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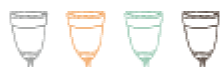
BEYOND PRODUCT DISTRIBUTION

A FEASIBILITY STUDY OF INTRODUCING A MENSTRUAL HEALTH COMPONENT INTO FOUR SECONDARY SCHOOLS IN BUIKWE DISTRICT (PHASE 1)



A SUMMARY AND PERSPECTIVE[1]

[1] Recommended citation: WoMena.2020. Beyond product distribution. A feasibility study of introducing a menstrual health component into four secondary schools in Buikwe district (phase 1): A summary and perspective. WoMena.

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Introduction:

In Uganda, the Icelandic international Development Agency (ICEIDA) is implementing the 'Buikwe District Fishing Communities Development Programme' (BDFCDP), through its Embassy of Iceland. The programme has a particular focus on educational development in 32 schools (28 primary, 4 secondary) to help children aged 13-17 years go through and complete secondary school. The Embassy noted that students had difficulty meeting costs related to schooling, including paying for menstrual products, and this could increase the risk of girls dropping out.

WoMena, an NGO, was therefore asked to implement a Menstrual Health Management (MHM) pilot project, to be part of the wider BDFCDP programme, assessing the feasibility of introducing an MHM component in the four secondary schools, in particular introducing reusable pads and Menstrual Cups (MCs), which have economic and environmental sustainability advantages.[2]

ICEIDA contributed funding, and helped forge linkages with the BDFCDP. WoMena implemented the project, building on 8 years of experience working with MHM, including MCs and reusable pads, in 100+ sites in Uganda. Ruby Cup, a Danish social enterprise, donated MCs. AFRIpads, a Ugandan social enterprise, donated half of the reusable pads.

Approach and objective:

In the last decade, the issue of MHM has received increasing attention. However, much remains unknown about the situation, and the effectiveness of interventions. As for other reproductive health issues, there are sensitivities about MHM in general, and MCs in particular. 'Acceptability' should be assessed, for school girls (the beneficiaries), but also for parents, communities, as well as policy makers (Dahlberg & Krug, 2002). The project was therefore intended to develop, test and pilot an intervention model to integrate an MHM component in four secondary schools in Buikwe District, to learn about the issues facing girls, and to assess the appropriateness of introducing MCs and reusable pads. Lessons learned from this Phase 1 will be applied to the Phase 2, where the intervention, if deemed appropriate, will be introduced in the 28 primary schools part of the BDFCDP.

The project timeline for Phase 1:

April-October 2017 pre-pilot test: 50 females, adult volunteers (e.g. teachers, key community members) participated in meetings, training, and 3 months of using the MC/menstrual pad, to assess appropriateness, and prepare to be active in the pilot, with support for girls and project coordination on the ground.

January - November 2018 pilot: Training of trainers (school personnel and female district councillors) and beneficiaries, distribution of menstrual products to be used for 3 months, baseline and midline surveys, with focus group discussions (FGDs) and in-depth interviews (IDIs). 34 trainers were trained, 1,417 girls were enrolled in the programme and 1,256 of them (88.6%) received reusable MHM products.

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[2] MCs cost anywhere between 7 and 35 USD in Uganda, and are marketed to last up to 10 years. Reusable pads are sold in packages costing 4-5 USD, and are marketed as lasting 1-2 years. Disposable pads cost 1-1.5 USD for a package (estimated at 4051 UGX, or 1.1 USD, for this project). With 13 cycles a year this would cost around 14 USD per year. Environmentally, using disposable pads would result in around 130 pads per year (if we calculate with 13 cycles, 10 pads per cycle). Reusable pads and MCs result in very little waste.

Training activities and results:

OTHER STAKEHOLDERS: Acceptability: The pre-pilot test was evaluated in a stakeholder meeting in October 2017. 120 people participated, including political and religious leaders as well as the adult female volunteers. The feedback (including from the adult volunteers attending the meeting) was that the MC was an appropriate MHM product for this setting. Participants suggested inclusion of additional menstrual products in the pilot, so WoMena proposed AFRIpads reusable pads along with Ruby Cup MCs, building on WoMena's experience that having two products gives higher satisfaction, as girls can use menstrual products based on changing needs during the menstrual cycle (Gade & Hytti, 2017). Several adult volunteers who had participated in the pre-pilot test noted that they had initially been opposed to the MC, but after trying it themselves, they were positive. Some men were surprised at the importance of MHM, e.g. commenting *'you have never complained of discomfort with pads before'*. Some expressed concerns that the MC would cause loss of virginity or sexual arousal. After answers by the adult volunteers and WoMena staff, they joined the overall agreement that the project should be rolled out in the four secondary schools part of the BDFCDP.

