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humanity



Research on responding to menstrual hygiene needs of women and girls in disaster settings, in Vanuatu

"Just during recent Cyclone Pam we move to the classrooms, unfortunately there is not enough toilet to accommodate everyone ... it's been a challenge for women. There is not enough water for us to shower and clean ourselves and our clothes soiled in blood, there's no private spaceno place to change. It is truly difficult for women who menstruate during disasters."

(Efate rural, older married)

Final Report

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Glossary of abbreviations and terms

Abbreviation	Term
DFAT	Department of Foreign Affairs and Trade
FGD	Focus group discussion
IFRC	International Federation of Red Cross and Red Crescent Societies
JCU	James Cook University
MHM	Menstrual hygiene management
VRCS	Vanuatu Red Cross Society
WASH	Water Sanitation and Hygiene

1 Executive Summary

Managing their own menstruation in a safe and dignified manner can be especially challenging for girls and women in low and middle-income countries. Disaster and displacement contexts exacerbate these challenges, which are compounded by discriminatory gender norms, societal taboos, secrecy and embarrassment around menstruation. There is increasing global recognition of the importance of addressing women's menstrual hygiene needs in these contexts.

Menstrual hygiene management (MHM) refers to a range of actions and interventions that ensure women and girls can privately, safely and hygienically manage their menstruation with confidence and dignity. The International Federation of Red Cross and Red Crescent Societies (IFRC) has responded to the need for improved MHM programming in emergencies with the development of a MHM toolkit for Red Cross and Red Crescent Societies. The toolkit advocates for the pre-positioning of MHM kits for distribution to individual women and girls in the initial acute emergency response phase. Ideally, women and girls' MHM preferences and practices at country level should be assessed as part of preparedness, and a country-specific MHM kit developed and pre-positioned. Additionally, the IFRC Minimum Standards for Protection, Gender and Inclusion in Emergencies makes a number of references to MHM and the importance of MHM needs to be considered and addressed in emergency settings.

Vanuatu continues to rate as the country with the world's highest disaster risks. Vanuatu Red Cross Society (VRCS) is highly experienced in responding to disasters and has been working to integrate MHM considerations into its disaster preparedness and response programming. The purpose of this study was to identify opportunities for VRCS to strengthen programming and interventions to support women and girls with MHM in a disaster context. It aimed to identify the preferred items for inclusion into an MHM kit and to explore the socio-cultural aspects of menstruation likely to impact MHM in disaster settings in Vanuatu.

The study involved girls and women trialing one of four randomly allocated sanitary products followed by quantitative data collection on product acceptability through a short paper based survey and qualitative data collection through focus group discussions and interviews. The study took place at four sites, one urban and one rural on each of the islands of Efate and Espiritu Santo.

2 Key Findings

Socio-cultural context

- Gender norms have traditionally limited women's ability to be heard during disaster planning and response.
- While girls these days are better informed and prepared for menarche¹, it remains likely that many women/girls have limited knowledge on menstruation.
- Attitudes of men and boys influence the feelings of shame and embarrassment experienced by women and girls during menstruation.
- Younger girls may not always receive information through general community communication channels.
- Restrictive practices during menstruation may impact on a woman's ability to engage in response and recovery activities such as attending distributions, communal cooking of meals in evacuation centres and replanting gardens.
- Restrictive practices can result in husbands and other family members taking on additional duties while women and girls are menstruating. This may reduce their capacity to engage in response and recovery activities.

MHM kit distribution

- In past disasters, MHM materials have sometimes been distributed without information on how to use and care for the products (if re-usable). This resulted in some women not using the supplied product.
- Distributions are often done by men and at the same time as other non-food item distributions. Women find this embarrassing and if they have questions, they are unlikely to ask them.
- Women and girls living with disability have individual and specific MHM needs and preferences.

Sanitary materials

- Women and girls are familiar with using disposal sanitary products and homemade re-usable options. Cost and availability influence usage.
- Lack of access to sanitary materials in a disaster context is a major concern for women and girls.
- To avoid smell which would attract flies and dogs, disposable pads are often washed out then discretely dried and hidden, before disposal at the end of each menstrual cycle.

¹ 'Menarche' is defined as the first occurrence of menstruation.

- Washing and drying of sanitary pads is seen as a private matter and needs to be conducted out of sight of others, particularly men.

Water Sanitation and Hygiene (WASH) facilities

- Women have increased water and soap requirements during menstruation for personal hygiene, washing out of pads, cleaning of shared facilities and separate washing of clothes.
- Women and girls are concerned about having access to sufficient water in evacuation centres and men's attitudes to their increased requirements during menstruation.
- Sharing of WASH facilities poses many additional challenges for women and girls during menstruation.
- Lack of privacy and space for changing, washing and drying and/or disposal of pads threatens women and girls' ability to manage menstruation hygienically and with dignity.

3 Recommendations

Community engagement, protection, gender and inclusion considerations

- Women and girls should be actively involved in disaster preparedness planning and response (for example through participation in disaster planning committees and emergency assessment teams) so that their needs and concerns are taken into account.
- MHM awareness should include boys and men so that they gain a greater understanding of women and girls' needs, including specific WASH facility requirements, additional water needs and separate MHM kit distribution.
- VRCS should work with the Inter-cluster coordination group, the Vanuatu Humanitarian team and the Gender and Protection Cluster to advocate and raise awareness of restrictive practices (especially those that effect mobility and community participation) that may impact on women's and men's ability to engage in recovery activities.
- VRCS should work with community leadership structures and community groups to determine locally appropriate awareness raising and distribution approaches ensuring that all age groups of menstruating women and girls are reached.
- VRCS should work with community leadership structures and community groups to identify women and girls living with disabilities who may require outreach distribution of MHM kits.

Sanitary materials/MHM kits

- As water availability influences preference for disposable or reusable sanitary materials, VRCS should consider prepositioning MHM kits that include both disposable and reusable sanitary products.

- VRCS will need to navigate existing procurement processes to facilitate import of the preferred re-usable option. The ongoing development and cost of locally made re-usable options should be monitored.
- VRCS should aim to procure darker coloured underpants for inclusion in MHM kits and review distribution processes so that women and girls have access to appropriate sizes.
- VRCS should review the additional items suggested for inclusion into MHM kits, and prioritise those that should be included in pre-positioned kits.
- Information sheets on menstruation, tracking days, personal hygiene and care/disposal of sanitary pads should be included in MHM kits.

MHM kit distribution processes

- VRCS should review their approach/standard operating procedures for distribution of non-food items to ensure inclusive, female friendly distribution of MHM kits and regular re-supply of consumables.
- Promotion of MHM kit distribution needs to specifically target younger girls (who are potentially more shy about menstruation) in addition to older girls and women.
- Education and demonstration on how to use MHM kit contents must be provided at the time of distribution.
- The specific MHM needs and preferences of women and girls living with disability need to be taken into account during kit distribution.

Emergency WASH facilities

VRCS should work with the WASH cluster to share and integrate study findings and IFRC Minimum Standards for Protection, Gender and Inclusion in Emergencies in future response activities. Specific recommendations from the study findings include:

- Emergency WASH facilities need to be gender separate and designed to ensure women and girls' privacy and security.
- Design of emergency WASH facilities should take into account a range of mobility needs.
- A private/discrete option for safe disposal of used sanitary pads inside the bathroom/toilet is required.
- Women and girls need to have a private place to wash and dry re-usable pads and underclothes where they feel confident others, particularly men/boys, will not see them.
- Emergency WASH facilities should provide an adequate water supply, taking into account the additional needs of menstruating women.

4 Introduction

Managing menstruation in a safe and dignified manner can be especially challenging for girls and women in low and middle-income countries. Challenges may include: lack of knowledge about menstruation and how to manage it; inadequate sanitation, soap, water and bathing facilities; lack of available and affordable sanitary materials and safe disposal options; and, challenges washing and drying reusable materials if disposable products are unaffordable. These challenges can be compounded by societal taboos, secrecy and embarrassment around menstruation.

