# Reusable Sanitary Pad and Menstrual Education Intervention: Outcomes in Rural South Africa

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# Introduction

Africa**: 10% of girls miss school and/or drop-out** because of menstruation-related issues (MRI) - *(UNESCO 2010).*

Access to safe and affordable Menstrual Hygiene Products (MHP) and Menstrual Hygiene & Puberty Education(MH&PE) is a critical consideration for improving Africa's **health & development status** such as:

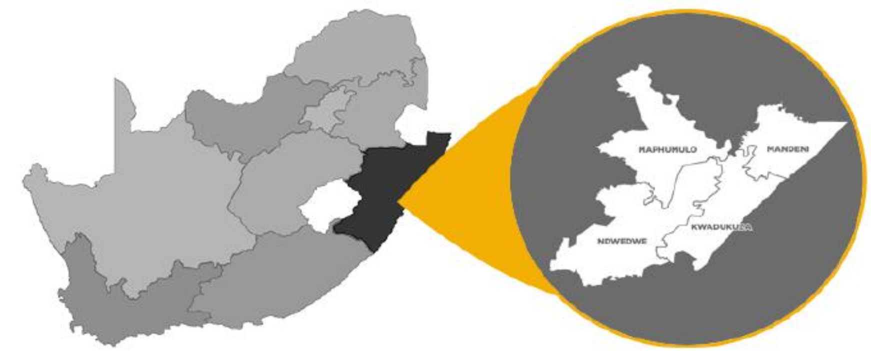
- Improved educational outcomes
- Economic outcomes outcomes
- Reduced HIV incidence, STI and unplanned teenage pregnancies.
- Improved Maternal &Child Health outcomes

- This paper presents the **pre and post intervention findings** of a MH&PE and reusable sanitary pads intervention as part of a school-based Sexual Reproductive Health and Rights (SRH&R) program in a rural South African high-school.

# Background

- **Kheth'Impilo (KI)**: KI implemented a school-based SRH&R program in a rural co-ed secondary school.
- This intervention was the result of the increased request for sanitary pads & MRI support from female learners.
- **Baseline evaluation** showed higher drop-out rates for girls than boys, high teenage pregnancy rates, hunger & poor access to sanitary pads.
- ***Sanitary pad intervention*** was initiated, in collaboration with a social entrepreneur who produced a reusable sanitary pad and private sector partners who sponsored the pads.

# iLembe District Profile




| | |
|---|---|
| % youth | 50% |
| Poverty levels | 65% |
| Orphanhood | 16% |
| Teenage pregnancy | 14% |
| Females headed households | 65% |
| HIV prevalence | 35.6% |

# METHODS

## STUDY DESIGN

- Two cross-sectional anonymous surveys were implemented at baseline(n= 197) on a sample of learners who received reusable sanitary pads and MH&PE and post-intervention(PI)(n=191).

- Anonymous structured questionnaires administered prior to a menstrual education sessior and dispensing of hygiene products. This was followed by a post intervention survey.

- **Key variables:** demographic, menstrual-related absenteeism, reasons for poor access to menstrual hygiene products & exposure to menstrual education were explored.

- **Univariate & bivariate analysis** was done for continuous and categorical variables.

