



EKIBADHA: Our Periods Matter PILOT STUDY RESULTS REPORT

Swedish Organization for
Global Health

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GLOSSARY

SOGH	Swedish Organization for Global Health
UDHA	Uganda Development & Health Associates
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organisation
MHM	Menstrual Health Management

ACKNOWLEDGEMENTS

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BACKGROUND

Uganda is a landlocked country located in East Africa and encompassing Lake Victoria. Just like many other countries, Uganda's ideas and beliefs around menstruation are stigmatized. As UNFPA Uganda states: "In Uganda, menstruation continues to be shrouded in taboos, myths, and misconceptions, with many girls and women struggling with limited access to hygienic menstrual health products." (1) Also, Elisabeth Guerry accurately described the cultural norms around menstruation in the country, where menses should be kept secret. She exemplified the stigma: "In Western parts of the country cattle owners do not let menstruating women attend to their cows, for fear that the milk may turn bloody" (2). A study by the Netherlands Development Organization (SNV) shows that about 50 percent of girls in Uganda report missing one to three days of primary school per month because of menstruation (3).

In this context, **SOGH** aims to design and implement a sustainable and community-based project to improve menstrual health for all the women and girls. The project is called **Ekibadha: Our Periods Matter**, the name for which is based on the local term for menstruation. The idea of the project came to life after we at SOGH together with UDAH started to analysis what we knew of the challenges women and girls, that we work with, faces when it comes to menstruation and its management. SOGH and UDAH is already conducting a project which focuses on maternal health, so it felt quite natural to head into menstrual health. To understand the context a pilot study was conducted.

The present report presents the results of the pilot study that was conducted during the summer 2019 for the Ekibadha project in **Maina Parish**. This rural area is located in Mpungwe Sub County, **Mayuge District**, in south-east Uganda.



SOGH conducted the pilot study with the idea of involving the women of the above mentioned community from the very beginning, understanding their needs and making them part of the process. The study was designed to understand the menstrual health practices, ideas and the issues that are most prevalent as well as to obtain the communities' insights on what the future project should entail.

We obtained information on five major topics: (i)openness to talk about menstruation, (ii)knowledge sharing about menstruation, (iii)regularity and pain management, (iv)the impact of menstruation on daily life, and (v)menstrual hygiene. The results of the baseline data analysis will expand our understanding of perceptions and experiences surrounding menstruation in Maina Parish communities, and they will help us tailor and adapt the future intervention to the needs and requirements of women living in such communities.



Ugandan Pilot study interns Victoria (left) and Paul with the Open Data Kit

One hundred and twenty women were interviewed in six villages in the area. Two local interns recruited participants from **Mwezi, Kyete, Bolundo, Girigiri, Maina and Kabere**, with the aim to obtain the same number of respondents from each location. Despite these efforts, Kabere had the lowest number of participants, with 13 complete interviews, as compared to the other five villages in which approximately 20 interviews each were conducted.

To know more about how the pilot study was conducted, read the **Pilot Study Report** published at the [SOGH website](#).

Most interviewees belong to younger age groups: **66% of the sample was 19 to 35 years old and only 17.5% (21 women) were older than 36 years of age**. Older women might face different problems and challenges than younger women during menstruation. Due to the small sample size and low representation of women above 36 years of age, these issues may not be brought into light with enough accuracy in this report.



Pilot study Intern Victoria (left) interviewing respondent during Pilot study

N = 120	Frequency	Percent
Village		
Bulondo	23	19.17
Girigiri	21	17.5
Kabere	13	10.83
Keyete	22	18.33
Mania	21	17.5
Mwezi	20	16.67
Age		
14-18	19	15.83
19-25	39	32.5
26-35	41	34.16
36+	21	17.5
Education		
Elementary	49	40.83
Secondary 1	45	37.5
Secondary 2	7	5.83
post	1	0.83
none	18	15
Occupation		
Business	13	10.83
Childcare	9	7.5
Farmer	60	50
Not working	6	5
Student	13	10.83
other	19	15.8
Religion		
Catholic	14	11.66
Muslim	47	39.16
Protestant	39	32.5
Other	20	16.66

Table 1. Socio-demographic representation of the study participants.

