A Report on Menstrual Hygiene Management Project in Morang, Nepal

Birat Nepal Medical Trust
Lazimpat, Kathmandu
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# Table of Contents

Table of Contents ........................................................................................................................................... ii

List of Figures .......................................................................................................................................................... iii

List of Tables ........................................................................................................................................................... iii

Executive Summary ................................................................................................................................................... 1

1. Background ....................................................................................................................................................... 3

2. Objectives ........................................................................................................................................................... 4

3. Target Groups and Beneficiaries ....................................................................................................................... 4

4. Methodology ....................................................................................................................................................... 4

5. Findings ............................................................................................................................................................... 6

6. Discussion ......................................................................................................................................................... 16

7. Conclusion ......................................................................................................................................................... 16

Annex I Experiences and feedbacks from participants ............................................................................................ 18

Annex II Glimpse of activities carried out during the program ............................................................................... 19

Annex III Calendar of Operation for MHM Project ............................................................................................... 21
List of Figures

Figure 1 Map of Project VDCs, Morang.................................................................5
Figure 2 Knowledge about age group of adolescent................................................7
Figure 3 Types of physical changes in males during adolescent stage ..........................7
Figure 4 Types of physical changes in girls during adolescent stage ............................8
Figure 5 Knowledge about main signs of menstruation............................................10
Figure 6 Knowledge about menstrual hygiene management .......................................11
Figure 7 Knowledge about menstruation................................................................11
Figure 8 Girls' school dropout during menstruation period .........................................12
Figure 9 Heard about sanitary pad ...........................................................................12
Figure 10 Preference of materials for MHM..............................................................13
Figure 11 Materials used for MHM ..........................................................................13
Figure 12 Financial problems in buying protective material for MHM .......................14
Figure 13 Alternatives used for improperly managed toilets .....................................14
Figure 14 Restricted activities during menstruation period .......................................15
Figure 15 Intervention needed to increase knowledge on MHM .................................15

List of Tables

Table 1 Occurrence of menstruation.........................................................................8
Table 2 Knowledge about age of menarche............................................................10
Executive Summary

Introduction

Menstruation is one of the very important physiological processes of female that starts at the time of puberty. Such significant transition from childhood to womanhood for adolescent girls is further manifested in Nepal through traditional and socio-cultural aspects of menstruation, which is perceived as an impure, bound by silence, shame and social taboos. There is lack of mobility, freedom, and access to normal activities and services.

Public school in Nepal, where most of the girls spend one fourth of their day is not gender friendly, doesn’t provide privacy and supplementary facilities such as water supply, space for washing, cleaning and changing.

Methodology

BNMT Nepal conducted base line and end line study with pre and post tests during the three month project (From January – March 2015) in three government public schools at Vaudaha, Majhare and Rajghat VDCs of Morang districts. The project initiated with baseline survey on menstrual hygiene management among adolescent girls of the project school. Assessment of knowledge on adolescent health and menstrual hygiene management among girls and boys of class 7-10 followed by orientation on the very issue was done on mid January to February. Pre-test and post-test on the orientation was done by self-administered questionnaire. Training on preparation of Sajilo Napkin was given to all girls of the project school from class 7-10. The project was evaluated based on comparison of baseline and endline data collection by taking self administered questionnaire.

All activities were closely coordinated with the District Public Health Offices, District Education Office and the related line agencies at the communities level. Consultation was done with Family Health Division, MoHP before and during the project implementation in Morang. Owing to the sensitive subject matter, the project worked in close coordination with local community groups, mothers groups, Female Community Health Volunteers (FCHVs) and the school management committees.

Findings

The baseline survey in Morang district revealed that menstrual hygiene management was poor amongst a large proportion of the adolescents, and unsafe practices regarding menstruation continue to exist. The pilot intervention helped to improve the knowledge of students about MHM to a certain extent. Before the orientation 46% of the adolescent didn’t know what menstruation is. But after the orientation remarkable changes in their perception had been
observed. The post-test data showed that 87% of adolescent girls understood menstruation as a natural process.