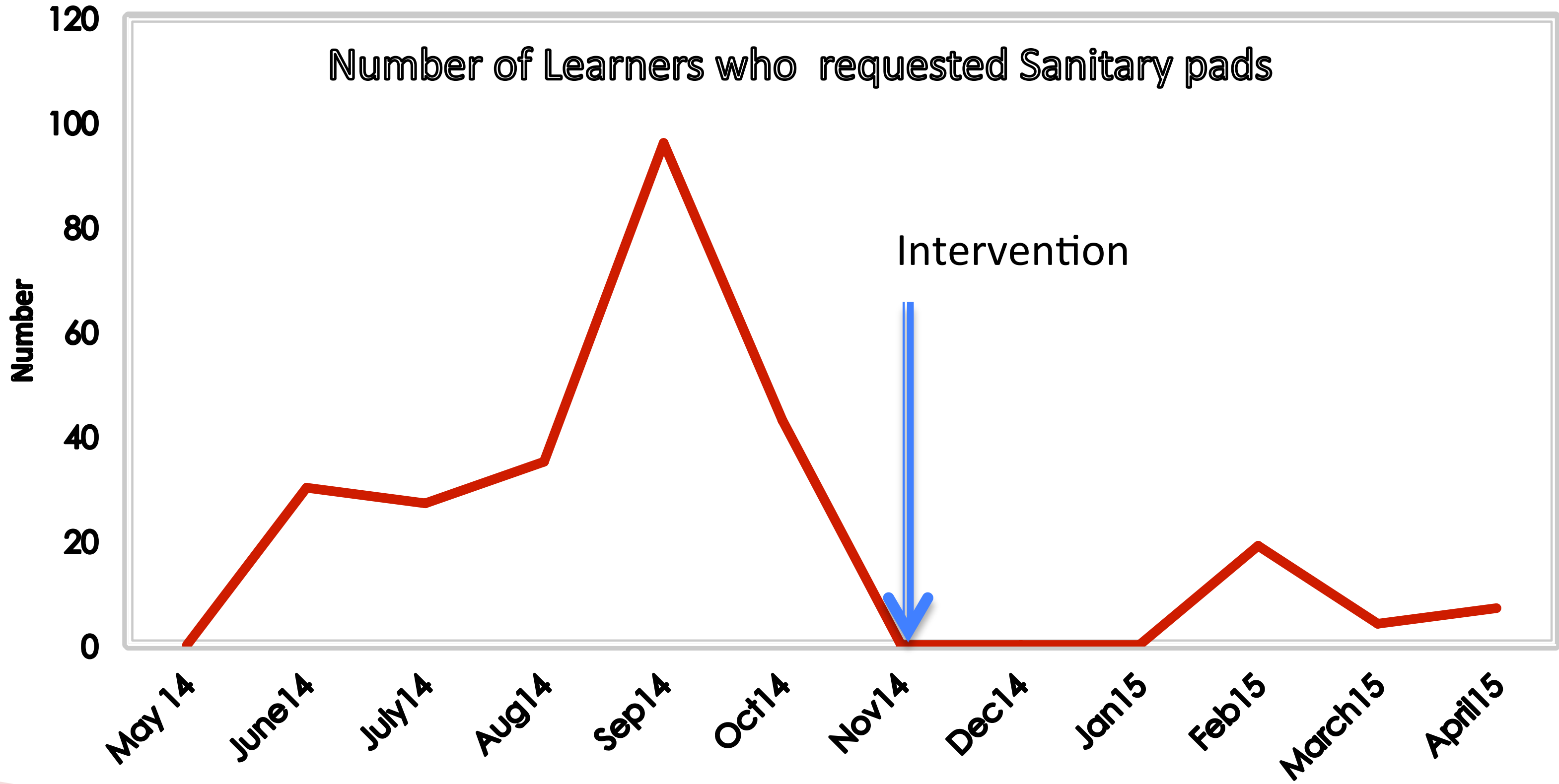
# BASELINE DEMOGRAPHIC SCHOOL PROFILE

| Variable | Percentage(%),Mean |
|---|---|
| Female | 48 |
| Mean Age in years | 16 years (Range 14-26) |
| Household Characteristics | |
| Grants: Pension | 56 |
| Child Support Grant | 61 |
| Other | 20 |
| Head of household : Female | 70 |
| Unemployment | 40 |
| Walk to school | 53 |
| Average Minutes To School (range) | 46 min. (Range 5-120) |
| Feel Safe Walking | 28 |
| Feel Tired Walking | 26 |
| No breakfast before school | 60 |
| Food insecure | 16 |

# Results

| Baseline | n =197 |
|---|---|
| Mean  age in years (range) | 16 years (14-24) |
| Mean age in years of menarche (range ) | 13,5 (10-16) |
| Proportion reported Use of Contraceptive | 47% |
| Proportion reported Use of disposable sanitary pads | 89.3% |

# Trends of Learner Demand for Sanitary Pads



# Baseline Survey

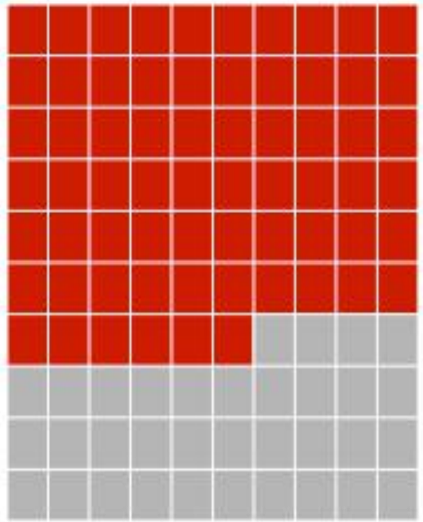
## Reasons for Menstrual Related Absenteeism

