Ethiopia Menstrual Health Landscape Overview

Disclaimer: This Landscape Overview contains a summary of findings from a Literature Review, Formative Research Activity, and Stakeholder Analysis conducted specifically for the Addis Ababa, Ethiopia context. For more detailed information, please refer to the full reports (Ethiopia Literature Review and Ethiopia Formative Research Report) provided in your reference material folder.

Women and girls in Ethiopia continue to face a broad set of challenges that negatively influence their health, empowerment, and well-being. A critical barrier that girls face in achieving their full potential in Ethiopia is inconsistent access to comprehensive and contextually relevant menstrual health solutions.

Menstrual Health Education

Level of Knowledge

Across Ethiopia, young boys and girls currently do not have consistent access to puberty educationⁱ. The Ethiopian Government does not currently mandate puberty education in school and when menstrual health education is provided, boys are often not includedⁱⁱ. However, areas surrounding Addis Ababa and other urban centers report high levels of knowledge and awareness of menstrual health with 70% of girls surveyed having a good knowledge of menstrual health and its managementⁱⁱⁱ.

Girls surveyed reported viewing menstruation as a healthy and natural physiological process however, there was mixed levels of knowledge among girls who had not started menstruating. Premenstrual students indicated that preparation for the onset of menstruation is not considered important due to the belief that it is simply a normal and natural occurrence. Girls reported not being actively engaged on the topic by family members or teachers prior to menarche. In a survey assessing levels of knowledge around menstruation, there were some critical gaps identified, including beliefs about normalcy of pain during menstruation, the ability of women and girls to partake in physical activity during menstruation, and menstruation starting only after sexual intercourse has begun.^{iv}

Source of Information

In Addis Ababa, 90% of girls learned about menstruation from a teacher^v. In a survey conducted by the Ethiopian Ministry of Education it was found that 81.5% of girls in urban schools knew about menstruation prior to the start of their own menses.

During interviews conducted with students (female and male), it was reported that mothers, older sisters, and teachers were the primary sources for information on sensitive topics. Education around the anatomy and physiological functions of reproductive organs begins in Grade 5, however topics related to puberty and menstruation are not covered until Grade 8 in science and biology courses. Other sources for information regarding menstruation include media, gender clubs, community nurses, and NGOs.^{vi}

Menstrual Health Products: Access and Use

Sanitary Products

In Ethiopia, 65.8% of girls have reported using a pad to go to school. In urban settings, 86% of girls report use of disposable sanitary napkins during each menstrual cycle^{vii}. Menstruating students reported that they have access to commercially made sanitary materials both in schools and at home. However, many young girls report facing harassment from male peers and other men in their communities when at a purchasing site^{viii}.

During interviews, many girls reported a preference to change their sanitary materials at home because they are not comfortable using the school latrines for menstrual health management. Discomfort in using school sanitation facilities for menstrual health management results in girls choosing to change their product less frequently than needed while they are at school or leaving school to change menstrual hygiene products off campus.

Pain Management

Pain remedies used by girls during menstruation include drinking tea, soft drinks (coca cola) and massaging the lower abdomen with plastic bottles filled with warm water. Taking pain medications at home was mentioned by a few of the participants, however, students noted that there are no pain medications available at schools.

There is limited research covering girls' knowledge of the source of menstrual pain, various levels of pain, and how to treat menstrual pain. However, there is significant research discussing menstrual pain as a primary reason for menstruating girls missing school. In one study, it was found that 69% of menstruating girls missed school due to pain and discomfort, while 19% reported missing school for fear of having a leak at school, and only 15% missed school due to embarrassments^{ix}.

Supportive Environment

Clubs

Gender Club were one place students reported learning information about menstruation and having access to sanitary products. However, many school's clubs are inactive due to insufficient funds, and over-burdened teaching workforce. Gender clubs in particular are commonly defunct and inactive as many teachers lack the self-efficacy to lead these groups and club leader positions and student participation is voluntary.

