SUMMARY OF FOCUS GROUP DISCUSSIONS ON MENSTRUAL HYGIENE MANAGEMENT: SOMALILAND, UGANDA & MADAGASCAR

Initial qualitative data collected as part of the IFRC's MHM in Emergencies Project

1. BACKGROUND

Menstrual hygiene in emergency situations continues to be a great concern. Though sanitary pads are not considered a life-saving item, they play a crucial role around important issues such as dignity, hygiene and health, education, protection and security of women and adolescent girls in emergencies.

The IFRC, with funding from the Humanitarian Innovation Fund (HIF) and British Red Cross (BRC), are conducting evidence based field-trials of Menstrual Hygeine Management (MHM) Kits to determine their usefulness, value and appropriateness as a relief item. These trials are taking place in Somalia, Uganda and Madagascar in 2014 and 2015.

This project endeavors that MHM kits are an accepted relief item in emergency operations, and that MHM be seen from a holistic point of view. MHM is not simply access or distribution of a relief item, but it should be seen as a package of services to be delivered in emergency (for example collection and disposal of solid waste, latrine and bathing areas for washing, private and safe facilities).

2. METHODOLOGY OVERVIEW AND SPECIFIC PURPOSE OF THE FGDs

To rigorously test the MHM kits, it is necessary for females of reproductive age to use them over a sufficient period of time, with information gathered periodically at critical stages to establish evidence against the key research questions. Menstrual Hygiene Management MHM Kits for Emergencies will be trialled with a total of 2,000 adolescent girls and women in each of the three countries, to determine their effectiveness, impact and usefulness on health, hygiene and dignity.

Age-disaggregated focus group discussions are one of the first steps in the research methodology, to gather qualitative information and gain a deeper understanding of the issues and needs surrounding MHM in the specific trial contexts.

Specific aims of the FGDs were:

- To get a detailed insight and understanding of the practices, challenges, perceptions and restrictions surrounding menstruation and menstrual hygiene in a:
    - South Sudanese refugee population in Uganda, and a
    - Somali population; in both a peri-urban and rural context, and a
    - Rural Madagascar population, vulnerable to natural disasters.
- To get feedback from beneficiaries on the usefulness and preferences of menstrual hygiene items, in order to determine appropriate kit content for each of the three operational research trials.
- To field test the IEC material developed for appropriateness, ease of understanding and content (including recommendations so revisions can be made).

The qualitative information gathered then informed and guided subsequent activities including finalization of the MHM kit contents. Based on this understanding of needs, a third type of MHM Kit incorporating both disposable and reusable components has been designed for water-scarce or drought affected areas and will be trialed in Somaliland.

This “MHM Kit C” is in addition to the already developed MHM Kit A (including disposable pads) and MHM Kit B (including reusable, washable cloth).

3. TARGET POPULATIONS

The target location in each country was defined in consultation with the National Societies. 2,000 women and adolescent girls in each country will be involved in the trial. Specific inclusion criteria were developed (including age limits, not pregnant at time of trial, ethnicity etc.). For further details and information on the target population and selection criteria, please refer to the IFRC MHM in Emergencies Research Protocol.

Because the practices, knowledge, attitudes and beliefs relating to menstrual hygiene can be vastly different for younger women and girls compared to older women, the target population in each trial was segmented into three age strata:

Group	Age group	Description
A	12 – 17 years	Adolescent girls who have begun menstruating
B	18 – 34 years	Menstruating women of general child-bearing age
C	35 – 50 years	Menstruating women prior to menopause, generally after child-bearing age

4. DETAILS OF FGDs CONDUCTED

As part of the Research Protocol, focus group discussion guides that were adapted for each context were developed. Female National Society staff (and volunteers) were trained and utilised to facilitate and translate the discussions. Typically the FGDs were held in a comfortable area near or inside the local health clinic, where no men or adolescent boys were able to see or hear the discussion.

