

MENSTRUAL HYGIENE: WHAT'S THE FUSS?

Piloting menstrual hygiene management (MHM) kits for emergencies in Bwagiriza refugee camp, Burundi

Operational research / Burundi, Eastern Africa / 2013



Credit: Corinne Ambler/New Zealand Red Cross

Why does menstrual hygiene matter? As humanitarian professionals, do we really need to consider this issue in emergencies? What is all the fuss about?

Despite increased attention from the global humanitarian community to addressing the menstrual hygiene management (MHM) needs of adolescent girls and women in emergency settings, this issue is often overlooked and poorly addressed.

The risks of not appropriately addressing menstrual hygiene management needs, particularly in emergencies, are many.

Though sanitary pads are not considered a life-saving item, they play a crucial role around important issues such as dignity, hygiene and health, education, protection and security of women and adolescent girls in emergencies.

Distribution of hygiene kits and non-food items (NFIs) to families affected by disasters continues to be a core relief activity for Red Cross and Red Crescent movement partners in emergency operations. However, key issues related to family hygiene items have been identified, including:

- Discrepancy between the number of sanitary pads provided compared to the number of menstruating females;

- The limited number and scope of MHM related items in the emergency relief item catalogue;
- Inadequate consideration of critical aspects such as disposal methods (e.g. burning, burying for disposable pads) and hygiene care of reusable pads (e.g. washing and drying).

Given these issues, and the lack of an evidence base for interventions that improve MHM of women and girls in emergencies, the IFRC developed and initiated an operational research project around MHM in emergencies in late 2012.

The project focused on understanding the needs of women and adolescent girls around menstruation in a humanitarian emergency context. Two types of MHM kit were designed for personal use by adolescent girls and women: Kit A (disposable sanitary pads) and Kit B (reusable sanitary pads/cloth).

The MHM kits were designed to enable safe and hygienic management of the menstrual flow - and include items to enable the use of sanitary pads, as well as items for washing, drying, disposal and storage of reusable or disposable pads. Pragmatic and contextualised information, in local language and with descriptive pictures, is also included.

Evidence based trials were conducted in Bwagiriza refugee camp in Burundi (refugees of Congolese origin), to determine the appropriateness, acceptability and value of the two types of MHM kits in a humanitarian context.

The project was implemented by IFRC Eastern Africa and Indian Ocean Island Regional office and Burundi Red Cross Society, with funding support from the British, Netherlands and Norwegian Red Cross Societies.



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Research Protocol and Methods

To rigorously test the MHM kits, it was necessary for females of reproductive age to use them over a sufficient period of time, with data gathered at critical stages to establish evidence against the key research questions.

The direct beneficiaries (2,000 in total) were randomly selected across three age groups (strata): 12 – 17 years (adolescent girls), 18 – 34 years and 35 – 50 years.

First, age-disaggregated focus group discussions (FGDs) were conducted to gain a deeper understanding of the issues and needs surrounding MHM in a Congolese refugee population, and to gather initial qualitative data to guide the finalisation of the MHM kit contents.

A baseline knowledge, attitude and practices (KAP) survey was conducted to establish a benchmark against which to measure impact, appropriateness and content.

The 2,000 direct beneficiaries were randomly selected from all 20 sectors of Bwagiriza refugee camp.

Enumerators (Red Cross volunteers) were allocated a specific sector of the camp, and given a target number of girls and women in each age group to identify. In their allocated sector of the camp, volunteers were instructed to visit every second house in order to spread out the samples.

1,000 of MHM Kit A (disposable) and 1,000 of MHM Kit B (reusable) were distributed to the randomly selected adolescent girls and women across the three age groups.

One and three month post-distribution monitoring and follow-up KAP surveys, along with additional FGDs and key information interviews were then conducted.



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Key Results

Baseline

- 75% of adolescent girls and women knew the normal length of menstruation or bleeding (taken to be between 2 and 7 days).
- 79% of adolescent girls and women in the study had felt embarrassed at some point during their monthly periods (due to leakage or blood stains on clothes that others can see, teasing from boys, having to cut up children's clothes to use as pads etc.).
- Over two thirds (68%) of adolescent girls and women in the study have restrictions or difficulties in daily life during their monthly period (due to pain, infections, fear of leakage or blood stains meant girls stayed away from school and women did not go to church or the market).
- 34% of women between 35 and 50 years reported difficulties in finding a private, comfortable place to change their pad.
- 95% of all adolescent girls and women in the study reported bathing / washing more during their monthly period.

One month following distribution

The number of adolescent girls (12 – 17 years) who reported suffering from irritation or itching during their last period reduced from 41% to 16%. The number of women (35 to 50 years) who reported suffering from irritation and itching reduced from 57% to 17%.

- A 16% improvement in knowledge of adolescent girls about the meaning of not experiencing a monthly period was reported (increasing from 47% at baseline to 63%).
- For MHM kit A (disposable), the plastic bags and disposable pads were overall rated less useful than other items. For the MHM kit B, the reusable pads were rated as highly useful.

Overall, the women and girls preferred the reusable kits more than the disposable kits. 90% of adolescent girls were very satisfied with the MHM kit B (reusable), compared to 68% being very satisfied with the MHM kit A (disposable). 85% of women aged 35 to 50 years were very satisfied with the MHM kit B compared to 65% being very satisfied with the MHM kit A.

Three months following distribution

- The main reported challenge faced during monthly period by adolescent girls and women in Bwagiriza refugee camp was no access to pads (77%). 19% reported that the main challenge faced was difficulty in finding a private area to change pads.