Displacement and living in emergency contexts can increase the challenges experienced by girls and women in managing menstruation including:

- Lack of access to sanitary materials, including underwear
 - Lack of access to private/safe female friendly toilets and disposal options for used sanitary materials
 - Lack of soap, water, private bathing facilities and places to dry reusable sanitary materials
 - Reduced privacy and dignity, especially in overcrowded, temporary and transit settings.
- (1)

A holistic Menstrual Hygiene Management (MHM) response in emergency contexts (see Figure 1) has been described as *“...including the provision of safe, private and hygienic water and sanitation facilities of changing menstrual materials and bathing, easy access to water inside or near toilets, supplies (e.g. laundry soap, separate basin) for washing and drying menstrual materials discreetly, disposal systems through water management, and access to practical information on MHM, for adolescent girls in particular.”*(2)

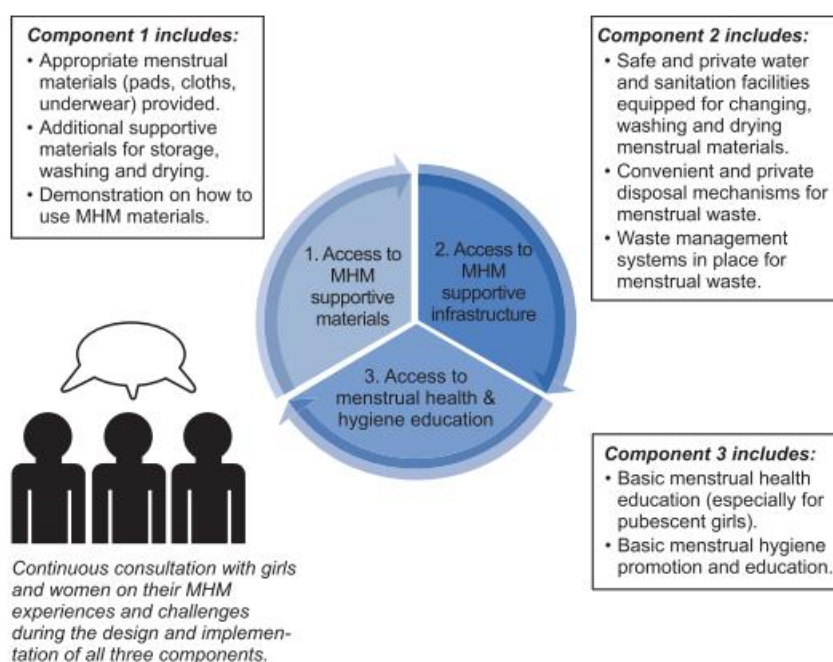


Figure 1 Three essential components of a holistic MHM humanitarian response (2)

The increasing global focus on improving MHM interventions in emergency contexts is recognized in the recent revision of the Sphere Guidelines. The Sphere Handbook 2018 includes a new standard on MHM with the recommended key actions of: understanding practices, social norms and myths concerning MHM and using this information to adapt hygiene supplies and facilities; providing access to appropriate MHM materials, soap and other hygiene items; and, conducting distribution of supplies in discrete locations to ensure dignity and reduce stigma and demonstrate proper use for any unfamiliar items. (3)

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest humanitarian organization, providing assistance without discrimination as to nationality, race, religious beliefs, class or political opinions. With national societies in 192 countries and more than 17 million volunteers worldwide, Red Cross and Red Crescent workers are often the first to respond to any disaster. One of the primary roles of any National Society, as auxiliary to the public authorities, is to provide front-line disaster response services. The IFRC has also responded to the need for improved MHM programming with the development of a MHM toolkit for Red Cross and Red Crescent Societies.(4) The toolkit advises that MHM preferences and practices at country level should be assessed as part of preparedness and a country-specific MHM kit developed and pre-positioned. Hygiene and Dignity Kits are often distributed as a relief item in humanitarian settings. However, these kits are bulk procured (outside the disaster-affected country) and while they generally include some sanitary items, they are designed for a family (regardless of the number of menstruating girls/women), do not account for local preferences, and are not broad enough in scope to comprehensively meet MHM needs.

Vanuatu, located on the earthquake prone 'ring of fire' and situated at the centre of the Pacific cyclone belt experiences a high frequency of volcanic eruptions, cyclones, earthquakes, tsunamis, storm surges, coastal flooding, and landslides.(5) In the 2018 World Risk Report, Vanuatu continued to rate as the country with the world's highest disaster risk. (6) Vanuatu Red Cross Society (VRCS), as auxiliary to the Vanuatu Government is highly experienced in responding to the needs of the most vulnerable in times of disasters and crises. VRCS has broad community reach, with branches in five of the six provinces of Vanuatu. In the last year alone, VRCS has been engaged in two response efforts, supporting communities displaced or impacted by cyclones, floods and volcanic eruptions.

Increasingly, the VRCS team have been working to integrate MHM considerations in disaster preparedness and response programming. This study responds to their identified need to better contextualise the MHM response in disaster settings.

4.1 Aims

The purpose of this study was to generate knowledge to inform/support VRCS in decision-making and programming around menstrual hygiene management in disaster preparedness and response.

Specifically, the aims of the study were to:

- Determine the sanitary protection needs and preferences of girls/women in Vanuatu.
- Explore the socio-cultural aspects of menstruation likely to impact menstrual hygiene management in disaster settings.

4.2 Objectives

The objectives of the research were to:

- Identify the preferred sanitary hygiene products and associated other menstrual hygiene management items for inclusion into menstrual hygiene management kits for pre-positioning and distribution in the initial acute disaster response
- Identify opportunities to strengthen VRCS programming and interventions to support girls and women in the safe and dignified management of menstruation in the context of a disaster

5 Study Design

5.1 Ethical considerations

This study was reviewed and approved by the James Cook University Human Research Ethics Committee (approval reference: H7759) and the ethics committee at the Vanuatu Ministry of Health (approval reference: DPH 02/2-LT/vs).

5.2 Methods

This was a **concurrent mixed methods** research study.

The **qualitative component** of the study was conducted via focus group discussions (FGDs) and in-depth semi-structured interviews with girls and women living in both urban and rural settings in Vanuatu.

As a supplement to the qualitative component of the study, **quantitative data** was collected via a simple paper-based survey. This survey focused on sanitary product acceptability and was administered at the time of the FGD and interviews to those who participated in the sanitary product trial.

5.3 Study setting & population

The study took place at four sites, one urban and one rural on each of the islands of Efate and Espiritu Santo. Efate was chosen as it is home to the capital city of Port Vila where there is good capacity and interest within the Red Cross branch. Espiritu Santo was chosen as the second island location to gain an understanding from a more traditional/conservative lifestyle.

Eligible study participants were girls and women aged 15 – 45 years, who resided in the study sites, were willing to participate and able to provide voluntary, informed consent. The need to gain consent from family, parents or husband was guided by local leadership/governance structures and culturally accepted concepts of adulthood.

Purposive sampling was used to facilitate recruitment of pre-specified participant groups. Participants were grouped into three categories based on marital status and age (single, younger married, older married) in line with cultural norms. The aim of this grouping was to facilitate open discussion amongst peers during the FGDs and to ensure a broad range of girls and women were included in the study. Women and girls with a disability that could affect MHM were actively sought to participate.

Table 1 Participant groupings and study sites

	Efate		Espiritu Santo		Total
Participant groups	Epao Village	Ohlen Freswind	Tangoa Island	Mango Station 1&2	
Young single	16	16	16	16	64
Younger married	16	16	16	16	64
Older married	16	16	16	16	64
Total	48	48	48	48	192

5.4 MHM Kits

Following recruitment participants were randomly allocated, within their marital status grouping and location, to receive an MHM kit including one of the four sanitary products to trial over the timeframe of one to three menstrual cycles. Education on the use, care and disposal of the allocated product was provided to each participant.

Each MHM kit contained the following locally procured items:

- Plastic bucket with lid
- Two sets of underwear
- Laundry soap
- Personal soap
- Menstrual hygiene information sheet

PLUS

- one of the four sanitary products to be trialed (Table 2)

Table 2 Sanitary products trialed

Type	Brand name	Description	Procurement	Cost (Vatu)	Cost (Aust \$)
Disposable	Maxfree	Pack of 8 pads with wings x2	local	80	1.00
Disposable	Modess/Softex	Pack of 8 pads with wings x2	local	100	1.25
Re-usable	Mama Laef	Pack of 8 inserts with 2 holders	local	1500	18.50
Re-usable	Afripad	Pack of 3 maxi & 1 super maxi pad with storage pouch	imported	660	8.00*

* includes shipment cost (117VT / A\$1.50)

The disposable products were chosen based on local availability and were considered most commonly used, acceptable and affordable by the VRCS project staff. There was only one locally made re-usable product available in Vanuatu so a globally available, affordable re-usable product with established acceptability and efficacy was also selected for trial.

6 Data collection and management

6.1 Training and Preparation

A planning and training workshop was held with the local research team prior to commencement of data collection. The content of the focus group discussion (FGD) and interview guides were discussed and translated into Bislama. Participatory tools to support the FGD were agreed upon and adapted to the Vanuatu context.

6.2 Data collection and analysis

6.2.1 Qualitative data

Focus group discussions and individual interviews of women with a disability were conducted in Bislama by members of the local research team and digitally recorded with permission from participants. Groupings for the FGDs were based on the participant groupings as detailed in Table 1.

A member of the local research team translated discussions as they occurred for the JCU researcher, enabling note taking in English. Another member of the local research team took notes in Bislama. At the end of FGD the research team compared notes and impressions from the discussion. This facilitated identification of emerging themes and interim analysis of data to allow questions to be refined and new avenues of inquiry to develop.

