Menstrual Hygiene Management
In Ethiopia

National Baseline Report from Six Regions of Ethiopia

UNICEF WASH

May 2017

MHM Club Meeting at Sheno Number 1 Primary School, Oromia (©UNICEF/2017/Taddese)
Contents

National Baseline Report from Six Regions of Ethiopia ................................................. 1
Executive Summary ........................................................................................................... 5
Table of National Findings from National WASH KAP Study ...................................... 8
Table of Key Findings by Region ..................................................................................... 12
Background ..................................................................................................................... 19
Methods ......................................................................................................................... 21
  Baseline Survey on Knowledge, Attitudes and Practice of Menstrual Hygiene Management in School Girls in Afar, Gambella, Oromia and Southern Nations and Nationalities Peoples’ Region (AGOS). 2017 ............................................................... 21
  Knowledge, Attitudes and Practices of MHM among schoolgirls and community in selected Woredas of Amhara Region. 2016 ................................................................. 22
  A Baseline Survey on MHM Knowledge, Perception and Practices in selected schools of Ethio-Somali Region, East Ethiopia. 2017 ................................................................. 23
  KAP Baseline Survey on Water, Sanitation and Hygiene in Eight Regions of Ethiopia. 2017 .................................................................................................................. 24
Findings ........................................................................................................................... 25
  Background of Respondents ......................................................................................... 25
  Knowledge, Attitude and Practices to MHM among school girls and boys ............... 26
    Knowledge about Menstruation .................................................................................. 26
    Access to Information about MHM .......................................................................... 27
    Attitudes towards Menstruation ................................................................................ 31
  Cultural Taboos, Myths and Restrictions around Menstruation .................................. 34
  Current Status of WASH Facilities .............................................................................. 37
    Poor and Insensitive Design and Construction of Facilities ....................................... 37
    Insufficient Access to Water ..................................................................................... 37
  Sanitary Products: Usage and Perceptions ................................................................... 42
    Affordability ................................................................................................................ 46
  Impact of Menstruation on Girls at School ................................................................. 47
Conclusion and Recommendations ............................................................................... 51
Annex 1 – Relevant Existing Evidence on MHM in Ethiopia .................................... 54
Figure 1 – Population Pyramid of Ethiopia (World Population Prospects) .......... 19
Figure 2 – Research locations of AGOS Regional Survey. 2017 ............................. 21
Table 1: Summary of Sample Size by Region for Quantitative and Qualitative Methods ................................................................................................................................. 21
Table 2: Number of study Woredas by Region, WASH KAP Survey. ...................... 24
Figure 3: Sample Size for MHM Baseline ................................................................. 25
Figure 4: Rural/Urban divide among girls from pilot schools ............................... 25
Figure 5: Parental Illiteracy Rate for girls from pilot schools ............................... 26
Figure 6 – Experience of First Menstruation in Afar, Oromia, Gambella and SNNP Regions ................................................................................................................................. 27
Figure 7: Access to Information about Menstrual Hygiene Management ............... 28
Figure 8 – Access to Education on Menstrual Hygiene Management at School ..... 28
Figure 9 – Knowledge Assessment of Girls on MHM by Region ............................ 29
Figure 10 – Awareness of MHM Promotions within the last six months .............. 29
Image 1 – Focus Group Discussion with Boys in Garachatu School in Oromia Region – Jan 2017 .................................................................................................................................................. 30
Figure 11 – Community members who hold a negative view towards girls’ menses 33
Figure 12 – Activities not performed by girls during menstruation .................... 36
Figure 13 – Where girls change their MHM materials ......................................... 37
Figure 14: Availability of water in schools ................................................................. 38
Figure 15: Availability of Soap in Schools ................................................................. 38
Figure 16 – Use of School Toilets for MHM in Somali Region ............................. 39
Figure 17 – Reasons given for not using School Toilets for MHM in Somali Region 39
Image 2: School toilet and non-functional washing facilities in Mashkoke, and Wilwal primary school, Somali Region ......................................................................................................................... 40
Image 3- Girls’ toilets with no doors and roof in Berhayle, Afar Region .......... 41
Image 4 – Meti Secondary School in Gambella ..................................................... 42
Figure 18: Sanitary Products Used by Rural/Urban/Pastoralist Divide ................. 42
Figure 19: Where schoolgirls dispose of used pads or pieces of cloth in school ... 43
Figure 20: Ideal Absorbent Materials to manage Menstruation ......................... 44
Figure 21: Materials used by schoolgirls from regional surveys ......................... 45
Figure 22: Percentage of Adult Women and Girls who are able to afford a Sanitary Pad ................................................................................................................................. 46
Image 5 – Berhayle Student .................................................................................... 46
Figure 23 – Percentage of Adolescent Girls who feel confident managing menses at school ................................................................................................................................. 47
Figure 24 – Percentage of Girls Missing School due to Menstruation ................. 48
Figure 25 – Reasons for Missing School due to Menstruation ............................ 48
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>HDA</td>
<td>Health Development Army</td>
</tr>
<tr>
<td>HEW</td>
<td>Health Extension Worker</td>
</tr>
<tr>
<td>KAP</td>
<td>Knowledge, Attitudes and Practices</td>
</tr>
<tr>
<td>KII</td>
<td>Key Informant Interview</td>
</tr>
<tr>
<td>MHM</td>
<td>Menstrual Hygiene Management</td>
</tr>
<tr>
<td>RHCC</td>
<td>Reproductive Health Club Coordinator</td>
</tr>
<tr>
<td>SNNP</td>
<td>Southern Nations, Nationalities and People's</td>
</tr>
<tr>
<td>SP</td>
<td>School Principal</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
</tbody>
</table>
Executive Summary

Background:

UNICEF Ethiopia’s Water, Sanitation and Hygiene (WASH) Programme recognizes that menstrual hygiene management (MHM) is an important aspect of eliminating inequalities in WASH services access and that MHM contributes to reducing early marriage through improving girls’ school attendance, performance and school completion.

To this end, UNICEF has designed a pilot MHM programme that covers 46 schools within six regions of Ethiopia: Afar, Amhara, Gambella, Oromia, Southern Nations, Nationalities and Peoples’ (SNNP), and Somali.

Research on menstruation knowledge, attitudes and practices in Ethiopia is scarce. Our findings show there has never been a detailed national survey on menstruation in Ethiopia, only small-scale studies have taken place – and only for some regions. There is also almost no evidence which looks at the attitudes and beliefs of men and boys in Ethiopia to menstruation. UNICEF therefore commissioned detailed baseline surveys to inform and guide the design of UNICEF’s MHM programme as well as to develop the monitoring framework and indicators to measure progress and guide the final evaluation.

Three baseline surveys were conducted in 2016 and 2017 – led by Ethiopian research teams. Together they form a comprehensive picture of the current status of MHM in Ethiopia, combining quantitative and qualitative information. In addition to these subject-specific surveys on MHM, UNICEF also organized a national Knowledge, Attitudes and Practices (KAP) survey in early 2017 to establish baseline data for UNICEF’s WASH country programme strategy. The KAP survey included information on MHM, also presented in this summary report.

Together these surveys combine qualitative and quantitative information to form the most comprehensive understanding yet of menstruation hygiene knowledge, attitudes and practices in Ethiopia.

Methods:

Whilst the four surveys were led by different organizations, using slightly different methodologies, UNICEF worked to ensure compatibility across the approaches and that the results are comparable.

The three MHM-focused surveys took a regional approach and conducted interviews in schools selected by UNICEF to inform the proposed MHM programme in those pilot schools. By contrast, the KAP establishes a national baseline for UNICEF’s WASH country programme (2016-2020). The sample was designed to be representative of the national context of Ethiopia, using a community-based cross-sectional design.

Findings:
Consistent themes emerge from the four studies. A full table of key findings by region can be found on page 12. Findings from the national WASH KAP survey can be found on page 8.

Whilst the majority of women and girls see menstruation as a natural phenomenon, there is a strong culture of shame and silence around the practice of menstruation. Many girls are unaware of basic menstruation information before they experience it for the first time. Our regional surveys found wide variation on whether girls were aware of menarche before experiencing it— from as low as 14% in Afar to as high as 74 per cent in Somali pilot areas. Clearly, education and information initiatives are not reaching girls in time and cultural taboos and practices are preventing family and friends from providing information.

One of the most pervasive myths about menstruation in Ethiopia is that it is an indicator of commencement of sexual activity. Particularly in traditional, rural communities this can be extremely damaging and potentially dangerous for adolescent girls. A related belief is that menstruation is a sign of maturity and signifies that a girl is ready to be married. A number of other myths and misconceptions exist – but these appear to vary greatly by geography and community. Generally, girls reported negative attitudes within their communities towards menstruation.

Girls experience high levels of harassment and teasing from their classmates, particularly school boys. Teachers and school officials do not appear to be fully aware of the significance of this problem. The impact of this is that girls too often miss school during their menstruation or may even drop out of school entirely.

The average school environment is a major barrier to ensuring appropriate MHM.

It should be noted that many of these challenges are faced more generally for WASH in schools. Insufficient access to water in schools, filthy and non-functioning toilets, lack of handwashing facilities and lack of privacy for girls were all found to be commonplace in the surveyed schools and nationally.

Whilst the survey showed girls in many areas expressed a need for dedicated MHM centres, the evidence suggests those MHM centres that exist are not being well utilised. In some cases, girls prefer to use clean toilets to ensure that other pupils are not aware they are menstruating rather than using dedicated MHM centres where it will be obvious that they are menstruating. In other cases, it seems that MHM centres are not properly equipped or are difficult for girls to access – for example they may require interaction with male teachers to ask for a key.

These challenges mean that a significant proportion (between 11 – 46 per cent in pilot areas) of girls miss school due to menstruation. Over the course of a year, the number of school days lost has a large impact and may hold them back academically.

With respect to current MHM practices, the surveys found that generally, poorer, rural girls are more likely to utilize reusable products, whilst urban, wealthier girls
are more likely to utilize disposable sanitary pads. Particularly in rural areas there are challenges with the availability of sanitary products. Nationally, lack of affordable sanitary pads is the main challenge for managing menses, particularly in rural areas.