Significant improvements in dignity and confidence were reported 3 months after distribution of the MHM kits:

- Women reported not being afraid anymore of standing up in church, travelling on buses or going to the market, as they know there will be no leakage and do not have to worry about blood stains.
- "The long term costs are reduced, because you don't have to keep buying and cutting up kitenge (cloth)."
- Before the information/education session on how to wear the pads and hygiene etc., women in the camp would see blood dripping down theirs or other women's legs. Now they do not see this at all.
- Most of the adolescent girls reported that they never used to go to school when they had their periods, but now they do.



Demonstration and education session during MHM Kit distribution in Bwagiriza refugee camp, Burundi, 2013. Credit: IFRC.

"The last time we got sanitary towels, women were not educated on use and disposal. A child in the camp ate a used pad. This demonstration and information session is very important."

Marie, 29 years



Recommendations

MHM Kits for Emergencies (both disposable and reusable types) are an appropriate, valuable and effective relief item which improved the dignity, health, knowledge and confidence of adolescent girls and women in Bwagiriza refugee camp, Burundi.

Key recommendations include:

- The MHM kits should be field tested further in different emergency and cultural contexts. This is important given the complex and multi-faceted nature of MHM, and the wide variety of cultural, religious and economic contexts the Red Cross Red Crescent movement works in globally. With further evidence across a variety of contexts, it is envisaged that the MHM kit specifications will be added to the IFRC's Emergency Relief Item Catalogue. Guidelines will be developed to support humanitarian actors to select and adopt appropriate MHM items into relief NFIs, including adaptation of the MHM kits to specific local contexts and local procurement (where appropriate).
- Continue building capacity and confidence of both male and female staff at National Societies and IFRC on MHM, with a focus on water and sanitation, disaster management and health staff. Emphasis should be placed on practical aspects – for example the importance of comprehensive assessment (including gender and age-segregated information in rapid and detailed assessment) and consultation with women and adolescent girls around their MHM practices, knowledge, challenges and cultural perceptions. These aspects are the first critical steps toward designing, planning and implementing appropriate and effective MHM interventions. Other key aspects that should be included in capacity building trainings are the appropriate design of latrines and bathing areas for women and adolescent girls (e.g. privacy, drying areas, drainage), and issues around disposal and solid waste management.
- Develop participatory tools for MHM (3-pile sorting and pocket chart) for use by National Societies in assessment (of MHM knowledge and practices) and in monitoring activities (of use of pads, other supplementary items etc.). Once developed, dissemination and training to National Society staff is required.

- Buckets should not be replaced by basins (for privacy, more appropriate for washing pads and underwear, soaking pads and storage). Information, education and communication (IEC) materials should be revised to have less words, bigger pictures, a stronger explanation of anatomy diagram and to include information on menstrual pain management.
- Continue to work with the IFRC procurement team to develop clear specifications and guidelines for MHM items inside each kit. Locally adapt and procure MHM kits where possible (particularly disposable pads, bathing soap and laundry soap).
- Project results, evidence and recommendations from this pilot project should be shared widely with other humanitarian actors. There is a need to continue to advocate with humanitarian actors and implementing partners (particularly in Burundi) to prioritise improvements of latrines, bathing areas and solid waste management facilities in emergency contexts.

Next steps: what actions are being taken?

This operational research provides the beginning of an evidence base for MHM kits (both reusable and disposable types) as an emergency relief item, and reinforces the importance of mainstreaming MHM aspects into sanitation, hygiene and water related emergency interventions.

However, given the complex and multi-faceted nature of MHM and the wide variety of cultural, religious and economic contexts the Red Cross Red Crescent movement works in globally, there is a need to further field test the MHM kits in different emergency and cultural contexts.

With support from the Humanitarian Innovation Fund and British Red Cross, MHM activities in the Eastern Africa region will be scaled-up in 2014.

This pilot operational research project provides the beginning of an evidence base for practical actions and a comprehensive relief item (MHM kits) that can improve menstrual hygiene management, dignity and health of adolescent girls and women in emergency contexts.



The aim is to gather further evidence for the MHM kits as a global relief item, to scale-up advocacy and sensitization around menstrual hygiene, and to scale-up training and capacity building for Red Cross and Red Crescent partners around menstrual hygiene management in emergencies.

Activities have been planned to address the key recommendations outlined above, and include trialling the MHM kits in three additional contexts (Somalia – Muslim context; Madagascar – Indian Ocean Island context; and South Sudanese refugees in Uganda - emergency situation resulting in displacement) as well as market surveys to determine the potential for local procurement and pre-positioning of MHM kits.

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Conclusions

This field trial of two different types of MHM Kits (disposable and reusable) in a Congolese refugee population in Burundi, demonstrated a concrete improvement in knowledge, hygiene practices and dignity following the distribution of MHM kits, and provides an evidence base for both MHM kits as an emergency relief item and for the importance of mainstreaming MHM aspects into sanitation, hygiene and water related emergency interventions.

Given the complex and multi-faceted nature of MHM and the wide variety of contexts the Red Cross Red Crescent movement works in globally, there is a need to further field test the MHM kits in different emergency and cultural contexts. IFRC and other humanitarian actors should continue to advocate for improving the health and dignity of women and adolescent girls in emergency contexts through addressing MHM. Capacity and confidence building of male and female staff at all levels (national, regional and international) is critical.



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