GIRLS: Acceptability: 1,256 girls received a package including an MC and reusable pads. They received five training sessions, covering physiology, practical information about how to wash pads and insert MCs, and pain relief. The intention was that girls should have 3 months to try out the menstrual products. Unfortunately, the time available was shortened due to vacations and exams, resulting in a few girls receiving their menstrual products. At midline almost all the surveyed girls had tried their *reusable pads,* and would recommend them to their friends. About half of the girls had tried their MC, some citing fears about size, and waiting for a school holiday to try. Of the girls who had tried the MC, 95% stated that they would recommend it to their friends. Girls reported a shift over time for MCs: *'it hurt the first time I inserted it, but the second time it was fine'*. This harmonises with findings from both other WoMena projects and academic literature (van Eijk et al., 2018) that it may take a few months to get completely used to using the MC, with satisfaction rates increasing (generally winding up at 80-90%). For AFRIpads, comments related mostly to washing and effectiveness: *'AFRIpads dries quickly in sun', 'AFRIpads gets full very fast.'*

GIRLS: Training and community involvement - what worked well or less well?: Volunteers noted the importance of peer learning: Q&A sessions with mixed age groups would be helpful *'so even the young ones can get confidence from the big ones and the big ones who are shy can get confidence from the others'*. Getting hands-on practical experience (e.g. how to wash reusable pads or insert MCs) was seen to increase confidence. The suggestion was that boys should be included: *"For us boys, a time will come and we grow up, so it's good to know what girls go through. It helps us to learn how to treat women in the future, and it helps us to be good husbands"* (Boy, FGD).

OTHER STAKEHOLDERS: Training and community involvement - what worked well or less well?: Not all parents were able to be present during meetings, and therefore opt-out consent forms were distributed, with active opt-in for one secondary school, for the school girls to receive the MHM products. Information material was distributed. Sometimes, trained volunteers initiated additional sessions. One small group of parents initially expressed concerns, mostly about loss of virginity, so a follow-up meeting was arranged. There was an agreement that parent involvement should be expanded in Phase 2, and that venue, and number of participants should be considered to allow good communication.
Support from schools was good, but as mentioned above, sometimes time available was reduced, so girls were not always able to try the distributed menstrual products for 3 months. It was suggested that sensitising males should be

emphasised, especially male school headmasters and teachers. Other suggestions were to include cooks and matrons, to ensure their support, e.g. for washing pads, boiling the MC, or pain relief.

A main objective for Phase 1 was to assess the appropriateness of introducing MCs and reusable pads. Another was to understand some of the issues girls faced. Some indicative examples include:

School attendance: For the baseline survey, **30% of girls reported missing school one or more days every month due to menstruation**. The most common reason cited was **menstrual pain (86%)**, but other reasons were also cited: lack of products, leakage, feeling uncomfortable. **61% reported they were less likely to raise their hand to answer questions during their period**.

Cost: For girls, the difficulty in payment observed by the Embassy of Iceland was confirmed in the baseline survey: girls reported commercial disposable pads as their preferred menstrual product, but **about half also reported that they had been unable to purchase disposable pads at least once in the last 3 months**. In the midline survey, girls reported the intervention had helped them to be less dependent financially on their families. A teacher noted:' *I used to get like six girls coming to me for pads and permission to go home a week, but these days the number has reduced' (*Teacher IDI*).*

Health: As in many other studies (CARE International & WoMena Uganda, 2018), girls made a connection between MHM and transactional sex: *'a girl, even if she asks (her parents, ed) for the pads before her period comes she feels like the parent is telling her to go and get them from somewhere else…so when a girl engages in sexual activity and the parents find out the girl says she was looking for pads' (Girl IDI).* Pain is a big issue: "*I can control pain with for example hot water bottle, exercise and many other things. Before we used to feel a lot of pains, but now you can stretch and the pain reduces" (*Girl, FGD*).*

Knowledge: At the end of the training of trainers' workshop, *trained volunteers* reported that some of the most important information they received was about the existence of reusable pads or MCs, as well as the importance of hygiene. For *girls,* in the baseline survey, 42% reported they did not know what menstruation was at the onset of their first period. At midline, a broader knowledge, including of different products, and options for pain relief (warm water bottle, exercise) were reported particularly useful. Attitudes changed: '*At first I thought it was something bad but now I think it is good. And I feel very bad when I miss my periods (girl, IDI). Boys* reported they had thought girls could only get pregnant during menstruation, and other misconceptions. There is much literature documenting high levels of shame, ignorance, and taboos surrounding menstruation, suggesting a need to recognise that these are key impediments '*not only to girls' education, but also to self-confidence and personal developmen*t' (Chandra-Mouli et al, 2018).