When asked what women and girls would prefer to use, urban girls and women clearly prefer disposable sanitary pads while the reverse is true for rural pastoralists who prefer reusable or disposable cloth. Among rural non-pastoralists there is a divide between women who prefer reusable cloth and girls who prefer disposable sanitary pads. Overall, girls prefer disposable sanitary pads while women prefer reusable cloth.

**Conclusion and Recommendations:**

Existing information channels such as health sector workers are a powerful way to advocate for MHM. Schools are also a valuable place of raising awareness, however the current ad-hoc approach needs to be strengthened and standardised. Teachers, particularly male teachers, require materials and training to enable them to be sensitive and supportive to the needs of adolescent girls with respect to MHM. Wider initiatives are also needed to increase awareness and decrease stigma within communities.

The most challenging population to reach is rural pastoralist girls and further consideration is needed to determine the most effective strategy for this subgroup.

WASH infrastructure in schools is currently in a very poor state with over half of girls (56 per cent) reporting there is never access to water in schools and over three quarters (77 per cent) of communal and school toilets observed had faecal matter present in the facilities. This is not solely an MHM issue and needs to be addressed as part of wider WASH improvements in schools strategy. MHM-specific physical initiatives such as dedicated rooms do not seem to be as effective as hoped although there is strong support for them from schoolgirls. There is a need for complimentary activities to make them more effective.

Promotion of innovative, low-cost menstrual hygiene materials is needed to address the affordability challenge, as the current cost of sanitary pads is too high for many women and girls. Differentiated products will serve target groups across urban and rural settings, wealthy and poor customers and girls and women. Local entrepreneurs must be encouraged and given the freedom to stock a range of products tailored to their marketplace. UNICEF and partners have a role to play in strengthening the supply chain and potentially in supporting local producers to make cheaper pads.
## National Findings from National WASH KAP Study

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Urban (Rural)</th>
<th>Rural pastoralist (Rural non-pastoralist)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MHM focusing on adolescent girls</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of adolescent girls who knew menstruation is normal, natural process</td>
<td>75.5% (75.8%)</td>
<td>65.7% (69.9%)</td>
<td></td>
</tr>
<tr>
<td>% of adolescent girls who knew clean absorbent reusable or disposable</td>
<td>91.6% (84.4%)</td>
<td>65.9% (75.3%)</td>
<td></td>
</tr>
<tr>
<td>materials are safe materials for MHM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of adolescent girls who knew menstrual materials (sanitary pads or</td>
<td>31.5% (18.7%)</td>
<td>22.4% (23.7%)</td>
<td></td>
</tr>
<tr>
<td>homemade cloth) should be changed three to four times over 24 hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of adolescent girls who knew homemade menstrual cloth and reusable</td>
<td>40.6% (45.3%)</td>
<td>41.6% (42.1%)</td>
<td></td>
</tr>
<tr>
<td>pads including underwear needs to be washed with water and soap</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of adolescent girls who knew homemade menstrual cloth and reusable</td>
<td>30.8% (43.8%)</td>
<td>36.5% (36.7%)</td>
<td></td>
</tr>
<tr>
<td>pads including underwear needs to be dried in open sun</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of adolescent girls who knew reusable sanitary materials should not be</td>
<td>76.2% (67.2%)</td>
<td>57.6% (63.7%)</td>
<td></td>
</tr>
<tr>
<td>shared with other individuals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of adolescent girls who knew the need to wash the skin outside and</td>
<td>76.9% (75%)</td>
<td>71.1% (73.2%)</td>
<td></td>
</tr>
<tr>
<td>around their vagina at least once in a day during menstruation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of adolescent girls who knew used menstrual materials should be</td>
<td>34.3% (45.3%)</td>
<td>29.5% (33.7%)</td>
<td></td>
</tr>
<tr>
<td>disposed in a closed temporary collection and buried or burned</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of adolescent girls reported changing menstrual pads 3-4 times over</td>
<td>Adolescent girls</td>
<td>36.9% (34.5%)</td>
<td></td>
</tr>
<tr>
<td>24 hours</td>
<td>Adult women</td>
<td>24.5% (27.5%)</td>
<td></td>
</tr>
<tr>
<td>% of adolescent girls reported washing reusable</td>
<td>Adolescent girls</td>
<td>86.2% (76.7%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adult women</td>
<td>84.2% (76.7%)</td>
<td></td>
</tr>
<tr>
<td>Indicators</td>
<td>Urban</td>
<td>Rural pastoralist</td>
<td>Rural non-pastoralist</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>-------------</td>
<td>-------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>menstrual cloth with water and soap</td>
<td>Adult women</td>
<td>91.3%</td>
<td>54.0%</td>
</tr>
<tr>
<td>% of adolescent girls reported drying menstrual cloth and reusable pads in open sun</td>
<td>Adolescent girls</td>
<td>58.3%</td>
<td>87.2%</td>
</tr>
<tr>
<td>% of adolescent girls reported properly disposing absorbent materials (sanitary pads or menstrual cloth)</td>
<td>Adolescent girls</td>
<td>89.4%</td>
<td>63.2%</td>
</tr>
<tr>
<td>% of adolescent girls and women who prefer disposable sanitary pad as ideal absorbent</td>
<td>Adolescent girls</td>
<td>89.4%</td>
<td>19.7%</td>
</tr>
<tr>
<td>% of adolescent girls and women who prefer reusable sanitary pad as ideal absorbent</td>
<td>Adolescent girls</td>
<td>3.5%</td>
<td>7.9%</td>
</tr>
<tr>
<td>% of adolescent girls and women reported they are able to afford to pay for sanitary pad</td>
<td>Adolescent girls</td>
<td>87.1%</td>
<td>13.2%</td>
</tr>
<tr>
<td>% of adolescent girls and women willing to pay for sanitary pad that they afford</td>
<td>Adolescent girls</td>
<td>98.6%</td>
<td>100%</td>
</tr>
<tr>
<td>% of adolescent girls reported they do not ever get teased by their friends related to menstruation</td>
<td>98.8%</td>
<td>89.5%</td>
<td>92.6%</td>
</tr>
<tr>
<td>% of adolescent girls reported to ever discuss freely about menstruation and do not feel ashamed revealing their menstrual status</td>
<td>53.8%</td>
<td>28.1%</td>
<td>32.7%</td>
</tr>
<tr>
<td>Indicators</td>
<td>Urban</td>
<td>Rural pastoralist</td>
<td>Rural non-pastoralist</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>---------</td>
<td>-------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Reasons for not freely discussing about menstruation among adolescent girls</td>
<td>Shame</td>
<td>66.7%</td>
<td>78.3%</td>
</tr>
<tr>
<td></td>
<td>Due to culture and beliefs of the society</td>
<td>12.1%</td>
<td>18.5%</td>
</tr>
<tr>
<td></td>
<td>I don't feel free to discuss</td>
<td>22.7%</td>
<td>25.0%</td>
</tr>
<tr>
<td></td>
<td>Due to taboos</td>
<td>10.6%</td>
<td>10.9%</td>
</tr>
<tr>
<td></td>
<td>Due to religion</td>
<td>0%</td>
<td>1.1%</td>
</tr>
<tr>
<td>% of adolescent school girls reported sanitary pads for emergency MHM are available in their school</td>
<td>28.2%</td>
<td>19.2%</td>
<td>10.5%</td>
</tr>
<tr>
<td>% of adolescent school girls reported water for menstrual hygiene is always available in their school</td>
<td>20.5%</td>
<td>11.5%</td>
<td>13.7%</td>
</tr>
<tr>
<td>% of adolescent school girls reported soap for menstrual hygiene is always available in their school</td>
<td>12.8%</td>
<td>0%</td>
<td>6.3%</td>
</tr>
<tr>
<td>% of adolescent school girls reported feeling confident to manage menses at school</td>
<td>74.4%</td>
<td>30.8%</td>
<td>58.9%</td>
</tr>
<tr>
<td>% of adolescent school girls reported not missing any school due to menstruation related problems</td>
<td>91%</td>
<td>84.6%</td>
<td>89.5%</td>
</tr>
<tr>
<td>% of adolescent school girls reported never interrupted school class due to menstruation related problems</td>
<td>96.2%</td>
<td>96.2%</td>
<td>90.5%</td>
</tr>
</tbody>
</table>
| People’s perception about menstruation (social taboos, curse, sin and related isolations) [Qualitative indicator] | • People consider menstruation as a normal natural process and a sign of maturity for girls  
• Yet, some individuals associate menstruation with sexual intercourse and abortion when they see menstrual bloodstain on a girl’s clothing  
• In some areas, a woman is not allowed to prepare and serve food, fetch water, and participate in social gatherings during menstruation |
### Indicators

<table>
<thead>
<tr>
<th>Perception of adolescent girls and other community members on leaks, stains, and odours related to menses</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Qualitative indicator] ▪ For most girls, the main psychological effect of menstruation is fear of accidental bloodstain on cloth and the teasing associated with it</td>
</tr>
<tr>
<td>▪ Adolescent girls are also concerned about odour, believing if they sit close to people, they may smell the odour of their menses</td>
</tr>
<tr>
<td>▪ There are few male students who are not willing to sit on the place where a girl who is menstruating once sat on</td>
</tr>
</tbody>
</table>

### Appropriate multi-media channels

<table>
<thead>
<tr>
<th>Information sources considered by women to give trustworthy/useful information about sanitation and latrines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health extension workers 45.4% 45.5% 54.7% 51.0%</td>
</tr>
<tr>
<td>Health workers 39.5% 43.3% 36.2% 38.3%</td>
</tr>
<tr>
<td>Family members 19.7% 12.0% 19.4% 18.0%</td>
</tr>
<tr>
<td>Health Development Army/CHW 18.4% 15.6% 17.9% 17.5%</td>
</tr>
<tr>
<td>Electronic media (TV and Radio) 22.2% 8.5% 6.9% 10.2%</td>
</tr>
</tbody>
</table>
# Table of Key Findings by Region

