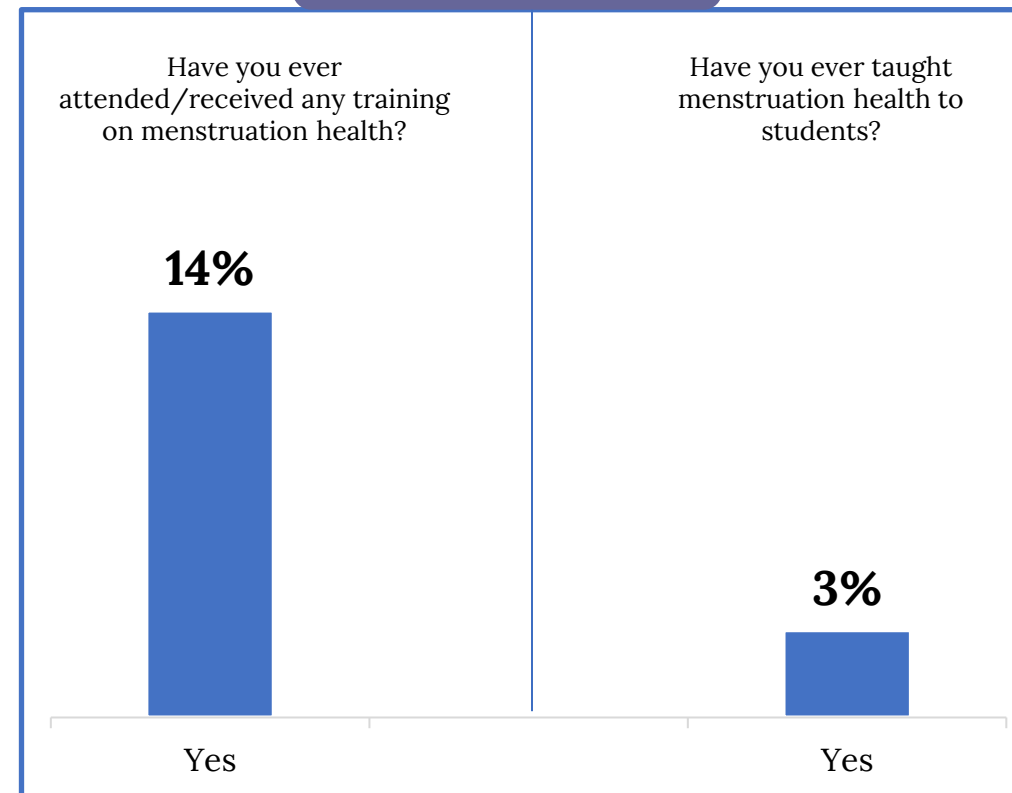


# PREVIOUS TRAINING ON MENSTRUAL HEALTH

## Ratanakiri



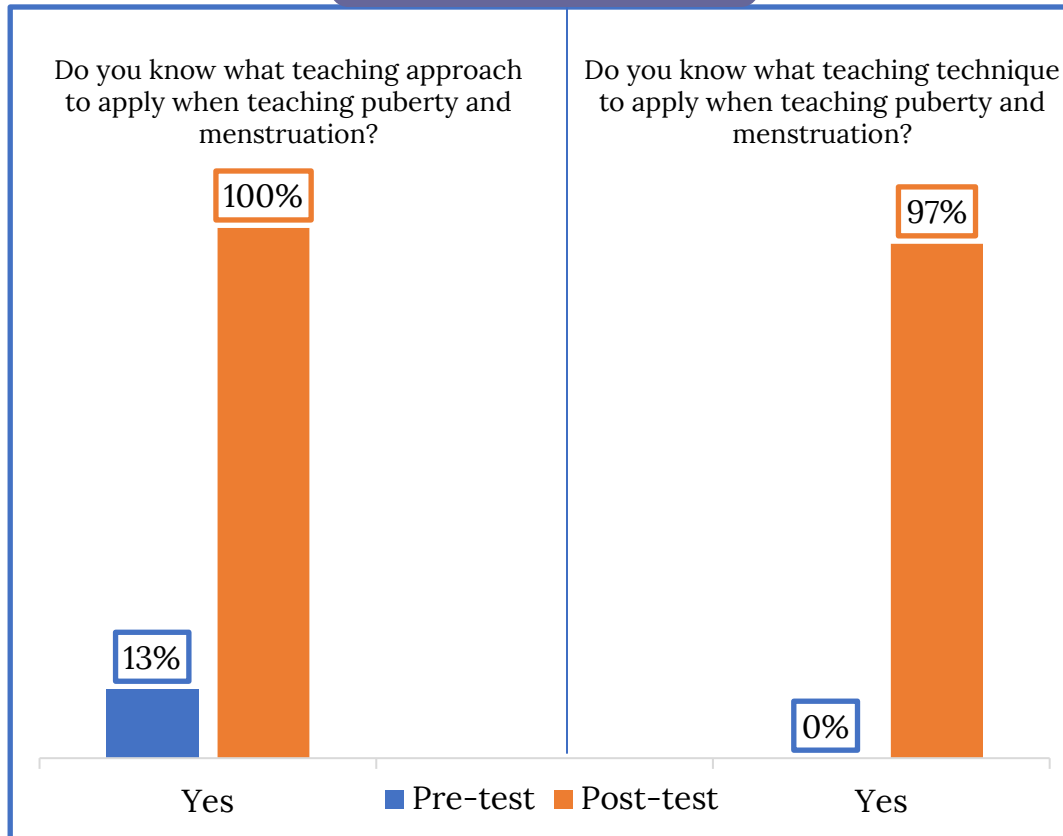
## Phnom Penh



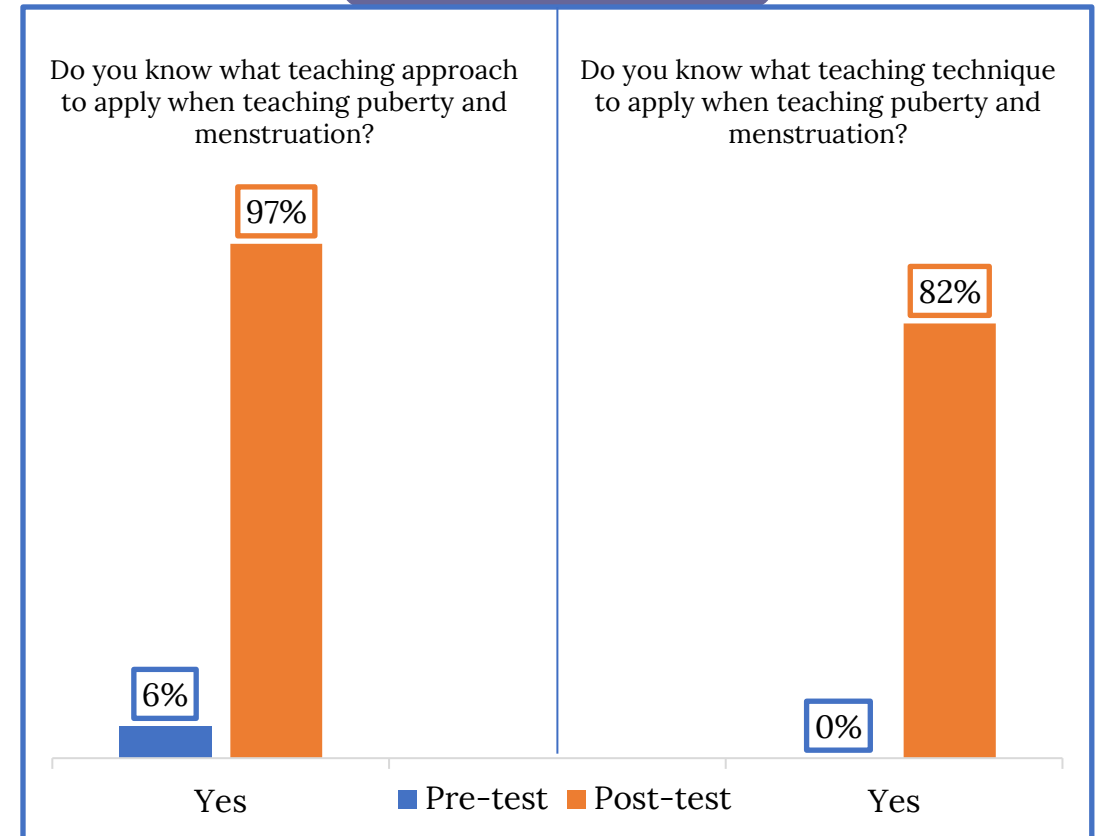
**Low rates of training and instruction** on menstrual health were observed in Ratanakiri and Phnom Penh. Only **6% of Teachers & Trainee Teachers in Ratanakiri** and **14% in Phnom Penh** attended relevant training. Furthermore, few Teachers & Trainee Teachers have taught the subject: **13% in Ratanakiri** and just **3% in Phnom Penh**.

