



REPORT

Youth-led Research to Strengthen MHH



USAID Youth Excel: Our Knowledge, Leading Change - Strengthening menstrual health and hygiene (MHH) management for girls' education in Zambia

Under the Amos Youth Centre's Reproductive Health Access Initiative (RHAI), youth-led implementation research to strengthen menstrual health and hygiene (MHH) management for girls' education in Zambia.

Index

Table of Contents

Amos Youth Centre has been granted consent to use photos of participants for this publication.



About

About Amos Youth Centre	03
About Read for Rose	04
IRGPA	05
Research Introduction	06

Research

First Learning Goal	07
Second Learning Goal	17
Participant Feedback	27

Conclusion

Learning	28
Key Recommendations	29

More

Meet the Team	30
Contact Information	31

Community-led, Youth-Driven

About

Amos Youth Centre

The Amos Youth Centre is a community-led, youth-driven organization that creates quality and inclusive education, health, entrepreneurship and leadership development opportunities for vulnerable Zambian youth and women, so they can foster positive change in their communities. The centre is located in a community called Shikoswe in Kafue Zambia

Today, over 700 children, youth and women access holistic programs that include quality education through academic tutoring, leadership development and volunteerism, gender equity, self-esteem building, period poverty elimination, HIV/AIDS and health awareness, entrepreneurship, nutrition and food security, and the arts and creativity.





Special Education Program

Read for Rose

Amos Youth Centre also runs a special education program called Read for Rose where the community's most marginalised girls and boys can get access to language and life skill training and lessons in braille and sign language. We even have a sign language class for parents so that they can learn to communicate with their children too.

IRGPA

Intersectional Rapid Gender & Protection Analysis



IRGPA Location: The IRGPA was conducted in Kafue District. Information was mainly collected through desk research. The sources for information included the 2010 Census Report, Kafue Town Council online report, etc. For primary information, the study utilized information from different individuals and stakeholders. Key informant interviews were conducted with assistance from Civil Society Actors and Government institutions.

The individuals interviewed were chosen based on their availability and willingness to participate in the study.

Demographic Information: Kafue District is made up of two Constituencies, namely Kafue Constituency and Chilanga Constituency. According to 2010 census results, the population of Kafue District was 227,466 which was collected as our secondary data (desk research).

The study focused on the Kafue Constituency which consists of a total population of 120,415 with 23,296 households. According to 2010 census results, 49.87% are males and 50.13% are female. According to the census results, from the age range 0-14 years, 47.7% boys and 50.3% females; 15-34 years 48.9% males and 51.1% females; 0-34 years 49.3% males and 50.7% females. The percentage of the population with a disability is 1% to 1.2%. It should be noted that many parents do not report their children's disability due to stigma and shame.

Kafue District is diverse in ethnicities, the majority being Bemba, Chewa, Tonga, Lozi, and Luvale. The major religions include Christianity and Islam. The official language is English.

Introduction

Reproductive Health Access Initiative (RHAI) Implementation Research

Amos Youth Centre (AYC) was awarded a grant through IREX for the USAID Youth Excel: Our Knowledge, Leading Change program to test and adapt solutions to strengthen menstrual health and hygiene management for girls' education through youth-led “research-to-change” (implementation research) approaches for positive youth development.

AYC's Reproductive Health Access Initiative (RHAI) is a 4-year-old program that provides adolescent girls and young women ages 9-25 with a safe and friendly environment to access reusable menstrual products and reproductive health information that they would otherwise go without.

The RHAI distributes menstrual hygiene products, i.e., reusable menstrual pads, reusable menstrual cups and period underwear, through product training and menstrual and reproductive health educational workshops and seminars. However, areas of improvement and expansion remain. The RHAI hopes to expand on past lessons and new learning goals identified to continue serving young girls and women to the best of its ability for years to come. This grant has given Amos Youth Centre an opportunity to conduct research in order to learn how to best adjust the program for more effective and efficient implementation.

Research:

First Learning Goal



1

What were we seeking to learn from our research?

To determine whether providing menstrual cups, training and education to students' mothers in the Reproductive Health Access Initiative (RHAI) program increases the uptake and use of menstrual cups among girls so that we may increase the number of mothers participating in the RHAI program.