As Maina Parish is a rural area, **farming is the main economic activity**. Half of the surveyed women were farmers and smaller percentages owned businesses, such as restaurants or food stalls, or had other occupations (ie. health workers, tailors, and hairdressers). Literacy in this setting is high: most participants had completed at least primary education and the first cycle of secondary education.

Religious beliefs in the community are varied. There is a Muslim majority but there is also presence of other religions such as Protestants and Catholics.

Response to previous interventions

Only 12 of the surveyed women had previously participated in a similar project. According to participant's reports, projects developed in the area focused on three main aspects: (i)provision of menstrual hygiene materials, (ii)menstrual health education and (iii)male involvement. All the women except one had good experiences with these activities. However, projects focused on the provision of menstrual hygiene products and menstrual health education interventions were often criticised because pads were not delivered by the organization, creating false expectations and disappointment among participants. A project about male involvement was reported to:

“not specify the age of males to attend, all men came including young boys and they kept laughing and asking silly questions” (25-year-old, Maina).

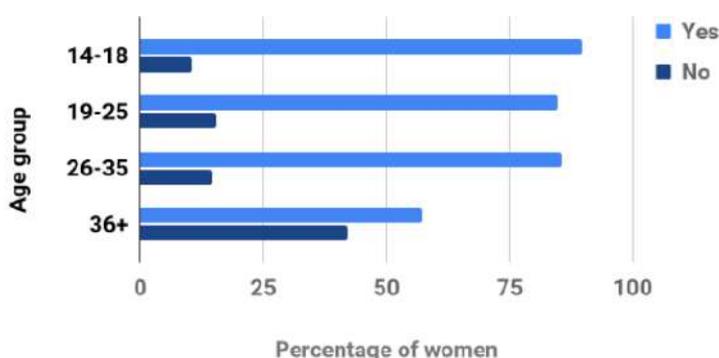
These experiences will be taken into account when building our intervention.



KNOWLEDGE SHARING ABOUT MENSTRUATION

Several studies suggest that knowledge on menstruation is directly associated with menstrual hygiene and health (4,5). Lack of information and misconceptions may lead to a negative self-image among girls who are experiencing menses for the first time, and can result in a lack of self-esteem (6).

Did you know about menstruation before you got your first period ?



In our study, **more than 80% of women declared knowing** about menstruation prior to menarche. This early knowledge was more common among women younger than 36 years of age, suggesting a shift in the acceptability of the discussion about menstruation.

Participants reported different experiences and sources of learning about menstruation for the first time. **Twenty-three women reported not knowing anything about menstruation until they got their first period** and only then they sought information. Usually, mothers are the support figures to whom girls

turn to when they discovered they were menstruating for the first time. However, one girl described her first experience as follows:

“It came that day
and that's when I
asked. I never knew
anything”
(18-year-old, Kyete).

“I didn't know anything, when I saw blood come out of my vagina, I even told my dad in shock” (18-year-old, Kyete).

For those who learnt about the menstruation process before they experienced it, we observed two main sources of information. **First being family members** who are important figures when it comes to talking about the topic. Many women reported learning from older family members, among which **mothers and sisters** are most commonly cited. Aunts, grandmothers and even masculine figures were cited as common source of information.

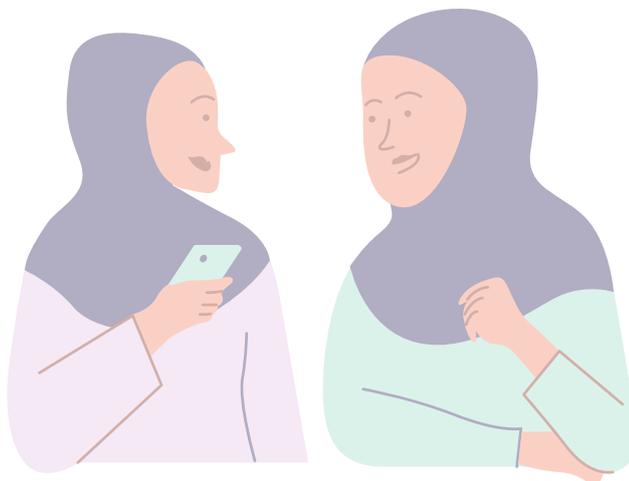
School was found to be the other major source of information. Many women learn about menstruation from their teachers and through school programmes and activities such as sewing pads. School is described as a place for interaction with other girls, fellow students and friends, who are important sources of information in many cases. Many women reported talking about menstruation or hearing about it from their fellows, but also through witnessing experiences others have. For example, one girl described an illustrative situation when she first heard about menstruation:

“My friend stood up from class and had blood on her dress, I asked what it was, and she said it was kiba (short for ekibadha-menstruation in local language)”
(29-year-old, Maina).