Country - Location	Dates FGDs held
Somaliland – Dilla and Alleybade	26th & 27th April 2014
Uganda - Adjumani	14th & 15th May 2014
Madagascar - Ankililoky Miary	8th – 12th June 2014

5. SUMMARY OF DISCUSSIONS, BY AGE GROUP AND COUNTRY

As this document is intended to be a concise summary, full discussion notes and responses are not included. Full FGD discussion summaries, as well as FGD question guides, from Somaliland, Uganda and Madagascar can be shared upon request.

a) UGANDA (South Sudanese women and girls, newly arrived refugees who fled conflict in home country, identified themselves as Dinka)

Ref.[1]	Question / Information	Key discussion points		
		Group A (12 – 17 years)	Group B (18 – 34 years)	Group C (35 – 50 years)
D.1	In South Sudan, what did you normally use to manage your monthly period?	• Those girls that lived in or near town in South Sudan used to use disposable pads • Those girls that lived in rural areas in South Sudan used cloth in underwear or cloth without underwear • They would re-use the cloth by washing and drying • Some schools in South Sudan had Always (disposable pads) in the office just in case it comes while you are at school • The teachers would show them how to put the pad in underwear	• Disposable pads • Cloth in underwear • Soap • In South Sudan we had money to buy these things – here we don't	• Pieces of cloth (made locally by cutting up clothes or pieces of cloth and folding them) • We used old clothes and cut them up, so it was cheap • When dirty we would wash the cloth while bathing and hang in the house /bedroom or in the bath shelter to dry • When they were very old we would throw in latrine • If we had money we would buy disposable pads (on average would use 2 packets per period)
D.2	After arriving in Mongula, what do you use now to manage your monthly period?	• All girls use cloth now in Mongula • They ran from home with only one cloth, and if it is dirty or bloody they reported having nothing else while they wash the one cloth they have • UNHCR helped a few of the girls with disposable pads but not everyone • We have to ask for money from or mothers so we can buy pads • We have to go and dig in the fields and labour to get money; then we can go and buy pads (only a few girls reported they do this)	• Now we use only cloth in underwear or without underwear • We have no money or shops to buy disposable pads • Since we fled home we only have one piece of underwear or none at all • When we bleed we spend the whole day or a lot of time by the river – to wash ourselves and wash the cloth frequently • The girls and women fear that they men and boys will come around and see them washing the bloody pads • Approx. 7 days bleeding • A few women reported changes to	• Cloth but it is very scarce because we did not carry enough when the war started • No proper cloth and sometimes we have to cut good clothes like kitenge to use as pads for us and our daughters • We cannot buy disposable pads here because we don't have any money • We wear both knickers and short type of underwear, but we only have 1 or 2 pairs as that is all we came with

[1] Refer to the Focus Group Discussion Guide (Uganda) for full questions and probing questions, for each specific identifying number [format: letter.number].

			their cycle after arrival and irregular bleeding - for example bleeding would stop for 1 or 2 days and then begin again	
D.3	How often do you change the cloth or pad? Where do you change your cloth / materials / pads?	• Between 3 and 4 times a day • Change the cloth in the bathroom (bathing area) and wash clothes and pads at the same time • Pour the dirty/bloody water into latrine pit • There is not good drainage in bathing areas and people can see dirty water there • Latrines are made of fabric/tarpaulin, and men and women use the same ones • Some people have their own bathroom/bathing area, but most of the girls use public/communal ones • They can feel embarrassed because there are lots of people around and they have to hide things	• Change the cloth about 4 times during the day; and 2 times at night (before bed and once during night) • The change at night is done near home or in latrine (mix of communal and household exist) • In the day, they change the cloth near the river or at home or in the latrine (not so common)	• We change the pad inside the house because the latrines and bath shelters are not private • Anyone uses them at any time (men and women) • We do not pay to use them
D.4	What do you do with the dirty cloth or pad?	• If using disposable pads, will throw this into the latrine always. A few would put the used pad into a dustbin if they had it available. If you put it on the ground then children can find it • In South Sudan they would hang the cloth to dry in the bathroom – this way a man cannot see the cloth • Here in Mongula there is nothing, and they don't have time to dry because they only have one cloth • They wash the cloth and put it in the	• Wash the cloth at the river • Have very limited or only 1 piece of cloth to use to absorb blood flow • They will dry the cloth on the bushes or grass near the river if they have time or have more than one cloth; but most have to re-use the damp or wet cloth because they have nothing else and could not wait for it to fully dry in the sun • If you can feel the blood coming again or dripping, you don't wait until the	• We wash the cloth while bathing • We put them in the sun and wait for them to dry a little • Do not throw them away