Breaking taboos, increasing confidence and agency: One aspect of increasing confidence is being able to discuss it freely. **For example, at the baseline, 2% of respondents reported feeling confident talking about MHM with both male and female teachers, at midline 30% of the surveyed girls reported feeling confident**. One girl reported how the intervention has given her courage and dignity to come to school even when on her period.

Water, sanitation and hygiene: The BDFCDP has installed new WASH facilities in all schools covered. However, 62% of girls noted that soap was not, or only sometimes, accessible. For MCs, 78%. of girls felt comfortable cleaning the cup at home, 23% away from home. For reusable pads the respective numbers were 97% and 38%.

Conclusions of Phase 1, and Recommendations for Phase 2:

- New approaches may generate resistance and myths. In this pilot, many myths were dissipated once people tried the distributed menstrual products, and realised it got easier with time.
- Both reusable pads and MCs were considered acceptable by a wide range of stakeholders. There was much appreciation of the knowledge learned, by girls and boys, but also by adults.
- Much effort was spent on helping to build a supportive environment. This was widely appreciated, and many recommendations were made to increase this inclusion and support in future, especially parents.
- Cost: For girls, the intervention was free, and could potentially save money for ten years. For programmes, the cost was 48 US$ per beneficiary. Phase 2 may carry additional cost, with 28 far-flung schools, and recommendations for more involvement. For a pilot, that is less of a worry: many promising ways of improving sustainability have been identified, e.g. the powerful contribution of volunteers, mentors, male supporters. Some costs are one-time, e.g the copious surveys and reporting.
- Benefits: they go beyond better MHM and its benefits - broader knowledge about reproductive health, confidence, less fear, a change in male attitudes etc. The effectiveness of such approaches is also noted elsewhere (Population Council, 2018).

Operational lessons learned include:

- Girls/boys: Identify peer educators/mentors who can support girls, boys also for their own puberty education (including to help prevent teenage pregnancy).
- Teachers: including male teachers and headmasters, for support, giving time for intervention.
- Trained female teachers: credible as they had tried the MC: give girls advice and support project.
- Parents: possibly several meetings required, perhaps in community settings instead of school.
- Religious and community leaders: explain the benefits of the intervention (school, wellbeing etc).
- Meeting format: more attention to format (e.g. number of participants).
- The 3 months' trial period is short with the dynamic changes that occur.
- Female volunteers from the pre-pilot test suggested including choice of an additional product (reusable pads).

Overall reflections:

The findings from this project in Buikwe mirror those documented in other WoMena projects, for example in Gulu, Kitgum, Rhino, Imvepi, Katakwi (Tellier et al., 2012; Gade & Hytti, 2017; CARE International & WoMena Uganda, 2018; Hytti et al., 2019). The projects have been undertaken in rather different settings (refugee settlements, schools), thus supporting the impression that the approach is adaptable and viable.

These common findings from WoMena projects include:

- A high acceptability and satisfaction for the end users: after an initial reticence and practical difficulties, they reach high levels over a short period (2-3 months). This increasing satisfaction over time is supported by academic literature from other settings (e.g. van Eijk et al, 2018).
- Providing more than one product (e.g. menstrual cups and washable pads) increases acceptability and satisfaction (Rhino). Simple information that several options are available, and how they can be managed safely, is appreciated by participants.
- Involving parents, communities as well as teachers, and representatives of local government and beyond, is key. In particular, many males (men and boys) are curious, feel they have been left out before, and embrace a new role of responsibility toward the females in their families. A special effort to involve them is feasible and effective.
- This process of involving the family and community requires resources, but also has effects beyond access to MHM products (e.g. girls feeling increased agency and freedom, rather than fear and shame.
- There are early indications that this sense of agency and freedom leads to improved participation in school, social and livelihood activities. However, this will be further pursued and assessed in Phase II.
- Opposition to sexuality education is widespread in the world. It comes as no surprise that this may sometimes extend to MHM education. On the other hand, there are examples where parents are keen to introduce MHM education (Tellier et al. 2018) as a ‘neutral entry point’ for broader education (Abbott et al., 2011).
- Thus, the WoMena approach calls for wider efforts than simply distributing products or information for girls. On the other hand, it may also have much wider implications for community dynamics.

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