

INTRODUCTION

Menstruation Hygiene management (MHM) is a core element of sanitation and hygiene which affects half of the world's population for a large proportion of their lives.

Significant barriers to high-quality menstrual hygiene management persist across Kenya and remain a particular challenge for low-income women and girls.

Kenya sanitation and hygiene Improvement program is expanding Community-Led Total Sanitation to address Menstrual Hygiene Management in schools and communities and break the silence to alleviate additional stress placed on women and girls.

OBJECTIVE

To assess the knowledge on Menstrual Hygiene Management and identify related barriers to appropriate MHM practices.

METHODOLOGY

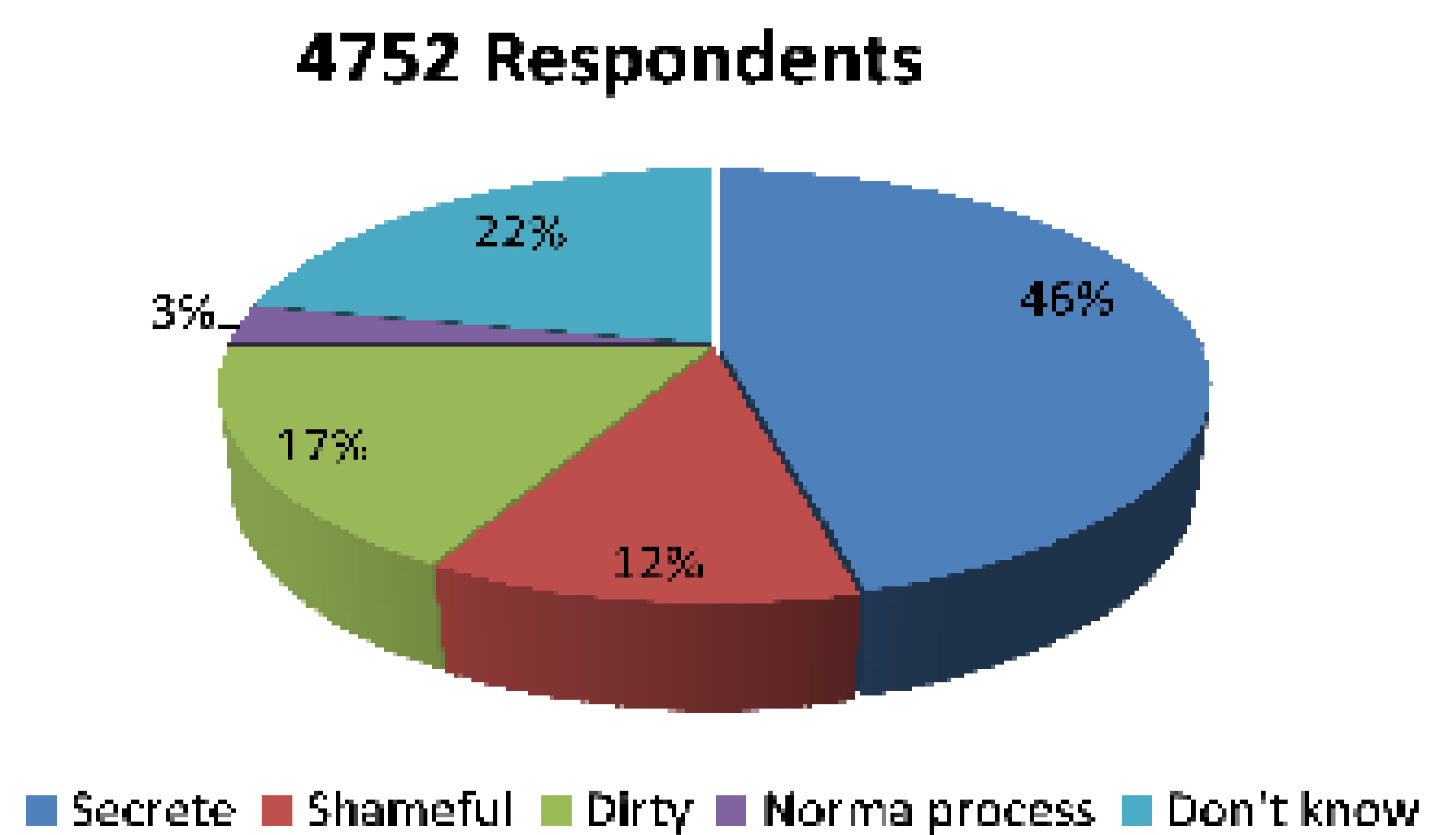
- We conducted a baseline survey in July-2015 in 11 counties (Wajir, Kwale, Tharaka-Nithi, Embu, Muranga, Nakuru, Narok, Kisii, Migori, Busia and Uasin Gishu) in Kenya
- A total of 4396 randomly selected household heads were interviewed. Structured observations of school water, sanitation and hygiene facilities were performed at 175 schools
- Focus group discussions were done with girls and key informant interviews with health professionals, teachers and school administrators
- Descriptive and thematic analysis was used for quantitative and qualitative data respectively.

RESULTS

- Almost half, 46% (2186) of the respondents treat menstruation as a secret thing while others (17%) as socially shameful and something dirty, while 22% (1045) do not know about menstruation
- Only 3% of the respondents treat menstruation as a normal physiological process that occurs naturally in girls and women of reproductive age
- None of the schools (175) surveyed met the recommended pupil: latrine ratio of 25:1 (girls) and 30:1 (boys)

- 10.6% (502) of mothers reported that they provided MHM information to girls and men/boys while 3.6% (173) helped in breaking the myths on Menstrual Hygiene
- 11.2% (533) of girls reported to have access to hygienic and affordable Menstrual Hygiene material
- 46% of teachers interviewed reported not having adequate facilities in their schools for MHM.

The pie-chart below presents perceptions about MHM



CONCLUSION

These findings have identified the key barriers to good MHM in schools and community such as low levels of knowledge about menstruation and its hygienic management, physical barriers (designs, technology, distance) social barriers (attitudinal, taboos, myths, stigma) and organizational or institutional barriers (project or service delivery design) as major constraints to good MHM Practices.

RECOMMENDATIONS

Mainstreaming MHM in CLTS triggering provides the best opportunity to break the silence on menstruation thus improving the health status of the community and alleviating additional stress placed on women and girls.

KEYWORDS

Menstrual hygiene; appropriate hygiene practices; barriers to good MHM practices; break the silence on menstruation; menstrual knowledge.