There were two different ways of learning about menstruation: an unintentional way, where the topic does not seem to be brought up in the conversation and **learning seems casual and unplanned**; and an active, intentional way, where the topic is brought up in conversations by their families or in the classroom by their teachers, **with the clear objective of transmitting** such information.

- 80% of the participants knew about menstruation before menarche through intentional and unintentional ways
- Close family members were the most common source of knowledge followed by intentional learning through school activities
- There seems to be a shift in acceptability of discussing about periods

OPENNESS TO TALK ABOUT MENSTRUATION



Worldwide, there has been social taboo around openly talking about periods. In recent years however, several campaigns have taken place to combat these taboos. For instance, in 2017 Plan International pushed for the introduction of the period emoji as digital communication is becoming a global language (7). However, we still have a long way to go when it comes to openness to talk about periods.

Frequency of discussions, male involvement in the conversations and views of the community regarding menstruation were used as indicators to evaluate how comfortable and open the people living in these communities are with regards to talking about menstruation.

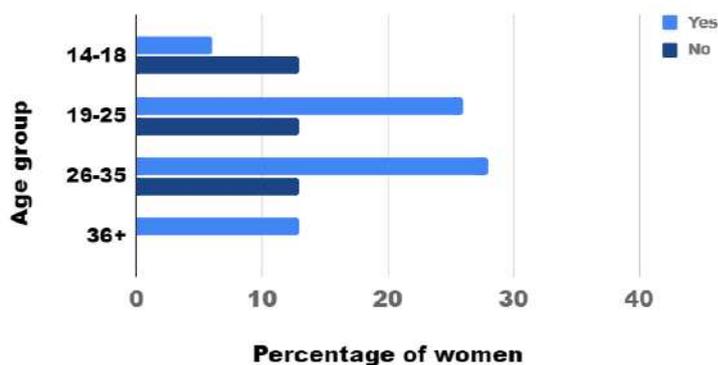
“It is a big embarrassment when people know you are menstruating, so it is a private and secretive period ”
(38-year-old, Mwezi).

Women of all ages, religions and occupation groups in these communities rarely talk about menstruation. However, those with higher education tend to discuss their periods more often than ones with only primary education. Interestingly, results showed that women with no education also talked more often about menstruation than other groups. Most women in this group were above 25-yrs of age (more than 71%) and many of them were married and/or have a daughter, which may influence their disposition to talking about the topic.

Among those women who talk about menstruation, **34% of them do it with a female friend, 25% with their sister, 16% with their mother and 24% with other people, among which their husband is the most commonly reported figure.**

More than 60% of the interviewed women reported talking to a man or a boy about menstruation in the past 6 months. However, there is a **general agreement on not telling men about menstruation**, especially when women are not married. Women older than 18 tend to involve men in the conversation to a higher extent than adolescents.

Have you spoken about menstruation with a man/boy in past 6 months ?



Talking about menstruation with boys and men is regarded as **shameful, embarrassing for both men and women, and unnecessary**. The reasons given for the same were that men do not understand, they think it's dirty, they laugh at women and embarrass them, or simply because it's "lady's business".

“Its not good to share with men because it is believed that it can cause you to bleed endlessly if they know. So you bleed all your life.”
(40 year-old, Kyete)