Importance

Why was this important for our organisation and the work we do?

To understand the extent to which the inclusion of parents and guardians at the onset of the menstrual cup distribution increases the acceptance and use of the menstrual cups among participants.





First Learning Goal

Data Collection

The data was collected through Focus Group Discussions with:

- 16 Girls who received a menstrual cup.
- 7 Mothers who received a menstrual cup.
- 15 Mothers in the community who have not received the menstrual cup (we were very specific to pick from similar communities).
- 16 Girls from the community who did not receive the menstrual cup (we picked girls in the same age range as the girls on our program).

First Learning Goal

Key Findings



- 1 The statistics collected indicated that 75% of the mothers who received the menstrual cup and training were not talking about the menstrual cup to their daughters/girls.**

From our focus group discussions, the mothers mentioned they were not very comfortable with the menstrual cup as it conflicts with cultural beliefs which state that “nothing should be inserted inside a young girl’s vagina (as they believe this will break her virginity)”.

- 2 Lack of communication between mothers and daughters about menarche.**

25% of the girls not in our program reported that their mothers do not talk openly about menstrual health and hygiene (MHH). Some mothers were not aware that their daughters had started their monthly menstrual periods. The girls shared that they had not disclosed the onset of their periods to their mothers/guardians due to timidity.

First Learning Goal

What did we learn from the data?

- 1** It was observed that most of the girls from the community had little or no knowledge about the menstrual cup.
- 2** It was discovered that there is room for improvements/research in distribution of more convenient menstrual hygiene products to persons with mobility impairment, i.e., menstrual cups may not be the right fit or user friendly for all girls.



First Learning Goal

The findings we already knew or had a hunch about?



Through years of community discussion around menstrual health and hygiene, we already knew that it is uncommon for girls and guardians to talk openly about menstrual health.

The findings that were surprising to us?



The statistics collected indicated that 75% of the mothers are still not talking about menstrual health and hygiene to their girls even after the menstrual cup training.

And during focus group discussions it was observed some mothers were not aware that their daughters had started their monthly menstrual periods.

What is still unclear that we would like to know more about?



Do the mothers need more training about the menstrual cup?

Or, do they need more time to apply what they have learned?

What doubt the accuracy/validity of and want to validate by reaching other respondents?

100% of the mothers from the community reported that they freely talk to their children about menstrual health and hygiene. However, the girls reported not being open to discuss menstrual health and hygiene issues with parents/guardians.

It was observed that some information may not have been fully provided through the sign language interpretation. This may be due to loss of meaning through translation. We feel there is room to revisit the session with additional aids and training.

First Learning Goal

Challenges



What are the main challenges we faced?

- During the research, it was observed that some of the participants were not reporting on time for the focus group discussions.
- A great challenge arose from the group of mothers who received the menstrual cup. Unfortunately, some of them did not show up for the focus group discussions (it was discovered that some had left town at that specific time).
- We had an opportunity to engage a sign language interpreter for our hearing impaired students, however, we felt and observed that some information may not have been given to the full intent through sign language interpretation. This may be due to loss of meaning through translation.

How did we resolve the challenges?

- Focus group discussion time was adjusted to meet participants' availability.
- Sessions with sign language interpretation were conducted at a pace that took into account participants' different abilities.

— First Learning Goal

What we have been learning that tackles/addresses school-based MHH?

- Girls that have received a menstrual cup reported increased participation in school activities because they did not have to “make trips” to the bathroom for a quick change during school hours.
- Girls on the program reported a reduction in school absenteeism due to access to free menstrual hygiene products.

First Learning Goal

Insights

Based on the insights, what are some things we think we may have to do differently in our program to make it better?

What to start doing:

- More engagement of parents and guardians in program design, implementation and evaluation.
- Conduct research on more convenient menstrual hygiene products to persons with mobility impairment because the current menstrual cups may not be the right fit or user friendly for all girls.

What to stop doing (reduce):

- Distribution of the menstrual cups before carrying out a thorough research in the community.