Recordings of FGDs and interviews were transcribed verbatim into Bislama then translated into English. Qualitative data was thematically analysed and coding independently verified on a sample of transcripts by two of the researchers.



Figure 2 Texting participants to remind them of the FGD. Port Vila

6.2.2 Quantitative data

At the time of the FGDs and/or interview, participants were invited to complete an anonymous, short paper-based survey with questions specifically regarding the trialled sanitary product. The local research team assisted participants with survey completion where necessary (for example, if literacy skills are weak). Due to a lower participation rate at the Efate urban FGDs, survey forms were distributed to those unable to attend the FGD and collected at a later date. Data from the completed survey forms was entered into an Excel spreadsheet and analysed using descriptive statistics (proportion and frequency counts).



Figure 3 Completing questionnaires, Tangoa Island, Espiritu Santo

7 Study Limitations

Sample size and breadth: The nature of this study with the trialling of sanitary products required that a sample size be determined a priori rather than sampling to a point of ‘saturation’. The chosen sample size, in terms of both number of sites and individual participants, reflects a pragmatic balance between the need for strong research and the financial realities and timeframe available for conducting field work of this nature.

Study sites were selected across two islands and in both urban and rural settings to garner a diverse range of participants; however the findings should be considered in context and not interpreted as being representative of the population as a whole.

Sampling bias: A degree of sampling bias can be expected when purposive recruitment is conducted by local staff using their organisational and personal relationships to reach community members. However, a strong randomisation process for allocation of sanitary products for trial was utilised.

Sanitary product trial: The supply of disposable sanitary pads was only adequate for one menstrual cycle due to budget constraints and therefore this limited participants' experiences of using them. The length of time between recruitment and data collection at each site and the variation in menstrual cycle length resulted in some participants not menstruating during the trial period. In addition, three women were found to be pregnant after recruitment.

Focus group discussions: While it was planned for each focus group to only include women/girls from within their participant group (young single, young married, older married) there were some instances where focus groups contained a range of participants. This may have influenced the participants' desire to openly respond to questions, particularly for the younger girls. The facilitators were aware of this and made efforts to put all participants at ease.

Transcription and translation: Focus group and interview recordings were transcribed into Bislama then translated into English by VRCS staff and volunteers rather than professional transcribers and translators. The varying degree of experience with transcription and translation of the staff and volunteers may have resulted in loss of nuance in some instances. The research team discussions and note taking by the JCU researcher at the time of the fieldwork have assisted to counteract any loss of meaning in the translations.

8 Findings

8.1 Quantitative - Survey results

Survey response rates by location varied from 65-79% with an overall response rate of 71%.

Table 3 Survey responses by location and participant group

	Older married	Younger married	Young single	TOTAL	Response rate (%)
Efate urban	14	9	15	38	79
Efate rural	13	13	5	31	65
Santo urban	14	9	9	32	67
Santo rural	7	16	10	33	69
Not stated	0	2	0	2	
TOTAL	48	49	39	136	71

8.1.1 Usual method of managing menstruation

Participants were asked to indicate their usual method/s of managing menstruation. More than one method could be selected.

Re-usable options of cloth, diapers, napkins and re-usable pads were grouped together for comparison to the disposable options of disposable pads, toilet/other paper and tampons. Use of toilet/other paper and tampons as the usual method of managing menstruation were only indicated by one woman each.

Women residing in Efate indicated a greater use of disposable options compared to re-usable options while women residing in Santo urban indicated similar usage of both disposable and re-usable options. In contrast, women residing in Santo rural indicated a higher usage of re-usable pad options. (Table 4)

Table 4 Usual sanitary product type/s, by location

	Efate		Santo		Not stated	TOTAL
	Rural	Urban	Rural	Urban		
Disposable	30	35	27	33	2	127
Re-usable	16	16	35	33	0	100

Single and young married women indicated greater usage of disposable pads whereas older married women indicated greater usage of re-usable options. (Table 5)

Table 5 Usual sanitary product type/s, by participant group

	Older married	Younger married	Young single	TOTAL
Disposable	42	48	37	127
Re-usable	51	32	17	100

8.1.2 Trial product rating

Of the 136 survey responses, 115 had a completed product rating section. 18 participants **did not** have a menstrual cycle where they used the trial product and a further 3 participants did not complete the product rating section of the survey.

Table 6 Survey responses by participant group and trialled sanitary product

	Older married	Younger married	Young single	TOTAL
Afripad	15	10	8	33
Mama Laef	9	7	13	29
Modess/Softex	9	6	9	24
Maxifree	7	15	7	29
Total	40	38	37	115

Participants were asked to indicate their level of satisfaction with the product they trialled by marking the appropriate face on the survey form



in relation to these statements:

- They fitted into my underpants securely
- They were comfortable and didn't irritate my skin
- They were absorbent and didn't leak
- They absorbed the blood smell
- They were easy to change
- They are a product I would recommend

Disposable options

A higher proportion of women who trialled Maxfree would recommend this product compared to the women who trialled Modess/Softex (90% versus 80%). Both products had leakage issues with 29% of women who trialled Modess/Softex and 35% of women trialling Maxfree indicating they were neutral or unhappy with absorbency. (Figures 4 & 5)

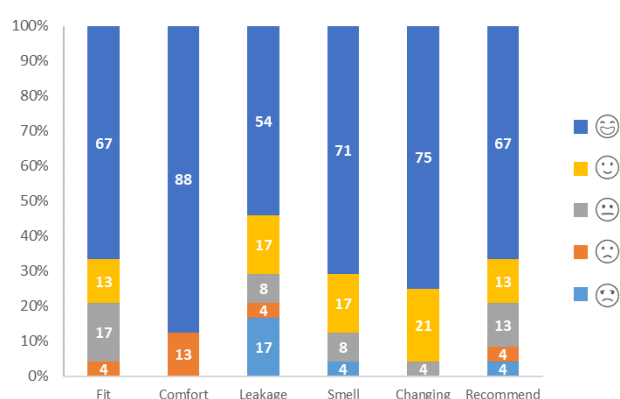


Figure 4 Modess product rating

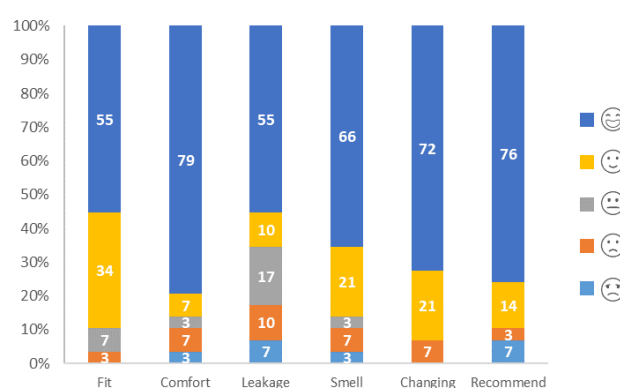


Figure 5 Maxfree product rating

Re-useable options

A higher proportion of women who trialled Afripads would recommend this product compared with the women who trialled Mama's Laef (97% versus 86%). Leakage was also noted as an issue with Mama's Laef with 34% of women who trialled this product indicating dissatisfaction with absorbency. (Figures 6 & 7)

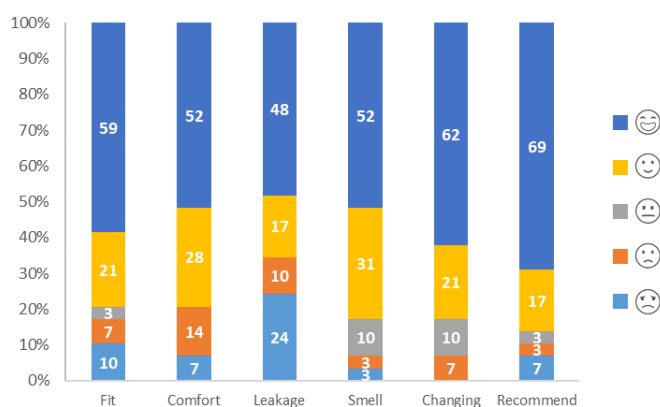


Figure 6 Mama's Laef product rating

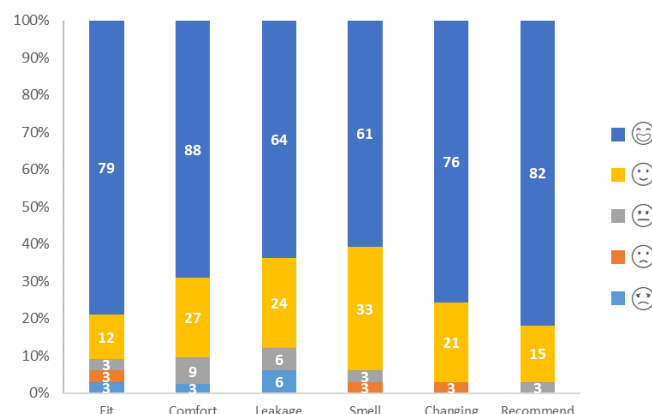


Figure 7 Afripad product rating

8.2 Qualitative – Focus Group Discussions and Interviews

Twelve FGDs were conducted ranging in length from 38 to 107 minutes (average 77mins). Participants by location, group, trial product and age group are shown in Table 7, Table 8 and Figure 8.

