PILOTING REUSABLE SANITARY PADS IN CABO DELGADO, MOZAMBIQUE: Key Findings



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- 139 Rua Joseph Kizerbo, Maputo, Mozambique
- ♠ iommaputo@iom.int
- Mozambique.iom.int

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Piloting reusable sanitary pads in Cabo Delgado, Mozambique: key findings



This pilot was undertaken under the "It's Our Right!" Sexual and Reproductive Health and Rights project which aims to improve Sexual and Reproductive Health and Rights and HIV (SRHR-HIV) outcomes for migrants, adolescents and sex workers in migration-affected communities in Mozambique, and is implemented in Ressano Garcia, Tete, and <u>Cabo Delgado</u>. Since 2016, IOM has been working towards improving SRHR-HIV prevention in Southern Africa, in partnership with Save The Children, with funding from the Kingdom of the Netherlands. The IOM "It's Our Right!" project is part of the regional 'SRHR-HIV Knows No Borders' project and is implemented in Eswatini, Lesotho, Malawi, Mozambique, South Africa, and Zambia.







Pilot location

Montepuez, Cabo Delgado province,

Objectives

The aim of this pilot was to understand the acceptability and appropriate use of AFRIpads reusable sanitary pads among vulnerable adolescent girls and young women aged 13-29, and how they can contribute to improving Menstrual Health and Hygiene (MHH).

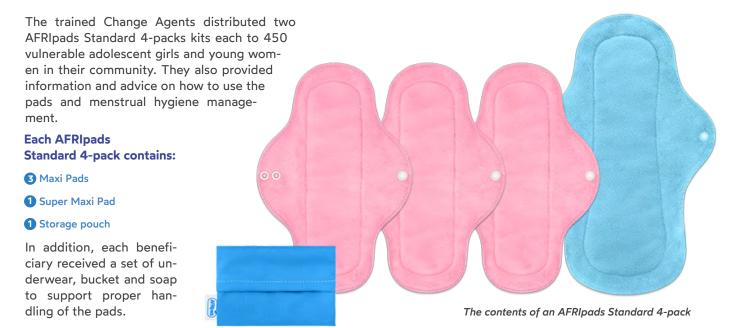
Intervention

In August 2020, AFRIpads delivered an online Training of Trainers (ToT) session to IOM Mozambique 'It's our Right' project staff who then cascaded the training to 30 female change agents. The training included Menstrual Hygiene Management and training on the appropriate use and care of AFRIpads reusable sanitary pads.

Change Agents are peer educators, trained by the 'It's our Right' project, their role is to:

- → Conduct community-based dialogues
- → Undertake house-to-house visits to raise awareness on SRHR/HIV
- → Provide lay counselling and referrals to SRHR/HIV services
- → Provide psychosocial support to vulnerable youth, migrants and sex workers on SRHR/HIV related issues.

IOM
distributed
1,000 AFRIpads
4-pack Menstrual Kits
to 450 beneficiaries in
Montepuez district of
Cabo Delgado province
in December
2020



Methodology

Individual interviews were conducted with a representative sample of 233 beneficiaries, before and after the distribution of pads, using a questionnaire. Interviews were conducted by trained data collectors and timed to ensure at least three months of utilisation of the products between baseline (Sept. 2020) and endline data collection (Apr. 2021). A scorecard was developed which ranks the KAP on menstrual health of beneficiaries, pre and post intervention

The questionnaire was designed as a knowledge, attitude and practices (KAP) index to measure how likely it is for beneficiaries to adopt the pads and use them correctly.

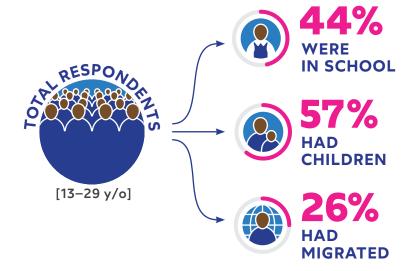
The data collected was specifically on washing, drying and changing practices, as well menstruation experiences (pain, leaks, impact on daily life and school attendance). In addition to this, the family and social network support during the menstrual cycle was taken into account.





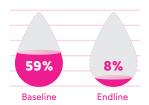
Key Findings

Data collected was from 233 a diverse group of beneficiaries. Of these 233 respondents aged 13-29, 44% were in school, 57% had children and 26% had migrated in the last year, citing insecurity and Cyclone Kenneth as key reasons for migration.



Product Experience

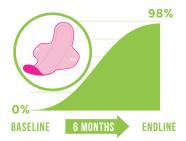
When compared with disposable pads, beneficiaries using AFRIpads reported less leaking and fewer sensations of itching and burning.



LEAKING:

While 59% of beneficiaries sampled reported leaking at baseline, only 8% reported leaking at endline.

This improved
school attendance
outcomes, as leaking
became less of a reason
to miss school than
before the pilot.



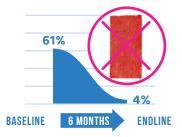
USE:

at baseline, 0% of the beneficiaries sampled used reusable sanitary pads. At endline, 98% of respondents were using their AFRIpads reusable pads



SATISFACTION:

98% of respondents expressed satisfaction with AFRIpads, 71% of these were very satisfied and 27% were satisfied.



CHANGE IN PRODUCT USE:

at baseline, 61% of beneficiaries sampled used layers of **cloth to absorb their menstrual blood**. This reduced to 4% at endline.





Menstrual hygiene practices: key findings



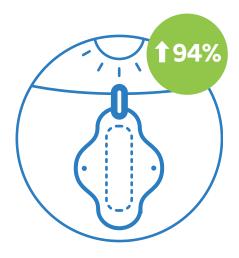
WASHING

All respondents had the right knowledge and were implementing the correct practices to wash their pads. However, the frequency of washing should be reinforced.



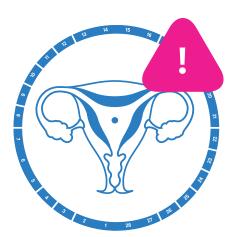
FREQUENCY OF CHANGING PADS

The majority of respondents agreed on the need to change pads frequently, though knowledge and practice on this needs to be strengthened: only 63% at baseline and 68% at endline reported changing their sanitary pads three or more times per day.



DRYING

With regards to drying, at baseline 66% of those sampled would choose sunlight as their solution for drying their pads. At endline, 94% were actually drying their pads outside. This demonstrates a significant positive shift from intended practices to implemented practice. 79% of beneficiaries sampled strongly agreed (24%) or agreed (55%) that their pads should be dried outside without feeling ashamed.



MENSTRUAL HEALTH KNOWLEDGE

There were inconsistent improvements on beneficiaries' menstrual health knowledge before and after the intervention. Knowledge gaps around when menstruation begins still remains prevalent. On the other hand, a positive shift in knowledge was registered in the percentage of respondents who understood that women can't get pregnant during menstruation from 36% at baseline to 75% at endline.

Results show the need to strengthen menstrual health education through a continuous learning approach to consolidate knowledge and translate it into safe and improved practices





Conclusions

The findings from this pilot demonstrate that reusable pads (AFRIpads) are highly acceptable to young women and girls in Mozambique. Beneficiaries reported a high rate of satisfaction (98%) with AFRIpads Menstrual Kits and appropriate use of AFRIpads reusable pads overall, validating AFRIpads Menstrual Kits as an acceptable product choice for women and girls in the project site.

Menstrual health knowledge was poor, and did not improve significantly over the short period of the pilot (4 months). This calls for additional investment in strengthening sexual and reproductive health education through continuous learning and peer support approaches, as well as in addressing social and cultural attitudes linked to menstrual taboos to drive positive behaviors.

An integrated approach should be adopted in menstrual health programming, where menstrual product distribution is always paired with the delivery of appropriate menstrual health education, as an essential component to overcoming menstrual barriers related to knowledge, attitudes and practises.

67% of beneficiaries interviewed in the post-intervention survey expressed that they needed more information about menstruation. The short duration (4 months) of the intervention did not allow for significant knowledge change, and important gaps remain on menstrual health and hygiene education. This highlights the need for ensuring beneficiaries are provided with educational support and quality information on menstrual health over a sustained period of time to drive change.

In line with the growing consensus about the need for menstrual product choice, reusable pads should be considered among the range of acceptable and appropriate menstrual products within the pilot geographies.

Resources like the AFRIpads Training of Trainers model and educational tools can ensure partners have appropriate information and materials to educate beneficiaries about menstrual health and drive lasting change.







