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

<table>
<thead>
<tr>
<th>Risk</th>
<th>Management</th>
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<tbody>
<tr>
<td>Incomplete rinsing of soap</td>
<td>Information and counselling from nurse</td>
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<tr>
<td>Interaction with pre-existing infections</td>
<td>Syndromic management of RTIs and referral</td>
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<tr>
<td>Participants share menstrual cup with others</td>
<td>Information and counselling from nurse</td>
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</table>
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

...Risk management strategy
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!