<table>
<thead>
<tr>
<th>Background</th>
<th>Amhara</th>
<th>Somali</th>
<th>Afar</th>
<th>Gambella</th>
<th>Oromia</th>
<th>SNNP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woredas/districts</td>
<td>Tarmaber, Siadber Wayu, Baso Liben, Gonder Zuria</td>
<td>Jijiga, Degabhour, Gode, West Imay</td>
<td>Amibara, Aysaita, Berahle, Delafghea</td>
<td>Itang Special, Wanthoa, Makuay, Abobo, Gog, Lare, Godere, Jikaw</td>
<td>Babo Gambel, Boset, Gursum, Jimma Arjo, Merti, Sire</td>
<td>Misrak Badewacho, Gibe, Geta, Shone Town Administration</td>
</tr>
</tbody>
</table>

## Study Population
929 schoolgirls from 38 primary and secondary schools total for multi-regional survey

### Schoolgirls
- 790 girls who had started menstruation from 12 primary schools
- 630 girls who had started menstruation from 8 schools (3 secondary and 5 primary)
- 139 girls
- 306 girls
- 294 girls
- 190 girls

### Other
- Focus Group Discussions (FGD) with community reps, school girls and boys
- 16 FGDs. 8 with female students. 8 with female teachers, headmasters and parents/family representatives
- 21 FGDs. 8 with girls, 8 with boys and 5 with women

### Urban/Rural
- 56.6% rural areas
- 48.4% from Weina Dega
- 99% urban areas
- Urban: 73.4%, Rural: 26.6%
- Urban 70.3%, Rural 29.7%
- Urban 44.9%, Rural 55.1%
- Urban 29.5%, Rural 70.5%
<table>
<thead>
<tr>
<th>Religion</th>
<th>&gt;90% Christians</th>
<th>84.1% Muslim 15.1% Christian</th>
<th>Muslim 70.5%, Orthodox 23.7% Protestant 5.8%</th>
<th>Protestant 65.7% Orthodox 21.9% Muslim 9.2%</th>
<th>Orthodox 61.6% Muslim 21.1% Protestant 16%</th>
<th>Protestant 72.1% Muslim 16.8% Orthodox 9.5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father’s Profession</td>
<td>Farmers 69.2%</td>
<td>Merchants 31.2% Govt Employee 31.1%</td>
<td>Farming c. 50% Govt Employee 19.7% Business/Trade 18%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother’s Profession</td>
<td>Housewife 41.3%</td>
<td>Housewife 42% Merchant 37.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illiteracy</td>
<td>Mothers: 51.1% Fathers: 27.3%</td>
<td>Mothers: 29.2% Fathers: 11.8%</td>
<td>(Uneducated) Mother 52.1% Father 24.4%</td>
<td>(Uneducated) Mother 54.3% Father 30.6%</td>
<td>(Uneducated) Mother 40.5% Father 24.4%</td>
<td>(Uneducated) Mother 47% Father 26%</td>
</tr>
<tr>
<td>Notes on Schools</td>
<td>All schools had MHM centres. 11 of 12 schools had separate boy/girl toilets but only 3 of 12 had a separate building for girls’ toilets. No toilets were clean. 4 of 12 had piped water access.</td>
<td>76% had toilets in school. 57% with toilets had separate toilets for girls and boys. Only 13.1% of girls use toilets. 75% had no water services near latrine. 16.8% have MHM separate room.</td>
<td>All schools did not meet national standards for toilets. Almost all toilets have sanitation problems 31.6% of schools have no water facility at all, 18.4% have a non-functioning water facility.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quantitative Data</td>
<td>Amhara</td>
<td>Somali</td>
<td>Afar</td>
<td>Gambella</td>
<td>Oromia</td>
<td>SNNP</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----------</td>
<td>-----------</td>
<td>-----------</td>
<td>-----------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td>% of girls aware of menarche before first menarche</td>
<td>63.4%</td>
<td>74%</td>
<td>14.4%</td>
<td>23.6%</td>
<td>22.2%</td>
<td>35.1%</td>
</tr>
<tr>
<td>% missing school due to menstruation</td>
<td>19.8%</td>
<td>20%</td>
<td>23%</td>
<td>46%</td>
<td>22%</td>
<td>11%</td>
</tr>
<tr>
<td>Days absent/month of those who missed</td>
<td>1-2: 26.5%</td>
<td>1-3: 64.5%</td>
<td>1-2: 50%</td>
<td>1-2: 71%</td>
<td>1-2: 42%</td>
<td>1-2: 65%</td>
</tr>
<tr>
<td></td>
<td>3-5: 59.5%</td>
<td>4-6: 22.6%</td>
<td>3: 50%</td>
<td>3: 19%</td>
<td>3: 25%</td>
<td>3: 30%</td>
</tr>
<tr>
<td></td>
<td>6-7: 7.0%</td>
<td>7+: 12/9%</td>
<td>4-5: 8.6%</td>
<td>4-5: 23.9%</td>
<td>4-5: 5%</td>
<td>4-5: 5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6-7: 2.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Main reasons for missing school</td>
<td>Feeling ill 28.4%</td>
<td>Lack of privacy, lack of water supply to school, pain/discomfort</td>
<td>Too much pain 53.8%</td>
<td>Too much pain 43.0%</td>
<td>Too much pain 56.2%</td>
<td>Lack of supplies 45.0%</td>
</tr>
<tr>
<td></td>
<td>Excessive menses flow 21.2%</td>
<td>[From FGDs]</td>
<td>Teasing from students 38.5%</td>
<td>Teasing from students 37.8%</td>
<td>Teasing from students 25%</td>
<td>Lack of Water in School 40.0%</td>
</tr>
<tr>
<td></td>
<td>Lack of pads/modes 20.7%</td>
<td>Lack of water in school 15.4%</td>
<td>Lack of supplies 19.2%</td>
<td>Lack of supplies 14.8%</td>
<td>Lack of water in school 20.3%</td>
<td>Too much pain 25.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of separated toilets 11.5%</td>
<td>Parents asked me to stay at home 15.6%</td>
<td>Parents asked me to stay at home 15.6%</td>
<td>Parents asked me to stay at home 15.6%</td>
<td>Teasing from students 15.0%</td>
</tr>
</tbody>
</table>
| Main sources of information about menses | Teachers 39.1%  
Mothers 22.6%  
Elder sister 12.7%  
Health professional 12.2% | Family 43.7%  
Friend 25.3%  
School 15% | Family 32.6%, Schools 30.9% and Friends 26.9% |
|-----------------------------------------|-----------------|-----------------|---------------------------------|
| Materials used for menses               | New or Old Cloth 50.7%  
Disposable pads 40.6% | Disposable pad 75.6%  
Disposable rag 9.5%  
Reusable cloth 8.4% | Reusable Cloth 87.1%  
Sanitary Pads 77%  
Cotton/sponge 5.8% | Reusable Cloth 50.3%  
Sanitary Pads 68%  
Cotton/sponge 11% | Reusable Cloth 85.5%  
Sanitary Pads 68.1%  
Cotton/sponge 32.6% | Reusable Cloth 69.8%  
Sanitary Pads 69.3%  
Cotton/sponge 7.4% |
| Other important statistics               | Why girls don’t use toilets:  
Unclean 40.3%  
Unsafe 32.5%  
No privacy 23.8%  
Other 3.4% |
<table>
<thead>
<tr>
<th>Qualitative Data</th>
<th>Amhara</th>
<th>Somali</th>
<th>Afar</th>
<th>Gambella</th>
<th>Oromia</th>
<th>SNNP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes of schoolboys/men</td>
<td>Insults, smearing of name, ridicule and laughter of schoolgirls – particularly if their menses were observable from stained clothing etc. Boys avoid sitting with a girl who is menstruating and accuse girls of sexual activity.</td>
<td>Girls not keen to talk to their fathers/other males about menstruation.</td>
<td>Girls sometimes ask permission to leave the school when menstruating to avoid the possibility of being teased by school boys. Boys’ harassment of girls when menstruating is a factor in causing them to drop out of school – respondents indicated they knew of cases where this had occurred. Girls do not want to discuss menstruation with male teachers or male relatives. Male teachers stated that they lack information on MHM – and in some cases feel embarrassed to teach students about MHM.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural beliefs</td>
<td>Common belief that it is associated with loss of virginity. Belief that it means a girl is ready for marriage. Many communities see it as dirty and harmful. They prevent girls from performing religious activities during menstruation, or from doing some physical and household activities. Some are prevented from making food or making injera.</td>
<td>Commonly referred to menstruation as ‘caado’, monthly flower and dirt. Vast majority prevented from religious activities or visiting temples. Minorities restricted from certain goods, taking baths/shower, social events, sharing a bed or even totally</td>
<td>Mothers do not tell their husbands that they are menstruating. Husbands who become aware will refuse to sleep in the same bed as their wives. Similarly girls do not tell their parents about menstruation and state that when they require money to buy disposable pads they say the money is for another purpose like soap or hair oil. [Oromia]. Menstruation associated with loss of virginity [Tigray]. Women not allowed to prepare and serve food [Gambella]. Women not allowed to participate in social gatherings. Not allowed to attend religious events (majorities in Afar and Oromia, minorities in Gambella and SNNP).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Environment</td>
<td>Girls are frequently restricted in all regions from activities like cooking food (particularly in Afar), fetching water (particularly in SNNP) and travelling long distances (particularly in Afar and SNNP).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some girls did not want to use MHM centres because they would be harassed by boys if they did. Prefer to use toilets (if clean).</td>
<td>Many girls noted that while toilets might be available, often no functioning locks, or even no door and not separated for male and female. Toilets are dirty and lack rubbish bin and water. Teachers may not have necessary skills and knowledge to provide effective reproductive health education including MHM.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some girls uncomfortable using MHM centre because they have to ask for key from male teacher. Some girls feel teachers (especially male) have poor understanding of menses and social pressures surrounding it. Also they assume girls' stomach ache problems must be menses related.</td>
<td>All schools suffered from poorly constructed, gender-insensitive, poorly maintained and cleaned, insufficient facilities. Half of schools lacked access to water. Students reported that they preferred to go to toilets in neighbouring houses rather than using the school toilets. Almost all toilets have serious sanitation problems, and even the well-designed toilet facilities in the regions are poorly managed and entirely unclean. Very few toilets have attached handwashing facilities attached to toilet blocks, and there are severe shortages of soap or ash. Sometimes students have to carry in water to school for cleaning of toilets and classrooms [Gambella].</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of clean water access repeatedly mentioned. Schools have financial pressures and so cannot provide sanitary pads. Most toilets not clean, poor water supply. Male and female toilets are isolated from rest of the family.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
often very closely placed – limiting privacy. 
Sometimes when pupils are order to clean toilets they stop coming to school.