Table 7 FGD participants by location and group

	Older married	Younger married	Young single	TOTAL
Efate urban	7	9	7	23
Efate rural	16	11	7	34
Santo urban	11	13	8	32
Santo rural	11	15	10	36
TOTAL	45	48	32	125

Table 8 FGD participants by trial product and group

	Older married	Younger married	Young single	TOTAL
Afripad	11	12	10	33
Mama Laef	8	12	9	29
Modess/Softex	10	13	8	31
Maxifree	16	11	5	32
TOTAL	45	48	32	125

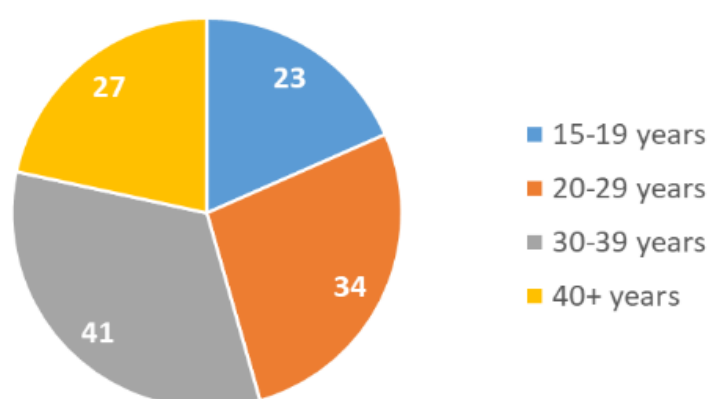


Figure 8 FGD participants by age group

Separate interviews were held for two participants with disabilities (54 minutes and 40 minutes in length). One of these participants also took part in an FGD.

8.2.1 Menstruation related knowledge, attitudes, practices, beliefs and behavioural restrictions

8.2.1.1 Knowledge

Many older participants in the study indicated they were scared, fearful and surprised when they had their first period, as they had not been informed about menstruation and what to expect. However, the experience of younger participants is suggestive of social change, and it was felt that the current generation of pre-pubescent girls would be better prepared, typically receiving information from mothers, sisters, aunts and also school and wider community education programs.

“Today a class 5 student knows what the monthly period is and likely today most parents told their young girls what monthly period is, not like before” (Efate rural, young married)

8.2.1.2 Attitudes

Menarche is viewed as an important life stage, signalling adulthood, and bringing greater respect and increased responsibilities. It may be acknowledged and/or celebrated with varying degrees of tradition, in different parts of the country.

In Tanna, girls who experience their first period... will be sent to her Uncles to be taken care of by the mother’s relatives in a separate house made only for girls...they will perform a ritual on the girl. Then, at the end of the period, she will be released from isolation... She is pronounced a woman to her family followed by eating and custom dancing.” (Efate urban, single)

Showing respect towards male family members and needing to look after/protect oneself (from unplanned pregnancy) becomes more important.

“You have to look after yourself and your body because once I go out with someone I will get into trouble such as I can be pregnant.” (Efate urban, young married)

Many participants spoke of feeling ashamed during menstruation, primarily because of teasing by boys and men, associated with leakage of menstrual blood onto clothes.

“It affects your self-dignity when people make fun of you because of staining in front of men and boys.” (Efate urban, young single)

Disaster Preparedness and Response considerations

- While girls are now better informed and prepared for menarche, it remains likely that there will be women and girls who have limited knowledge on menstruation.
- Attitudes of men and boys influence the feelings of shame and embarrassment experienced by women and girls during menstruation.

Recommendations

- Written information on the menstrual cycle, how to track days and personal hygiene measures should be included in MHM kits.
- Education and demonstration on how to use MHM kit contents must be provided at the time of distribution.
- MHM awareness should include boys and men so that they gain a greater understanding of women and girl’s needs.

8.2.1.3 Practices and Beliefs

Sanitary materials used

Women and girls report using a range of re-usable (calico, baby diapers, towels) and disposable (Stayfree pads, toilet paper) materials during menstruation. Cost and availability influence use of disposable or re-usable sanitary products.

Disposal

Participants in rural areas commonly referred to disposing of used pads in bush toilets or by burning, while those in urban areas generally referred to using the routine/roadside garbage collection service. In both settings, it is common practice to wash out used pads to avoid odour and discourage flies and dogs. Some participants mentioned hiding used pads from male community members, storing them until the end of a menstrual period- and disposing of them all at once.

“I wash off blood then cover with plastic or paper then throw it in the rubbish bag for the rubbish truck to collect... I wash off blood to prevent flies [and] to prevent dogs tearing the rubbish bags and eating the pads and pulling it everywhere to our neighbours yard.” (Santo urban, mixed group)

“First I wash out the blood, then dry in the sun in a place where none of my brothers can see because of the respect we have for our brothers, then I burn it with rubbish. I usually hide the pads on the thatch roof where none of my brothers can see.” (Santo rural, older married)

The need to be discrete with disposal was also linked to a concern about the blood on used pads being disrespectful to ancestors and/or the blood being used by other people for witchcraft to cast spells on the woman.

Care of re-usable pads

Women and girls report going to considerable effort to maintain secrecy/privacy when menstruating in order to be respectful toward men (especially brothers) and other community members, and to avoid teasing/harassment if pads are seen. Sexual organs are considered sacred and private and articles such as pads that have been in contact with them are also seen as being very private. This impacts on washing and drying of reusable pads.

“I have my own buckets where I soak my used napkins. The waste water I pour in the toilet and I also wash the toilets properly to get rid of any mess.” (Santo rural, older married)

“I usually wash late in the afternoon so I can hang it to dry overnight. Early in the morning I will remove it from the clothes line and hang it in a private space, usually in my room where no men will see except my husband.” (Santo urban, mixed group)

“Some men will have negative thoughts and can sexually harass you when they see your pads...they will start making jokes and harassing you.” (Efate urban, single)

Personal hygiene

Women discussed the need to use the bathroom and shower more frequently during menstruation. Soap is not shared and clothes are washed separately. Whilst sharing of bathrooms and toilets is permissible, care must be taken to clean them well so that no blood is left visible.

“When I menstruate I shower more often, 2-3 times a day compared to when I am not menstruating. So I need more water to clean myself during menstruation.” (Santo urban, mixed group)

“When I do the laundry I will wash my clothes separately in another bucket and not with my children’s and husband’s clothes.” (Santo rural, older married)

For those washing in the river, women report needing to do this downstream from where the men bathe. Some women reported needing to wash themselves on land before bathing in the river, due to concerns about witchcraft and evil spirits.

“I have to wash out blood from myself on the land before taking shower in the river because I am afraid a witch craft or spirit will consume my menstrual discharge or blood and I will fall sick.” (Santo urban, mixed group)

Disaster Preparedness and Response considerations

- Washing and drying of both disposable and re-usable pads is seen as a private matter and needs to be conducted out of sight of others, particularly men and boys.
- Disposal of used pads must be done discretely and in a manner to avoid smells which would attract flies/dogs.
- Women have increased water and soap requirements during menstruation for personal hygiene, washing out of pads, cleaning of shared facilities and separate washing of clothes.

Recommendations

VRCS should work with the WASH cluster to ensure emergency WASH facilities:

- include a private space for washing and drying of pads and clothes,
- have a discrete, secure option for disposal of used pads,
- provide an adequate water supply, taking into account the additional needs of menstruating women.

8.2.1.4 Behavioural restrictions

Food preparation

Varying restrictions around food preparation during menstruating are common. Some women report they are able to prepare food as long as their hands are well washed, while others will avoid any food preparation. These practices are fuelled by the belief that men will become sick if they eat food prepared by a menstruating woman or through respect for this customary practice. Husbands often take on food preparation duties when their wives are menstruating.



Figure 9 FGD, Luganville, Espiritu Santo

“When I get my period I do not cook, prepare food and wash the dishes. I will inform my husband and he will usually do the cooking for us.” (Santo rural, older married)

“If I prepare food my husband and sons will have stomach ache.” (Santo urban, mixed group)

Mobility and community participation

Mobility and participation in community activities can be restricted during menstruation. This may be due to customary practices or self-imposed restrictions due to fear of leakage and staining, and the teasing associated with this.

“There are tabu places where you are not allowed to go. You will be sick because the spirit will consider you as unclean and you entered a place where you weren’t supposed to enter.” (Efate urban, young married)

“We are not allowed to go near our brothers. My brother will have a feeling and know that I am in periods, which then may result in me paying a custom fine to my brother.” (Santo rural, mixed Araki group)

Gardening

Many women avoid gardening during menstruation due to the belief it will result in poor crops or infestation by insects. This might influence women’s capacity to participate in gathering food or replanting destroyed gardens.