Before the orientation on MHM and training on Sajilo Napkins, there was very low school attendance of adolescent girls during their menstrual periods. But after the intervention the girls attendance increased to 91% from just 24%. Similarly, knowledge about sanitary pad increased to 97% from 77% by the end of project. Before the intervention no one had heard about sajilo napkin but after the implementation of the project 25% of adolescent girls used Sajilo napkin with their increased preference of 62%. The financial problem for buying sanitary napkin also decreased to 28% as most of the girls started using cost effective and affordable Sajilo napkins. A noticeable increment in the knowledge level of students on menstruation and its proper management was observed at the end of the project compared to baseline data.

**Conclusion**

This initiative has definitely helped the students in understanding their physiology and has changed their perceptions on menstruation. During the end line study students were more open and willing to participate in the discussion. Marked changes have been noted in baseline and end line evaluation in the knowledge and awareness related to menstrual hygiene and management. One of the most striking issues that came up is the lack of toilet facilities for girls in the school, which is essential for good MHM. This issue needs to be addressed in future.
1. Background

Menstruation is one of the very important physiological processes of females that start at the time of puberty. Such significant transition from childhood to womanhood for adolescent girls is further manifested in Nepal through traditional and socio-cultural aspects of menstruation, which is perceived as an impure, bound by silence, shame and social taboos. There is lack of mobility, freedom, and access to normal activities and services.

The World Conferences on Human Rights reaffirmed that the human rights of women throughout the life cycle is an inalienable, integral and individual part of universal human rights. However, MHM issue has not received adequate attention and insufficiently acknowledged by the policy and programme of Nepal. Culturally this biological phenomenon is taken as taboos, bound by silence and shame. Stigma around menstruation and menstrual hygiene is a violation of several human rights, most importantly of the right to human dignity, but also the right to non-discrimination, equality, bodily integrity, health, privacy and the right to freedom from inhumane and degrading treatment from abuse and violence (Water Supply and Sanitation Collaborative Council, 2013). Evidence based studies that make the issue visible to the concerned policymakers and inform practical actions are very much warranted.

With 82% of Nepali women living in rural Nepal, lack of information and awareness on menstrual hygiene management methods push these women deeper into marginalization and reproductive health morbidity. Among these women young adolescent girls are more vulnerable. Studies have shown that adolescent girls often lack appropriate information about their reproductive health and proper menstrual management which has a direct impact upon adolescent girl's schooling, with absenteeism of menstruating girls as high as 53% in Nepal (Nepal Fertility care centre, 2012). Social practices and perception denying menstruation as a normal physiological phenomenon, lack of practical knowledge and awareness about the maintenance of personal hygiene and services including affordability and availability of sanitary napkins plays a key role in depriving girls of the maintenance of good MHM and creates barriers adolescent girls to rights to health and dignity. Public school in Nepal, where most of the girls spend one forth of their days is not gender friendly, doesn’t provide privacy and supplementary facilities such as water supply, space for washing, cleaning and changing. Nevertheless, the good MHM is more than just water and disposal facilities and requires addressing the core practical dimension of raising awareness and availability as well as affordability of user-friendly sanitary napkins.
2. Objectives

The main objective of the project was to promote adolescent girls’ rights to reproductive health through Menstrual Hygiene Management.