| Sanitary Product Problems | Many girls reported they could not afford pads – an average of 17 birr is too expensive. 
Others said they could not afford soap/could not access soap or soapberry ('endod') and so might use ash for cleaning MH materials. | While girls preferred disposable pads strongly – they said they were too expensive, also felt ashamed buying them in shops and limited access and knowledge of how to use them. | Girls prefer disposable pads to reusable, but disposable pads are more expensive so they only purchase them when they can afford it. Only some schools provide free emergency pads to students. 
Students sometimes purchase pads from refugees who are given them for free [Afar]. Some schools are supported by UNICEF or other NGOs to provide free pads. |
Background

About 52 per cent of the female global population is of reproductive age and every day an estimated 300 million women; including school girls, experience menstrual flow. The majority of them have no access to clean and safe sanitary products, or a clean and private space in which to change menstrual materials and to wash. In many cultures, menstruation is supposed to be invisible and silent and may therefore influence menstruating women and girls to be the same.

Millions of girls and women are denied mobility and are subject to restrictions in their daily lives when menstruating. Due to the culture of silence and associated stigma around menstruation the topic is not openly discussed even at the family level and therefore not given due attention. Cultural practices and taboos around menstruation impact the lives of women and girls negatively and reinforce gender inequities and exclusion.

In Ethiopia, there are approximately 50 million women and this number is expected to double by 2050\(^2\). As can be seen from the population pyramid in Figure 1, in 2015 there were around 6 million girls aged 10-15 years in Ethiopia and even more aged 5-10 years\(^3\).

In Ethiopia, girls reach puberty and start menstruating often without adequate information and the psychological readiness to manage it, causing the onset of menstruation (menarche) to be a shocking incident for girls. Lack of information accompanied by a lack of access to appropriate sanitary wear and proper facilities for managing menstruation at school can hinder girls’ class attendance, performance and school completion.

Despite the scale of the problem, research on menstruation in Ethiopia is scarce. To our knowledge there has never been a detailed national survey of Ethiopia looking at menstruation. The current evidence base of knowledge, attitudes and practices towards menstruation in Ethiopia is slim, and mainly consists of studies of schoolgirls or female university students conducted in only a small number of regions in Ethiopia.

A search of the PubMed and Popline databases found only eight studies relating to menstruation in Ethiopia. Four of these studies related to schoolgirls/adolescent

---


girls, while three studies looked at female undergraduate students. Only one study looked at household members and therefore included men in their study population.

Regionally the studies considered populations from Amhara (3), Oromia (3) and Tigray (2). No studies were found which looked at Afar or Somali regions – which are overwhelmingly Muslim. Similarly no studies looked at the SNNP, Benishangul Gumuz or Gambella regions of Ethiopia.

This represents a major gap in the evidence base on MHM in Ethiopia. UNICEF therefore commissioned detailed baseline surveys to inform and guide the design of UNICEF’s MHM programme and to develop the monitoring framework and indicators to measure progress and guide the final evaluation. Together with the national WASH KAP survey, these studies combine qualitative and quantitative information to form the most comprehensive picture yet of menstruation hygiene knowledge, attitudes and practices in Ethiopia.
Methods

Baseline Survey on Knowledge, Attitudes and Practice of MHM in School Girls in Afar, Gambella, Oromia and Southern Nations and Nationalities Peoples’ Region (AGOS), 2017

The AGOS baseline survey followed a cross-sectional study design, in which both qualitative and quantitative methods were used. The quantitative data was gathered using a paper based, structured questionnaire with a representative sample of population, while the qualitative information was collected through FGDs, in-depth interviews, direct observation and case stories using semi-structured guides and checklists.

The study area covers 22 woredas in four regional states of Ethiopia namely: Afar, Gambella, Oromia and SNNP. In total, 929 school girls from 38 primary and secondary schools participated in the baseline survey to assess the knowledge, attitudes and practices towards MHM.

All girls aged nine and above from target schools who had experienced menstruation were eligible for inclusion in the survey. In addition to schoolgirls, key informant interviews (KII) were conducted with school principals, health extension workers, reproductive health club coordinators and school boys. FGDs were also conducted with school boys, school girls and women residents around school catchment areas.

Table 1: Summary of Sample Size by Region for Quantitative and Qualitative Methods

<table>
<thead>
<tr>
<th>Region</th>
<th>Woreda</th>
<th>School</th>
<th>Survey</th>
<th>FGD*</th>
<th>KII*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
<td>Girls</td>
<td>Boys</td>
<td>HDA*</td>
<td>Water office</td>
</tr>
<tr>
<td>Afar</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Oromia</td>
<td>7</td>
<td>14</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Gambella</td>
<td>8</td>
<td>8</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>SNNP</td>
<td>3</td>
<td>8</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>38</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>
Knowledge, Attitudes and Practices of MHM among schoolgirls and community in selected *woredas* of Amhara Region, 2016

The Amhara Region MHM Baseline Report employed a community based cross sectional study design using both quantitative and qualitative methods. Fieldwork was undertaken from November to December 2015 in 12 selected primary schools and communities in four *woredas* of Amhara Region: Baso Liben, Gonder Zuria, Siadber ena Wayu and Tarmaber.

Data was obtained using structured questionnaire from all adolescent girls (n=790) who started experiencing menstruation. The questionnaire assessed respondents’ knowledge about menstruation, their current MHM practices and measured their attitudes towards menstruation – including their openness to discuss the subject. The questionnaire was prepared in Amharic and piloted in one rural school before being utilised for the study population.

FGDs were held with community representatives, school girls and school boys in order to examine attitudes towards menstruation and MHM practices. The FGDs were organized separately for girls and boys and were moderated by members of the same sex from the research team.

Key informant interviews were conducted with individuals (n=24) of different positions at the selected schools; coordinators of children, youth and women affairs’ offices, education bureaus, health sector offices, and water resource offices at *woreda* levels. In-depth interviews were also conducted with 14 schoolgirls who were identified to have some unique or particularly salient experiences in relation to menstruation so as to explore more detailed information about menstruation and its effects. These experiences included girls who were harassed at school or by family members due to menstruation or who were forced to drop out or miss school.

Observation of school compounds to examine the suitability of the environment for girls’ menstrual health management was also conducted. Analysis of quantitative data was carried out using descriptive statistics, one sample t-test, and logistic regression. Thematic analysis was used for the qualitative data. Health education on menstrual hygiene was provided to fill gaps in knowledge after data collection had been completed. Verbal consent from each participant was obtained before data collection.
A Baseline Survey on MHM Knowledge, Perception and Practices in selected schools of Ethio-Somali Region, East Ethiopia, 2017

The Somali region survey study covered eight selected primary and secondary schools. Data was collected from November 22 to December 12 2016. A descriptive cross-sectional study design was employed to collect the data.

A total of 630 female students were selected using stratified random sampling. Students who had not experienced menarche were excluded.

The study adopted a mixed methods approach, combining four data collection methods. These were survey, FGDs, interview and observation.

To collect volume of information the researchers employed various tools including self-administered close-ended questionnaires, FGDs, observation checklists and semi-structured interviews with key informants. Questionnaires were translated into Somali.

**Qualitative Data**

The qualitative data were captured using various qualitative methods such as FGD and interviews. In all the selected schools, two separate FGDs were held. One of the group discussions was held with a group comprised of schools girls and the second was held with groups comprised of parents, teachers and representatives of school communities. Girls participating in the FGDs were assured of the confidentiality of discussions. These FGDs were intended to capture a balanced range of views from a relatively homogenous group of girls, whilst also identifying some less common experiences and beliefs. The relative heterogeneity of the second group was intended to help explore the diverse views of different stakeholder groups. In each of the groups, the maximum number of participants has been managed not to exceed 12. In most of the FGDs, the number has been between eight and 10 persons.

Individual stakeholders were interviewed by researchers. The sample size was guided by the principle of ‘saturation’ – namely that interviews are conducted until the point where the collection of new data does not shed any further light on the issue under investigation. An interview guide was prepared to capture the voice of female teachers of each selected school. Questions such as the roles of teachers, issues related to knowledge on MHM, school MHM practices and conditions and MHM impact on female students’ academic performance and involvements were included, amongst others.

After the study participants were informed about the purpose of the study, informed consent was obtained before the data collectors began the group discussions. Voice recorders were utilized. Discussions were held in the school compounds, usually in areas where privacy could be maintained. The recorded data was transcribed in Somali (local language) and then translated into English.

**Quantitative Data**
Quantitative data was collected using self-administered questionnaires. The questionnaire was tested before it was used in the final survey. Items such as socio-demographic characteristics, issues related to menstruation and source of information on MHM, habit of discussion on menstruation, support on sanitary pad procurement, related taboos, restrictions and isolations, knowledge, practice and perception, practice and type of sanitary pads in use, source of the sanitary pad (availability, appropriateness and affordability of sanitary pads), availability of girl-friendly toilet facilities and the condition of a conducive learning environment in schools were included in the survey questions.

The participants were briefed about the purpose of the study and their informed consent was obtained before they were requested to fill the questionnaire. The data collection process was facilitated by gender coordinators of each school. Students were instructed on how to fill the questionnaire during the interview. Data quality was assured through careful guide and follow up during data collection and discussion with the research team and enumerators on a daily basis.

