

Menstrual problems and education in Kenya:

Are Menstrual cups practical and acceptable?

Presentation on APHRC's Menstruation Project

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Introduction

- Dealing with menstruation has implications for physical, social and mental wellbeing of women and adolescent girls
- Limited access to safe, affordable and culturally appropriate methods of dealing with menstruation
- Restrict girls access to education



APHRC's menstruation project

Goal: promote adolescent reproductive health and rights

Implementing Agencies: Division of Reproductive Health, Ministry of Public Health and Sanitation and APHRC

Donor: DFID through Realising Rights RPC



Why study menstruation among school girls and women?



Why study menstruation?

- Practical challenges (access to sanitary towels, privacy, hygiene)
- Negative impacts on health and wellbeing: discomfort, anxiety, infections, education...
- Lack of research on menstruation among urban poor in Africa



Menstrual cups

- Reusable, inserted product to manage menstrual flow.
- Brands include Mooncup, Divacup, The Keeper.
- Used in Europe and North America since 1930s. Low use rates but gradually increasing in these areas.
- Not available in Sub-Saharan Africa.
- US FDA regulatory standard.



Study overview

- Phase One:** Explore menstrual attitudes, practices and problems in Korogocho, Nairobi Kenya
- desk-based research, in-depth Interviews, focus group discussions, key informant interviews (completed)

- Phase Two:** pilot menstrual cups with 75 volunteers in Korogocho and Jericho/Makadara
- Sensitisation and support from nurse over a 5 month pilot period
 - Structured survey and in-depth interviews at 0 and 5 months to assess how practical and acceptable are menstrual cups (February - June 2010)



A few results from Phase 1...



Menstruation in Korogocho

- Menstrual blood seen as ‘unclean’, ‘dirty’ or harmful if touched. Taboos around discussing menstruation.
- Lack of information, knowledge, misconceptions
 - “They say when the blood comes out ... the baby’s house is already being made. And if you have sex with a man you get pregnant immediately (FGD with girls aged 12-14)”*
- Negative attitudes: girls describe feeling bored, lethargic and irritable during menstruation

“You just don’t feel comfortable, you are just uneasy about everything” (FGD with girls aged 12-14)



Other issues...

- Sanitary towels preferred but access unreliable.
- Other methods include cloths, cotton wool, (torn mattress, tissue).
- Lack of access to sanitary pads causes discomfort, irritation and rashes, embarrassment, anxiety and shame.
- Fear of leakage and stained clothes, 'smelling bad'

"[A girl] can use a pad for a whole [day] till night [...] she is feeling bad and she can easily start smelling in class" (Head teacher)

- Impact on school complicated and mixed with other factors

"I feel uncomfortable and worse when it is [a] school day [...] I wish I could be at home so that I don't have to worry about my clothes being stained and other people laughing at me." (Girl, 14)



Menstrual cups?

- No studies on menstrual cups in urban informal context in sub-Saharan Africa
- Nepal study showed high uptake of menstrual cups (60%) but different context
- How about Nairobi, Kenya?



Menstrual cup: Use guidelines

- Wash hands before and after insertion/removal.
- Wash menstrual cup each time it is emptied with fragrance-free soap and rinse thoroughly in clean water.
- If washing not possible, wipe with tissue and wash at next emptying.
- Boil or immerse in sterilising solution once per month (optional but may be more important in this context).



Initial reactions on acceptability

- Menstrual cups introduced to women and girls in Korogocho during IDIs, FGDs and KIIs.
- Expected benefits: Cost-effective, reusable, freedom to move, discreet
- Concerns: discomfort, leakage, infections, messy, side effects, fear of insertion
- In many cases, participants said their concerns were adequately addressed by further information from fieldworker
- Personal preferences important (eg insertion, touching menstrual blood)



Practicality?

- Water expensive but most reported they were able to ensure water for bathing during menses
- Majority of participants reported washing 2 times per day during menses
- Cloths & pads changed in bedrooms, bathrooms & toilets
- Privacy difficult for some
- Handwashing facilities rarely available
- Potential for hygienic insert/removal when washing before/after work
- Boiling menstrual cups may not be practical for all.
- Sterilising solution may be more acceptable.



Implications for Phase 2...

- Mixed response suggests that the acceptability of menstrual cups will vary by individual, not community wide.
- Lots of enthusiasm and willingness to try
- Handwashing biggest risk factor
- Participants resourceful in identifying potential solutions
- Implications for Jericho?



Risk management strategy...

Risk	Management
Incomplete rinsing of soap	Information and counselling from nurse
Interaction with pre-existing infections	Syndromic management of RTIs and referral
Participants share menstrual cup with others	Information and counselling from nurse



...Risk management strategy

Lack of handwashing

Biggest challenge.

Nurse to provide information and counselling and initiate discussion with participant about how they can incorporate hand hygiene into daily routine. Soap donations to schools.

If necessary: handwipes



We need your perspectives!

- Would **you** use a menstrual cup?
- What are likely to be the biggest challenges to menstrual cup use in slum set-ups?
- How common is washing twice per day?
- How can we ensure hygiene?
- Any further risk management ideas?



Thank You!