2.1 Specific Objectives

i) To raise awareness on menstrual hygiene management
ii) To raise knowledge on MHM practices and
iii) To develop skills on preparing affordable, re-useable, environmental friendly, hygienic, sanitary napkins

3. Target Groups and Beneficiaries

The main beneficiaries of the project were 242 adolescent girls’ school-going girls from low-income families who were enrolled in classes 7 to 10 of government public schools at Vaudaha, Majhare and Rajghat VDCs of Morang districts.

i) Direct: Adolescent girls, boys in the same grade, teachers, FCHV, and mothers group

ii) Indirect: Young girls at the schools and community

4. Methodology

Project Timeline

- Baseline – January 2015
- Orientation – Mid January to February 2015
- Training on Sajilo Napkins – 1st week of March 2015
- End line – Last week of March 2015
- Report writing and analysis – First week of April 2015

The pilot project on MHM started with the collection of baseline data through self-administered questionnaires with all the girls of class 7-10 from three secondary schools of Morang district namely: Shree Durga Higher Secondary School, Majhare; Shree Prajatantra Secondary School, Bhaudaha and Shree Arniko Higher Secondary School, Rajghat.
The baseline was aimed at finding the gaps in knowledge and practice of adolescent girls in using sanitary napkins during their menstrual period. After the baseline, a three month pilot was implemented in these selected schools. There were two major areas of intervention of the pilot project:
• Management of existing practices and
• Introduction and promotion of an alternative hygienic, user-friendly and affordable sanitary product.

All activities were closely coordinated with the District Health Office, the District Education Office and related line agencies. Owing to the sensitive subject matter, the project worked in close coordination with local community groups, mothers groups and the school management committees.

For reaching the beneficiaries, the project worked in collaboration with a social business venture ‘Beyond Nepal’. This company had already developed a user-friendly and affordable alternative product for MHM – the Sajilo napkin. This is a win-win situation for both the small-scale business as well as for the project since the research and development of Sajilo napkin had already been completed and the company was looking for partners who would be willing to work with them in expanding their market.

i) **Behaviour, practice and awareness rising:** Orientation class was run by using audio-visual methods and discussion with the group. Both male and female students were oriented on adolescence and menstrual hygiene management. Similarly health subject teachers, female community health volunteers and mothers groups were oriented on MHM.

ii) **Skill development:** The project also provided skill development training on the production of affordable, re-useable, environmental friendly, hygienic, sanitary napkins called “Sajilo Napkins”. The training was provided to female students, FCHVs, and mothers groups. All were taught how to make and use the sanitary napkins on their own. The training was conducted for two days (March 10 and March 11, 2015). Each day the training was scheduled in two sessions. Students were provided necessary information on Sajilo napkins, and provided 2 set of napkins in which one was readymade and one with a training set. Students were allowed to take both napkins to their home and encouraged to use them.

After successful implementation of the project for three months, an endline assessment was carried out which facilitated comparison in the knowledge and practice of MHM amongst the targeted group.

**5. Findings**

The findings presented below are based on pre and post assessment of knowledge among adolescent girls and boys from class 7 to 9 students of the three project schools on adolescent age group, physical changes on adolescents issues, and menstruation and its management.
Orientation was given to all the students of class 7 to 9 and comparison on level of knowledge was done through self administered questionnaire.

Pre-test data showed that only 55 percent of students who participated in the orientation programme answered correctly the age group of adolescent i.e. (10-19) years. But after the orientation nearly 97 percent answered correctly about the age group of adolescent. (see Fig. 2).

![Knowledge about age group of adolescent](image)

**Figure 2 Knowledge about age group of adolescent**

From the below figure 13 we can know that only about 31% of them know all the physical changes that happen in male but after orientation we get to know that 98% of them know all the physical changes that happen in male.

![Knowledge about types of physical changes in boys during adolescent stage](image)

**Figure 3 Types of physical changes in males during adolescent stage**
Likewise, a remarkable increment in the knowledge of students about physical changes in adolescent girls was also observed. (see Fig. 4). Almost all students (99.3%) answered correctly about the physical changes in adolescent girls.