**KAP Baseline Survey on Water, Sanitation and Hygiene in Eight Regions of Ethiopia, 2017**

The KAP baseline survey employed a community-based cross-sectional study design with both qualitative and quantitative data collection methods. Data collection was undertaken by Android tablets, using the Census and Survey Processing System (CSPro) version 4.4.2 App.

The baseline survey covered eight regional states of Ethiopia, namely: Amhara, Oromia, Tigray, SNNP, Afar, Somali, Benishangul Gumuz, and Gambella regions. Forty-four woredas selected from urban (small and medium towns), rural (both pastoralist and non-pastoralist) areas were included in the survey. Table 2 below presents the number of woredas included in the survey in the eight regional states.

Table 2: Number of study woredas by Region, WASH KAP Survey

<table>
<thead>
<tr>
<th>Type of Woreda</th>
<th>Tigray</th>
<th>Amhara</th>
<th>Afar</th>
<th>Oromia</th>
<th>Gambella</th>
<th>SNNP</th>
<th>Benishangul Gumuz</th>
<th>Somali</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Rural pastoral ist</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Rural non-pastoral ist</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>8</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4</strong></td>
<td><strong>8</strong></td>
<td><strong>4</strong></td>
<td><strong>11</strong></td>
<td><strong>2</strong></td>
<td><strong>8</strong></td>
<td><strong>2</strong></td>
<td><strong>5</strong></td>
<td><strong>44</strong></td>
</tr>
</tbody>
</table>


Data was collected using a mixture of methods, including face-to-face interviews using a structured questionnaire (household KAP survey), key informant interviews, FGDs, and direct observation of WASH facilities.

Findings

Background of Respondents
A total of 2,349 schoolgirls from 6 regions of Ethiopia were surveyed across the three regional studies.

Figure 3: Sample Size for MHM Baseline

Figure 4: Rural/Urban divide among girls from pilot schools

Please note this does not include the national WASH KAP Study
As can be seen in Figure 4, the proportion of urban to rural schoolgirls varies considerably across regions, from 99 per cent urban in Somali region to 70.5 per cent rural in SNNP region.

The illiteracy rates of the targeted schoolgirls’ parents also vary by region. Figure 5 also shows there is a clear trend that mothers are more likely to be illiterate than fathers across all regions. Somali has the lowest rates of illiteracy for parents out of all the regions, whilst Gambella has the highest.

Figure 5: Parental Illiteracy Rate for girls from pilot schools

Knowledge, Attitude and Practices to MHM among school girls and boys

Knowledge about Menstruation
Nationally, 85 per cent of adult women in Ethiopia know that menstruation is a natural occurrence, whilst the figure is somewhat lower for adolescent girls (70 per cent). However, only half of females (50 per cent adult women and 48 per cent girls) knew menstrual blood comes from the uterus. Three in every ten girls (29 per cent) and 11 per cent of women do not know what the cause of menstruation is.

Women in Ethiopia consider menstruation as a sign of maturity for girls, according to FGD participants and key informants. It is considered as a gift from God to females and a sign of being a healthy and normal woman. Most adolescent girls share this idea as one girl in Mengesh woreda in Gambella said; “It shows a normal state of health. If it does not appear, it is a sign of poor health or pregnancy.”

Afar, Gambella, Oromia and SNNP Regions
The multi-region survey revealed that pre-menarche knowledge of girls is extremely limited. As Figure 6 demonstrates, only a minority of girls were aware of menstruation when it first occurred to them.

**Figure 6 – Experience of First Menstruation in Afar, Oromia, Gambella and SNNP Regions**

More positively, most girls responded that menstruation is a natural phenomenon (75.2 per cent). Girls have a low level of knowledge at the start of menstruation but it increases over time.

**Somali Region**

In the Somali regional survey, around three quarters (74 per cent) of respondents said that they were aware of the onset of menses before it happened. This does not necessarily mean that they had sufficient information. Respondents were open to discussing menstruation with their mothers (59 per cent), sisters (23 per cent) and friends (17 per cent) but unsurprisingly were much less keen to discuss it with their fathers (0.2 per cent). The overwhelming majority viewed menstruation as a natural process (83 per cent), however knowledge of how and where to access medical support was much poorer with cycle irregularity (41 per cent), excessive bleeding (25 per cent) and severe pain (19 per cent).

**Access to Information about MHM**

Nationally in Ethiopia, over half (52 per cent) of adolescent girls have never received any information about menstrual hygiene. There is a clear divide between urban (33 per cent) and rural pastoralists (69 per cent) with rural non-pastoralists at (54 per cent).
The most common sources of information are teachers (particularly in urban areas), mothers and friends. It is notable that for rural non-pastoralists, friends (13 per cent) are a more common source of information than mothers (10 per cent). Also notable is the fact that health workers, health extension workers and health development army/community health workers are not a significant source of information for adolescent girls, collectively providing information to less than 10 per cent of adolescent girls.

Considering girls currently enrolled in schools, slightly less than half of adolescent girls said they have access to menstrual hygiene education at school – with a significant divide between urban and rural areas as shown in Figure 8.

The figure also shows the differing regional divides within Ethiopia from Benishangul Gumuz providing menstrual hygiene education to a significant

---

4 Note that since some adolescent girls may gain information from both health workers and health development army and therefore totals cannot simply be summed. 9.7% can be seen as a maximum upper estimate.
majority of schools (82 per cent) to Oromia only providing for a minority (39 per cent).

**Afar, Gambella, Oromia and SNNP Regions**

This multi-region study showed that over three quarters of respondents (79 per cent) said they had not received any training or orientation on MHM. A composite indicator was created to assess the level of knowledge that girls have in these four regions.

**Figure 9 – Knowledge Assessment of Girls on MHM by Region**

As can be seen in Figure 9 – levels of knowledge are generally poor, with Afar and Gambella having the poorest knowledge out of the four regions covered. Multivariate analysis conducted indicated that girls in grades 9 and 10 had higher levels of knowledge than younger girls in grades 1 through 6.

Girls were also asked about their awareness of various MHM promotions within the past six months.
As can be seen from Figure 10, school-based promotions have by far the greatest awareness in the four regions, with the exception of Gambella. Gambella is an interesting outlier in that health workers, health extension workers and the health development army seem to have been more effective at reaching girls than in other regions but schools appear to have been much less effective.

**Amhara Region**

In the schools targeted in Amhara, a similar, albeit somewhat more positive, picture to the national situation emerged. The top sources of information were school teachers (39 per cent), mothers (23 per cent), elder sisters (13 per cent), health professionals (12 per cent) and friends (9 per cent). Only a minority agreed that they find it embarrassing to talk about menstruation with their friends (24 per cent), or that they wouldn’t tell anyone that they are experiencing menstruation (33 per cent). A clear majority (62 per cent) felt that it is not acceptable to talk about menstruation with boys.

The Amhara regional study did identify however that many teachers, particularly male teachers, are not sensitive to the concerns and needs of adolescent girls with respect to MHM. Some students complain that teachers assume all kinds of pain for girls are menstruation-related when there may be other causes.

Male teachers may ignore girls facing difficulties or may not feel that they have the necessary knowledge to help them. One male teacher in Oromia explained that he found it difficult to teach about menstruation because he feared students might tease him.

**Somali Region**

In the Somali regional survey, the majority of girls (60 per cent) reported that they had not received MHM education in their schools. Schools visited did not have relevant teaching materials, textbooks or posters – and it was discovered that what
education had been provided was done because of female teachers’ own initiative. Whilst this is a commendable action from the teachers involved, it is surely the case that effective MHM education is needed in all schools, and should therefore not be done on a voluntary and spontaneous basis.

**Afar, Gambella, Oromia and SNNP Regional Survey**

Similarly in these four regions it was found that MHM is not included in the school curricula and manuals, and that school principals, teachers and WASH representatives pay less attention to MHM than to other issues. Most schools do have various awareness drives, campaigns and media to create awareness on reproductive health, HIV and AIDS but MHM is currently not one of the key themes. There are also girls’ clubs in many schools which could be another avenue to create awareness of MHM.

**Attitudes towards Menstruation**

The national KAP survey gives a clear indication that across Ethiopia menstruation is not seen as something it is acceptable to discuss. The majority (63 per cent) of adolescent girls never talk/discuss about menstruation with another person (urban 46 per cent, rural pastoralist 72 per cent, rural non-pastoralist 67 per cent).

Only two in every ten women (22 per cent) said that they talked with their daughter about menstruation before she started menstruating (urban 39 per cent, rural pastoralist 30 per cent, rural non-pastoralist 15 per cent). When asked if they usually freely talk about menstruation with their daughter, 22 per cent replied ‘yes’. Relatively, a higher proportion of women in urban areas have a practice of discussing menstruation with their daughters (39 per cent), followed by those in rural pastoralist areas (27 per cent) while the lowest is in rural non-pastoralist (15 per cent). When girls were asked why they do not discuss menstruation, the overwhelming reason they gave was due to shame about the issue (69 per cent).

**Afar, Gambella, Oromia and SNNP Regional Survey**

This regional survey had similar findings to the national KAP with 68.3 per cent of girls saying embarrassment stops them from having a discussion about menstruation with others. Over one third of girls (39 per cent) reported that they are afraid of being treated differently if others know that they are on their menses – and in particular they seek to avoid boys discovering they are on their menses.

FGDs with schoolboys revealed that while boys do not help girls during menstruation – this is partly because they have very little understanding of menstruation or of what needs girls could have. The majority of boys expressed a willingness to help girls if they are informed of what is needed.
Even at family level it can be a great taboo to discuss menstruation. Mothers participating in FGDs in Oromia explained that they do not tell their husbands that they are menstruating. Husbands who become aware will refuse to sleep in the same bed as their wives. Similarly, girls do not tell their parents about menstruation, and state that when they require money to buy disposable pads they say the money is for another purpose such as soap or hair oil.

**Amhara Regional Survey**

In Amhara, our baseline survey found respondents had mixed feelings towards menstruation. Almost half (50 per cent) stated that they were happy about their period. However relatively high numbers said they felt embarrassed to have their period (43 per cent), worried that they might start to bleed without noticing (44 per cent) and that they didn’t like hearing about menstruation (44 per cent).