# TEACHING APPROACH & TECHNIQUES

## Ratanakiri



## Phnom Penh



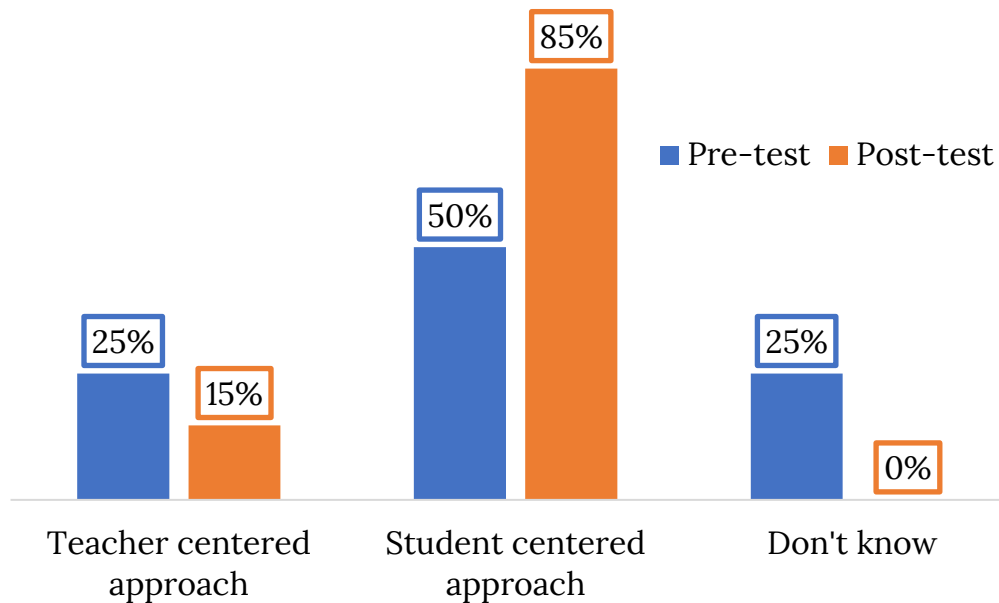
Teacher knowledge of puberty and menstrual health instruction saw dramatic improvement after training in both locations:

- **Ratanakiri:** Knowledge of the teaching approach increased from **13% to 100%**, and knowledge of the teaching technique rose from **0% to 97%**.
- **Phnom Penh:** Pre-training knowledge was **0%** for both the approach and technique. Post-training, knowledge jumped to **97%** for the teaching approach and **82%** for the teaching technique.