![Types of physical changes in girls during adolescent stage](image)

**Figure 4** Types of Physical changes in girls during adolescent stage

After the orientation, more than 98 percent of students said that menstruation occurs in women compared to 87 percent before. (see Table 1)

**Table 1 Occurrence of menstruation**

<table>
<thead>
<tr>
<th>Occurrence of menstruation in</th>
<th>Pre-test</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
</tr>
<tr>
<td>Women</td>
<td>372</td>
<td>87.5</td>
</tr>
<tr>
<td>Men</td>
<td>14</td>
<td>3.3</td>
</tr>
<tr>
<td>Both men and women</td>
<td>33</td>
<td>7.8</td>
</tr>
<tr>
<td>No one</td>
<td>6</td>
<td>1.4</td>
</tr>
<tr>
<td>Total</td>
<td>425</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Similarly, more than 97 percent of students were able to state the correct age of menarche. Before the orientation only 66 percent of the student answered it correctly. (see Table 2).
### Table 2 Knowledge about age of menarche

<table>
<thead>
<tr>
<th>Stated age of menarche</th>
<th>Pre-test</th>
<th></th>
<th>Post-test</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
<td>Percent</td>
</tr>
<tr>
<td>Childhood</td>
<td>50</td>
<td>11.8</td>
<td>11</td>
<td>2.6</td>
</tr>
<tr>
<td>Adolescent</td>
<td>56</td>
<td>13.2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>After giving birth to child</td>
<td>38</td>
<td>8.9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>In between 9-16 yrs</td>
<td>281</td>
<td>66.1</td>
<td>414</td>
<td>97.4</td>
</tr>
<tr>
<td>Total</td>
<td>425</td>
<td>100.0</td>
<td>425</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Regarding the signs of menstruation, more than 95 percent of the students were able to state at least 3 major signs of menstruation (flow of blood from vagina, nausea and feeling of tiredness) after the orientation. Before the orientation, very few students (7.5%) were able to say these three signs. (see Fig 5).

![Knowledge about main signs of menstruation](image)

**Figure 5 Knowledge about main signs of menstruation**

Before the orientation, only 33 percent had got knowledge about menstrual hygiene management. The orientation enhanced knowledge of almost all the students on menstrual hygiene management. (see Fig. 6)
Following changes were noticed in the level of knowledge, attitude and practice related to menstrual hygiene management after the completion of 3 months pilot project. The comparisons were based on the information collected through baseline and endline surveys.

The baseline data showed that nearly half of the girls participated in the interview did not know about menstruation. Nearly, two-fifth (38.8) of them answered menstruation as the process of eliminating impure blood from body. Only 14.5 percent answered correctly what menstruation is about. The level of knowledge changed greatly by the end of project. Nearly 90 percent of girls were able to answer correctly during the endline survey. (see Fig. 7)
Before the MHM project, nearly one-fourth of girls (24%) used to take leave during their monthly period. The figure declined dramatically to 9 percent after the project. The introduction of user and environment friendly *Sajilo* napkin could have played a vital role in this, bringing the girls at school even when they were at their periods. (see Fig. 8)

![Figure 8 Girls' school dropout during menstruation period](image)

The baseline information showed that 77 percent of the girl students had heard about sanitary pads to be used during the menstruation period for hygiene management. But the project informed almost all the girl students about the sanitary pad and its use for MHM. (see Fig. 9)

![Figure 9 Heard about sanitary pad](image)
Similarly, the baseline data showed that 66 percent of girls preferred to use sanitary pad and the rest 34 percent girls’ choice were to use clean cotton cloth to prevent menstrual blood flow. But during the endline survey, their preference for materials to be used during menstruation changed significantly. More than 60 percent said that they would prefer to use sajilo napkin. Only 29 percent girls were stuck on sanitary pad. (see Fig. 10)

![Figure 10 Preference of materials for MHM](image)

After the pilot intervention, dramatic change was observed in the materials used for MHM. One-fourth of the girls started using the Sajilo napkin and use of clean cotton cloth declined by 20 percent. A clear gap was identified in preferences and usage of materials for MHM. (see Fig. 10 and 11). Critical review for the causes of such gaps should be carried out.