Sanitation Infrastructure

Water availability is a key issue in schools throughout Addis Ababa. Per the Splash City Wide Survey, only 19% of schools reported having sufficient water continuously available^x. This is a critical issue for all students and staff but especially for female students who require water for personal hygiene during menstruation. In addition to water shortages, it was reported by school administration, students, teachers, and janitors that there is a lack of appropriate sanitation infrastructure at schools including a shortage of stalls, lack of solid waste disposal containers, and a lack of appropriate changing rooms. This issue of poor sanitation infrastructure is a key deterrent for girls to manage their menstruation at school.^{xi}

Disposal and Solid Waste Management

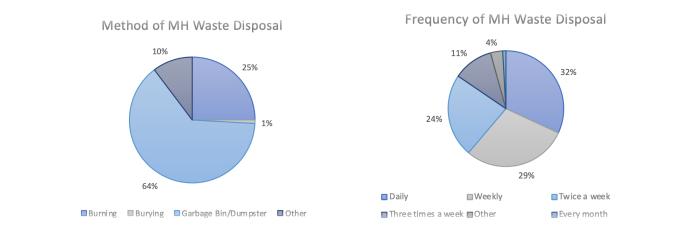
Disposal Mechanism

The most common place for disposal of menstrual products in urban settings is in a garbage can, followed by a latrine/toilet, and a public dumping area^{xii}. There is minimal research or programming around the use of incinerators for the disposal of menstrual products in Ethiopia.

Girls interviewed reported that used sanitary products are disposed in the toilet pit, which clogs the drains, or on the latrine floor. This issue was predominantly seen in secondary schools where there was a higher proportion of menstruating students. Interviews with janitors suggest that the dust bins placed in the student toilets are too small to contain the amount of menstrual waste produced by the students.

Direct Observation

In a recent survey conducted by Splash, 43.5% of sites report they have a method for disposing of MH waste. Of sites with a reported disposal method, the following disposal mechanisms and frequencies were reported^{xiv}:



Stigma and Normative Change

Parents

There have been large strides made in Ethiopia around the improvement of social norms related to menstrual health. Mothers interviewed reported feeling that they could be more open with their daughters than they were with their own mothers signifying intergenerational change. Mothers indicated that previously, there was dominant perception that menstruation indicated a readiness for sexual intercourse, pregnancy, and marriage. However, almost all parents interviewed reported that while menstruation indicates an ability to conceive, it is not an indicator of readiness for sex or marriage.^{xv}

Parents do, however, report becoming more restrictive with their daughters after menstruation given their ability to become pregnant. Menstruating girls report changes in their ability to spend time with male friends unsupervised. Additionally, menstruating female students often link the onset of menstruation with an increase in household responsibilities. Social support is provided by parents to menstruating daughters through the provision of financial support for the purchasing of sanitary products or buying products on their behalf (mothers). Parents also report reducing the household chores for daughters during their menses, encouraging her to rest. Improving the nutrition of their children is also something that is common during menstruation.^{xvi}

Community/Peers

Male peers reported using several names to refer to menstruation including 'period', 'Enten' (Amharic), 'something is coming' (English), 'monthly salary', and 'red aunt' (Keyuwa Akiste). Most boys learn these words from their female peers. Male students also use an Amharic term 'fisash' which means 'leakage' to refer to menstruation with a negative connotation. It was reported by both male students and female students that there is a level of teasing of girls by their peers around menstruation.^{xvii}

Girls reported their role models being parents and teachers given the care and support that they provide them during menstruation and throughout adolescence. Girls also mentioned social icons, politicians, singers, and athletes as key role models.^{xviii}

Restrictions

Girls interviewed explained that they do not participate in sports, difficult chores, or any activity requiring high amounts of physical exertion in an effort to reduce heave menstrual bleeding. In addition to reducing physical exercise, menstruation also impacts participation in religious activities. Many girls reported not attending church or mosque during menstruation. Muslim students explained that they also do not participate in fasting periods during menstruation.xix

Advocacy and Policy

Menstrual Health in Ethiopia is a multi-sectoral issue spanning the education, WASH, women's empowerment, and health sectors. The sectoral ownership of menstrual health has been debated among many stakeholders over the past years and may be the reason for slow progress in this space. Currently, in Ethiopia, menstrual health is primarily split among the WASH, education, and health sectors and although great strides have been made, a cohesive menstrual health approach would greatly improve the potential for impact.^{xx}

The Ethiopian government has made progress with the support of several international NGO's to develop policies and guidelines around menstrual health and puberty education. Implementers working in menstrual health advocacy and policy in Ethiopia include SNV, UNESCO, UNICEF, among others. Current advocacy efforts focus on increasing funds for girl friendly sanitation, providing comprehensive education around menstrual health, and ensuring that girls have access to menstrual health management products. Currently, there is an increased focus on the refinement of policies regarding early marriage and helping girls stay in school. But for girls to stay in school many of the barriers they face to higher educational attainment must be address and that includes menstrual health interventions.