What to continue doing:

- Conduct more training with the girls and mothers both in the program and in the community on menstrual health and hygiene and bridging gaps existing on discussions around menstrual health.
- Distribute menstrual hygiene products to the girls to end period poverty.
- Conduct quarterly surveys to get more feedback from the girls and mothers.





First Learning Goal

What else?

What else do we feel we need to do based on the research we conducted?

- The girls need more training on the use of the menstrual cups. There is a need to distribute reading materials on menstrual cups, our findings indicated that most girls in the community had no knowledge about the menstrual cup.
- AYC needs to conduct more research on menstrual hygiene products for girls with disabilities.
- AYC needs to conduct more reproductive health classes with parents/guardians.
- AYC needs to schedule and conduct more trainings with mothers on the use of the menstrual cups.

Research:

Second Learning Goal

2

What were we seeking to learn from our research?

To determine whether participation in RHA1 contributes to improvements in girls' attendance, school participation and academic achievement so that we can adapt our programming to improve education outcomes for our participants.



Importance

Why was this important for our organisation and the work we do?

To understand whether participation in RHA1 contributes to improvements in girls' attendance, school participation and academic achievement so that we can adapt our programming to improve education outcomes for our participants.



Second Learning Goal

Data Collection

The data was collected through surveys and interview discussions with:

Surveys:

- 60 Girls with access to the RHA1 program
- 60 Girls without access to the RHA1 program
- 40 Parents to girls with access to the RHA1 program
- 40 Parents to girls without access to the RHA1 program

Interviews:

- 20 School Administrators

Second Learning Goal

Key Findings



- 1** 70% of school administrators find that students who attend AYC record a higher attendance rate.
- 2** 65% of school administrators find that students who attend AYC record a higher academic performance.
- 3** A recorded 70% of girls with access to the RHA program do not have access to a clean bathroom while at school.
- 4** 71.4% of girls without access to the RHA program reported they were unaware of the program.

Second Learning Goal

What did we learn from the data?

- 1** We observed that we need to increase awareness about the RHAI program in schools and communities.
- 2** The survey and interviews conducted recorded that most girls do not have access to a bathroom while at school.
- 3** We learnt that girls who have access to the RHAI program at AYC recorded a higher percentage in school attendance and academic achievement.
- 4** We learnt that girls without access to the RHAI program at AYC are more likely to miss school activities.
- 5** We learnt that 55% of the 60 girls with access to the RHAI program at AYC are still using disposable pads.



Second Learning Goal

The findings we already knew or had a hunch about?



Through our interaction with girls in the RHA program, we already knew that most girls are more comfortable managing their periods at home. A recorded 91.7% of girls who participated in the RHA program agreed that they are more comfortable managing periods at home.

The findings that were surprising to us?

The statistics collected indicated that 55% of the 60 girls with access to the RHA program at AYC are still using disposable pads, even after receiving free reusable products. We would like to further investigate this record as it is our goal to promote more sustainable and environmentally friendly menstrual hygiene products.

A recorded 70% of girls with access to the RHA program do not have access to a clean bathroom while at school. A recorded 58.3% of girls without access to the RHA program do not have access to a clean bathroom while at school.

What is still unclear that we would like to know more about?

Do the girls who participant in the RHA program need more training about the MHH products provided by AYC? 'The statistics collected indicated that 55% of the 60 girls with access to the RHA program at AYC are still using disposable pads.

We would like to further investigate this record as it is our goal to promote more sustainable and environmentally friendly menstrual hygiene products.'

Or, does AYC need to research more culturally accepted MHH products and incorporate more cultural norms in MHH sessions?

What doubt the accuracy/validity of and want to validate by reaching other respondents?

A recorded 5.6% of school administrators reported that girls have access to menstrual cups and tampons at the school. From our observation and experience most institutions are not giving out menstrual cups or tampons due to cultural norms. We would like to investigate further about this record and possibly learn how the schools are breaking the social and cultural barriers.

Second Learning Goal

Challenges



What are the main challenges we faced?

- The first challenge faced was a delay in the approval of the PEER+ Workbook by the research committee. This delayed our data collection.
- The second challenge faced was a conflict in schedules with the research constituents. We approach all constituents and scheduled time and dates for the interviews, however, some schools rescheduled due to school activities.