**48%**

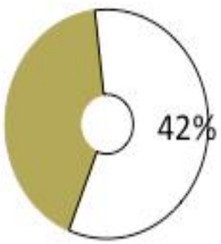
missed school as they could not afford to buy sanitary pads

**66%**

Missed School because of Menstrual Pain



Fear staining clothes



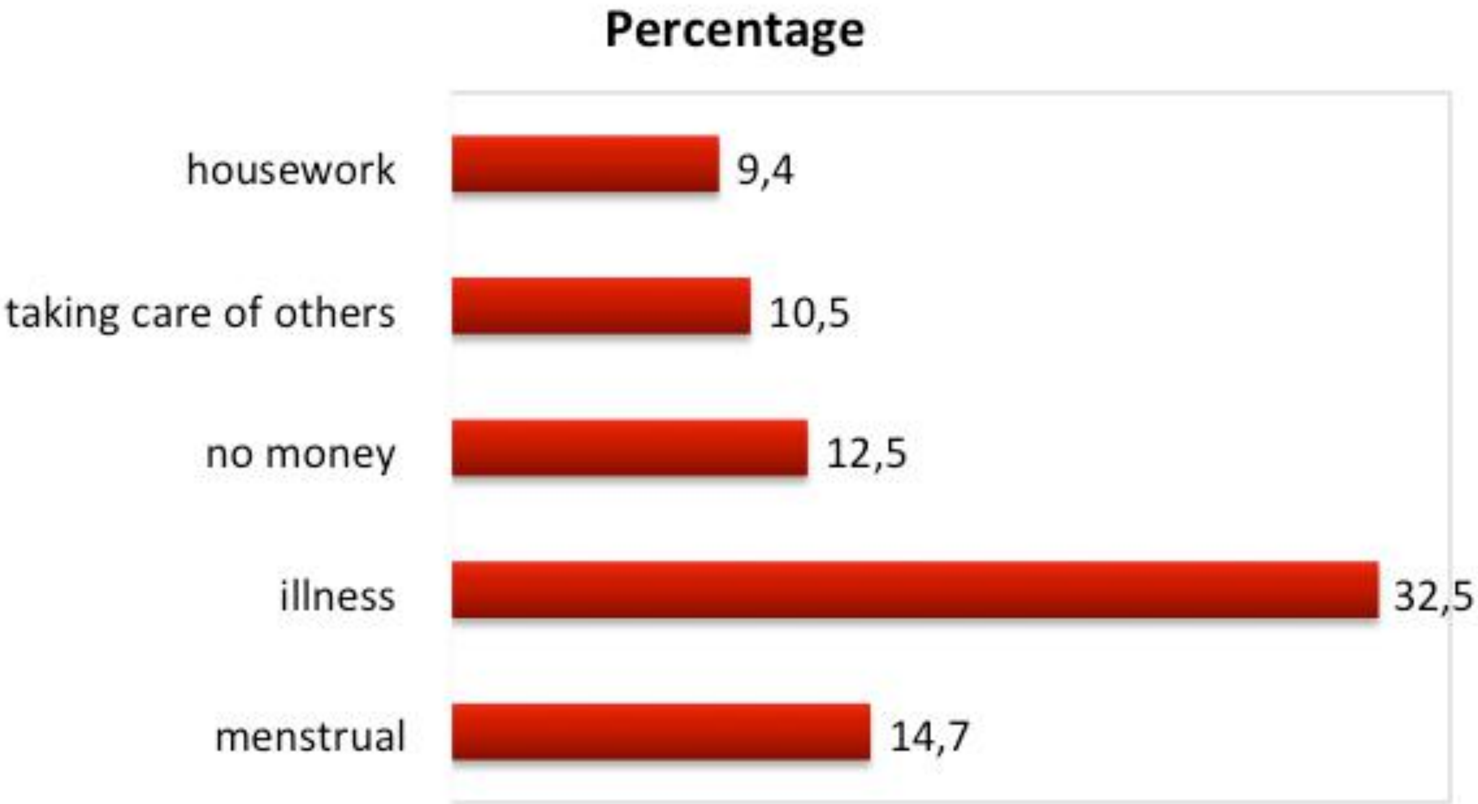


**52 %**

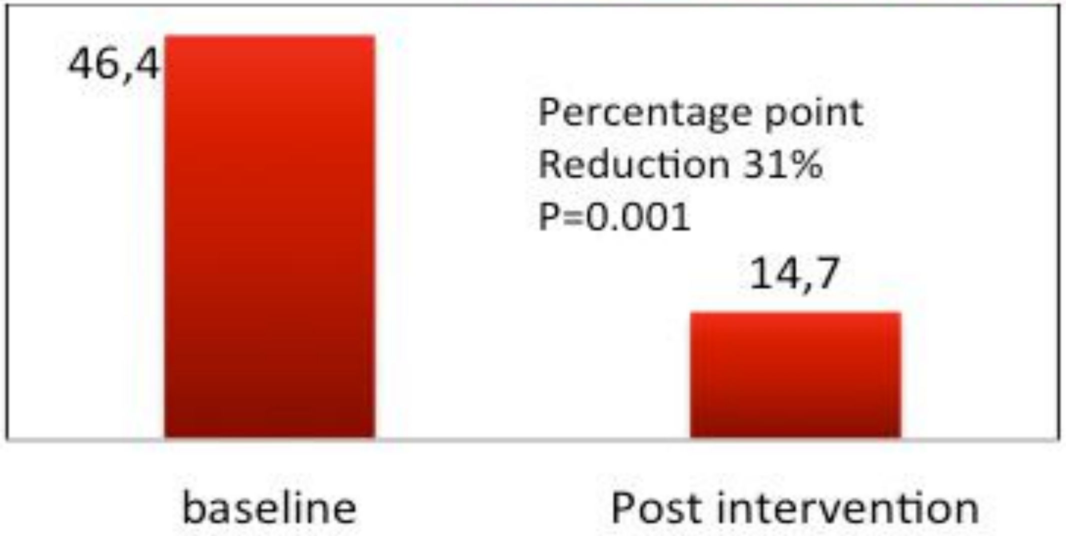
reported sanitary pads unavailable in stores