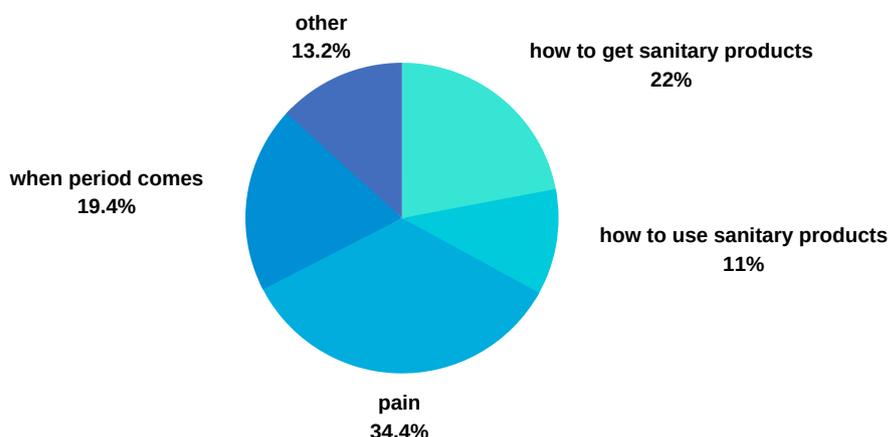
Once women are married, **talking about menstruation with their husbands becomes common** for different reasons, although still generally regarded as unnecessary or “not good”. The main reasons given by women are to **avoid having sex and to get some financial support** to buy sanitary products such as pads or treatment for menstrual pain.

Women also reported that the conversations or the lack of them with their husbands can have an effect on their relationship.

“It is good for them to know because if he finds out you're in your period without you telling him, he will begin to think other things that may be another man gave you money to buy pads, your cheating on him and so on.” (23-year-old, Kyete)

“It is good for men to know especially your husband because he feels happy your giving him responsibility over you” (38 year-old, Mwezi)

What do you discuss when you talk about menstruation with someone else ?



Women discuss the most about pain in the conversations around menstruation. They also discuss about how to get and use sanitary products and when their period is arriving; the regularity and timing.

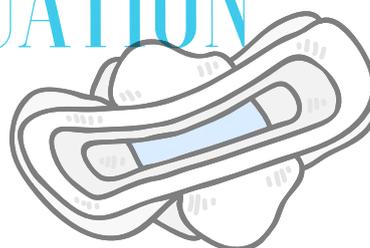
The other topics of discussion include **bleeding, family planning, hygiene** during the menstrual period and mentioning menstruation **to avoid sexual intercourse**. There are many myths surrounding menstruation are also topic of discussion and get passed on in the community, like one respondent said,

"If you bleed too much, you are not fertile while if you bleed less and a few days, you are very fertile" "(21-year old, Maina)

Results show that worries about the regularity of menstruation and related concerns, and how to get sanitary products increase with age. The difference between the youngest and the oldest age groups is considerable. 47 % of women older than 36 years worries about regularity of menstruation compared with 21 % of girls aged 14-18. For the worries about how to get sanitary products the figures are 47 % and 31 % respectively for the same age groups. However, **pain and how to use sanitary products seem to be a consistent topic** of discussion among all age groups.

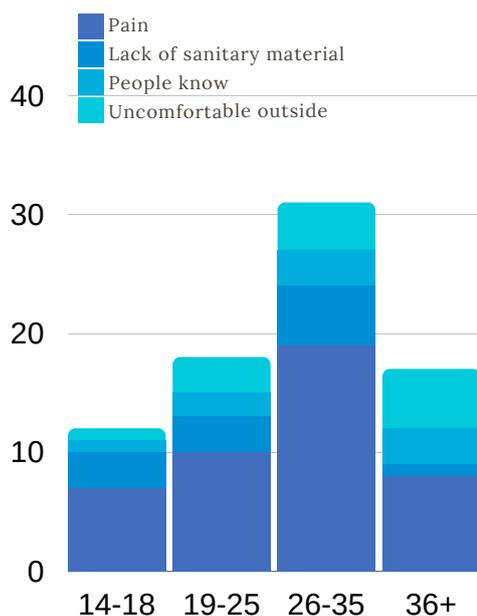
- Women of all age groups rarely talk about menstruation
- Pain is the most common topic of discussion on the rare occasions that the women talk about menstruation.
- There is a general agreement on not telling men about menstruation. However, married women tend to talk about it with their husbands.

IMPACT OF MENSTRUATION ON DAILY LIFE



The day to day activities of women are affected by menstruation due to several factors like pain, psychological changes or general discomfort. A large US survey conducted on 42000 women showed that 1 in 3 women quit daily activities owing to menstrual symptoms and only half of the women who experienced difficulty in daily activities told family members it was due to their menstrual issues(8).

What were the reasons to miss school/work ?