		sun for a while, but no time to dry if they only have one piece of cloth • The cloths smell really bad • They have to wash in the public bathroom which was difficult to have privacy, so some of the girls have built areas of their own	cloth is fully dry and have to put it back wet in underwear • The girls and women fear that they men and boys will come around and see them washing the bloody pads or them drying in the sun	
D.5	How often do you bathe or wash yourself here?	• If don't have period then bathe 2 to 3 times a day • If have monthly period then have to bathe 3 times a day	• If have monthly period and are bleeding them wash approx.4 times a day (generally when need to change cloth then they will bathe also) • Wash at the river • Only bathe at noon and evening when don't have monthly period • The weather is very cold here	• In general, we bathe 2 times a day if we are bleeding and once a day if we are not • Normally bathe in the late afternoon • We use the communal bath shelters and try to cover the door with a kitenge • There is enough water for us
D.6	What changes or improvements would you make to WASH facilities here, so that you can better manage your menstruation?	• Latrines need improving • The slabs are there but there are no doors for privacy	• Some people have bath shelters near their shelters, others don't • Others have communal bathe shelters or they share with their friends • More bath shelters and latrines	• Need separate ones for men and women • Need a space for drying cloth • Need to put locks on latrines • Need to begin to make individual latrines and bath shelters
E.2	During your last monthly period, did you experience any pain (before or during)?	• I just want to sleep and sometimes the pain is so bad that I don't want to eat or do anything • Most girls reported experiencing pain in their stomach and back • In the morning the pain is worse and in the middle of the day it starts to get better • Most of the girls do nothing for the pain and never take medicine for it, except lie down and rest • In South Sudan sometimes they would take pain tablets from the health clinic or their mother for the	• Stomach and back pain • Back in South Sudan used to drink local drink (kind of tea made with local herbs) • Now they have nothing, they don't have the herb so just put up with the pain	• At home (South Sudan) there is not much pain because we used to take medicine (local herbs) • Back pain, abdominal pain, headache, general body weakness • More pain when you are young (15 to 25 years)

		pain		
E.4	Is there anything that you are restricted from doing or can't do, when you have your monthly period?	• Feel very weak and it is hard to do my normal work • Feel pain everywhere and don't want to cook • Cannot be near the fire and cannot be near men • It is hard to continue having pain and we have to carry heavy water	• In the Dinka culture, if a women has her period she cannot give food to elders, cannot drink milk, and cannot be near the fire (so cannot cook). • However here in Mongula camp, the women reported it is not as strict as back home – because here they are alone and there is not enough people to bring food, so they are forced to cook etc. • If you spend your day by the river you can't go to the food distribution or other distribution	• In our culture we don't touch food, drink milk, and don't be near men • But as refugees we have no option and the children need to eat so you are forced to do all the work if you don't have anyone to help you
F.1	Pads: Disposable / Reusable: Have you ever used these items before?	• Had seen normal disposable pads (with and without wings) – but only about half of the girls had actually used them • 2 girls had seen AFRIpads type cloth pads but not used them (saw in a diagram from a Red Cross volunteer or OXFAM volunteer from another settlement) • 5 girls had seen the UNHCR Makapads and used them (some were distributed these when they were at the transit camp). They reported that they are not good, that they do not have much absorbency and are very thin	• Had seen normal disposable pads (with and without wings) • Had not seen the AFRIpads type cloth pads or the UNHCR Makapads	• Most of the women had seen the disposable pads but only a few had actually used them – they are expensive and not comfortable • Generally use two packets per period of disposable pads (if they have them) • When they run out of the disposable ones they use pieces of cloth • Some people say that disposable pads cause cancer and that why we don't like to use them • Just 1 woman had seen the AFRIpads type cloth pads but no one had used them
F.1	For the situation you are in now, which type of pad would you prefer?	• Washable pads (AFRIPads) • Because they don't run out and can continue to be used month after	• Washable pads (AFRIPads) • Because they don't run out and can continue to be used month after	• Washable pads (AFRIPads) • Because they last longer