“Crops will not have good yield and will wither and die. Insects will eat/damage our island cabbages and greens.” (Efate urban, young single)

Sleeping arrangements and sex

A number of women noted that during menstruation they do not have sex and do not sleep in the same bed as their husband.

“I’ll sleep on another bed until my period is over then I can share bed with my husband again. And also no sex allowed during menstruation.” (Santo rural, young married)

Disaster Preparedness and Response considerations

- Restrictive practices during menstruation may impact on a woman’s ability to engage in response and recovery activities such as attending distributions, communal cooking of meals in evacuation centres and replanting gardens.
- Restrictive practices can result in husbands and other family members taking on additional duties while women and girls are menstruating. This may reduce their capacity to engage in response and recovery activities.

Recommendations

- VRCS should work with Inter cluster coordination group, the Vanuatu Humanitarian Team and the Gender and Protection Cluster to advocate and raise awareness of restrictive practices that may impact on women and men’s ability to engage in recovery activities.

8.2.2 Disaster related MHM experience and concerns

Half of the focus groups included participants who had some disaster-related experience.

Access to water

Many participants expressed concerns in relation to adequacy of water supply to meet their MHM needs, the potential negative response of men, and the potential safety implications of needing to access water beyond the evacuation centre.

“If we want to wash our panties and clothes soiled in blood, some men might say that we are wasting water and its disaster time we have to manage water.” (Efate rural, young married)

“Access to water to shower and wash our soiled clothes in blood will be a challenge if there is scarcity of water. So we will have to walk long distance, perhaps to the sea to wash ourselves and our clothes.” (Efate, urban mixed)

Access to pads

Lack of access to pads was a common concern. This may be due to rapid displacement and forgetting to pack pads, challenges around availability and access during a disaster (road and shop closures) and/or the expense of buying pads at a time when resources are scarce.

“...access to sanitary pads will be our biggest concern” (Efate rural, older married)

Privacy/Dignity

The lack of privacy in evacuation centres was highlighted, as was the potential for staining with associated shame and loss of dignity.

“Privacy is a major concern for us women at an evacuation centre, we will not be able to change freely anywhere that is comfortable.” (Efate rural, older married)

“Privacy will be a great challenge. Loss of dignity if I stain my clothes. Other people will see me as a dirty person and say that I am not capable of looking after myself. It will be a shameful thing for me.” (Efate rural, young single)

Distribution processes

Embarrassment, shame and fear of being teased by men during distribution of non-food items was frequently mentioned. Women also remarked upon that they may have trouble attending a distribution if it was too far away or if they had other responsibilities such as child-care.

“I will be embarrassed if MHM kit is distributed together with other NFIs because men and boys will be at the distribution point and they can make fun of us.” (Efate urban, mixed)

Pre-distribution awareness about hygiene and dignity kits and information on how to use contents is commonly inadequate. Often, women unfamiliar with re-usable pads did not use them, although some did after reading the instructions. Distribution of pads in general hygiene kits can be embarrassing and women reported removing pads from kits before the men could see them.

“[name of NGO redacted]... gave us hygiene kits. They gave awareness along with the kits. The awareness was done together with men but they did not do any awareness on menstruation and how to use the sanitary pads that was in the hygiene kits they distributed.” (Efate rural, older married)

Disposal/care of pads

Many participants expressed concerns around the care and/or disposal of used pads, particularly if toilets are shared between women and men.

[T]here will be no private space for me to hang the pads to dry.” (Efate rural, young single)

“Living in an evacuation centre, women and girls will have to find a safe, private place to safely burn [or] bury ... their pads. If sharing a toilet with men we cannot throw our pads in the toilet but we will have to walk into the bush to burn or bury ourselves.” (Efate urban, young single)

Toilets

The need to share toilet facilities with a large numbers of people, including men, is concerning for women, and can impact community hygiene. It may also result in women feeling under pressure to hurry when using the toilet despite needing more time when menstruating.

“...if a woman stains or drops some blood on the toilet seat and a male comes and use the toilet he will not want to touch or clean off the blood. He will be forced to go and use the bush/open defecate which is not a good hygienic practice. He can also tell other men and they will make fun of women. But if a woman comes and use the toilet she will more likely to clean the blood off the toilet seat and use the toilet.” (Efate urban, mixed)

Restrictive practices

In times of disaster, it can be acceptable for cultural norms and restrictive practices to be set aside.

“...if there is no food and no-one to assist me I will have no choice but to go to the garden during my period to gather food and bring home for my family. Because of no choice I have to break these taboo around MHM.” (Santo rural, young single)

“...also we will have to go closer to brothers if we have because it’s an emergency. For emergency situation all these restrictions can be waived.” (Santo rural, Araki group)

Disaster Preparedness and Response considerations

Participants expressed a range of concerns/experiences around MHM in disaster/displacement contexts:

- adequacy of water supply and men’s attitudes towards increased water usage by menstruating women and girls
- access to pads

- lack of privacy for changing pads
- leakage and staining in public
- embarrassment around MHM kit distribution and fear of teasing
- knowing how to use/care for products provided in kits
- safe and discrete disposal of used sanitary materials
- sharing toilets with men

8.2.3 MHM needs and preferences in emergency settings

Awareness

The importance of involving women in disaster planning was highlighted. At the same time, it was recognised that men need to be sensitised to the MHM needs of women and girls.

“Normally in this village only men take part of disaster committee meeting but I think women should take part to share their concerns and needs and make their voice heard so agencies can better help address women and girls needs during a disaster.” (Efate rural, young married)

“...maybe humanitarian agencies can do a separate MHM awareness for men to help them understand why menstruation is a very important need for women.” (Efate urban, mixed)

Distribution processes

Participants verbalised a clear preference for MHM kit distribution to occur separately/privately from the routine distribution of NFIs.

“...do it separately because during general distribution there will be men at the distribution so they will be questioning us why we were given additional kit on top of the general household NFI. (Santo urban, Mango/Ngerngar mixed)

There was a clear preference for women to conduct MHM kit distribution.

“I feel more comfortable with women doing the distribution because I can easily ask MHM related questions to women instead of men.” (Santo rural, older married)

However, some women felt that it would be acceptable for men to assist provided they were older and more mature so that there was no teasing.

At the same time, it was suggested there may need to be some targeted awareness with women about MHM kits, prior to distribution. One of the reasons for this is to motivate women and girls to attend the distribution to receive their individual MHM kits. A number of options for dissemination of information were suggested, including the need to specifically target young girls.

“Red Cross should come through the chief and give information to him so he will talk to the Women’s leader. The women leader herself will go house to house to pass on the information about the MHM kit distribution.” (Santo urban, mixed group)

“Usually for us young girls we do not usually receive information, only women and mothers. So it is best to disseminate information through our youth committee so the information can reach every young girl within the community.” (Efate urban, single)

WASH facilities

All groups noted the need for separate, safe facilities for women in evacuation centres.

“Government and responding agencies should provide or build a separate safe bathroom and changing place for women living at an evacuation centre during a disaster.” (Efate rural, older married)

A number of specific features for facilities were highlighted:

“...The toilet must be big enough to change their pads and a rubbish bin inside.” (Efate rural, older married)

“...the toilet must have a solid door with lock inside and lighting for use at night.” (Efate rural, young single)

...must have good ventilation pipe so fresh air can flow in and out.” (Efate urban, young married)

“The bathroom should have two separate rooms, one for shower and one for drying clothes and panties and pads.” (Efate rural, young single)

“...important to have a hand washing station with soap...” (Efate urban, young married)

Privacy/Dignity

Women identified the need to support each other to help maintain privacy and dignity.

“I think women should work together when living at an evacuation centre. If a woman experiences menstruation, her peers should accompany her to safe, private space where she can change her pads and wash her clothes.” (Santo rural, older married)

“I think every woman should cooperate with each other, help each other in terms of accompanying them to the water point to collect water, shower and change.” (Efate rural, older married)

Disaster Preparedness and Response considerations

- Gender norms have traditionally limited women’s ability to be heard during disaster planning and response.
- Promotion of MHM kit distribution may encourage women to attend distributions.
- Younger girls do not always receive information through the general community communication channels.
- Some women and girls would be embarrassed to receive a MHM kit from male community members and fearful of teasing.
- Women have clearly expressed needs for separate, safe WASH facilities with adequate water, rubbish disposal and a private place to wash and hang clothes/pads.