Respondents in Amhara were also asked who they felt held negative attitudes towards menstruation.
Clearly, the standout result here is that girls perceive schoolboys as being negative towards menstruation – and qualitative evidence supported this with girls saying that they are often teased and mocked at school by boys and also sometimes by girls. One girl in Amhara said:

“I started menstruation three years ago when I was a grade 5 student. One day, a drop of ink from my red pen leaked and it smudged the school desk. Afterwards, everyone harassed me as if I were careless to manage my menses.”

During the FGD, boys in schools in Amhara also confirmed that many schoolboys verbally harass menstruating girls. Schoolboys sometimes refrain from sitting together with a girl who started menstruating.

Key informant interviews with teachers and school officials suggested that they were not fully aware of the level of teasing and harassment that schoolgirls can face. Specific rules and policies to support girls and educate on menstruation could be considered. It should be noted also that this occurs outside of the school premises also. As one focus group discussant said:

“If people see any spot of blood on a girl, they refuse eating any food prepared by her stigmatizing her as if she is a cursed person. This makes her to experience feelings of inferiority. Psychological pressure may happen as she asks herself ‘why I am created different from other people and all these things happen to me?’”
Cultural Taboos, Myths and Restrictions around Menstruation

**WASH KAP Survey**

The national survey of women and adolescent girls identified a number of cultural taboos and misconceptions about menstruation. According to adults and adolescent girls who participated in FGDs, there are individuals who think the girl had sexual intercourse or aborted a child when they see blood stains on cloths.

“If blood is seen on a girl’s dress it will be considered as humility and people think that the girl has already started sex with men and still some consider it as the girl has had an abortion or miscarriage,” said one adult woman in Menzelalo woreda of Amhara region.

A health extension worker in Tigray region also said; “Some people in rural areas associate girls bleeding with sex and if she has her period without getting married the society suspect her for having sex before marriage”.

Women and girls are also restricted from a number of activities whilst menstruating.

In some areas, a woman is not allowed to prepare and serve food, or fetch water during menstruation. One women in Gambella Zuria woreda explained:

“There is a tradition that prohibits females with menstruation to touch or get close to cows that provide milk. The society strongly believes that the milk will be spoiled if a woman with menstruation touches the body of a cow. We still do believe this is true and we are not opposing this culture.”

In some areas, women are not allowed to participate in social gatherings, according to key informants. One informant from the woreda health office in Gambella region described this:

“In our culture, girls are forbidden to appear in social gatherings when they are experiencing their menses.”

Regrettably, these misbeliefs were found in high numbers in the Amhara regional survey of schools. Almost one third (30 per cent) of girls said that their mothers take first menses as a sign of sexual maturity.

“Earlier, I assumed that menstruation is the result of vulgarity or sexual relations. While having this view, I began to experience menstruation at school without having had sexual relations. Now I understand it as a natural phenomenon that occurs every month and I make myself ready as much as I can and keep myself clean.” – schoolgirl in Tarmaber, Amhara region
Our Amhara baseline survey largely showed that girls disagreed with many potential restrictions on their activities while menstruating. They disagreed that they should stay at home (61 per cent disagree to 24 per cent agree), that they should not play sports (56 per cent disagree to 30 per cent agree), that they should not take a bath (71 per cent disagree to 23 per cent agree), and that it was okay to be absent from school (79 per cent disagree to 13 per cent agree). The only activity which was deemed unacceptable was swimming (60 per cent agree to 26 per cent disagree).

However there were strong cultural norms around privacy during menstruation or feeling embarrassment at menstruation. Girls disagreed if it was okay to wash absorbent materials in front of other people (61 per cent disagree and 27 per cent agree) and that it was okay to change absorbent materials at the school compound (45 per cent disagree and 43 per cent agree). Most girls felt that washed pants/absorbent materials should be dried in hidden places (55 per cent agree and 35 per cent disagree) and many felt that it was embarrassing if someone saw them dispose of used absorbent materials (44 per cent agree and 42 per cent disagree).

Other prohibited activities mentioned by at least some focus group discussants included performing religious activities, sport, swimming, sexual intercourse, running, jumping, household chores, or cooking and mixing injera.

**Afar, Gambella, Oromia, SNNP**

Differing results were obtained across the four regions on whether girls currently menstruating should attend religious events. In Afar (71 per cent) and Oromia (59 per cent) clear majorities felt that girls should not attend. In Gambella, respondents were evenly divided with 46 per cent saying girls should not attend and nearly 50 per cent saying that they disagreed with a restriction. Finally, in SNNP a clear majority rejected the idea that girls should not attend religious ceremonies and events (73 per cent).
As can be seen from Figure 12, girls are frequently restricted from activities like cooking food (particularly in Afar), fetching water (particularly in SNNP) and travelling long distances (particularly in Afar and SNNP).

**Somali Region**

Numerous restrictions were noted by adolescent girls in the Somali regional survey. Most girls do not visit temples or attend any religious activities (83 per cent) while others were restricted from sharing bedrooms (16 per cent), restricted from eating certain foods (14 per cent), not allowed to take a bath or shower (12 per cent), restricted from social events (11 per cent), prevented from going to school (6 per cent) and not allowed to play with friends or relatives (9 per cent). One girl participating in an FGD said that:

“During menstruation I am not allowed to cook food because some family members believe my hands could be poisoned.”

These findings show that apart from a clear cultural norm against religious activities while menstruating, it is a minority of respondents who are caught by these restrictions. Efforts must therefore be focused on this minority.

A small but concerning number of respondents (7 per cent) said they had been verbally or physically attacked because of their menstruation.
Current Status of WASH Facilities
The surveys identified that the current status of WASH facilities in schools in Ethiopia is very poor – both in the selected pilot schools as well as in the overall national picture.

Problems with WASH facilities can be broadly divided into three categories:

- Poor or insensitive design and construction of facilities
- Inadequate maintenance and cleaning of facilities
- Insufficient access to water

Poor and Insensitive Design and Construction of Facilities
Nationally, two in every ten girls (21 per cent) reported availability of a separate room for changing menstrual hygiene materials at schools. However these rooms are often not used.

Figure 13 – Where girls change their MHM materials

As can be seen from Figure 13, the most common place for changing MHM materials is in girls’ toilets. Given that 21 per cent of girls reported the availability of a separate room for changing menstrual hygiene materials, it is surprising that only 8 per cent of girls actually report using this separate room. The reasons separate rooms are not being utilized as intended were provided via qualitative methods and discussed later in this report. The other striking finding is that just over one third (34 per cent) do not change in school but instead wait until they get back home.

Insufficient Access to Water
The majority of adolescent girls (56 per cent) in Ethiopia reported that there is never availability of water at school. As can be seen in Figure 14, this lack of availability affects urban and rural areas similarly – but particularly pastoralists.
The situation for availability of soap is even more dire, with four out of five (80 per cent) of girls saying that soap is never available in school.

**Somali Region**

The situation is similar in Somali region where girls at the surveyed schools complained of poor water supply, unclean toilets and lack of privacy. Many girls noted that school toilets often do not have functioning locks for instance, or sometimes even have no door at all and are not separated for male and female. They also complained that there were often no disposal facilities or rubbish bins. Schoolgirls adopt different coping strategies – sometimes by simply being absent from school, but also at times going in pairs and taking turns to either use the toilet or help to maintain the privacy of their partner – perhaps by making sure no one else enters the unlocked toilet.
As Figure 16 shows – only 10 per cent of schoolgirls reported using toilets. Whilst almost a quarter (24 per cent) of schools simply did not have toilets, the majority of girls (66 per cent) are choosing not to use the toilets. Their reasons for doing so are shown in Figure 17.

As shown, the top three reasons are that the toilets are unclean (40 per cent), unsafe (33 per cent) or provide no privacy (24 per cent). That toilets are unclean is of little surprise when we consider that three quarters (75 per cent) of girls said there are no water services near the latrine.

FGDs showed support for the creation of MHM-specific rooms where materials like soap, pads, water, underwear and medication could be provided. The discussions also noted that boys often teased or mistreated girls perceived to be menstruating and that this can have a significant impact on girls staying away from or dropping out of school. At present, the vast majority of girls said that they do not have a separate room to change their sanitary materials (83 per cent).
Interesting qualitative information from the Amhara regional survey points at the complexities of how girls utilize facilities within schools. One interviewee explained:

“We do not want to use the menstruation centre at school to change our sanitary menstruation materials because our boy classmates harass us when we use it. We prefer to change our sanitary menstruation materials inside toilets if it is clean. Here, no one could know whether we change our sanitary menstruation materials or not. Thus, clean toilets are our safe places to change pads during menstruation period. In contrast to our interest, our teachers always force us to use the menstruation centres when we get stomach ache”.

Here, presumably well-meaning teachers are actually acting against the interests of the girls who value privacy and discretion over using a specific facility for MHM. Another problem with the MHM centre in her school was highlighted by one girl:

“The sanitary menstruation change centre in our school is headed by our male teacher. The centre is not open the whole day. It is opened only when girls want to use it. We are always afraid of taking a key from him. Even we do not feel comfortable to change our sanitary menstruation materials while he is around the centre. Thus, we prefer to have a female teacher to control the centre.”

There is also some suggestion that MHM and the provision of sanitary pads is not prioritised by school authorities:

“Our school spends its budget mainly for construction for more classes and it does not give due emphasis for menstruation material support. However, the school has planned to provide pads and strengthen its menstruation centre for the coming fiscal year by getting material and financial support from donor agencies.”
Similarly to Somali region – girls in the Amhara survey complained about unclean toilets and a lack of privacy between boys and girls toilets. One school official noted that in many schools the children are requested to carry in water to enable them to clean the toilets themselves. However she claimed that this has caused some children to drop out of school – pointing to a need to pay a third party for cleaning and maintenance. Out of the 12 schools visited for the Amhara survey, all were found to be unclean, only four had piped water, and only three had a separate female toilet building (as opposed to female toilets which are co-located with male toilets).

