Disabling Menstrual Barriers in Nepal

Jane Wilbur, Shubha Kayastha, Anita Sigdel, Amrita Gyawali, Thérèse Mahon, Shaffa Hameed, Belen Torondel, Hannah Kuper

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Background

- Globally over 1 billion people have an impairment; about one third of those are women who may menstruate.
- In Nepal, children with disabilities are less likely to go to school than their peers (57% vs 100% enrolment).

Menstruation and disability is a taboo in many countries. It is likely that people with disabilities face additional barriers to MHM, but evidence predominantly exists in grey literature.

Without knowing what the MHM requirements of people with disabilities are, or the barriers to MHM that this group faces, MHM interventions may be leaving persons with a disability behind.

Research aim, objectives, timings

Research aim: To investigate and address the MHM barriers that adolescents and young people with a disability face in the Kavre district, Nepal. Research objectives:

1. To systematically review the literature on the menstrual hygiene management (MHM) requirements of disabled persons in different settings, and the barriers that they face.
2. To undertake qualitative research to understand the specific MHM requirements of:
   a. Disabled adolescents and young people and the barriers they face in managing their menstruation hygienically and with dignity in the Kavre district, Nepal.
   b. Carers who support these people during menstruation.
3. To identify strategies to improve MHM of people with intellectual impairments in Nepal.
4. To develop a MHM behaviour change intervention that enables people with intellectual impairments to manage their menstruation more independently.
5. To evaluate the feasibility and acceptability of the intervention. This poster covers objectives 2a and 2b.

Methods

- Qualitative research conducted by a team of females, with and without disabilities.
- Research sample: 20 people with a disability, 12 of their carers, and 13 policy makers and implementers who work on the WASH, disability, or sexual and reproductive health in Nepal.
- Identification of research participants:
  - Carers who support people with a disability during their menstrual cycle.
- Data generation tools: In-depth interviews, market survey and product attribute assessment of menstrual products, accessibility and safety audits of MHM facilities, and PhotoVoice and ranking.
- Data analysis: thematic analysis using an adapted socio-ecological framework for MHM that incorporated persons with disabilities and their carers.

Graph 1 shows the variables across the persons with a disability included in the research sample.

Results

1. Existing MHM programme delivered through schools are leaving people with disabilities behind. Many were out of school. One person with an intellectual impairment was permanently excluded from school because her teachers did not think she would cope.
2. Barriers to MHM differ depending on the impairment. Many people with physical impairments who could not access existing WASH services. Some people with a visual impairment worried that they had not effectively washed the menstrual blood out of their underwear or blouses. People with an intellectual impairment could not always follow social norms and were sometimes refused help as a result of it.
3. No MHM information or training was provided for people with intellectual impairments or their carers. People with an intellectual impairment were not taught about MHM, because it was believed that they would not always follow social norms and would not manage menstruation in a hygienic and dignified way. Menstruation was viewed as a private issue; many carers felt overwhelmed.
4. Many people who had difficulties with self-care, and/or intellectual impairments were reliant on carers. Carers are busy. Many left their daughters at home all day with one menstrual cloth on to go and earn an income. At the end of the day they were often too tired to change it.

Conclusions and recommendations

- The general population face extreme barriers in relation to MHM. People with disabilities experience these too and many more.
- People with disabilities include: 1) people who manage independently, but with difficulty and 2) people who are reliant on carers for their MHM.
- Many people in the second group have an intellectual disability. They faced the greatest difficulties in MHM.
- Their carers need MHM information and training to enable them to manage another person’s menstrual cycle with dignity. Carers must be targetted in MHM interventions.
- People with intellectual impairments are less likely to be in school. MHM interventions must be designed for this group and delivered in and outside school.
- MHM interventions exist for people with visual and hearing impairments. Information exists on how to make WASH services more accessible for people with physical impairments.
- There are no MHM interventions for people with intellectual impairments. So one has been developed - it is being piloted in the Kavre district now.

The intervention

- The intervention focuses on Bihesta (meaning ‘extraordinary’ in Nepali), who has an intellectual impairment. Perana (‘motivation’ in Nepali) her carer, motivates and helps her manage her menstruation as independently as possible.
- It consists of 3 MHM training modules, delivered in communities over 6 months to 10 people with an intellectual impairment and their carers.
- Menstrual hygiene packs distributed contain: a menstrual storage bag (for inside home), menstrual shoulder bag (for outside home), a menstrual bin, a pain bangle and two visual story cards. Carers receive a menstrual calendar, a branded key ring, badge and mirror.
- A large Bihesta doll is used in the training sessions to teach people about MHM (Figure 2). It has removable pain symbols that can be placed on the doll to show where discomfort may be felt, and a clean and soiled menstrual pad so people can practice changing it during the training. It also uses the contents of the menstrual hygiene packs.

Figure 2. The large Bihesta doll

Contact information: Jane Wilbur, jane.wilbur@lsthm.ac.uk