MHM research on menstrual products- inferences for WinS programs

An acceptability, use, and safety study

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Research funded by Joint Global Health Trials, UK
Background: Evidence base for MHM

Strong evidence of school effect on economic-health indices
- Socio-economic
- Sexual and reproductive health

Weak quantitative evidence of MHM effect on health-school
- School absence
- Sexual and reproductive health

Strong qualitative evidence of MHM effect on health-school
- School engagement, school absence
- Socio-economic, sexual and reproductive risks
**Aim**  Examine acceptability, use, and safety

**Design**  Cluster randomized controlled

**Location**  Rural primary schools w. Kenya

**Target population**  Girls, 14 -16y, n=~750

**Eligibility**  Consent, assent, 3+ menses

**Outcome**  School indices, SRH, wellbeing
Research methods: longitudinal

**tools**: nurse screen, study register, home visits

- **total enrolled**
- **total attrition**

Graph showing the total enrolled and total attrition from July 2012 to October 2013.
Research findings: handwashing

**tools:** WASH survey, girls self reports, nurse screen

**Reported handwashing before emptying/changing**

<table>
<thead>
<tr>
<th>Age Group (months)</th>
<th>Nurse survey</th>
<th>Girl survey</th>
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<tbody>
<tr>
<td>&lt;3</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>3&lt;6</td>
<td>90%</td>
<td>90%</td>
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<tr>
<td>6&lt;9</td>
<td>80%</td>
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<tr>
<td>9&lt;12</td>
<td>70%</td>
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<tr>
<td>12+</td>
<td>60%</td>
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**Methods:**
- **cup:**
- **pad:**
- **usual practice:**
Research findings: dropping items

**tools:** self report, screening, swabs, health records

- Swapped for new one
- Brushed/washed off dirt and put in /used again
- Took home, other place to clean before using again
- Gave-sold to someone
- Left it on floor
- Other

*What girls did if dropped menstrual item in school*
Research findings: endpoint measures

**tools:** lab confirmed STI, follow-up surveys, home visits

‘hard measures’ used for composite endpoint

- STI at end
- preg/marry by end study
- drop-out other by end study

Composite

- cups
- pads
- usual
Research findings: endpoint measures

**tools:** merge multiple files to define effect modifiers

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<tr>
<th></th>
<th>&lt;12m</th>
<th>12m+</th>
<th>total</th>
<th>&lt;12m</th>
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<tr>
<td>Not Sexually Active Baseline</td>
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- cups/pads
- usual
Research findings: Cup use

**tools:** self reports, nurse screen, cup viability check

- **0%**
- **20%**
- **40%**
- **60%**
- **80%**
- **100%**

<table>
<thead>
<tr>
<th>Time</th>
<th>Events</th>
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<tbody>
<tr>
<td>0</td>
<td>Girl reports problem with cup use to nurse</td>
</tr>
<tr>
<td>&lt;3m</td>
<td>Girls report cup used all period</td>
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<tr>
<td>3&lt;6m</td>
<td>Nurse observes cup colour changed</td>
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Research findings: MHM impact

**tools:** model to control for all factors including cup use

- Composite endpoint significantly lower for pads/cups
- If adjust for ‘proven’ use – cups higher impact
- Less than 12 months provision no effect
- First year effect of age, socio-economic status, and sexual debut
- Further exploration – compare against absenteeism
Recommendations

- Research evidence suggests MHM impact
- Findings encouraging for MHM research and programs
- Full trials on MHM (cost-effectiveness) deserved
- School systems and WASH open for improvements
- Strong support needed for girls using new MHM
- Research methods can inform WASH M&E
Future Plans, next steps

**Utilise research outcomes**: Advocacy for MHM provision

**Stimulate greater funding**: MHM research and programs

**Utilise research tools/methods**: For MHM M&E, programs

**Global consortium**: Define MHM research, policy, advocacy

**Trial menstrual cup impact**: Large scale trial over 2+ years