



Report on Gender and MHPSS

INTRODUCTION

Gender and the MHPSS-nexus were at an early stage chosen as both a priority area but also a crosscutting issue, for the Copenhagen Roadmap. The overall ambition to further develop and deepen the analysis of how to apply a “gender lens” was addressed at the first Nordic conference in 2022, under the heading “From Girlhood to Womanhood”. During 2023 and in early 2024 the topic has been discussed on several occasions, primarily in Sweden. In short it represents a thematic area where it is considered that the Nordic countries jointly could add value to MHPSS-related work worldwide. The 2nd Nordic conference in March 2024 constitutes an important opportunity to advance with a shared agenda and further develop potential contributions from the Nordic countries in the years to come.

The Nordic countries are generally known for a relatively progressive approach to global development, not least when it comes to gender and SRHR. When exploring the nexus between gender equality and MHPSS there is room for enhanced coordination and further dialogue. Nordic cooperation has not been fully utilized and is an underexploited resource in the field of developing new ideas and approaches in this regard. The long-term perspective of the Nordic Roadmap makes this especially interesting. This includes exploring the MHPSS dimensions of feminist, youth-led programming.

RATIONALE FOR THE TOPIC

Mental health and psychosocial well-being are influenced by socioeconomic factors, such as living in poverty or protracted conflict areas, traumatic experiences, abuse, and stressful life events. Groups deviating from the normative patriarchal structure, such as women, indigenous groups, people with disabilities, people of colour, and LGBTQI+, are disproportionately affected by socio-economic inequalities that are rooted in structural discrimination. These structures are some of the root causes of gender-based violence (GBV) that foster discriminatory gender roles and are reflected in violence committed against young women. GBV gets normalised in society in many forms, including within families, education, public discourse and media. Different types of GBV include sexual, physical and mental violence.

Normalised GBV and various socioeconomic as well as cultural factors increase the likelihood of child marriage, early childbearing and matters related to menstrual health and hygiene. In turn, it can lead to isolation, and school dropout which are likely drivers of anxiety and depression in adolescent girls. Without sufficient emotional and economic support, adolescents may be overwhelmed with feelings of helplessness, insecurity and stress. Overall, this can prevent girls from accessing a range of basic rights, including MHPSS services. Around one in five girls marry under the age of eighteen, and rates of early marriage increase during conflict and humanitarian crises. Early marriage can be connected to early childbearing which also can lead to the disruption or end of education. In early marriage, many female youths have limited control over their time, movements or social interactions. In addition, married female youth face heavy domestic burdens. These constraints make it difficult for them to participate in regular activities outside of their homes. It is also a factor in developing symptoms of depression and postpartum depression and leaves little time for self-care, education and engaging with the community. While the needs of female youth are diverse, female MHPSS services are in many cases not available or totally inaccessible.

GBV, socioeconomic factors and mental health conditions are also associated with a lower possibility of engaging politically. Young females are actively and violently discouraged and deterred from seeking to change the status quo, including through activism and political participation. Youth can feel disillusioned about their ability to bring about change through institutional pathways, feeling unsafe in political spaces, excluded from information, misrepresented, co-opted, instrumentalised and infantilised by those in power, increasingly resulting in their disengagement from direct participation in politics. As a result of their limited participation in these spaces, their voices and concerns have been largely left out of agenda-setting, and policymaking which poses a direct threat to the achievement of inclusive peace and policy implementations. This can in turn lead to feelings of hopelessness and prevent girls from positive mental health and psychosocial well-being, hindering a sense of agency and empowerment.

GENDER AND MHPSS WITHIN THE COPENHAGEN ROADMAP

Within the Copenhagen Roadmap gender is i.a addressed in the following action areas:

Action area 1 on Capacity and system strengthening:

1.2. Localisation: Engage with and guarantee the representation of local leaders, actors and members of the community, including young people, in all key decision-making bodies for interagency coordination and standards, working towards the long-term transfer of power from global to local.

1.4. Capacity Strengthening: Ensure a skilled workforce by strengthening the capacity of local authorities, lay providers and frontline and non-specialist actors across sectors in basic, contextualised MHPSS and survivor-centred, trauma-informed and age- and gender-sensitive competencies.

Action area 3 on cross-sectoral cooperation and evidence, specifically under:

3.2. Evidence: Collaborate with MHPSS, transdisciplinary and cross-sectoral partners to further generate evidence on the impact and added value of MHPSS integration across sectors such as education, protection, health, early childhood development, migration, sexual and gender-based violence, livelihoods, shelter and WASH.

Action area 6 on Innovative approaches, specifically under:

6.1. Co-creation: Prioritise co-creation as a methodology to facilitate empowerment and maximise sustainability, in recognition of community members as experts on the context, mental health needs and best solutions and

6.2. Scaling-up: Encourage efforts to adapt and scale-up effective MHPSS innovations and innovative approaches across cultures and contexts).