		month • Color of underwear not important	month	
H.1	After discussing all these aspects of menstrual hygiene, what is your biggest challenge in terms of managing your monthly period? (rank top 3)	1. Pads / towel 2. Soap 3. Good bath shelters	1. Pads 2. Underwear 3. Soap	• Did not ask

b) SOMALIA – Dilla (peri-urban) and Alleybade (rural)

Ref.[2]	Question / Information	Key discussion points		
		Group A (12 – 17 years)	**Group B (18 – 34 years)**	**Group C (35 – 50 years)**
C.3	What do you use now to manage your monthly period?	• We use pieces of cloths. We buy from the market and it is very expensive. It costs 3.5 US Dollar per month. • They put on more than 3 petticoats and skirts, and stay in the house for 5 to 7 days. • Most of them we don't have underwear. • Several women in the Alleybade older women group, had taken elastic from a skirt and used this to hang cloth off between their legs. • For washing/drying/care see question D.2.		
C.4	What challenges do you face during your monthly period? Do you ever feel embarrassed?	Dilla: • Lack of soap. • Sometimes there is no water. • Lower abdominal pain. • FGM no problem as they only have "pinching" (least severe form where not sewn together). Alleybade: • Lack of water and soap. • Clothes very expensive.	Dilla: • We don't have suitable material or pads. • We are not able to properly do our activity/work and we are shying from community • We are staying for seven days at home. • We have more embarrassed or worried that people will see.	Dilla: • No soap, lack of underwear and toilets. • Material is expensive and sometimes they don't have material, some women have to borrow from other women. • Scarcity of clothes due to using cloth for monthly period Alleybade:

[2] Refer to the Focus Group Discussion Guide (Somaliland) for full questions and probing questions, for each specific identifying number [format: letter.number].

		• Pads not available in Alleybade. • Getting information is a challenge. • No toilets. • Get pain before and during their period.	Alleybade: • Fear and embarrassment of washing blood stained cloths. • Lack of water and soap • Expensive for cloths (3.5 us$). • No pads available.	• Lack of soap. • Feel very embarrassed about staining and do not want to walk past people while they have their period.
C.5	Do you experience any pain before or during your monthly period?	Dilla: • Lower abdominal pain. • Not much problem with FGM as they are only pinched. • They do not go to school because they do not have materials and feel embarrassed. Alleybade: • Experience abdominal pain. • Dizziness, sometimes the school is very far and hot so they stay at home. • Feel moody and yell at people, also do not have pads so do not go to school that week.	Locations same: • We feel pain in lower back, as well as irritation and infection. • Abdominal pain. • We try and get pain killer from the clinic or private pharmacy. • Tiredness, colic pain, sometimes urine retention due to FGM and blood clot. • All women have FGM type 4 (most severe) and there is infection when a blood clot forms and gets 'stuck' and causes a blockage – this is very painful flow of blood because it is slow and sometimes have to cut to let the clot out Alleybade: • Tired, abdominal pain. • We try and get pain killer from the clinic or private pharmacy. • Slow flow of blood (due to FGM). • Several women reported getting irritation and infection caused by lack of clean material.	Dilla: • Severe pain. • Infection. • Slow flow of blood. • Urine drops, drop by drop. • A woman told a story about blood clot and having to cut herself open to let it out Alleybade: • Burning during urination. • Slow blood flow due to FGM.
C.6	Is there anything that you are restricted from doing or can't do, when you have	• Because of fear of staining and embarrassment they stay inside approx. 7 days, which is very restricting, even for normal aspects of everyday life.		