# TEACHING APPROACH

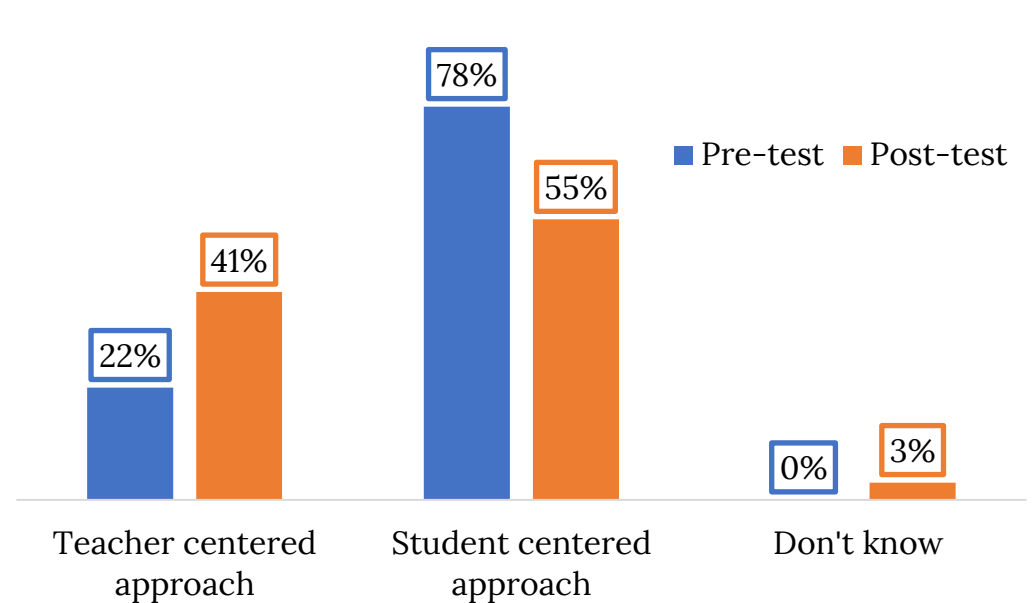
## Ratanakiri

What teaching approach do you apply when teaching menstrual health?



## Phnom Penh

What teaching approach do you apply when teaching menstrual health?



The training had contrasting effects on teacher knowledge regarding the student-centered teaching approach for puberty and menstrual health:

- **Ratanakiri:** Knowledge **increased significantly** from 50% to 85%.
- **Phnom Penh:** Knowledge **decreased** from 78% to 55% post-training, primarily because some Teachers & Trainee Teachers still favored a **combined teacher and student-centered approach**.

# TEACHING TECHNIQUES

Ratanakiri

Phnom Penh

Please list down three teaching techniques to apply when teaching puberty and menstruation

Give the real example  
Establish good relationship with students  
Learning game  
Let's them participate both female and male  
Teach them about menstruation health and link it with their living  
**Show picture/material**  
Create happy environment  
Explanation  
There is lesson book for teaching  
Slide presentation  
Group discussion  
Use body language  
Apply real practice with the material provided  
**Question and answer**  
Tell them not to be shy/tell them to be brave  
Encourage the students

Create happy environment  
There is lesson book for teaching  
Use body language  
Question and answer  
Tell them not to be shy/tell them to be brave  
Teach them about menstruation health and link it with their living  
Apply real practice with the material provided  
Establish good relationship with students  
Learning game  
Give the real example  
Slide presentation  
Group discussion  
Encourage the students  
Let's them participate both female and male  
**Show picture/material**  
Explanation

The main technique mentioned by Teachers & Trainee Teachers in both Ratanakiri (**73%**) and Phnom Penh (**61%**) for teaching puberty and menstrual health is **showing pictures/materials**. The follow-up techniques vary by location:

- **Ratanakiri:** Question & answer (**70%**) and group discussion (**61%**).
- **Phnom Penh:** Linking the material with their living experience (**52%**) and question & answer (**34%**).