The primary objective of the thematic track "MHPSS Through a Gender Lens" is to share knowledge and find possible solutions and recommendations for gender equal MHPSS interventions in fragile and humanitarian settings. By focusing on various consequences of gender inequalities and MHPSS, the track seeks to create a platform for participants to contribute insights and recommendations to inform both advocacy efforts and operational practices.

In 2023 and early 2024 several preparatory meetings have been held, focusing on the nexus between Gender Based Violence and mental health, Menstrual Hygiene and Health and the transition from Girlhood to Womenhood and the MHPSS implications and on how to build the Nordic network.

Gender at the 2nd Nordic Conference

Concretely at the Malmö conference, the track will be composed of a plenary session and two breakout group sessions. The plenary session aims to engage conference participants in high-level discussions on the importance and challenges of female adolescents and MHPSS. The two breakout groups will provide platforms for participants to explore the intersectionality between mental health and different types of GBV, such as sexual, physical and mental violence. The ambition is to develop concrete recommendations for the next steps in the implementation of the Copenhagen Roadmap.

Plenary session:

The plenary session aims to inspire and engage conference participants in high-level discussions on the importance and challenges of the MHPSS consequences of gender inequality. By highlighting masculinity, GBV and work within policies, this track will further develop the discussion around MHPSS and gender equalities, making use of ECW's "Learning Brief: Good Practices on Gender & Gender-Based Violence Risk Mitigation Integration by Education Clusters"¹.

The ambition is to:

- Provide an overview of the significance of MHPSS in the work on gender and its implications for MHPSS in fragile and humanitarian settings.
- Highlight global trends, challenges, and opportunities in MHPSS gender equality.
- Give an overview of the main common GBV: child early and forced marriage.
- Highlight of the vicious circle between gender, GBV and MH distress.
- Highlight IASC work on manhood and masculinity – focusing on men as gatekeepers and as stakeholders.
- Highlight gender and MHPSS in policies, specifically in crisis context – what are the discussion? What has been done so far?

Breakout sessions at the 2nd Nordic conference

The first breakout session focuses on gaps and barriers of gender equality for MHPSS in the humanitarian program cycle

Objective: To provide a platform for participants to further delve into the gaps of MHPSS from the perspective of men and boys. It also aims to discuss gaps and barriers in the integration of gender equality and GBV of MHPSS in the humanitarian program cycle. We will share experiences and together explore approaches to advocating and engaging in possible ways for filling some gaps of gender equality in MHPSS.

The ambition is to:

Identify the gaps of MHPSS from the perspective of men and boys. Delve deeper from the plenary session and add suggestions for possible ways of filling in the gaps.

Highlight gaps and barriers in integration and risk mitigation of gender equality and GBV of MHPSS in the humanitarian program cycle. Possibly add possible ways of filling the gaps.

The second breakout session will focus on how gender-based violence can deprive girls and women of their rights to mental health

This breakout session will increase awareness on the intersectionality between gender inequality, GBV and mental health focusing on MHPSS community led interventions to end child, early and forced marriage. Early marriage heightens risks of depression, distress and feeling isolated among other things. The specific objectives are to explore the intersectionality of mental health, gender inequality and gender-based violence.

The right to Education, mental health

and gender

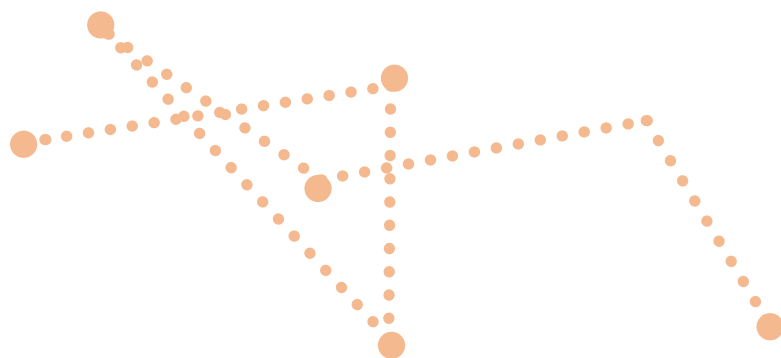
A period should end a sentence and not a girl's education

A topic related to the nexus between gender and mental wellbeing that was partially addressed at the Copenhagen conference in 2022 was on the transition from Girlhood to Womanhood. This was further developed in 2023 and 2024 focusing specifically on Menstrual Health and Hygiene, under the heading A period should end a sentence and not a girl's education. According to WASH United around 500 million women and girls do not have access to knowledge or hygiene products necessary to safely manage menstruation, hygienically, and free from embarrassment. Mental health education of adolescent girls is essential to deal with psychosocial challenges related to menstruation. According to the World Bank, the challenges that menstruating girls face are more than just a basic lack of supplies or infrastructure. A young girl's first period can lead to the disruption or end of their education as well as other human rights violations, such as child marriage, sexual violence and unintended teenage pregnancy. Cultural taboos and discriminatory social norms result in a lack of information about menstruation. This in turn leads to unhygienic and unhealthy menstrual practices and creates misconceptions and negative attitudes. It may lead to adolescent girls facing psychosocial problems during menstruation, resulting in a negative influence on their right to education and their full participation in society. Due to this discomfort or shame, girls may skip school during their period, resulting in lost chances for growth and learning. According to research up to 60% of girls in Jordan were reported to miss school due to menstruation-related issues, with 16% saying they missed more than six days of school each month. These studies jointly indicate that menstrual-related school dropout is a serious problem. Additional research and efforts are required to address this issue and ensure that girls and women have access to adequate menstrual health management and education, not least with regards to appropriate psychosocial support.

