4th Annual Virtual Menstrual Hygiene Management in Schools Conference
October 22, 2015
Identifying MHM challenges in Indonesia

Presented by: Claire Quillet (UNICEF WASH specialist)
Background: Indonesian context

- Adolescents aged 10-19 account for 18% of the total population. (UNPD 2015)

- Around half of girls of secondary school age are attending secondary school (90% of girls are attending lower secondary)

- 24 million of adolescents girls have or will soon reach menarche, with the medium age at first menstruation 13 years old.

- Very limited research about MHM in Indonesia, particularly among adolescent girls
Aims and objectives

Aims:
- Understand current MHM practices, their determinants, and impacts among adolescent girls in Indonesia
- Identify key targets for intervention to strengthen policy and programs, particularly in schools

Objectives
- Identify current knowledge, attitudes and practices related to menstruation and MHM among adolescent girls in Indonesia
- Explore the underlying determinants of MHM practices
- Investigate the health, education and social impacts of menstruation and current MHM practices
- Examine the barriers and enablers to improved MHM practices in schools
Data collection
School-based mixed methods study conducted in four provinces (NTT, Papua, East Java, South Sulawesi):

- One urban and one rural district randomly selected in each province
- One junior and one senior secondary government school randomly selected in each district (16 schools in total)

Data were collected in October and November 2014
Methods

Ethics approval granted by the Alfred Human Ethics Committee (Australia) and SurveyMETER Institutional Review Board (Indonesia)

- 16 FGDs and 8 interviews with girls
- 4 FGDs with boys
- 4 FGDs with mothers
- 16 interviews with teachers
- 4 interviews with health workers

- Self-administered questionnaire to 1,159 girls
- School observation checklist in 16 schools
Research findings: a) materials

Materials

- 99% in urban and 97% in rural used disposable sanitary pads
- Reusable cloths more common in rural settings
- In South Sulawesi cloths had to be used during first menses

Changing and disposal

- Only 67% urban girls and 41% of rural girls changed pads at least every 4-8 hours
- Disposable pads were washed clean before being wrapped in plastic and disposed of
- In NTT and East Java pads weren’t incinerated because of beliefs that it would cause pain or cancer
Research findings: b) knowledge, attitude and beliefs

Sources of information

- Mothers were the most preferred source
- Teachers as preferred source
- Health providers as an uncommon source

However, mothers and teachers felt ill-equipped to provide education about MHM and were a common source of misconceptions.
Research findings: b) knowledge, attitude and beliefs (cont’d)

Personal hygiene

- Over 95% washed external genitalia at least once per day
- Around half (59% urban and 48% rural) washed hands with soap before and after changing pads or cloths

Other treatments

- Misconceptions that pain medication was harmful during menstruation
### Research findings: b) knowledge, attitude and beliefs (cont’d)

<table>
<thead>
<tr>
<th>Negative</th>
<th>Positive</th>
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<tbody>
<tr>
<td>• Menstrual blood is dirty and/or contains harmful substances</td>
<td>• Celebrated in some families and communities</td>
</tr>
<tr>
<td>• Menstruating women are unclean</td>
<td>• Signified that a girl is becoming a mature woman</td>
</tr>
<tr>
<td>• Menstruation should be kept secret and it is shameful or taboo to discuss</td>
<td>• One day be able to have children</td>
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<tr>
<td>• Disposable pads contain bleach and chemicals that cause cancer</td>
<td>• Increased responsibility and respect</td>
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<tr>
<td>• Burning sanitary pads can cause cancer</td>
<td>• Changes relationships and interactions with boys</td>
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<td>• Multiple food and behavioral restrictions</td>
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Research Findings: c) WASH facilities

Girls Latrines ratio:
1:62 urban
1:42 rural
Lack of privacy
Unclean facilities

3/8 urban and 7/8 rural school no bins were provided inside latrines
All rural schools incinerated waste, including menstrual hygiene materials
Determinants:
- Insufficient knowledge about menstruation and MHM
- Attitudes and beliefs:
  - Secrecy / taboo
  - Unlean / dirty
  - Disposable pads must be washed
  - Menstrual materials must not be burned
  - Food and behavioural restrictions
- Inadequate WASH facilities:
  - Appropriate, functional and sufficient numbers of basic facilities lacking
  - Existing facilities don’t meet girls’ expectations or support current MHM practices (privacy, washing, disposal)

Challenges:
- Lack of preparation for menstruation
- Inability to manage menstruation hygienically and discretely at school
- Fear of leakage / staining
- Limited access to disposable pads at school
- Associated menstrual symptoms:
  - Menstrual pain
  - Poor concentration
  - Fatigue, lethargy, dizziness

Self-reported impacts:
- Reduced participation in normal school activities
- Reduced participation in social activities and change in gender norms / relationships with male peers and relatives
- Potential health risks:
  - Infection
  - Under-nutrition
  - Unintended pregnancy
Limitations

- Findings may not be generalizable to other contexts in Indonesia – including very remote settings

- Non-representative quantitative sample

- Perceptions, challenges and opportunities to improve MHM with policymakers (health, education, WASH) weren’t able to be explored

- Challenges among out-of-school adolescent girls and marginalised girls
Next steps

Human centered design challenge (EAD & Innovation lab & WASH)

Private sector involvement under MoH leadership (WASH & PFP)

Billboard TV in schools (WASH & C4D)
Conclusion

- Further MHM study to be conducted to represent the country (ethnicity, religion, location)
- Develop the use of new technologies to address MHM issues (hand phone, billboard)
- Inclusion of private sector (sanitary napkins providers) for awareness campaign
THANK YOU

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