# SUMMARY OF TEACHING METHODOLOGIES & TECHNIQUES

The finding highlights **low baseline training and instructional experience** among Teachers & Trainee Teachers, followed by a **dramatic increase in pedagogical knowledge** post-intervention. Here are the key findings:

- **Low Baseline Engagement:** Initial rates of professional development were severely lacking. Only **6%** of Teachers & Trainee Teachers in Ratanakiri and **14%** in Phnom Penh attended relevant training. Consequently, few had taught the subject (**13%** in Ratanakiri, **3%** in Phnom Penh).
- **High Knowledge Transfer:** The training successfully imparted theoretical knowledge. In **Ratanakiri**, knowledge of teaching approach surged from 13% to **100%**, and technique knowledge from 0% to **97%**. **Phnom Penh** saw similar gains, with approach knowledge jumping from 0% to **97%** and technique knowledge to **82%**.
- **Inconsistent Approach Adoption:** The shift towards student-centered learning was uneven. **Ratanakiri** Teachers & Trainee Teachers significantly increased their knowledge/preference for this approach (from 50% to **85%**). Conversely, **Phnom Penh** Teachers & Trainee Teachers showed a regression (from 78% to **55%**), often favoring a combined teacher- and student-centered model.
- **Consensus on Technique:** The primary instructional technique identified by the majority of Teachers & Trainee Teachers in both regions was **showing pictures/materials** (Ratanakiri: **73%**, Phnom Penh: **61%**). Follow-up techniques varied, with Ratanakiri preferring **Question & answer** and **group discussion**, while Phnom Penh prioritized **linking material with living experience**.

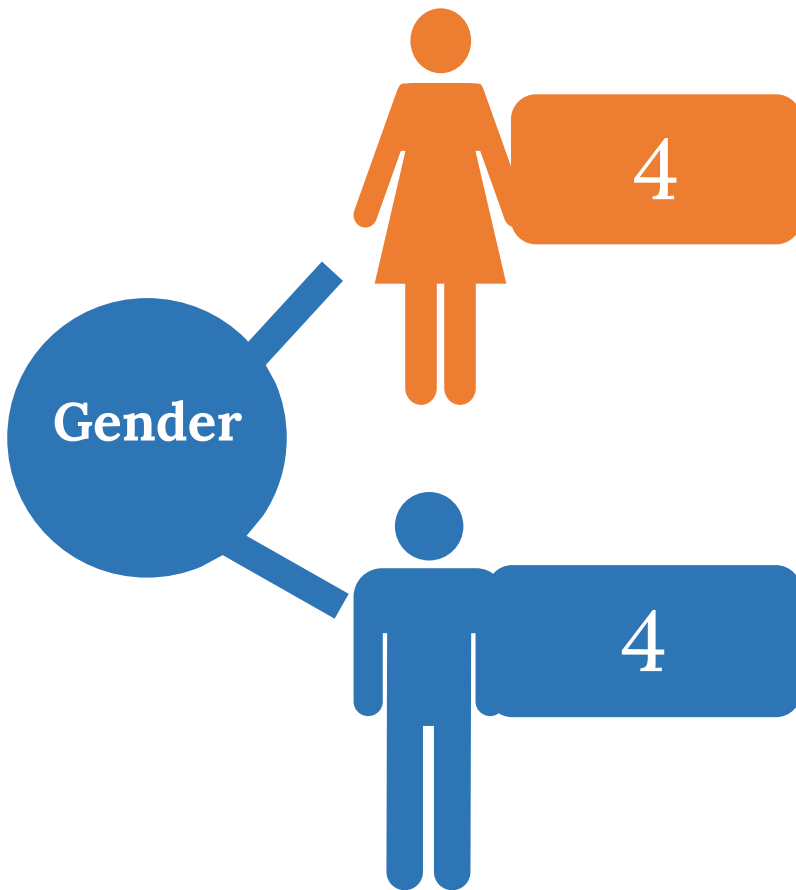
03

## Research Findings



**QUALITATIVE**

# PROFILE OF RESPONDENTS



A total of eight Teachers & Trainee Teachers participated in the in-depth interviews with equal separate between male (4) and female (4)

# PREVIOUS EXPERIENCE IN LEARNING ABOUT PUBERTY & MENSTRUATION

The finding reveals a **historical deficiency in specific, dedicated training on menstrual health** for Teachers & Trainee Teachers, which has historically been either nonexistent, generalized within broader reproductive health, or learned only during the teacher's own schooling. Multiple Teachers & Trainee Teachers confirmed they had **never participated in relevant training** or that past instruction was **too short or lacked specific focus on menstruation**, confirming that prior knowledge was often limited to general reproductive biology. Crucially, the training successfully addressed a significant barrier by shifting the perspective of one male teacher who initially felt it was a topic he shouldn't learn; post-training, he **realized the importance of the subject for both male and female students**, signaling the program's success in normalizing menstrual health education across gender lines and addressing teacher confidence and perceived relevance.

*“Previously, I learned about menstrual health but at first, I felt so shy and thought that as a male, I shouldn’t learn about this topic. However, after the training, I **realized that it is important for both male and female students.**” Male teacher, RTK*



# LEARNING ABOUT PUBERTY & MENSTRUATION WITH DAYS FOR GIRLS

“What I liked about the DfG teacher training is that they had **visual materials** that made it **easy for us to understand and motivated us to learn**. We could see and listen to their explanation at the same time. I found all the lessons **valuable**, but I especially appreciated the unit on the menstruation cycle because the training **finally made the subject clear to me.**” **Female teacher, RTK**



The result reflects a **highly positive reception** to the DfG-supported menstrual health training, emphasizing its **practical utility, clarity, and specific focus** on previously neglected topics. Teachers & Trainee Teachers particularly valued the detailed, explicit lessons, including the use of **pictures, models, and materials** (like plastic organs), which enhanced their confidence and ability to explain sensitive topics clearly. The training not only improved their own knowledge with one teacher noting they finally understood the menstrual cycle calculation but also changed their perspective on its importance, recognizing it as a **"very important topic"** crucial for students' safety, health, and confidence. Several teachers highlighted the training's **direct benefits to students**, such as helping them manage menstruation better, reduce fear, prevent leakage, and even contribute to pregnancy planning, ultimately fostering a positive learning environment where students are "happy to study this topic." The overarching finding is that the program successfully provided the **specific content and tools** Teachers & Trainee Teachers needed to deliver comprehensive and sensitive menstrual health education.