**Afar, Gambella, Oromia, SNNP Regional Survey**

Similarly in the multi-regional survey, facilities were found to be inadequate and with significant problems. The first issue is a lack of toilets. The ratio of students to toilets was found to range from 117:1 all the way to 938:1. The current standard set by the 2005 Ministry of Health Sanitation Protocol is a maximum ratio of 100:1 for girls’ toilets therefore all schools failed to meet this standard. Another problem noted was that there are no separate toilets for students and teachers.

Most toilets are poorly constructed or completely non-functional.

Image 3- Girls’ toilets with no doors and roof in Berhayle, Afar Region

Students reported that they preferred to go to toilets in neighbouring houses rather than using the school toilets.

Almost all toilets have serious sanitation problems, and even the well-designed toilet facilities in the regions are poorly managed and entirely unclean.

Very few toilets have attached handwashing facilities attached to toilet blocks, and there are severe shortages of soap or ash.

Again insufficient water access was a major challenge with almost one third (31.6%) of schools having no water facilities at all. If we include schools with water infrastructure that was non-functional at the time of the survey, then half of schools had no functioning water access.

The Meti Secondary School in Gambella demonstrated that sometimes the difficulties of water access are around management and financial agreement rather than a lack of infrastructure or external support. School girls and boys carry plastic jerry cans with 6-7 litres of water from their homes to clean the toilets and classrooms even though there is a large water tanker adjacent to the school compound. The school principal explained that they have been unable thus far to
reach an agreement to connect the school to the main water source for the community.

Image 4 – Meti Secondary School in Gambella

Other problems of water access raised included the availability and affordability of diesel to power pumps to bring water from wells. In some schools, teachers are forced to pay themselves to buy fuel.

Sanitary Products: Usage and Perceptions
Nationally, it is clear that there are major differences in sanitary product usage between urban, rural non-pastoralist and rural pastoralist adolescent girls.

Figure 18: Sanitary Products Used by Rural/Urban/Pastoralist Divide

From Baseline Survey on Knowledge, Attitude and Practice of Menstrual Hygiene Management in School Girls in Afar, Gambella, Oromia and SNNP Regions (AGOS) Survey. 2017. ©Reach Consult PLC, 2017
Disposable sanitary pads are used by the overwhelming majority (86 per cent) of urban adolescent girls, but are only used by around half (49 per cent) of rural non-pastoralist girls and a small minority of rural pastoralist girls (13 per cent).

The WASH KAP survey also provides information on where schoolgirls dispose of used sanitary materials. Figure 19 below shows that the vast majority of schoolgirls across all categories dispose of sanitary materials in a toilet. Similar results were found in the Amhara and Somali regional surveys where 93 per cent and 61 per cent respectively dispose of their sanitary pads/cloths in a toilet.

Figure 19: Where schoolgirls dispose of used pads or pieces of cloth in school

![Figure 19: Where schoolgirls dispose of used pads or pieces of cloth in school](image)

The WASH KAP survey also explored what materials women and girls saw as ideal to use to manage their menstruation. These results give an indication of what sorts of products are likely to be popular among different communities.
As can be seen from Figure 20 above, both women and girls in urban settings clearly prefer disposable sanitary pads. However in rural communities- the findings differ. Both women and girls prefer reusable cloth and disposable cloth in pastoralist communities. In rural non-pastoralist communities, women prefer to use reusable pieces of cloth while girls prefer to use disposable sanitary pads. As a result, overall girls prefer to use disposable sanitary pads whilst women prefer reusable pieces of cloth.

Within schools, only 19 per cent of adolescent girls currently enrolled at school said emergency sanitary pads are available at their school. 28 per cent of girls in urban areas have access to sanitary pads at school as compared with 19 per cent of girls in rural pastoralist areas and 11 per cent in rural non-pastoralist areas. In addition to the limited access to sanitary pads at school, girls are sometimes required to pay for the materials. Among those girls who said sanitary pads are available at school, 78 per cent of them said the materials are provided for free.

Figure 21 below shows the compiled results of the three regional surveys in targeted schools with respect to the materials used by schoolgirls. As shown, the two most common choices for girls are reusable cloth and sanitary pads. Only in Somali region is reusable cloth an uncommon choice – and this is likely because the schoolgirls in Somali were predominantly from an urban area. This information will be important in determining what sort of products to develop for schoolgirls in the different regions.
How girls and women decide between these product choices is also important. Discussions with schoolgirls indicated that they used disposable sanitary pads when they have money, or when they are provided by schools. An association was found between girls from wealthier families and increased use of commercial disposable sanitary pads. Otherwise, they use reusable cloths which are either purchased from nearby shops or made at home. Accidental leakage was identified as a challenge in the Afar, Gambella, Oromia and SNNP survey by 57 per cent of girls.

In the Somali regional survey respondents opted for disposable sanitary pads (76 per cent) as their preferred option with only a minority (14 per cent) choosing reusable sanitary pads. The majority of girls (77 per cent) stated that they had never used reusable pads and they listed a number of reasons against reusable pads such as potential health-related problems (31 per cent), dislike of washing an already used sanitary item (28 per cent) and difficulties with access to soap and water (20 per cent). Almost all respondents said they weren’t able to access reusable sanitary pads (94 per cent). This suggests that promoting reusable pads in the urban Somali context may prove challenging and will need to be accompanied by marketing and promotion to explain the safety and efficacy of the product.

The supply chain for sanitary products is also very important. One Somali participant in an FGD suggested that schools could become part of that supply chain:

“They have to get a classroom within the school so that they can access the pads or use it to change their cloths. They need also small shops to access the soaps, water and all hygiene management materials.”
Affordability
Nationwide, affordability was the largest challenge faced by adolescent girls around menstruation. Almost a quarter (23 per cent) listed it as a challenge they faced with significant regional disparity (urban – 7 per cent, rural pastoralist – 40 per cent, rural non-pastoralist – 23 per cent).

When asked if they could afford sanitary pads – significant numbers of adults and girls reported difficulties, particularly in rural areas.

In Amhara, girls stated in the FGD that they could not afford to purchase commercial sanitary pads. As such they are forced to use cloth rags – which they struggle to clean, particularly as they may not be able to afford soap or it may not be available. More positively, a clear majority agreed that it was acceptable to ask their parents for money to buy absorbent materials for menstruation (about 58 per cent agree to 29 per cent disagree).

Qualitative and quantitative findings suggest sanitary pads are used when girls have money, whilst they use reusable cloths when they do not have money.

There were also some reports of adolescent girls purchasing sanitary pads from refugees who receive them for free from UNHCR and other charity organizations.

“We buy sanitary pads at a reasonable price (5-7 ETB) from refugees who receive pads from UNHCR and charity organizations. When these pads are not available we are forced to buy from nearby shops with price ranging from 20 – 25 ETB which is not affordable for most of us” [Student in Afar]

In many areas, schools have received free provision of sanitary materials from NGOs, including UNICEF. For instance, some schools like Welenchiti and Dedecha in Oromia and Fugnido in Gambella have received sanitary pads for several years. The principals of some schools stated that they have started...
to buy commercial sanitary pads using their school budget to support girls from poor families because the provisions of NGOs may not be sustainable.

**Impact of Menstruation on Girls at School**

Nationally, the majority of schoolgirls (61 per cent) stated that they feel confident to properly manage their menstrual hygiene at school. This hides a significant regional disparity however, with urban girls professing much higher levels of confidence (74 per cent) to rural non-pastoralist girls (59 per cent) and particularly rural pastoralist girls (31 per cent).

Dividing this data by federal region also shows a big disparity between regions like Gambella (75 per cent) and Oromia (74 per cent) and regions such as Afar (38 per cent) and Somali (30 per cent).

![Figure 23 – Percentage of Adolescent Girls who feel confident managing menses at school](image)

When asked why they didn’t feel confident at school – girls made it clear that embarrassment and a lack of adequate facilities were the key reasons. Out of those who stated they lacked confidence, more than half (57 per cent) said they feared other students could smell an odour in the class from their menstruation. Lack of water for washing (38 per cent), teasing from boys (36 per cent), lack of sanitary pads (34 per cent), and lack of room or toilet to change pads (33 per cent) were also listed as key reasons.

The multi-region survey of Afar, Gambella, Oromia and SNNP also asked what girls do when they realise their menstruation has started at school unexpectedly. The majority (57 per cent) said that they leave school right away – in other words the facilities and supplies are not available to support them without the girls returning home. Respondents also said that sometimes they ask permission to leave school to avoid the potential of being teased or harassed by boys, as well as to get relief from pain and discomfort.

The compiled results of how menstruation affects girls’ attendance at school from our regional surveys is shown below in Figure 24.
As can be seen in most regions where UNICEF are piloting the MHM project, 20-25 per cent of girls report missing at least some school because of their menstruation. The situation is better in the SNNP region where just over one in ten (11 per cent) report missing some school. Gambella clearly stands out as the worst performing region with almost half (46 per cent) of girls missing some school. In the national KAP survey – the figure for girls missing some school was lower, at 11 per cent. This suggests that the schools chosen for our pilot project are facing greater challenges than the typical school in Ethiopia.

Our surveys looked in different ways at what the causes of this absenteeism were, however there are some results which are comparable across regions which are shown in Figure 25 below.
As can be seen – the most common reasons for missing some school are too much pain and teasing from other students. This points to the need to provide medication and supplies to girls in school if needed, and also for the need to raise awareness of menstruation and combat bullying – particularly from schoolboys.

There is also evidence that girls suffering from menstrual pain find it difficult to concentrate and fully participate in lessons. As one girl in Amhara said:

“Some students suffer from serious back and abdominal pain during menses period but they often come to attend classes. They are unable to follow their daily lesson attentively because they feel back pain when they sit down for a long time.”

The impact that bullying and teasing can have is well demonstrated in this story told by a schoolboy in SNNP region:

“One of the boys started to shout pointing his finger to a girl in grade six after observing a drop of blood in her uniform. Immediately, almost all boys over the field surrounded her teasing and laughing at her... Later on I heard that she left the school because of the incident and decided to quit her education. Whenever I think of that day, I always regret because I was one of the boys who were teasing and shouting at her because I have no knowledge and awareness about menstruation.”