How did we resolve the challenges?

- Youth Excel/IREX communicated about the delay and advised that we submit an extension for submission. Amos Youth Centre formally sent an email towards a milestone submission extension, which was approved.
- We addressed this challenge by extending the data collection period.

Second Learning Goal

What we have been learning that tackles/addresses school-based MHH?

- Girls that have access to the RHA program reported improved confidence and reduced menstrual-related stress which has positively impacted their school experience and performance.
- Parents and guardians reported that more knowledge about MHH and the provision of MHH products greatly improves girls' comfort, confidence and awareness on MHH issues.

Second Learning Goal

Insights

Based on the insights, what are some things we think we may have to do differently in our program to make it better?

What to start doing:

- Increase awareness of the RHA1 at AYC to more schools and communities. A recorded 71.4% of Girls without access to the RHA1 program reported they were unaware of the program.

What to stop doing (reduce):

- For the second learning goal we did not have a specific action item to stop doing, however we were interested in learning more about why girls with access to the RHA1 are still using disposal MHH products.

What to continue doing:

- Distribution of MHH products to girls at Amos Youth Centre.
- Reproductive Health sessions at AYC to bring more awareness on MHH and sustainable and environmentally safe MHH products.





Second Learning Goal

What else?

What else do we feel we need to do based on the research we conducted?

- The statistics collected indicated that 55% of the 60 girls with access to the RHA program at AYC are still using disposable pads. We would like to further investigate this record as it is our goal to promote more sustainable and environmentally friendly menstrual.
- Increase awareness of the RHA at AYC to more schools and communities. A recorded 71.4% of girls without access to the RHA program reported they were unaware of the program.

Feedback

Participant Quotes

“

I had a great experience and a lot of fun. This is because I learnt a lot of things such as how to communicate and make respondents be open to express themselves and feel free to share information. The research also helped me develop some skills and qualities that I needed as a researcher in order to collect accurate information. The qualities included being open, patient and confident. This made it easy to collect information from the respondents. The experience was insightful.

--Young Researcher 2

“

My experience was quite interesting. I learnt how to research topics that are controversial in nature. It enlightened me on how to store information that would potentially expose the respondents to danger. I also learnt that while conducting research, it is important that both the researcher and respondent create a brave space for an interchange of information.

--Young Researcher 3

“

“The focus group discussion was very good, I learnt a lot about menstrual health hygiene from other people and the importance of being open with my children on menstrual health hygiene.”

--Mother who received a menstrual cup 1

“

My experience was awesome, I learnt a lot of things from the different people on the myths and misconceptions on menstruation. The brochure I received helped me to have a deeper understanding on how to use the menstrual cup.

--Girl whose mother has received the menstrual cup 1

Conclusion

Learning from the Implementation Research (IR)



What we have learnt:

- We learnt that IR is vital in program monitoring and evaluation, it provided an opportunity for AYC to further understand our work and the program's impact. IR gave all members of the program a platform to share their views about the RHA1, which has greatly improved programming.
- Conducting an initial community research (IRGPA) was vital in effectively planning the final research project. The research gave us insight to systems existing and what to expect in the community.

Our recommendation to organizations who want to use IR:

- Ensure that the research goal is specific and attainable within the projected time frame.
- Conduct a research about the community/location (operating system/population/groups of people/services available, etc.) before the final research. This will help with planning and provides very important information about the community and protection points available.

Conclusion

Key

Recommendations

- 1** Organizations implementing MHH activities should conduct engagement sessions with parents/guardians/community in MHH program design, implementation and evaluation. This will help organizations understand social and cultural norms existing in communities.
- 2** Organizations implementing MHH activities should conduct research on convenient, sustainable and environmentally safe menstrual hygiene products that can be used by persons with disabilities.
- 3** We recommend that schools and educational governmental offices should incorporate more MHH programs in the school curriculum to further break all taboos and stereotypes around MHH.
- 4** We recommend that schools and educational governmental offices should ensure availability of adequate wash rooms for MHH management while at school.
- 5** We recommend that parents/guardians have more open discussions about MHH with their daughters/dependents to boost confidence in MHH management and break existing barriers.



More Information

Meet the Team

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More Information

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