# Intervention

# Post Intervention: Reasons for Absenteeism



# Menstrual Related Absenteeism baseline to post intervention

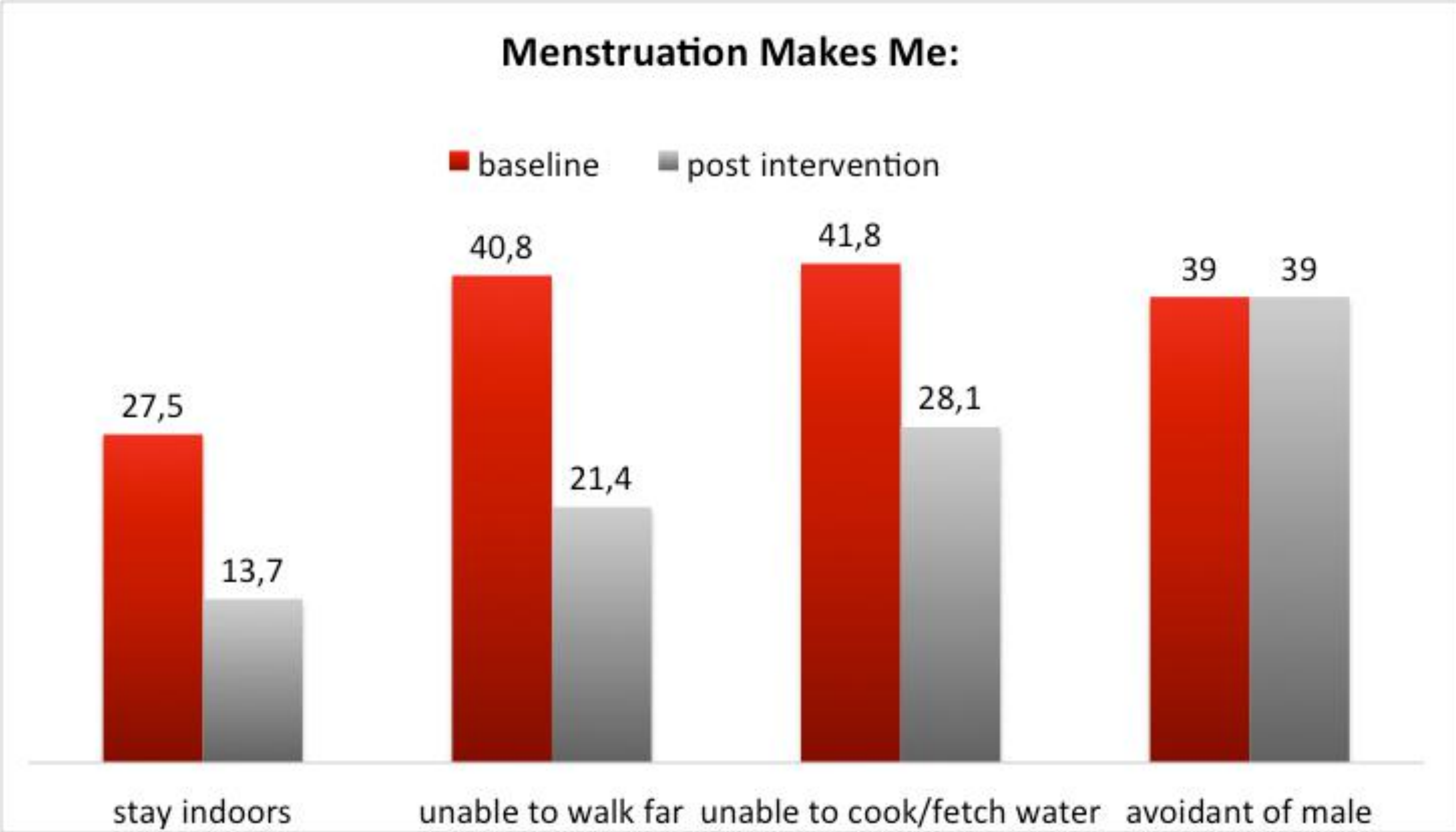



| School days missed per month | Mean & 95 % Confidence Interval |
|---|---|
| Baseline | 3.4 days (95%CI 2.7-4.1)* |
| Post Intervention | 1.7 days (95%CI 1.03-2.5)* |

16 Percent of total schooling time loss is for menstrual related absenteeism

Reduced to

8 Percent of time lost post intervention


Menstruation Makes Me:
baseline
post intervention
27,5
13,7
40,8
21,4
41,8
28,1
39
39
stay indoors
unable to walk far
unable to cook/fetch water
avoidant of male

# Reported ever being taught about menstruation

# Utilization of Recyclable Pads

**ACCEPTABLITY**

20%
pads **all** the time for the last menstruation

60% **some** of the time.

80% reported that they would **recommend** it to their friends.

| CONCERNS WITH THE USE OF PADS | Percentage n=191 |
|---|---|
| Don't like to see blood | 30.1% |
| Difficult to change at school | 42.4% |
| No place to wash pads | 17% |
| No place to dry pads | 15% |
| Don't dry quickly | 36% |
| Difficulty getting water to wash | 17% |

# Discussion

- There was significant reduction in loss of absenteeism per month from 16% to 8% at PI.
- Mean number of monthly MRA days declined significantly from
- 3.4 to 1.7 days at PI.
- A variety of factors influence & impact on menstrual-related absenteeism. These include:
- **Structural factors**
- **Economic:** High prices & inadequate supply –
- **School resources** : Poor quality or non-existent ablution facilities, no water.

# Discussion

- **Psychological** or considerations: Experience of menstrual pain, shame, fear of soiling clothes & discomfort impacted on absenteeism.
- **Physical** :Pain and discomfort. The reported high levels of dysmenorrhea-related absenteeism is a consideration for SRH&R education, counseling, teaching learners about pain management strategies.
- **Lack of menstrual education** reinforced absenteeism due to lack of knowledge, how best to deal with puberty, manage the pain and maintain hygiene.

# Conclusion

- Study suggests provision of safe, affordable Menstrual hygiene products, menstrual hygiene education, proper ablution and disposal facilities at schools are essential elements for an Integrated School Health Plan, particularly in impoverished settings.

- Menstruation-related absenteeism potentially serves as a key mechanism through which **the quality of schooling outcomes** may be worsened for young girls.

- Further **empirical eviden**ce required to determine scale of the problem in SA – in order for a national strategy to be developed.

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- Dept. Education:iLembe
- MACAIDSFUND
- Subz Pads

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