Recommendations

- Women and girls should be actively involved in disaster preparedness planning and response (for example through participation in disaster planning committees and emergency assessment teams) so that their needs and concerns are taken into account.
- VRCS should work with local leadership structures and community groups to determine locally appropriate awareness raising and distribution approaches to ensure that all age groups of menstruating women and girls are reached.
- Review VRCS approach/standard operating procedures for distribution of non-food items to ensure inclusive, female friendly distribution of MHM kits and regular re-supply of consumables.
- VRCS should work with the WASH cluster to ensure WASH facilities meet the specific requirements of menstruating women and girls.

Acceptability of MHM materials

All the materials in the trial MHM kits were considered acceptable to participants; however, some products were more acceptable than others. Of the re-usable pads, women generally preferred Afripads to Mama's Laef and for the disposable options, Maxfree was preferred over Modess/Softex.

Participants also expressed preferences for the quantity of sanitary pads provided, the size and colour of panties and made suggestions for additional items including written information.

Disposable pads

Most women were familiar with using disposable sanitary pads but noted the ongoing cost of buying them each month. This may become even more important in a disaster setting with disruption to incomes and additional expenses incurred during disaster recovery. Participants had mixed experiences with the disposable options that were trialed; however overall, Maxfree was the preferred option.

“Softex, it can cause rash, does not control smell of the blood, it is not comfortable, it leaks and it does not have wings to hang firm onto the panty so it’s moving when you walk around.” (Efate rural, young single)

While disposable pads were seen as an easier option to maintain privacy in evacuation centres, some environmental concerns were raised.



Figure 10 Example of MHM kit contents

“No need to wash and no need to find a private space to hang it so it is easy to manage your privacy at an evacuation centre because after use you just throw in the bush toilet.” (Santo urban, Mango/Ngerngar mixed group)

It’s not good for the environment when we throw it into the bush toilet or burn it.” (Santo urban, mixed)

Re-useable pads

Many women were familiar with using hand sewn cloth pads, but few had experience using specifically designed re-usable pads. The secure fit, absorbency and ease of washing/drying were seen as very positive.

“I really love Afripad because it does not leak, easy to wash and dry, no rash. It is good 100 % but if there’s more packet or if it is locally available here in Luganville I will purchase from the local shops here.” (Santo urban, mixed group)

“I used mamas laef and I like it because it does not leak, it’s pretty and colourful, easy to wash, clean and dry, environment friendly by not causing too much waste pollution in the environment like stayfree when disposing, it is reusable so I can save money rather than keep buying from the shop every month. It looks small and shape like a pencil case so when I hang it on the line people can’t distinguish whether it’s a pad or a piece of cloth decoration, or a pencil case or a bag.” (Santo rural, young single)

While the local production of Mama’s Laef was appreciated there were mixed reports around levels of absorbency. Afripads were noted to be highly absorbent and were the overall preferred option.

“Afripad is great, I can sleep comfortably till morning and don’t have to change at midnight.” (Efate urban, young married)

The need for more than one packet of either pad option was emphasized. Although both trial pads were generally regarded as quick drying there was concern that they would not dry as well during the wet season. The potential lack of water for washing pads was also noted highlighting the importance of context in the choice of sanitary product for distribution.

“One packet is not enough. If there is no water like during drought, Afripad will be a disadvantage because we will need water to wash the pads.” (Santo rural, older married)

“During sunny day it will dry fast but during rainy and cloudy weather it cannot dry easily.” (Efate urban, mixed)

“If there is water I prefer reusable and I can wash. If there’s water shortage at the evacuation center I prefer disposable” (Efate urban, young single)

Panties

The nylon panties supplied for the trial were well received with numerous women noting they were soft, fast drying and did not cause a rash. There was a strong preference for darker colours to hide any stains. It was also recommended that more than two pairs be distributed and that there be an option to choose the appropriate size.

“It is nylon and soft and it is easy to dry. I don’t get rash wearing nylon panties.” (Efate urban, single)

“The colours are too bright like the white and the pink. When you stain, the stains are very visible on your panty. I prefer black, red, brown, navy blue and other dark colours.” (Efate urban, single)

“The size of the panty should fit us. Maybe you could develop MHM kits with small, medium and large size and ask women during distribution what size of panty will fit them.” (Santo urban, Mango/Ngerngar mixed)



Figure 11 Documenting MHM preferences, Epao Village, Efate

Additional items

Participants suggested the following items for improvement/addition to the MHM kits used during this study:

- 3-4 pairs of panties
- 2-3 re-usable sanitary pad kits
- Stronger bucket with lid
- Chinese laundry soap
- Clothes rack or line and pegs
- Scrubbing brush
- Dark coloured towel
- Dark coloured lava lava / sarong
- Solar light and/or torch with spare battery
- Baby wipes, especially in context with limited water
- Rubber gloves
- Hand sanitiser
- Coconut oil or powder
- Toilet paper

Information sheets within the kits should include:

- Menstrual cycle and how to track days
- Personal hygiene measures
- How to use, care for and /or dispose of sanitary pads

Disaster Preparedness and Response considerations

- Water availability influences women's and girl's preference for either disposable or re-usable sanitary products.
- While all sanitary products were acceptable, there was a preference for Maxfree and Afripads.
- Darker coloured underpants are preferable. Appropriate sizing should be considered.
- Women and girls need an adequate quantity of sanitary materials to be able to manage menstruation hygienically and with dignity.
- Women and girls highlighted a range of additional items to consider for inclusion in a MHM kit, including information sheets.

Recommendations

- VRCS should consider prepositioning MHM kits that include both disposable and re-usable sanitary products.
- VRCS will need to navigate existing procurement processes to facilitate import of the preferred re-usable option. The ongoing development and cost of locally made re-usable options should be monitored.
- VRCS should aim to procure darker coloured underpants and review distribution processes so that women and girls have access to appropriate sizes.
- Information sheets on menstruation, tracking days, personal hygiene and care/disposal of sanitary pads should be included in MHM kits.
- VRCS should review the additional items suggested for inclusion in the MHM kits, and prioritise those for inclusion in pre-positioned kits.

8.2.4 Women/Girls with disabilities

Interviews were conducted with two married women with disabilities living in urban settings: one in a wheelchair but with good upper body movement (Mary) and one with impaired vision (Grace)². Grace has a husband and children who assist with her care while Mary is assisted by her husband.

Both women generally use disposable pads and family members take them out for collection by the rubbish truck. The women manage their menstrual hygiene as independently as possible and call on family assistance when needed.

“...this underpants, I have my bath I took it off and I put some powder soap on it, then I brush it with the washing brush on the cement floor. One of my daughters or my husband will look at it if it is clean then I rinse it with water.” (Grace)

Grace trialed Maxfree and reported that it was much more absorbent than the pads she usually uses. She would not be happy to use re-usable pads.

“I heard the woman say about the cloths to use but I hated it. I only like stayfree.” (Grace)

Mary trialed Afripads commenting that she liked that they were re-usable so ***“no need to buy stayfree”*** and that there wasn’t any leakage. In her own home, Mary has a private bathroom where she can wash out the pads and hang them to dry. She expressed concern about how she could do this privately in an evacuation centre, but also acknowledged that disposal of used disposable pads could also be an issue. To assist with holding pads in place Mary suggested that ‘tight fit’ pants, which are similar to bike shorts, be included in kits ***“I think maybe tight fits would be good because we sit in the wheelchair...also it holds the stayfree properly.”***



Figure 12 Discussing MHM needs

The disabilities experienced by these women impact on their mobility from a psychological as well as physical perspective. The concern about what others might say about them has resulted in a degree of social isolation with both women staying close to their homes.

“No, I don’t go to the road because I was just afraid of going on the road.” (Mary)

“Yes, I’m afraid, they keep staring at me when I walk.” (Grace)

² pseudonym

This becomes increasingly important in the context of disaster and kit distribution. Mary recollected a time when kits were being distributed but she did not receive anything ***“...because I am disabled and not able to go down to the place where they distribute the packets in and because my husband is also at work.”***

Focus group participants also noted the importance of relief agencies conducting household visits for women with disabilities.

“Red Cross needs to visit households with women with a disability to give them their buckets and not at the distribution point because they might not get the message of distribution.” (Santo rural, young single)

“It is best for the distribution team to visit each woman with disability at their household and provide awareness and also give them their MHM kit instead of having them and their caregiver coming to the distribution site.” (Efate urban, young married)

Specific requirements for WASH facilities were also identified.

“If there is a woman with disability, the toilet must have a ramp and a big space inside enough to fit the wheelchair.” (Santo rural, older married)

“Toilets should have handrails to provide support for elderly women or women with mobility issues.” (Efate urban, mixed)

Disaster Preparedness and Response considerations

- Girls and women living with disabilities may not be aware of, or able to attend MHM kit distribution.
- The type of disability experienced by women and girls will influence individual MHM needs and preferences.
- Displacement will pose additional challenges for women and girls living with disability including lack of privacy and space and accessing WASH facilities.