“As a woman, I think this is a very important topic for the students to know how to take care of them for menstruation. I believe if we don't teach them properly, it will lead to health issues and problems such as leakage. Students may feel shy and may not talk about this topic, possibly due to a belief that this is a private matter. In conclusion, **I want to share my knowledge, and I can see our students are happy to study this topic.**” **Female teacher, RTK**



# QUOTE FOR OVERALL TEACHER TRAINING (DfG)

*“The DfG teacher training is good... I never knew that there are many types of menstrual product beside disable and washable pad, there are tampon, and menstrual cup, and washable pad. I ever knew about washable pad, but it is unbelievable when I told someone about that without any evidence for showing. **Until DfG came and show all types of menstrual products, now believe it.**” Female teacher, RTK*



*“They provided both knowledge and **teaching techniques that made the students want to learn without getting bored.** Moreover, they had **pictures and materials to show the students, making it easy for them to understand the lesson.** The technique I noticed was the Q&A, which allowed the students to be more engaged with the lesson.” Male teacher, RTK*



# OVERALL TEACHER TRAINING (DfG)

The participant feedback overwhelmingly indicates that the Days for Girls (DfG) teacher training was **highly effective and valuable**, addressing significant knowledge gaps and boosting teacher **confidence** and **teaching skills**. The success is attributed to the **specific, detailed content**, the use of **visual and demonstrative materials** (like menstrual products and reproductive organ models), and the inclusion of **pedagogical techniques**. The training not only improved the teachers' understanding of menstrual health (MH) but teachers also reported that they saw a direct positive impact on students by reducing fear, promoting hygiene, and increasing support from male students.

- **Content Specificity and Practical Knowledge Gains**

The DfG training succeeded by providing **detailed, specific knowledge** that previous general health education (or academic study) lacked. Participants specifically praised the focus on **menstrual cycle calculation** (important for pregnancy planning) and the **practical demonstration of various menstrual products** and **hygiene management**. This specificity directly addresses the needs of both Teachers & Trainee Teachers and students.

- **Enhanced Teaching Confidence and Engagement Techniques**

Beyond the content, Teachers & Trainee Teachers appreciated gaining **new teaching techniques** and visual aids that made the sensitive topic easier to deliver and understand, leading to increased student engagement and teacher confidence. Participants noted that the materials, such as **pictures, plastic models, and demonstrations**, were crucial for clarity, especially for non-biology Teachers & Trainee Teachers and students from indigenous groups.

# QUOTE FOR REDUCED STIGMA, SHAME, AND LIMITATIONS

“After learning, the students are more comfortable to **discussing about their menstruation with me or told me that today they get their period**, so I bring her to the healthy room... Even the **boys, now they don't tease the girl anymore and they feel that it is a normal issue now.**” **Female teacher, RTK**



“The training has helped me **overcome my shyness a lot**. Previously, I didn't dare to talk about this topic in public because I thought it wasn't my place and that it was a **source of shame for girls**. Now, I am **confident explaining it to my students** because I have books and pictures approved by the Ministry of Education, Youth and Sport for reference.” **Male teacher, RTK**



# REDUCED STIGMA, SHAME, AND LIMITATIONS

The DfG training successfully achieved a critical outcome: a significant **reduction in stigma and shame** surrounding menstrual health (MH) among both Teachers & Trainee Teachers and students. This change was facilitated by providing **clear knowledge and authorized materials**, and by the **modeling of confident, unashamed instruction** by the trainers. The result highlights a shift from viewing MH as a private, shameful, or gender-exclusive topic to seeing it as a **natural, important aspect of human life** that warrants open discussion and support.

- **Increased Openness and Comfort for Students (Reduced Shame)**

A primary effect was the empowerment of students, particularly girls, to discuss their periods and seek help from Teachers & Trainee Teachers. The training created a **safer, more supportive school environment** where menstruation could be openly addressed without fear of embarrassment or teasing.

- **Teacher Confidence and Overcoming Shame (Especially for Males)**

The training directly challenged the Teachers & Trainee Teachers' existing inhibitions, especially among the male participants who initially felt the topic was inappropriate or not their concern. By providing factual knowledge and clear teaching mandates, the training helped Teachers & Trainee Teachers **overcome personal shyness** and model confident instruction for their students.

# QUOTE FOR MENSTRUAL HEALTH KNOWLEDGE

“Before, I only knew about disposable pads for managing my period, and sometimes I even used cloth when I was young. However, I learned that there are **many types of menstrual products for managing our period, such as the menstrual cup, tampon, and washable pad**, after I participated in the training with DfG.”  
**Female teacher, RTK**

“New knowledge that I gained from the training includes the average age boys and girls reach puberty, the duration of menstruation, and the age of menopause. **Previously, I thought girls had their periods non-stop for their whole lives.** After the training, I realized there's an average age when girls experience menopause.” **Male teacher, RTK**



# MENSTRUAL HEALTH KNOWLEDGE

The findings clearly demonstrate that the DfG training delivered **significant and fundamental new knowledge** to the participants, correcting misconceptions and providing detailed, practical information previously unknown. The improved knowledge spanned **basic biology, reproductive anatomy, practical menstrual product options, and complex topics like the menstrual cycle and pregnancy prevention**. This success is particularly notable in correcting misconceptions held by both male and female Teachers & Trainee Teachers, even those with a prior educational background.