40% of women in these settings missed some hours of school or work during their last period

In the setting, **pain** is the main reason why women and girls miss school or work during their periods. Data also show that **lack of sanitary products** is the second most important issue that hinders women and girls up to 35 years from performing their daily activities. For women older than 36, feelings of discomfort when going outside emerge as the second cause, after pain, for missing work while menstruating.

Girls drop out of school has been potentially linked to the beginning of the menstruation cycle and its associated challenges.

"When I told my mother that had began my period, she said now am ready for marriage and that is how I dropped out of primary school." (survey respondent, Maina)

Community views around menstruation were described as normal; it is seen as a natural process in a woman's life. There were few instances where menstruation was related to positive ideas such as health and femininity. **However,** many women shared that menstruation is seen as something private in their communities, where **periods should be hidden and not discussed or mentioned in public.**

“Some look at menstruation as normal, while others take it seriously because when a girl becomes careless and her dress is stained, they don't take her serious because it's sacred to be in your menstruation period and people should not see your blood” (40-year-old, Kyete)

“The community acknowledges menstruation as normal but it's not something to talk about”; “It is so sensitive and it is a shame talking about it”. (20-year-old, Bulondo)

“It worries many girls especially those that feel a lot of pain, and those that do not have pads. However its supposed to be a girls secret” (27-year-old, Mwezi).

There were also discussions about the **economic, psychological and social** burden menstruation causes to some girls. The economic burden is reported when **girls/women cannot afford sanitary products,** mainly pads, or cleaning products such as soap.

“It is a big burden especially to girls who do not have pads, those that do not have soap to wash clothes for padding themselves” (22-year-old Bulondo)

In psychological terms, menstruation is described as **a process that affects girls' performance and comfort with their bodies.** Negative feelings towards menstruation have been reported often, that included worry, disturbance (especially at school), annoyance and lack of confidence.

Socially, menstruation can adversely affect women, since it is seen as something dirty and shameful and it is a **stigmatized body process**.

“Us women God made us like that, and people stigmatise us for that” (32-year-old, Bulondo)

Menstruation is **supposed to be hidden from other people** and women are often **judged if they do not manage their menstrual hygiene adequately**. Feelings of embarrassment are commonly reported, particularly when other people notice a woman is menstruating.

- 4 out of 10 women missed some hours of work or schools during their last period
- Pain is the most common cause of impact on daily life in all age groups followed by lack of sanitary products for younger girls and general feeling of discomfort for those above the age of 36.

REGULARITY AND PAIN MANAGEMENT



Period pain affects
76% of the women in
these communities

Among the general population menstrual symptoms such as pain, irregular periods, mood disorders and heavy bleeding is known to be quite common. In a large study from the United States 85 % of women had dysmenorrhea during their period, 77 % had psychological complaints, and 71 % felt tired (8). Many women have the need to manage their menstruation pain with medication. In the US study 40 % of all women used painkillers and in a study from Spain 65,6 % used medication to manage their periods (9).

In this setting, irregular periods and menstrual pain are common issues. Period pain affects 76% of the women in these communities. Most women suffer from abdominal pain and/or back pain during their periods.

When it comes to pain management, older women tend to use medications more when compared to younger women. The most used type of medication is **painkillers**, including **paracetamol** and non-steroid anti-inflammatory drugs such as **ibuprofen, indomethacin and diclofenac**. Other drugs and natural remedies are also reported. However, **an alarming number of women report taking different kinds of antibiotics** with or without painkillers. We do not know if they have been given antibiotics by health worker due to an infection but the women associate it with normal menstruation pain. Or if they buy antibiotics themselves from a pharmacy.

Also some girls and women use local herbs to reduce menstrual pain, some women believe aloe vera is a good remedy for pain.

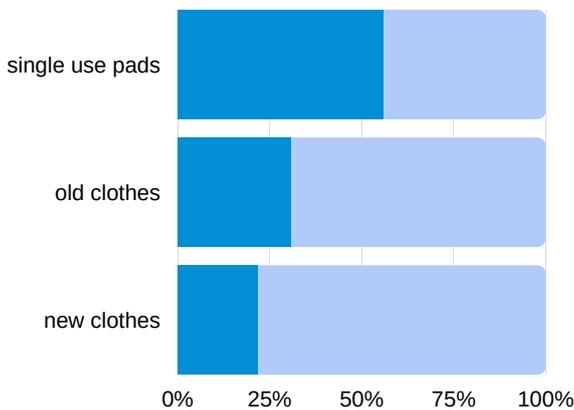
Furthermore, out of the 17 women who reported not knowing the type of medication they were taking for menstrual pain, 12 sought help at a health facility and received such medication from a healthcare professional, mainly a nurse.