![Figure 11 Materials used for MHM](image)
During the surveys, the girls expressed that they had financial problems in buying such protective materials. However, the figure declined by 12 percent in the endline study. (see Fig. 12) This could be due to the training provided to them on making of cost effective Sajilo napkin at their homes.

![Figure 12 Financial problems in buying protective material for MHM](Image)

As the toilets in the schools were not properly managed for use in the periods, more than 50 percent of the girls stayed at home during their monthly periods while 28% used nearby bushes and 13 percent used other’s toilet before the implementation of the project. These figures declined after the project activities. Only 34 percent of girls stayed at home during their periods compared to 53 percent before. (see Fig. 13). This had contributed in increased attendance of girl students.

![Figure 13 Alternatives used for improperly managed toilets](Image)
During the menstrual phase, the traditional socio-cultural values restrict many activities like cooking food for others, touching religious plants, fetching water, etc. The baseline showed more than 80 percent of women faced such restriction. The overall figure in endline showed a decline in such restriction by nearly 8 percent (7.9%). (See Fig. 14).

![Figure 14 Restricted activities during menstruation period](image)

**Figure 14** Restricted activities during menstruation period

Regarding the suggestion for increasing the knowledge on MHM 42 percent of the students suggested organizing awareness raising campaigns, producing low cost napkins, managing toilets in schools and introducing MHM in school curricula. Few of them also suggested only for awareness raising campaigns or toilet management or need for inclusive curricula. But the endline data showed massive increment in suggestions for integrated action. Eighty-three percent of the students suggested that all four components should be addressed for increasing knowledge on MHM. (See Fig. 15).

![Figure 15 Intervention needed to increase knowledge on MHM](image)

**Figure 15** Intervention needed to increase knowledge on MHM
6. Discussion

The base line study conducted by BNMT Nepal in three community schools at Morang districts (Bhaudaha, Majhare, Rajghat VDCs) revealed poor knowledge and practice of menstrual hygiene management amongst adolescent students.

The study showed that 46% of the students didn’t know about their menstruation process and its management. Among them 40% of these students used sanitary pads from the market while 60% used old cloth during their menstrual period. Study findings also revealed that many (40%) had financial problems in purchasing buying the protective material (sanitary napkins). Almost all students confessed that they were restricted in performing activities such as cooking, bringing water and touching plants in their houses or going to temples. The study found that 24% of female students didn’t attend school during menstruation. Lack of appropriate information about their reproductive health and proper menstrual management had direct impact upon their schooling. Among them 53% preferred to stay home just because they lack girls’ friendly toilet in their school. Besides the health problems arising due to poor hygiene during menstruation, the lack of or un-affordability of facilities (cleaning/ changing/ disposing of their napkins) and appropriate sanitary products pushed menstruating girls temporarily or sometimes permanently out of school, which has had a negative impact on their right to education.

During the Post-test, a number of remarkable findings were obtained. During the pre test, only 56% students had knowledge on what it meant to be an adolescent and the physical changes associated with adolescence and only 8% had knowledge on menstruation signs. Another surprising factor was that only 34% students were aware about “what one needed to do in terms of personal hygiene during menstruation”. But after the orientation and training, the post-test revealed that just a few days of training and orientation had increased their knowledge and understanding of menstrual hygiene and practices to 100%. This intervention has revealed that menstrual hygiene management was quite poor amongst a large proportion of the adolescents and that ignorance, false perception; unsafe practices regarding menstruation continue to exist. However even a small intervention like this can go a long way in changing individual mindsets and behaviour.

7. Conclusion

This initiative has definitely helped the students in understanding their physiology and has changed their perceptions on menstruation. During the end line study students were more open and willing to participate in the discussion. Marked changes have been noted in baseline and end line evaluation in the knowledge and awareness related to menstrual hygiene and management.