Recommendations

- VRCS should work with community leadership structures and community groups to identify women and girls living with disabilities who may require outreach distribution of MHM kits.
- The specific MHM needs and preferences of individuals should be taken into account during kit distribution.
- VRCS should work with the WASH cluster and community organisations to ensure the design of WASH facilities takes into account a range of mobility needs.

9 Discussion and Key Messages

Girls and women in Vanuatu face a range of challenges that influence their ability to manage menstruation hygienically and with dignity. While pre-pubescent girls are now generally better prepared for menarche through education programs, there remains substantial shame and embarrassment around menstruation. There is a desire for privacy and a strong fear of staining clothes and being teased/harassed by boys/men. Behavioural restrictions, whether self-imposed or customary, during menstruation are common.

Displacement and/or living in a disaster context increases the challenges experienced by girls and women in managing menstruation. The purpose of this study was to generate knowledge to inform/support the Vanuatu Red Cross Society in decision-making and programing around MHM in disaster preparedness and response. The findings around the socio-cultural context of menstruation, disaster related MHM experiences/concerns and needs/preferences are summarized in Figure 13.

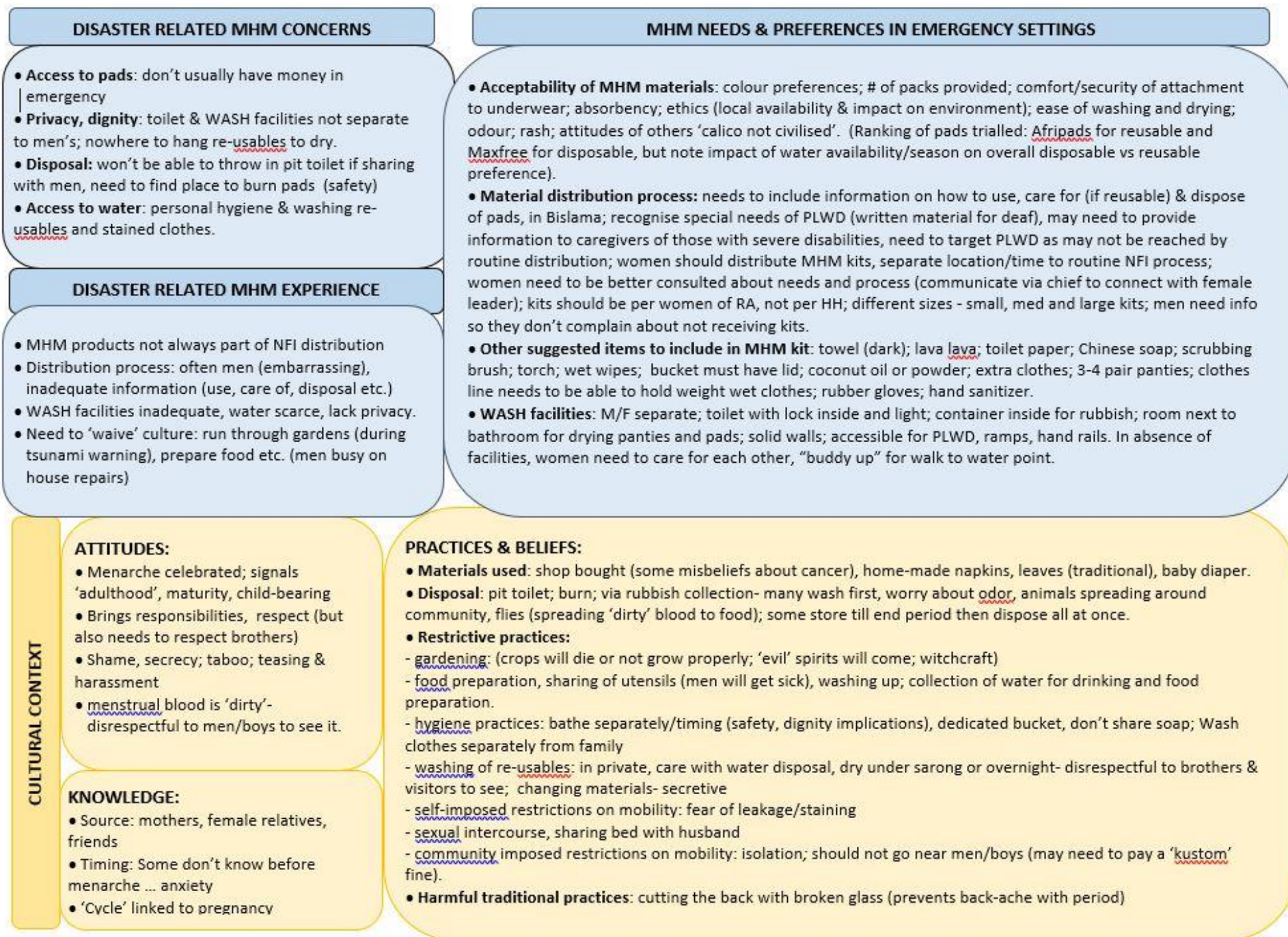


Figure 13 Summary of study findings

10 References

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Responding to menstrual hygiene needs in disaster settings, in Vanuatu

COMMUNITY INFORMATION SHEET

What is menstrual hygiene’?

- ‘Menstrual hygiene’ is about how women and adolescent girls manage their menstruation (monthly period) safely, privately and with dignity.
- It can be difficult for women and girls to manage menstruation each month. For example, many adolescent girls and women lack access to absorbent materials, a safe, private toilet, and clean water to wash.

What is this study about?

- The purpose of this study is to better understand girls’ and women’s knowledge and management of menstruation, and their menstrual hygiene needs and preferences. It will also explore challenges related to managing menstruation in disaster settings and how these might be addressed.
- Girls and women will be asked to trial a menstrual hygiene product (either disposable or re-useable pads) for two months and then share their experience and thoughts on the product.
- The study will ask women and girls for their ideas about what would make it easier for them to manage their menstruation in a disaster setting.

Why is this study being conducted?

- The Vanuatu Red Cross Society helps communities affected by disasters such as cyclones and volcanic eruptions. This help may include distributing menstrual pads to women and girls, providing education around menstruation and hygiene, and ensuring access to appropriate facilities to bathe, change and dispose of used materials, or wash and dry menstrual cloths.
- This study will help the Vanuatu Red Cross Society to strengthen their programming and interventions to support girls and women in the safe and dignified management of menstruation in the context of a disaster.

Who is responsible for this study?

- The study is a collaboration between the Vanuatu Red Cross Society, the Australian Red Cross and James Cook University (Australia)
- The Australian Aid program is funding the study.

What are the benefits of taking part in the study?

- Taking part in this study may give participants a better understanding of menstruation and menstrual hygiene management.
- Information gathered during the study will be used to strengthen the disaster programming and interventions of the Vanuatu Red Cross Society
- Participants will be provided with light refreshments

What will women and girls from your community need to do in the study?

- Women and girls from your community who take part in the study will be asked to trial a sanitary product for two months, then take part in a group discussion facilitated by the research team and complete a short paper based questionnaire about the product they trialled.
- Some girls and women may also be interviewed by a researcher.
- Participation is entirely voluntary and people can choose not to participate or to stop participating at any time.

Confidentiality and data ownership

- All information gathered during the study will remain anonymous and confidential. No names will be recorded in the study report.
- After the study is finished findings will be shared with you either in a short written summary or a verbal report.
- A report will also be written for the Vanuatu Red Cross Society. This report may be shared with other organisations involved in disaster management in Vanuatu.

Ethics

- The study has been approved by the Vanuatu Ministry of Health Ethics Committee and the James Cook University Human Research Ethics Committee.

How do I find out more?

Research project officer: Edith Ligmil c/o health.coordinator@redcrossvanuatu.com



Responding to menstrual hygiene needs in disaster settings, in Vanuatu

FOCUS GROUP DISCUSSION GUIDE

To be completed for each FGD by study team:

Location		Group		Facilitator:
Efate Urban		Single		Note taker:
Efate Rural		Younger married		Date:
Santo Urban		Older married		Start time:
Santo Rural				Finish time:

Please record the details of each FGD participant below:

Participant number	Marital status single/married	Experienced disaster displacement yes/no	or	Age in years	Product used Maxifree Softex Mama laef Afripad
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Has written informed assent/consent been obtained for all participants?

Yes	
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Introduction:

Facilitator: *Thank you all for attending this focus group discussion today. My name is _____. I am working with the Vanuatu Red Cross, Australian Red Cross and James Cook University (Australia) to conduct a study among girls and women in Vanuatu. (Introduce other members of research team).*

The study is about managing menstruation in disaster settings. The Vanuatu Red Cross Society helps communities affected by disasters such as cyclones and volcanic eruptions. This help may include distributing menstrual pads to women and girls, providing education around menstruation and hygiene, and ensuring access to appropriate facilities to bathe, change and dispose of used materials, or wash and dry menstrual cloths.