Similarly in Amhara region:

“One of my friends saw menstruation the first time in a class. She was not aware of that. Then, all male and female students ridiculed and laughed at her, judging that she might have had sexual intercourse with somebody. Then she became absent from school for one week. When her parents asked her why she didn’t go to school, she told the case to her parents. Fortunately, they told her that it is normal, and finally they brought her back to school.”

Another tragic story in Amhara points to the need for education of parents about the normality of menstruation:

“If my father understood that I am resting because of menstruation, he would blame me as if I got pregnant and lost my virginity. One of my neighbourhood women told him that menstrual bleeding is a natural attribute. But he was not convinced.... To figure out who made me ‘pregnant’, he even met my civics teacher a couple of times, thinking that I was pregnant [and that my teacher might know or be able to confirm]. Because my father was stubborn to get convinced and
nagged me repeatedly, I wish I had died by then. To this end, I attempted to commit two unsuccessful suicides.”

Another story from Shone school, Hadiya zone of SNNP makes a similar point that misconceptions about menstruation and its relationship to sexual activity can be dangerous in rural, traditional societies.

“One day, a widow in the neighbourhood was shouting as she saw a stain on her daughter’s dress and ran to the neighbouring house accusing a boy of raping her daughter. Even when her daughter tried to explain to her mother that she hadn’t been involved in any sexual activity, she wouldn’t listen to her. As soon as she started fighting with the mother of the neighbourhood boy, police arrived and has taken all of them to nearby health centre to check what happened to the girl. After few minutes, a health officer confirmed that it was not a rape case or any sexual engagement, but it was menstruation”

FGDs and interviews also indicate the links between girls dropping out of school due to menstruation and child marriage.

“In rural areas, the families understood that adolescent girls become adults when they experience menses. The families believed that education is no more important for a girl as long as she becomes an adult; rather what is good for her future life is marriage.”

**Somali Region**

In Somali region, a fifth of girls reported missing some school due to menstruation. The majority (65 per cent) miss form 1-3 days of school, while the remainder miss over three days per month. This is a significant loss of school time for adolescent girls. In addition to this, respondents in the FGDs stated that even when they are physically present they found it difficult to learn and concentrate.

Interviews with school principals from Somali region made it clear that the biggest challenge they faced in improving this situation comes from having a very limited budget allocation. Nevertheless – the survey team reported a sense that menstruation was seen as a secondary issue, and that it was not adequately prioritised in planning made by the schools. Many of the actions that could be taken to improve the experience of girls menstruating at schools need not be expensive.
Conclusion and Recommendations

Nationally, adolescent girls have limited access to information about MHM. Both adult women and adolescent girls do not feel free to discuss menstruation with other individuals. A number of misbeliefs and misconceptions are present in different Ethiopian regions which further demonstrate the need for access to accurate information.

Health workers and the health development army are the most trusted sources of information among the communities – which suggests they can be a powerful information channel to use to provide MHM information. However, they are often focused on other health issues and action is needed to ensure that MHM is made a greater priority. In particular there is a grave need to increase resources for rural pastoralist girls – who may be challenging to reach through schools.

Girls reported negative attitudes towards menstruation in their communities also – a wider information campaign is needed to dispel harmful attitudes and cultural beliefs. Again, health extension workers and the health development army may be an appropriate way of addressing this since they are an effective, existing information channel which is well trusted.

Schools can also be an effective channel, and in most regions achieved the greatest source of MHM promotional information for girls. Teachers are one of the key information sources for girls, alongside friends and families. There is evidence however that current school provision of MHM information is ad-hoc and varies depending on the particular school and particular teachers. At a minimum, both male and female teachers need to be knowledgeable about menstruation and aware of the impact that harassment and teasing can have on girls. Efforts also need to be made to encourage school decision-makers such as principals to prioritise MHM as an issue. The training curricula for teachers should be reviewed to ensure adequate MHM information and material is included.

Particular attention needs to be given to targeting the minority of girls who are missing school due to menstruation. Reasons for absenteeism vary greatly by context therefore teachers should be empowered to develop local strategies to support girls to stay at school. The proportion of girls missing school due to menstruation appears to be a good indicator for how well the school system as a whole is functioning with respect to encouraging good MHM practices.

Teasing and harassment from boys and classmates is clearly a major factor in discouraging girls from continuing their education. This can be addressed both by educating girls and boys at school and also by ensuring, at a minimum, that teachers are aware of these issues and take action to prevent this kind of bullying. MHM needs to be included in the curriculum and manuals of schools – this is a relatively low cost change which could have a significant positive impact on girls’ wellbeing and education.

The challenges of inadequate, insufficient and non-functioning WASH infrastructure are severe. However, they need to be addressed as part of the wider
national WASH in schools strategy. A stand-alone MHM programme to address these would risk duplication and inefficiency. Gender sensitive design of WASH facilities should be the norm.

The evidence suggests that some hardware initiatives, such as those to provide MHM centres, are not effective in many areas because of a lack of ‘software’ support in the form of information campaigns and because their design and implementation is not sufficiently user-friendly. This should not be taken to mean that MHM centres are superfluous or unhelpful. Many girls made clear recommendations and requests to have a dedicated space for them in schools. But clearly simply providing such a space, even properly equipped, is not sufficient. Approaches to monitor progress which rely on simple indicators of MHM centres built are not appropriate.

Promotion of innovative, low-cost menstrual hygiene materials is needed to address the affordability challenge since the cost of existing sanitary pads is too high for too many women and girls. Relying on donations of sanitary products is not a sustainable model although may be necessary in some areas as an interim solution. The key consideration must be to keep the cost affordable to women and girls.

Careful consideration is required to determine what kind of locally-made product will work in each community. Evidence suggests that girls generally prefer disposable sanitary pads, but the reality may be that even when locally-made, these are not affordable for many, particularly in rural areas. Distribution costs need to be factored into any approach.

On the other hand, attempting to push reusable products in urban areas may be unsuccessful because they are seen as a less desirable products for a variety of reasons. Some of these reasons, such as lack of private space to wash and dry reusable materials may be challenging to overcome. Other concerns such as unfounded health fears from reusable products can be counteracted.

The recommendation therefore should be to try to encourage a range of products to become available, and give local entrepreneurs freedom and flexibility to sell what they think will work in their marketplace. There is also evidence that girls and women have different product preferences, with women, on average, preferring reusable products and girls on average preferring disposable products. A range of product options is likely to be a more successful business proposition. Information outreach alongside these sales efforts will be necessary to support demand creation.

In summary, there is a lot to be done to make progress on MHM. The challenges are greatest in rural areas, particularly for pastoralist communities. Approaches must be tailored to the context and should be integrated within existing WASH initiatives – particularly when considering improvement of school facilities. Girls outside of schools should not be neglected, and in many ways are the most challenging to reach with information. Wider awareness of menstruation and efforts to combat stigma and shame are needed for girls, but also for women in
communities, many of whom are currently not comfortable even discussing menstruation with their daughters. Involving and encouraging the private sector will be necessary to promote access to affordable sanitary products for women and girls. On the positive side, Ethiopia has shown it can make exceptional progress on other WASH and health issues. The Ethiopian Government has a number of tools, which if effectively used for MHM purposes, will make an enormous positive impact on girls’ lives and their education.
<table>
<thead>
<tr>
<th>Date</th>
<th>Study Population</th>
<th>Location</th>
<th>Focus</th>
<th>Weblink</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>242 female undergraduate students</td>
<td>Jimma university, Oromia region</td>
<td>Premenstrual syndrome: prevalence and effect on academic and social performances</td>
<td><a href="http://www.popline.org/node/251657">http://www.popline.org/node/251657</a></td>
</tr>
<tr>
<td>2009</td>
<td>622 schoolgirls</td>
<td>Two secondary schools, near to Gondar in Amhara region of Ethiopia</td>
<td>Age at menarche and menstrual pattern</td>
<td><a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2763859/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2763859/</a></td>
</tr>
<tr>
<td>2014</td>
<td>492 adolescent schoolgirls</td>
<td>Mehalmeda secondary school, Mehalmeda town, Amhara region</td>
<td>Age of Menarche and Knowledge about MHM</td>
<td><a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4182550/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4182550/</a></td>
</tr>
<tr>
<td>2014</td>
<td>595 adolescent schoolgirls</td>
<td>7 schools from North Wollo zone, Amhara region</td>
<td>MHM and School absenteeism</td>
<td><a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4232635/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4232635/</a></td>
</tr>
<tr>
<td>Year</td>
<td>Sample Description</td>
<td>Location</td>
<td>Study Title</td>
<td>Reference</td>
</tr>
<tr>
<td>------</td>
<td>------------------------------------------------------------------------------------</td>
<td>---------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>2014</td>
<td>258 female undergraduate students of college of health science</td>
<td>Mekelle University, Mekelle, Tigray region</td>
<td>Prevalence, impacts and medical management of premenstrual syndrome</td>
<td><a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3994244/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3994244/</a></td>
</tr>
<tr>
<td>2015</td>
<td>828 female high school students</td>
<td>Nekemte town, Oromia region, Western Ethiopia</td>
<td>Assessment of knowledge and practice of menstrual hygiene</td>
<td><a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4606849/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4606849/</a></td>
</tr>
<tr>
<td>2016</td>
<td>428 household members (349 female and 79 male)</td>
<td>10 <em>kebeles</em> (sub-districts), 5 rural and 5 urban in Tigray region of Northern Ethiopia</td>
<td>Knowledge and beliefs about menstruation</td>
<td><a href="http://www.sciencedirect.com/science/article/pii/S0020729216303150">http://www.sciencedirect.com/science/article/pii/S0020729216303150</a></td>
</tr>
</tbody>
</table>

Please note that this should not be seen as a comprehensive literature review of menstruation in Ethiopia. It is intended to demonstrate only the lack of a comprehensive evidence base necessary to design a national programme. Pubmed and Popline databases were searched for relevant academic articles.