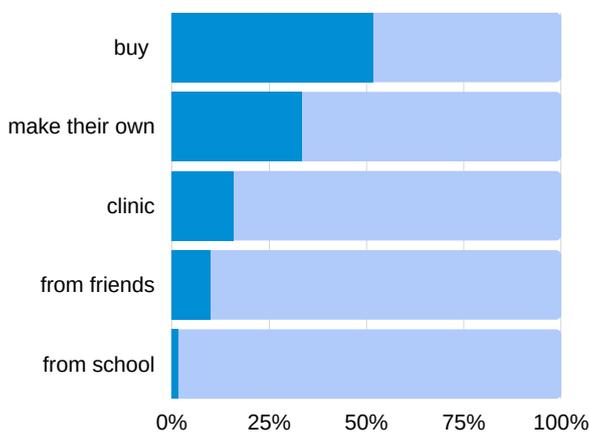
MENSTRUAL HYGIENE

Menstrual Hygiene is vital to the empowerment and well-being of women and girls worldwide. As defined by the WHO/UNICEF Joint Monitoring Programme, what is meant for women to be able to manage menstruation hygienically is that women and adolescent girls are using clean menstrual management materials to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials (10).

Which sanitary product do you use ?



Where do you get your sanitary products from ?



In the pilot study we tried to find out about the status of the community with respect to various factors that contribute to achieving menstrual hygiene. Women in the selected villages of Mayuge district described different ways of obtaining sanitary products. These ranged from buying single-use menstrual hygiene materials to making their own, or receiving them from other people at school or healthcare centres, among others. Of the 60 women who bought products, 45 were buying single use pads.

Some interviewees reported multiple ways obtaining these products, they draw on more than one place or method. In fact, approximately **one third of women in these communities fabricate their own menstrual hygiene products**. Of those, around 68% were older than 25 years of age.

On the other hand, **24.2% of women reuse their menstrual hygiene products.** For those who dispose their used sanitary materials, mainly single used-pads, latrine is the most common way.

Reusing Menstrual Products

We obtained qualitative data from 43 women who reuse their sanitary products, which include reusable pads, old and new clothes, face towels and small towels, underwear and even pieces of a sheet. All of them reported washing their padding products after each use and two of them reported throwing them away sometimes. **Only 15 women mentioned using soap when washing their menstrual hygiene products**, one of them also reported using tap water. Most of the women who specified the type of water they use for washing reported using borehole water and only one of them reported using tap water and one using hot water.

For those who detailed the drying procedure, half of them reported hanging their clothes and reusable pads inside their houses; and the other half outside “under the sun” or “on the bathroom wall”. As one participant reported,

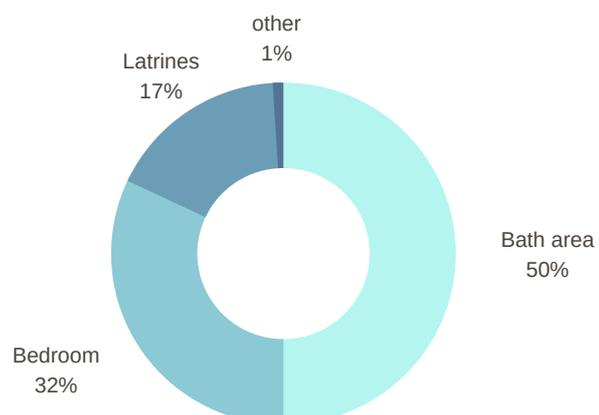
“hang it outside because if I hang inside, they told us it causes candida if you put inside the house” (40 year-old, Kyete).

Also, in addition to drying five women reported ironing the sanitary product before use. **The whole process of cleaning is scarcely reported**, with incomplete details about the type of water and drying. Note that the fact that not reporting using soap for washing does not necessarily mean it is not used. Additional information is required to understand the situation better and make detailed conclusions.