However, with limited time frame, the change in practices on MHM could not be illustrated but there is a need to further scale up of this intervention (orientation on MHM and sharing
knowledge about appropriate local material that can be used to produce affordable sanitary napkins) to other schools. BNMT will try and replicate this model to other schools of Morang district. One of the most striking issues that came up is the lack of toilet facilities for girls in the school, which is essential for good MHM. This issue will also be addressed in subsequent projects.

Birat Nepal Medical Trust (BNMT Nepal)

April 2015
Annex I Experiences and feedbacks from participants

All the beneficiaries of the orientation on adolescent health and menstrual hygiene management (students, teachers, FCHVs and members of mother groups) showed full appreciation towards the program. They mentioned that such program is an effective way to enhance their knowledge on adolescence and reproductive health issues.

Some students shared with the project team that the content like adolescent health and menstruation are included in their course of study however they knew very less and unclear about it. Their teachers failed to deliver it properly. They also mentioned that the orientation done by BNMT on MHM is very useful as it used audio visual tool to disseminate information. After the orientation they were able to understand about the adolescent health, changes during adolescent and menstruation more clearly.

Teachers attending the program also asked for the teaching materials used by BNMT during the orientation session. They found the teaching materials about adolescent health and menstrual hygiene management very effective to make students understand clearly.

During our observation we found that there was no any proper provision for disposing sanitary pads in schools. Likewise, the school toilet in Vaudhaha VDC was extremely dirty and very poorly managed. The girls usually had to go behind bushes for toilet purposes.

One of the FCHV from Majhare VDC depicted the actual scenario and practice in their community regarding menstrual hygiene management. In the interaction she mentioned that girls and women do not wash their cloth used during the periods properly and also avoid drying it in direct sunlight. This situation has led to various infections and problems in genitalia among girls and women of the VDC due to poor menstrual hygiene maintenance.

On the course of project we had discussion with personnel from District Education Office, Morang regarding menstrual hygiene management in school. After the discussion, DEO Morang has designated one lady teacher as focal person on MHM in each school. She is responsible for counseling the students about changes that takes place during adolescents, adolescent reproductive health and proper management of menstrual hygiene.
**Annex II Glimpse of activities carried out during the program**

<table>
<thead>
<tr>
<th>Orientation using Audio video aids to school girls and boys</th>
<th>Orientation of MHM to schools boys and girls</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Image" /></td>
<td><img src="image2.png" alt="Image" /></td>
</tr>
<tr>
<td>Students attending orientation on Sajilo Napkins</td>
<td>A girl student looking at the booklet of Sajilo napkins</td>
</tr>
<tr>
<td><img src="image3.png" alt="Image" /></td>
<td><img src="image4.png" alt="Image" /></td>
</tr>
<tr>
<td>Student stitching the DIY(do it yourself) set of Sajilo Napkins</td>
<td></td>
</tr>
</tbody>
</table>
Demonstrating the self made Sajilo Napkin by students
<table>
<thead>
<tr>
<th>SN</th>
<th>Major Activities</th>
<th>January</th>
<th>February</th>
<th>March</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Wk 1 Wk 2 Wk 3</td>
<td>Wk 4 Wk 1 Wk 2</td>
<td>Wk 3 Wk 4 Wk 1</td>
</tr>
<tr>
<td>1</td>
<td>Preparation of questionnaire</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Setup workplace at Morang DPHO office</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Meeting with FHD, DPHO, DEO and other GON officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Visit to schools in Morang District</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Survey in Schools (Majhare, Vaudaha, Rajghat)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Data Entry and Analysis</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7</td>
<td>Meeting with School Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Orientation to school Girls (7-10 class)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Introduce how to make Sajilo Napkins &amp; sample distribution (Sanitary Napkins)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Orientation to Teachers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Orientation to boys (7-10 class)</td>
<td></td>
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</tr>
<tr>
<td>12</td>
<td>Orientation to mothers group</td>
<td></td>
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<tr>
<td>13</td>
<td>Supervision &amp; Monitoring</td>
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</tr>
<tr>
<td>14</td>
<td>End line Survey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Report writing</td>
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