	your monthly period?	• We are not doing some activities like going to mosque for religious reasons, do not go to school, do not go to market, and do not collect water from the water sources.
D.1	Where do you change your cloth / materials / pads? How often do you change?	• Changing time depends on the flow, and depending on the material. If it is big material they can turn it around or fold it over to use the other side. • If use only skirts need to change skirt twice a day. • For those who have latrine, they change there. Most change at their house or hide in bushes when they go to get water or wash the other pad. • Some women wait until late at night to wash the pads, when everyone has taken water they go to wash at water point.
D.2	How do you manage your used or dirty cloth / pads? How do you wash and dry the cloths?	• If there is water, they wash the cloth and reuse. Usually wash just with water, but if they have soap or can get it they would use that. Normally they wash cloth inside house or in the bushes near the water point area. • They dry the cloth on the bushes outside their home in a private corner or the trees near their home area. The thorns make holes in the material and mean they have to change more frequently. It takes 1 – 2 days to dry the cloth. • If there is no water, they throw the dirty cloth away OR dry it and use it dirty again (stiff from dried blood and smelly). In Alleybade, group B said they put used pad in paper or plastic bag and put in the rubbish pile where people burn rubbish. Younger ladies in Alleybade put used cloth in latrines because they have latrine. In Dilla, they dig a small hole in the soil and bury the used pad. The older women in Alleybade reported that if there is no water they store the pieces of dirty cloth in their house or dry the dirty cloth in the sun and reuse it when it is dry [reason for infections]. One older woman in Alleybade reported that she went one day to a neighbour's house, and someone had put the dirty cloth in a bag in the house and it was really foul and bad smelling, but the lady didn't want to throw them out and not having anything, and was saving them for when there was water to wash and dry. • They don't normally throw into the bushes or on the ground because if the goats or camels or other animals eat it they become sick. Some women in older group in Dilla had seen dirty stained cloth along the ground so they were asking for garbage pits. If they are near the health facility we can use proper garbage disposal but not otherwise. • In Alleybade, the toilet for girls is broken for girls at school, there is only toilet that used to be for men but now the girl's one is broken. But it impossible to use because it is the same as boys [not separated for girls and boys]. The latrine is not lockable. • Generally all women and girls reported not being comfortable, having to try and find a private place and/or wait until night time to manage the cloth and washing.
D.3	Where do you bathe or wash yourself?	• Most bathe once or twice a week (every 3 – 4 days) when there is no water, when there is water they wash one to two times a day. • We bathe in the latrine (if we have one – note: less than half have a latrine), in the bush near water point or in

		our household (usually in a locally made area attached to household). • We believe that if we wash during our period then we become sick (Group B in Dilla). One time a lady became very sick after bathing while bleeding, so now she waits until her period has finished before bathing (7 – 10 days). • Girls in Alleybade bathe one to two times a day.
E.2	If you could choose a type of pad, which one would you prefer?	• We prefer both of them (e.g. disposable and reusable). Because when there is no water in dry season we cannot wash the cloth pads. • The disposal ones we can use in the dry season. • The washable type we can use in the rainy season because water is available. • The young girls in Alleybade would prefer disposable pads because most of them have toilets. • All prefer underwear over the elastic band, because they didn't see how the pad can be connected and all have seen underwear before (it is just they don't have access to buy it or wear it).
F.2	(Show and pass around IEC material). Do you understand the pictures on this paper?	• Yes they understand the pictures, especially about using the pads, washing and drying the pads. • Understand also the blood from the uterus, but looks like one of the women is sick and the uterus pictures looked like goats horns to one group. Need to explain this diagram more. • Pictures need to be changed to be like Somali women • The pamphlet is important because they can see one woman is happy because she is using these pads and so they should also get the pads to be happy.
G.1	After discussing all these aspects of MHM, what is your priority for support needed to manage your monthly period?	Dilla: • To get menstrual material, for example underwear with pads. We need to receive enough material. • Improve washing facilities with enough water and soap. • To get latrine areas to wash the pads. Alleybade: 18 to 34 years: Social mobilization, underwear, toilets. We also need clothes, pads and soap. 12 to 17 years: Underwear, pads, soap both bathing/washing and for clothes, some have toilets but we need toilets for our neighbors as not everyone has them.

c) MADAGASCAR – Ankililoky and Miary

Ref.[3]	Question / Information	Key discussion points
A	**MENSTRUAL HEALTH INFORMATION**	• Menstruation is primarily a physiological process related to the reproductive system of women. However, beyond these biological considerations, menstruation is supported by a social significance, cultural and psychological. It does not represent a personal monthly event, but also reflects a social reality. It is therefore imperative that menstruation is analysed in a sociological perspective, rather than only under medical scrutiny. • Although the social context has changed markedly, studies show that a negative perception of menstruation has remained rooted in attitudes. • The language and behaviour associated with the presence of menstruation are undoubtedly influenced by menstrual taboos. • Talking openly about menstruation remains today a difficult subject to tackle. • Lack of knowledge and information about menstruation: Incomplete information from their mothers, girlfriends, grandmothers, sisters, aunts. • Menstrual hygiene management learned too late. The majority of the girls did not know what was happening when they experienced menstruation for the first time and, therefore, they were afraid.
B	**MENSTRUAL HYGIENIC PRACTICES AND WASH FACILITIES**	• For menstrual flow: use of tissue: the old worn rags or clothing that uses more bits, or even debris from an old blanket cut in a thin layer, the cleanliness remains unknown. • Each daughter possession of two underwear at most. • Washing and drying fabrics in their showers, or in a corner out of sight to avoid the act of witchcraft and the looks of the father and brothers. The use of soap for washing depends on funding. • Changes three times a day, they make their bathroom either in the river or stream, or in a shower makes satrana. • For school girls must put thick fabrics to avoid changing to school because there are no places for intimacy. Latrines have no locks,

[3] Refer to the Focus Group Discussion Guide (Somaliland) for full questions and probing questions, for each specific identifying number [format: letter.number].

		toilets for girls and boys are not separated. • Means financial problem because the price of hydrant water is 10 or 15 l. • Inability to have private showers with water, they are forced to wake up very early in the morning and take showers in the rivers near their homes. And women who work in the fields, they cannot wash or shower as they arrive home very late at night. • The fabrics used are thrown away into the river, stream or in the toilet pit
C	**HEALTH, CULTURE AND TABOO**	• The use of thick fabrics is a solution for school girls and women who work in the field because they can take a shower or change came to their home. After menstruation, they have itching and irritation. They use animal oil to remedy them. • This itching is linked to poor hygiene, lack of access to products: water, sanitary towels, soaps • Behaviours and attitudes are affected by these social norms: ○ During menstruation, their husbands do not sleep with their wives ○ Banned imposed by their husbands waste soap when you wash ○ Behaviour and attitudes behind ○ Fear and shame to be in good standing ○ Stress, fear of being treated impure ○ Complicated relationship between father-daughter, brother-sister related topic • Withdraw from other students when they are rules: for fear of a bad odour release, fearing possibility of leakage, for fear of being put on the spot, to be a victim of mockery boys ... • Lack of school: to avoid being the target of all the jokes, afraid to be seen with a task with clothing, lack of fabrics, towels etc. • Complicated relationship with his father and brothers, it is incestuous talking about menstrual hygiene or menstruation with father and brothers • As these are the girls who become women, these impacts persist until adulthood. Except that at this age, they were married, but the stakes are even more difficult to live • The use of hygienic disposable towels for households remain affluent society.
D	**MHM ITEMS AND KITS**	• As a woman, it would be nice to have a shower at the house but people have not yet used to build due to lack of resources. Since

		with the project carried out by the Red Cross, people begin to build latrines and showers. • It would also be good to have the buckets and bowl specifically for the shower, because we cannot use the same cooking materials. • For kits, girls prefer washable towels as fault means the girls do not have access to the products. The girls cannot be obtained because of the cost and availability in the local grocery store. Girls and women require Lambahoany for the kit as they have a habit of putting Sikina (Lambahoany). • For the IEC material: it is better to put the text in the official language as the language used in school is the official language, the local dialect is only to express verbally.