Investigating Perceptions of and Barriers to Menstrual Hygiene Management (MHM) in Zambia

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Program Goal: “To contribute to the improved health, nutrition, education, and well-being of 300,000 people, including 100,000 children, living in 16 community development areas through improved access to safe, sustainable supplies of potable water, adequate sanitation, and hygiene education by 2015.”
Study Goal and Objectives

Goal: Investigate Perceptions of and Barriers to MHM

Objectives: To determine the following:

- Perception & knowledge of MHM among men and women.
- Common MHM practices of women/young girls.
- Barriers for women/young girls to practice safe MHM.
- Economic, social, educational, and health impacts of poor MHM on women/young girls.
- Where WASH programs can incorporate MHM into activities.
- Areas for policymakers to improve MHM access/decrease barriers for women/young girls to practice safe MHM.
Study locations

- KASAMA
- CHONGWE
- CHOMA
Process

1. Reviewed MHM Literature and WASH Program Activities
2. Reviewed Health Behavior Models
3. Created 6 Interview Guides using models
4. Piloted and Revised Interview Questions
5. Conducted Interviews/Focus Groups
6. Reviewed and Transcribed Interviews
7. Summarized Data and Identified Key Themes
8. Disseminated Findings (Report, Presentations)
Interview Method

- **Focus Groups**
  - 30 - 45 minutes
  - ~10 per group
  - Gender-specific
  - Translated
- **Interviews**
  - 15-30 minutes
  - More in-depth
  - Translated
- **School Girls**
- **School Boys**
- **Teachers**
- **Parents/CHPs**
- **SHN Coordinator**
- **School Girls**
Interview topics

- Beliefs
- Cultural Traditions
- Knowledge
- Challenges
- Impact
- Facilities
- Community/Family Support
- What Can Be Done?
**Initial Findings - Girls**

- **Knowledge** – “I was scared when it first happened because I had never heard about it before.” “I don’t know why [menstruation occurs].”

- **Challenges** – “Supplies are so expensive and we can’t afford them. You become embarrassed especially if the opposite sex finds out.”

- **What’s Needed?** – “We need help with supplies at school because it’s embarrassing in front of boys. Usually girls just go home with no supplies.”
Initial Findings

- **Parents/CHPs**
  - **Impact** – “Younger children don’t come to school – they fear boys will notice and laugh. We still encourage the old women to teach the traditional system so they know what to do before they grow up.”

- **Teachers**
  - **What’s Needed** – “Providing pads, soap, and water heads so they can change at school and bathing shelters just for the school girls and bins for washing. They should come up with a certain group for educating girls on certain health matters.”
Initial Findings Summary

Consistent findings:
- Few resources (emergency supplies, facilities)
- Low knowledge base (women and girls)
- Scarce community support
- Traditional beliefs/restrictions

These lead to:
- Uncomfortable feelings among school girls
- School absenteeism
- Unhealthy MHM practices
Immediate & future recommendations

Immediate recommendations:

1. Sensitization of community women/girls
   - Mentoring groups using prefects/school captains
   - Gender-specific discussions
2. Toilet facility cleaning schedule changed/Grade-specific toilet facilities
3. Emergency supplies/focal point person at schools
4. Bathing facilities

Future recommendations

- Include government partners in planning
- Determine how to sustain/share efforts
- Create culturally appropriate content for MHM sessions
Challenges

1. Use of different interpreters (understanding, ease with the topic, familiarity with the questions)
2. Short duration of the study limited geographical reach
3. Initial discomfort of interviewees
Successes

1. First study of its kind for WV Zambia, providing an opportunity to understand MHM perceptions and barriers firsthand
2. Involving local ministry of education and health officials reinforced the importance of the study
3. Working through community hygiene promoters increased participation in interviews and interest in the subject
4. Opportunity for community voices to be heard/share importance of MHM
5. Interview process raised awareness and interest in improved dialogue between girls, parents and teachers
6. Inspired confidence in girls by providing them an opportunity to discuss their MHM experiences