- **Correction of Basic Biological Misconceptions and Detailed Anatomy**

The training corrected significant foundational misunderstandings, particularly among male participants who lacked specific knowledge about female biological processes. Furthermore, it provided detailed anatomical information about the internal reproductive system and functions, which were not clearly understood even by some female Teachers & Trainee Teachers.

- **Practical and Diverse Menstrual Management Options**

A major knowledge gap filled by the training was the awareness and practical understanding of the **diversity of menstrual products** available beyond traditional or disposable pads. This practical knowledge is vital for empowering students to manage their periods effectively and hygienically.

# QUOTE FOR OVERALL STUDENT LESSONS AND IMPACT

“For the girls now when they have any issue related to their menstruation, they came to ask me. For the boys, previously when they heard a girl got her menstruation, they tease her, that make the girl feel ashamed. **However, after DfG class, they change their habit, not tease the girl anymore.** This is maybe they now understand about menstruation better.”  
**Female teacher, RTK**



“The menstrual health challenges that I observed in my school were abdominal pain, female students being absent during their periods, and experiencing short tempers. After the training, things improved significantly. Previously, this topic wasn't openly discussed at school, so most girls would be absent when they had their periods. **Now, they come to study as usual.**”  
**Male teacher, RTK**



# OVERALL STUDENT LESSONS AND IMPACT

The feedback on the student lessons reveals a profound and immediate positive impact across three main areas: **behavioral change, reduced shyness/stigma, and improved school attendance**. The DfG lessons successfully created an **open, supportive learning environment** where students, including those from indigenous groups, gained crucial knowledge, especially regarding hygiene and period management. A notable success is the shift in attitude among male students, moving from teasing to active support for their female peers.

- **Dramatic Reduction in Stigma and Increased Openness/Help-Seeking**

The most powerful outcome is the visible breakdown of shyness and shame, leading directly to female students feeling comfortable discussing their periods with Teachers & Trainee Teachers and seeking practical help (like asking for pads). Simultaneously, the lessons changed the behavior of male students, eliminating teasing and fostering peer support.

- **Improved Attendance and Management of Menstrual Health**

The knowledge and confidence gained directly addressed practical challenges like school absenteeism and fear of leakage. By normalizing the process and providing hygiene education, the lessons empowered girls to manage their periods discreetly and continue their education without disruption.

# QUOTE FOR CHANGED PERCEPTIONS, ATTITUDES, AND GENDER EQUALITY

*"In the past, most students thought menstruation was dirty or disgusting. **However, since learning about it, they have stopped thinking that way and now understand that it is a normal process for girls...** Previously, they were shy, and there was **discrimination against girls who were menstruating, which was due to traditional beliefs. Since learning about it, they are no longer shy, and discrimination has ceased entirely.**" Female teacher, RTK*



*"Before, the students' thought menstruation was a source of shame for girls, but now they understand that it is a natural process... Students who had never had their period or were experiencing their first period would typically ask permission to go home... Since DfG came to teach them and provide knowledge on menstruation, all students now feel comfortable facing menstruation and feel confident coming to ask for disposable pads when they get their period. This change isn't limited to female students; **male students also feel comfortable asking for pads for their friends...** They now understand the difficulties girls face and acknowledge that **menstruation is not a source of shame but an obligation for boys to offer support.**" Male teacher, RTK*



# CHANGED PERCEPTIONS, ATTITUDES, AND GENDER EQUALITY

The DfG training successfully facilitated a profound shift in **perceptions and attitudes** toward menstruation, resulting in tangible progress toward **gender equality** and support within the school community. The central transformation is the reclassification of menstruation from a source of **shame, disgust, and exclusion** to a **normal, natural biological process** that requires collective understanding and support. This change is evident in the openness of discussions, the cessation of teasing, and the active involvement of male Teachers & Trainee Teachers and students in supporting their female peers.

- **Normalization of the Topic and Elimination of Shame**

Teachers & Trainee Teachers report a significant change in how both students and adults view menstruation. The training demystified the process, removing the traditional beliefs that characterized it as "dirty," "disgusting," or a source of shame, thereby encouraging open communication. This normalization is a direct result of factual education.

- **Active Male Support and Gender Inclusivity**

Perhaps the most significant evidence of changed attitudes is the shift in the role of male participants. Both male Teachers & Trainee Teachers and students moved from indifference or teasing to becoming active allies and providers of support, realizing that menstrual health is **everyone's business** and essential for the well-being and education of girls.

# QUOTE FOR IMPROVED MENSTRUAL MANAGEMENT PRACTICES AND EXPERIENCES

"I prefer the DfG washable pads because they are **less irritating than disposable pads, which sometimes cause skin sensitivity**. The DfG pad remains perfectly fine as long as we clean and dry it properly; it won't cause any sensitivity at all. Furthermore, it is **environmentally friendly, creates no waste, and is cost-effective** because it can be used for a long time."  
**Female teacher, RTK**



"This lesson is good; I've observed that the students now clearly understand how to prevent leakage during their period. For example, previously, they didn't know when their period would start. **However, after learning, they know how to calculate their next period date, allowing them to be ready to bring their own pads**. This also helps the school save on disposable pads. It is really helpful as they can calculate their menstrual date every month and prepare themselves. **It also helps reduce absenteeism due to menstruation.**" **Male teacher, RTK**



# IMPROVED MENSTRUAL MANAGEMENT PRACTICES AND EXPERIENCES

The DfG training successfully translated knowledge into **improved personal and instructional practices** related to menstrual management. Teachers & Trainee Teachers gained **confidence** in discussing practical hygiene and product use, and they personally experienced benefits from the **washable menstrual kits** (DfG Kits), such as **cost savings and reduced irritation**. However, the feedback also revealed a significant **practical challenge** concerning the use of washable pads: difficulties with **cleaning and drying**, especially among students in rural or shared living environments.

- **Enhanced Practical Guidance and Proactive Preparation**

Teachers & Trainee Teachers reported increased confidence in advising students on practical management issues like hygiene, proper disposal, and, most importantly, **menstrual cycle calculation**. This new skill allows students to anticipate their periods, reducing anxiety, preventing leakage, and decreasing school absenteeism.

- **Personal Benefits of Washable Products (Comfort and Cost)**

Many participants, including Teachers & Trainee Teachers and their wives who used the DfG Kits, praised the **comfort, environmental friendliness, and cost-effectiveness** of the washable pads, noting they caused less irritation than disposable alternatives.

# QUOTE FOR IMPROVED ACCESS TO EDUCATION & SOCIAL AND ECONOMIC PARTICIPATION

“The DfG menstruation lesson has positively impacted students' activities at school. They now **engage in sports, unlike previously, when they didn't dare to play during their period.** For example, they play football with their male and female friends. They now understand that menstruation is a normal part of being a girl.” **Male teacher, RTK**



“I observed that the female students are now less shy; when they get their period, they come to **ask for a disposable pad, and they attend school as usual during their period.**” **Male teacher, RTK**



# IMPROVED ACCESS TO EDUCATION & SOCIAL AND ECONOMIC PARTICIPATION

The DfG training and resulting lessons have directly enhanced **access to education** and **social/economic participation** for female students by normalizing menstruation and providing practical management solutions. The most significant observable changes are a **reduction in school absenteeism** and an **increased engagement in physical and social school activities** (like sports). This shift means girls are no longer limited by period-related shame or fear of leakage, allowing them to participate fully in school life.

- **Reduced Absenteeism and Continued Educational Engagement**

By providing knowledge (cycle tracking, management practices) and access to products (via the health room), the training removed the primary barriers that historically caused girls to miss school during their periods. This ensures continuity in their education, which has long-term social and economic benefits.

- **Full Social and Physical Participation**

The increased confidence and management skills empower female students to participate fully in all school activities, including physically demanding ones like sports, which were previously avoided due to fear of leakage or adherence to traditional limitations. This points to a change in perception of their capabilities during menstruation.

The evidence clearly shows that the DfG intervention is not just a health lesson but a tool for **educational equity**, enabling female students to exercise their right to a continuous, fully engaged schooling experience.

# QUOTE FOR IMPROVED CONFIDENCE AND SELF-EFFICACY

“I now have **enough confidence to answer my students' questions regarding menstrual health**. This is because the **provided book is excellent**, and the DfG training team was highly attentive, specifically encouraging us not to be shy. As a result, I feel **confident and brave** when sharing this lesson with my students.” **Female teacher, RTK**

“As for me, I feel 100% confident supporting my students on this topic. I noticed that previously, some students asked permission to go home when they got their menstruation. However, the majority of them now come to school even when they are on their period. This is because we've explained the process, and the school has disposable pads available for them to use. **Some of them even feel comfortable telling me, 'Teacher, I'm on my period and I need a disposable pad,'** and they no longer ask permission to be absent.” **Male teacher, RTK**



# IMPROVED CONFIDENCE AND SELF-EFFICACY

The DfG training successfully instilled high levels of **confidence and self-efficacy** in both the **Teachers & Trainee Teachers** delivering the menstrual health (MH) lessons and the **students** receiving them. For Teachers & Trainee Teachers, the clear knowledge and practical tools (like the teaching guide) removed previous inhibitions and enabled them to address MH issues proactively. For students, the combination of knowledge and a supportive environment led directly to a significant reduction in shyness and an increase in help-seeking behavior.

- **Teacher Confidence in Instruction and Support**

Teachers & Trainee Teachers, including males, moved from feeling shy or uncertain about discussing MH to feeling **highly confident (up to 100% reported)** in addressing the topic, managing issues, and providing support. This increase in self-efficacy is crucial for maintaining the quality of MH education in the long term.

- **Student Self-Efficacy and Open Help-Seeking**

The most powerful indicator of change is the **students' newfound comfort** in discussing their periods. They are no longer shy, they actively seek support (even from male Teachers & Trainee Teachers), and they feel prepared to manage their periods effectively, even proactively calculating their cycle dates.

The increased confidence serves as a critical sustainability factor, ensuring that the MH education program will continue to be implemented effectively by Teachers & Trainee Teachers and utilized proactively by students.

**04** Recommendations and Summary of Findings

**RECOMMENDATIONS  
&  
SUMMARY OF  
FINDINGS**

# SUMMARY OF FINDING

The findings demonstrate that the Days for Girls (DfG) menstrual health training program was **highly effective** in both Ratanakiri and Phnom Penh, resulting in **near-universal knowledge gains** and a **profound positive shift in attitudes** toward menstruation among Teachers & Trainee Teachers and students. The training successfully transformed menstruation from a stigmatized, knowledge-deficient topic into a normalized subject supported by both genders. The program's success is defined by three interconnected outcomes:

## 1. Knowledge Mastery and Taboo Elimination

- **Near-Universal Knowledge Gains:** The training was exceptionally successful in transferring core knowledge, with many indicators—including the definition of puberty, menstrual duration, and ovum pathway—achieving **97% to 100% proficiency** post-training in both provinces. This indicates the curriculum's strong pedagogical effectiveness.
- **Curriculum Support and Normalization:** There is **100% support** for teaching MH to girls aged 9–18 and boys aged 13–18, and opposition to teaching younger boys (9–12) was nearly eliminated (dropping from 41% to 2% in Phnom Penh). The stigma that menstruation should be kept secret dropped to as low as in Phnom Penh.
- **Confidence Surge:** Teacher confidence in discussing MH with family, peers, and, most importantly, in **teaching the subject and answering student questions**, skyrocketed from low baselines (e.g., to for knowledge confidence in Phnom Penh) to near-universal assurance.

# SUMMARY OF FINDING (CON'T)

## 2. Behavioral and Social Change (Gender Equality)

- **Reduced Absenteeism:** The increased knowledge and product accessibility led to a reduction in school absenteeism, directly enhancing **access to education** for girls.
- **Active Male Support:** The training successfully shifted the role of male students from teasing to **active support**, with boys now feeling comfortable asking Teachers & Trainee Teachers for pads for their female friends.
- **Full Participation:** Girls are empowered to maintain **full social and physical participation** during their periods, including engaging in sports, which they previously avoided.

## 3. Practical Resource and Pedagogical Gaps

- **Resource Dissemination:** Teachers & Trainee Teachers valued the provision of practical tools and the demonstration of diverse menstrual products. They are actively sharing this knowledge (e.g., about washable pads) with neighbors and family.
- **Inconsistent Pedagogical Adoption:** While knowledge of teaching techniques surged, the adoption of the student-centered approach was **inconsistent**, with Phnom Penh showing a decrease in preference for it compared to a combined model.
- **Washable Kit Challenges:** Feedback revealed a significant practical barrier: **difficulty cleaning and drying washable pads** during the rainy season, especially for students in rural areas without access to clothes irons or private washing facilities.

# QUOTE FOR SUGGESTIONS

*“I would like to request that DfG provide more washable pads (or cloth kits) to us.” “Some of my students shared their feedback on the DfG kits with me. They said the pads are easy to use, but they found it difficult to dry them during the rainy season. Because the pads remained wet, and the students didn't have clothes irons, some of them didn't feel comfortable using them anymore. While I personally find it challenging to dry the pads during the rainy season, I can iron mine to ensure they are thoroughly dry. However, since my students live in rural areas, many do not have electric irons, which makes the drying challenge particularly difficult for them during the rainy season.”* **Female teacher, RTK**

*“I want to establish a DfG health room for my students, as this is important for them. I would like DfG to provide more in-depth training related to health topics and conduct refreshment training sessions. I request that DfG provide more kits to the school. If possible, I would like them to build a sign or panel and place it in front of the school to remind students about menstrual health.” “I would like DfG to provide more knowledge on this topic to the teachers and students here, especially since we don't have a biology teacher yet in this school. I would be happy if DfG could provide more frequent training on this.”* **Male teacher, RTK**



# RECOMMENDATIONS

Based on the successes achieved and the challenges and requests raised by the Teachers & Trainee Teachers, the following actions are recommended:

## 1. Program Continuity and Deepening Expertise

- **Continue Implementing Refresher Training:** Teachers expressed that they appreciate the DfG Refresher Trainings provided. Keep implementing regular **refresher training sessions** (as explicitly requested by Teachers & Trainee Teachers) to reinforce knowledge, share best practices, and introduce new pedagogical techniques. This is crucial for schools without a dedicated biology teacher.
- **Provide In-Depth Content:** Extend the training time to offer **more in-depth lessons** on complex health topics (e.g., reproductive anatomy) to boost the confidence of non-biology Teachers & Trainee Teachers.

## 2. Resource Management and Infrastructure

- **Establish/Equip Health Rooms:** Support the establishment or better equipping of dedicated **DfG Health Rooms** in schools with a reliable stock of disposable and washable pads. This directly supports the positive behavior change of students seeking help.
- **Increase Material Provision:** Teachers and students really like the DfG washable pad Kits and found them helpful in managing menstruation. While all participating teachers and female students received DfG Kits, they requested more Kits for other students at the school and surrounding community.
- **Pedagogical Materials:** Teachers expressed that the plastic reproductive organ models were greatly appreciated and enhanced their training experience. They requested additional models to use while teaching their students. Teachers also requested
  - videos/slideshows to supplement pictures, to aid in explaining complex anatomy.

## 3. Washable Pad

- **Develop Context-Specific Solutions:** Investigate simple, low-cost solutions to the drying challenge, such as providing small, portable **drying racks or guidance on non-electric drying techniques** suitable for shared or rural living spaces.
- **Continue to Emphasize Informed Choice:** During DfG's Teacher training and student lessons, DfG provides information on all different types of period products- how to use them safely and hygienically- and emphasizes informed choice. This was well received and DfG should continue to reinforce the message that the washable kit is an option and that girls should use the menstrual product they find most manageable, safe, and hygienic in their specific living environment.



**THANK YOU!**



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