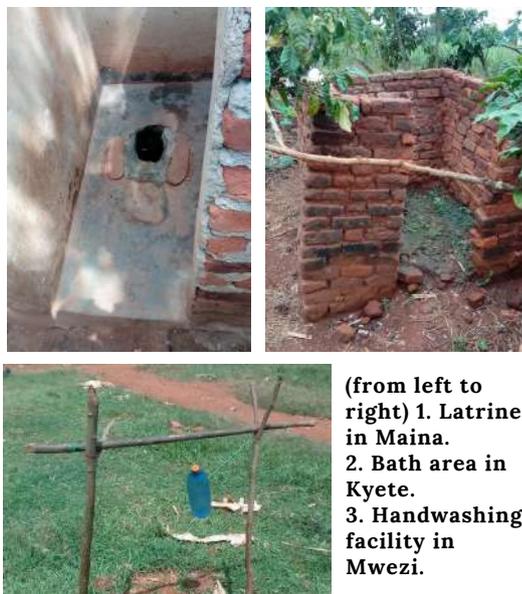
Changing Menstrual Products

Women usually change their in bath areas and bedrooms. **97% women had privacy** at the place where they change their sanitary product(s). Around **half of the women felt safe while changing** sanitary materials as most of these places had soap and water. Only 5 respondents in all reported that the place was clean.

Where do you change your sanitary products ?



The characteristics of places where women change their menstrual products differ between villages. In Girigiri only 1 woman felt safe while changing sanitary products as compared to the rest of the villages, in which at least half of the women felt safe. In Mwezi, Girigiri, Bulondo and Kabere most changing facilities do not have a lock on the door. Overall **39% reported having a lock on the door.** Mwezi and Bulondo are the villages where most women reported lacking soap.



- Around half of the respondents used single use pads and most women reported buying or making their own sanitary products.
- A lot of women reuse their sanitary products, these include pads, clothes, towels and piece of sheets
- There are concerns regarding safety, hygiene and sanitation facilities at the areas where women change their menstrual products and they vary in different villages

LIMITATIONS

Our pilot study had some limitations. First, **our sample size was limited** due to financial constraints. We would have preferred a larger sample size with better sampling strategies to accurately represent the villages in the district.

Second, our study only included women. To understand the social and cultural concepts of menstrual health in these communities, we wanted to include men in the study but couldn't due to lack of resources.

Furthermore, the **interviews were not recorded**. We only had access to the data as text and hence it was challenging to fully evaluate the experiences of the women and draw recurring themes and concepts. The interviews were conducted in local language and then translated, and some information may have been lost in the process. There were also some technical issues with the tablets that was used to enter data.

Some responses in the qualitative interview required follow up questions, the lack of which has hindered us from understanding some of the meanings behind the lived experiences of the women. Lastly, the marital status of the women was not included in the data. We have found that marital status might have an influence on whether the women spoke to men about menstruation or not and on how they obtained sanitary products. There can be other differences too due to involvement and influence of the husband, which seems to be significant in the community.

PROJECT IN PIPELINE: WOMEN'S INPUTS

Lack of pads seem to be a recurrent issue among women in these communities and they tend to center the discussion on the lack of access to them, mainly due to financial burden. A big majority of women (103/120) want the project to provide them with pads.

There were **suggestions to focus on financial support in a sustainable way** in order for them to buy such products themselves. Advocacy activities to increase pad affordability and improve their design was also suggested.

On the other hand, some women state the **need for education on menstruation and menstrual hygiene management (MHM)**, including health and family planning education. Many women suggest **community-based education** although female-only education and school-based education have also been mentioned in some cases.

Many of the questions the women posed at the end of the interviews might be attributed to a lack of knowledge related to sexual health (family planning, mainly) and MHM, especially pain management. Many women expressed **concerns about their menstrual health, especially regarding pain and its management and issues regarding their bleeding patterns, both in terms of quantity and duration, and contraception**. A considerable number of women would like the project to provide them with medicines for dealing with menstrual-related pain.

“Give us some pads,
give us some capital
so that we can sustain
ourselves and get
some pads so that we
don't always tell our
husbands and depend
on them for that”
(23 year-old, Kyete)

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