One such aspect relates to menstruation. Awareness in recent years of hygiene and medical aspects has increased in recent years, however, the psychosocial dimension in humanitarian settings is largely unresearched. While menstruation is a necessary function experienced by most girls, it continues to be a target for discrimination, exclusion, humiliation and gender-based violence. The collective shame and lack of understanding of women's reproductive health means that the transition to adulthood is largely unaddressed, especially from the Mental Health and Psychosocial Support (MHPSS) perspective.

Sociocultural norms regarding menstruation are affected by attitudes, such as family environments, cultures, and beliefs. Adolescent girls in low-income countries and slum areas are subject to several restrictions, including exclusion from the home, separation from family members, and prohibitions on touching others, in short, menstruation is regarded as unclean. Menstruating girls and their families are often ignorant of the cause of bleeding and reproductive health. Women are required to dispose their pads in open areas and use a shared restroom to change their pads. From physical problems like a potential lack of access to sanitation supplies, to the collective, societal shaming of menstruating people as "dirty", "impure" or "unclean" period stigma results in a lower quality of life for women. In low-income countries, such stigma can be even more harmful.

The stigma, shame and taboos around menstruation is the result of unequal gender norms and exclusion of women in decision-making processes within families, communities, and aid programs. Because of this, menstrual health, and hygiene (MHH) continues to be neglected. Addressing menstrual and reproductive health initiatives in all levels of societies can help reduce cultural norms and stigma around menstruation. However, there is a little information available on how to involve e.g. men and boys in menstrual health initiatives. Men and boys, together with women, play a critical role in maintaining gender norms and stigmatization. Because menstrual hygiene is widely considered a taboo to discuss with men and boys, development practitioners may have additional difficulties in engaging them. Women need tools to empower their experience and feelings about menstruation. Cultural norms must be discussed to change the perception of menstruation so that the cultural norms and stigmas are not internalized by women and for their overall wellbeing.



Social and emotional learning as a tool

One way of addressing the negative attitudes related to MHH and MHPSS is through Social and emotional learning (SEL). SEL is defined as “the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions”. It is a key aspect of mental health and has significant bearing on our ability to succeed in life.

There is evidence that using SEL to provide psychosocial support and mental health education in local contexts to adolescent girls, caregivers, and the wider community is an appropriate tool. In alignment with what research suggests we want to provide eye-level education and a safe space for young women to share their feelings and, in turn, give them tools to help them better cope with their experiences and allow them a chance to restructure their perspective about the natural process their body goes through.

Sexual and Reproductive Health and Rights (SRHR) is a crucial component and closely related to MHH. SRHR covers a wide range of topics relating to sexual and reproductive health, such as access to family planning, safe and legal abortion, sexuality education, prevention and treatment of STDs and right to information about menstruation. In order to achieve gender equality and preserve growth, it is acknowledged as a fundamental human right.

By taking a holistic, collaborative approach that effectively combines educational aspects, appropriate hygiene training components, into a policy-oriented environment, SEL can be applied. The transition from childhood to adolescence, or in this case from girlhood to womanhood, is a uniquely sensitive period for social and emotional learning in the trajectory of human development. During adolescence, an individual acquires the physical, cognitive, emotional and social resources that are the foundation for later life health and wellbeing. This transition phase provides a window of opportunity for social emotional learning that can shape early adolescent identity formation and gender norms, beliefs and behaviors. Nevertheless, SEL can provide adolescents with the social and emotional tools they need to develop a positive self-image, deal with emotions related to MHH, cultural norms and stigma as well as learn to form positive relationships. These are learned and shaped by the different lived experiences of girls and boys during a formative period of development. The overall objective is to avoid the negative effects of poor MHH and promote the wider MHPSS dimension of girl’s adolescence. In summary we want to ensure that a period should end a sentence – not a girl’s education.

Ways forward, next steps

Based on previous discussions and following up on how the Copenhagen Roadmap can contribute to shaping an enhanced Nordic cooperation in the field of gender and MHPSS, the following actions should be further explored:

- Connect and further develop the work between existing national networks in the Nordic countries, such as the Swedish network on MHH.
- Encourage governmental actors to liaise and align policy processes in the realm of MHPSS and gender equality. Of special relevance would be joint action by the Nordic ambassadors on gender equality.
- Encourage the Nordic Council of Ministers and specifically the Nordic minister of international development cooperation to engage in the field of MHPSS and gender in fragile and humanitarian settings.
- Carry out pilot study and implement pilot studies in the field of MHPSS and gender
- Encourage enhanced coordination between Nordic academic actors in this field.