The purpose of this study is to better understand girls' and women's knowledge and management of menstruation, and their menstrual hygiene needs and preferences. It will also explore challenges related to managing menstruation in disaster settings and how these might be addressed.

As part of the study we would like to talk to you today about your knowledge and usual management of menstruation, the challenges of managing menstruation in a disaster setting and how these might be overcome. You have already trialled some sanitary pads for us and we would also like to hear about your experiences with these products.

The discussion should take around one hour. I will ask you some questions to start the discussion, and we will take notes to record your ideas. We will also record the discussion using a voice recorder. Once we have written down the discussion from the voice recorder, the recording will be destroyed.

Please remember that everything you say will be kept secret and we will not record your name on any of the notes. I would like to encourage everyone to share their ideas as everything you have to say is very important. There are no right or wrong answers so you should feel free to express yourself fully.

To make sure everyone feels comfortable to speak freely, there are a few rules for this discussion:

- *Everything we discuss here is secret, so please do not tell other people the details of this discussion after we have left this room*
- *Please respect each other by not repeating information that you hear to people outside this group*
- *So that everyone can speak freely I would ask that only one person talks at a time*
- *Everyone's ideas and opinions are important so let us give everyone a chance to talk. Please respect others by not making other people feel uncomfortable or judging what they say*
- *We would like you to stay for the whole discussion. However, if you need to leave during the discussion, please put up your hand and ask if you can leave.*

At this time does anyone have any questions? May I begin the discussion now?

INSTRUCTIONS: FACILITATOR TURN ON THE TAPE RECORDER AND SAY CLEARLY THE DATE, TIME, LOCATION, AND THE FACILITATOR'S NAME

Topics to be explored during FGDs

1. Menstruation knowledge, attitudes and practices
2. Experience of using supplied sanitary products
3. Management of menstruation in a disaster setting
4. Menstrual hygiene kit contents

A series of activities with themed questions and probes will be used to explore the topics. The following are examples of potential approaches and questions. These will be refined during the training workshop to ensure they are culturally appropriate.

1. Menstrual hygiene knowledge, attitudes, practices

Activity aim and description:

An ice-breaker activity to facilitate group interaction and conversation will be conducted. This activity will assist in starting the discussion around menstruation in a non-threatening and culturally appropriate manner. It will be developed in collaboration with Vanuatu Red Cross staff and volunteers at the training workshop.

Question	Probe
1 a) How do girls feel when they first get their period?	Emotions – happy, scared, embarrassed, proud? Why does she feel like this? What kind of questions would she be asking? What would she want to know and talk about?
1 b) Do family or friends treat her differently now that she has started menstruating?	How does her family react? – do different family members react differently (mother, father, siblings)? – is it something that is celebrated? – Is she given special status and responsibilities? Does she tell others? Or is it something that is kept secret? Does she need to avoid places, people, or certain activities when she has her period? <ul style="list-style-type: none"> • Touching food or housework? • Collect water? • Bathe? or does she need to bathe somewhere different to usual? • Places she is not allowed to go? Why? (try and probe for underlying belief....eg. if they touch food it will make the men sick or cause bad luck). Does she find these restrictions positive or negative?
1 c) How do women/girls manage the bleeding?	What materials do girls/women use to manage bleeding? Where do girls/women change their cloth/material/pads? How often do they change? What do girls/women do with used materials or disposable products? Why are they disposed of in this way? (try to probe for any underlying belief) If re-usable products are used where and how are they washed? Why is it done in this way? Where and how are they dried? Why is it done in this way? (try to probe for any underlying beliefs, need to understand if practices are hygienic & safe)

2. Experience of using supplied products

Activity aim and description:

To determine the participant preferences for sanitary products.

We are going to do an activity to hear about your experience using the sanitary products and underwear you trialed.

Instructions

- On butcher's paper draw a table with the headings D1, D2, R1, R2, underwear and rows marked 'likes', 'dislikes', 'disposal' (for products D1 and D2) and 'washing/drying' (for products R1 and R2)
- Place a sample of each product near the appropriate heading
- Fill in the table using the guidance questions below

Depending on the number of FGD participants it may be more feasible to work in small groups based on which product was trialed then have each group feedback to the rest of the participants.

Question	Probe
To participants who used the disposable pads: 2a) What did you like/dislike about them? 2b) How did you dispose of the used pads?	 Why, why not? Where, when, any concerns with privacy, taboos
To participants who used the re-usable pads: 2c) What did you like/dislike about them? 2d) What was your experience with washing and drying these pads?	 Why, why not? Where and when (eg late at night, early morning when no-one around) did you wash them? Where did you dry them? How long did it take? Did you ever need to use a pad that wasn't completely dry? Any challenges with privacy and taboos?
To all participants: 2e) What did you like/dislike about the supplied underwear?	 Why, why not? Colour? Size? Style?

3. Managing menstruation in a disaster setting

Activity aim and description:

To identify challenges to menstrual hygiene management in disaster settings and potential ways to overcome them.

This activity is about managing menstrual hygiene in disaster settings. You may have experiences from being displaced or impacted by a disaster yourself or have talked to family/friends who have

experienced a disaster, or you might just think about what challenges girls and women would face managing their menstruation in a disaster setting.

Instructions

- On butcher's paper write the headings 'challenges' and 'possible solutions'
- Ask the participants about challenges using the question guide and probes, noting responses on the butcher's paper
- Against each challenge, ask the participants to suggest what could be done to address it
- Note suggestions on the butcher's paper

Question	Probe
3a) What challenges might women/girls face managing menstruation in a disaster setting?	Consider the context of displacement (camps/ temp shelters) Explore issues around privacy, safety, water supply, toilet and washing facilities, access to sanitary products, waste disposal, washing/drying cloths
3b) What could be done to address these challenges?	Consider what Red Cross could do.
3c) If you have experienced a disaster or displacement, did you receive any dignity or hygiene kits? If yes, what was your experience?	How were they distributed, did you feel safe or embarrassed during the distribution (why/why not?) What did you receive, was there anything else you needed to help manage your menstruation?
3d) Are there any other challenges you can think of in terms of hygiene kit distribution?	Are some girls/women unable to go to distribution? Why? What restricts them? Men doing the distribution etc
3e) What could be done to address these challenges?	

4. Menstrual hygiene kits

Activity aim and description:

To determine what items are important to include in a menstrual hygiene management kit, how they should be distributed and what education is required.

VRCS would like to introduce MHM kits as part of response programming in future disasters. These would focus on MHM and be different to the hygiene kits that are usually provided (that focus on family hygiene needs more broadly).

Instructions

Show the participants an example of a menstrual hygiene management kit. This might include:

- Bucket with lid
- Underwear

- Sanitary pads
- Personal bathing soap
- Laundry soap
- Rope (for clothes line)
- Pegs
- Small drying rack
- Bag/pouch
- Information sheet

Question	Probe
<p>Think about what you would need in a disaster setting to manage your menstruation.</p> <p>4a) How well would this kit meet your needs?</p> <p>4b) How should these kits be distributed?</p> <p>4c) What do girls/women need to know about menstruation and the kits?</p>	<p>What is important to consider for each item, are they all needed, is something missing?</p> <p>Sanitary pads – of the four types used in this study, which one do you think would be best for the kit? Why?</p> <p>Where, by whom?</p> <p>Separately from other distributions? Why/why not?</p> <p>What information should be in the kits?</p> <p>Process of menstruation, use of pads, washing/care of re-usable pads, waste management</p>

Final thoughts

Ask if there is anything else anyone would like to say about menstruation and how to manage it in a disaster setting.

Thank participants and conclude the discussion.



Responding to menstrual hygiene needs in disaster settings, in Vanuatu

PARTICIPANT SURVEY

To be completed by study team:

Please tick one box for each heading.

Location	
Efate Urban	
Efate Rural	
Santo Urban	
Santo Rural	

Product trialled	
Maxifree	
Softex	
Mama Leaf	
Afripad	

Age group	
15-20	
21-29	
30-45	

Disability	
Yes	
No	

A signed consent form has been obtained for this participant:

Yes	
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To be completed by participant:

These next questions are about your experience managing menstruation

1. How do you normally manage menstruation? (can choose more than one)

Bleed out	
Toilet/other paper	
Cloth	
Baby diapers	
Disposable pads	
Tampons	
Re-useable pads	
Menstrual cup	
Other	

If other, what do you use? _____

2. Have you ever used disposable pads?

Yes		No	
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3. Have you ever used re-useable pads?

Yes		No	
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The next questions are about the pads you were given to trial.

4. How many menstrual cycles (periods) did you use the trial pads for?

0		1		2		3	
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Please mark the face that best describes how you felt about the pads.

5. They fitted into my underpants securely



6. They were comfortable and didn't irritate my skin



7. They were absorbent and didn't leak



8. They absorbed the blood smell



9. They were easy to change



10. They are a product I would recommend



If you would like to make any other comments about the pads, please do so here:
