



Menstrual Hygiene Management: From health and social impacts to action

Absorbent interventions and their acceptability in Malawi

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Study Context

- Most women and girls cannot afford to purchase sanitary pads
- Commonly use 'old cloths'
- Resources for washing (e.g. soap) scarce
- Resort to unhygienic ways to wash and dry
- Proliferation of sanitary towels (free, subsidized, low cost)
- Number, type and acceptability of the absorbent interventions nationwide not known.



Status of MHM absorbent interventions in Malawi

- Review of relevant policies, reports, advocacy efforts and literature
- Compile all absorbent interventions

Acceptability of the absorbent interventions

Ascertain the success of the interventions

Methods: Descriptive qualitative design

Sampling

Data Collection

Sample Description

Purposive Sampling

-women and girls

Snowball –Key informants

In-depth interviews

Focus group discussions

Key Informant Interviews Districts (n=8)
Health worker (n=6)
Teachers (n=12)
Community leaders
(n=8)
Service providers (n=9)
FGD (n=7) = 60 girls

FDG(n=3) = 35 women

Absorbents identified



Re-usable pads made at school

Malawian made disposable pads





Perceived benefits of absorbents

- Reduced absenteeism
- Reduced shame due to staining
- Secretive, one can go unnoticed
- Enhanced cleanliness & reduced odour
- Cultural beliefs dying out

"Traditionally, when a girl has her first period, she is required to be kept in closed doors for almost 7 weeks and also she has to take her bath at the stream or use a separate bathroom from the rest of her family members. After finishing the period, part of her hair is cut, symbolising maturity and readiness for marriage. The girl is regarded as an outcast, she is not allowed to visit the garden as she is cursed and is believed to have the power to curse the plants" (KII, Service Provider)

Ease of use & appropriateness for skin

- Disposable pads easy to use
- Enhanced soaking abilities
- Sometimes reusable are hard, cause skin irritations
- Menstrual cups complicated and challenging
- Myths associated with cups

"A nurse told us that we are not supposed to insert anything in there, not even a finger so why are they now saying that we can be inserting these cups into the vagina?" (Woman, FGD)

"We feel that these cups can make our vaginas big and our husbands might leave us" (Woman, FGD)

"We told them we wanted some soft materials as the vagina is soft and hard cloths may cause sores that might lead to infections" (Woman, FGD)

Affordability and accessibility

- Disposable expensive (0.71 cents -\$1.36)
- Reusable cheaper & preferred
- Old cloths used alongside disposable
- Travel long distances to access materials to make re-usable
- Mocked by boys and male teachers
- Shy to ask for pads at school

"It is very hard at times to let the teacher know that we are menstruating and we feel it is better just to go home" (School girl, FGD).

"Culturally they were told that no one should know that they are on their period" (Woman, IDI)

Disposal & care

Indiscriminate disposal for disposables

 Reusable pads preferred for this reason

 But drying places for reusable are a challenge "You find some girls disposing of used pads in other people's compounds and dogs tend to pick them up and shredding them throughout the community" (Community leader, KII).

"If they are hanged in a dark place, flies breed on it and when a person uses them they might cause infections such as mauka" (Woman, IDI)

Sustainability of interventions

Lack or poor finances

- Mother groups and the school failing to raise funds
- Not many people buy reusable pads made by mother groups in the communities.

Inadequate training

- Only standard 8 girls are trained
- Change in mother group membership

Poor monitoring after the intervention

- Monitored on quarterly basis but stops after intervention
- Health workers not part of the MHM interventions

Conclusion

- Disposable and reusable pads most preferred absorbents
- Myths about menstrual cups
- Pads not affordable
- Pads available for free only at school but also not sufficient
- Improper disposal of absorbents a challenge
- Girls still stigmatised and mocked by males
- Health workers not involved in MHM programs
- MHM programs struggling to sustain
- Poor coordination of MHM programs by implementers