Pre-menstruating students (n=21)	Menstruating students (n=89)	Mothers (n=61)	Fathers (n=45)	Teachers (n=10)
Believe menstruatio	n is a disease			
1 (3.2%)	3 (3.4%)	3 (4.9%)	7 (15.6%)	0 (0%)
Believe that menstre	uation is a curse from Go	d		
3 (14.3%)	12 (13.5%)	8 (13.1%)	9 (20%)	0 (0%)
Believe pain during	menstruation is not norm	nal	1	1
14 (45.2%)	27 (30.3%)	41 (67.2%)	34 (75.6%)	5 (50%)
Believe that women	and girls should not run	or play during menstrua	ation	
11 (52.4%)	34 (38.2%)	28 (45.9%)	31 (68.9%)	1 (10%)
Believe menstruation	on happens after you ha	ve sex		
5 (23.8%)	18 (20.5%)	15 (24.6%)	11 (24.2%)	1 (10%)
Believe menstrual b	olood contains harmful s	substances	1	
5 (23.8%)	33 (37.1%)	26 (42.6%)	29 (64.4%)	4 (40%)
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Menstrual Health KAP Survey (% of respondents)^{xxi}

iii Biruk E, Tefera W, Tadesse N, et al. Assessment of menstrual hygiene management and its determinants among adolencent girls : A cross-sectional study in school adolescent girls in Addis Ababa, Ethiopia. 2018:12-46. doi:http://dx.doi.org/10.1101/450007

xiii Splash Formative Assessment. Unpublished. 2018

- ^{xv} Splash Formative Assessment. Unpublished. 2018
- ^{xvi} Splash Formative Assessment. Unpublished. 2018
- ^{xvii} Splash Formative Assessment. Unpublished. 2018
- xviii Splash Formative Assessment. Unpublished. 2018
- xix Splash Formative Assessment. Unpublished. 2018
- ^{xx} Splash Formative Assessment. Unpublished. 2018
- ^{xxi} Splash Formative Assessment. Unpublished. 2018

¹ FSG. Menstrual Health in Ethiopia | Country Landscape Analysis. 2010:1-21. www.fsg.org. Accessed April 11, 2019.

ⁱⁱ FSG. Menstrual Health in Ethiopia | Country Landscape Analysis. 2010:1-21. www.fsg.org. Accessed April 11, 2019.

^{iv} Splash Formative Assessment. Unpublished. 2018

^v FSG. Menstrual Health in Ethiopia | Country Landscape Analysis. 2010:1-21. www.fsg.org. Accessed April 11, 2019.

vi Splash Formative Assessment. Unpublished. 2018

^{vii} Increasing Access to Menstrual Hygiene Management Products in Ethiopia.; 2018. https://www.psi.org/wp-content/uploads/2018/10/Ethiopia-MHM-marketanalysis_2018.pdf. Accessed April 11, 2019.

viii Increasing Access to Menstrual Hygiene Management Products in Ethiopia.; 2018. https://www.psi.org/wp-content/uploads/2018/10/Ethiopia-MHM-marketanalysis_2018.pdf. Accessed April 11, 2019.

^{ix} Erulkar A, Ferede A, Ambelu W, et al. Ethiopia Gender Survey: A Study in Seven Regions.; 2010. doi:10.31899/pgy1.1025

^x Splash City Wide Survey. Unpublished. 2018

^{xi} Splash Formative Assessment. Unpublished. 2018

xii SNV. Girls in Control : Compiled Findings from Studies on Menstrual Hygiene Management of Schoolgirls.; 2015.

http://www.snv.org/public/cms/sites/default/files/explore/download/snv girls in control baseline report.pdf. Accessed March 21, 2019.

^{xiv} Splash City Wide Survey. Unpublished. 2018