

The Last Taboo:

Research on menstrual hygiene management in the Pacific

The Solomon Islands

October 2016

Final report

IWDA INTERNATIONAL
WOMEN'S
DEVELOPMENT
AGENCY


Burnet Institute
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 **WaterAid**

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Acronyms

| | |
|--------|--|
| DFAT | Department of foreign affairs and trade |
| FGD | Focus group discussion |
| IDI | In-depth interview |
| INGO | International non-government organisation |
| KII | Key informant interview |
| MHM | Menstrual hygiene management |
| MHMS | Ministry of health and medical services |
| NGO | Non-government organisation |
| SBD | Solomon Islands dollar |
| SIPPA | Solomon Islands Planned Parenthood Association |
| UNICEF | United Nations Children’s Fund |
| WASH | Water, sanitation and hygiene |

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Lisa Natoli (Burnet Institute) and **Chelsea Huggett** (WaterAid Australia), November 2016

Executive summary

Managing menstruation hygienically, effectively and with dignity can be challenging for girls and women in low and middle-income countries. Currently there is limited research on menstrual hygiene management (MHM) in the Pacific region.

This report presents findings from research that was undertaken in Solomon Islands in October 2016. The study is part of a larger piece of work which includes Fiji and Papua New Guinea, and is funded through the Australian Government, Department of Foreign Affairs and Trade (DFAT). The research focuses on menstruation, and how it is managed by women and adolescent girls in Solomon Islands. The purpose of the study is to explore the challenges experienced by women and girls in managing their menstruation, and whether these challenges make it hard for them to equally participate in school and work and engage with their communities.

The study was conducted in two research sites: Guadalcanal (urban setting) and Malaita (rural setting). Melanesian culture is prominent throughout the Islands and notably in Guadalcanal and Malaita. It should be acknowledged however, that Melanesian cultural norms and practices related to MHM may differ to those among people living on the smaller isolated islands with a Polynesian or Micronesian background.

The study was primarily qualitative, using focus group discussions (FGD), in-depth interviews (IDIs) and key-informant interviews (KIIs) as the main strategies for data collection. A structured observation of water sanitation and hygiene (WASH) facilities was undertaken in a small number of schools and workplaces, and an analysis of the availability and cost of sanitary products was conducted in each research site. The study found that:

- Adolescent girls and women in Solomon Islands face a number of challenges that influence their ability to manage menstruation hygienically and with dignity; these challenges interact, and have the potential to negatively impact on physical and emotional health, participation at school, work and in the community, and on the environment.
- Many adolescent girls lack knowledge about menstruation and are unprepared for menarche, and subsequently experience feelings of fear and shame. While mothers, other female relatives, girlfriends and female teachers are an important source of information and support about menstruation, they themselves may lack an accurate and comprehensive understanding of the issue and perpetuate misconceptions. In particular, teachers may feel uncomfortable talking about menstruation, and need training and tools to assist them in this task.
- Common beliefs, specifically about menstruation being “dirty” and the need for secrecy between male and female relatives, especially sisters and brothers, makes it difficult for women and girls to manage their menstruation. These beliefs contribute to a number of secretive (and sometimes unhygienic) practices related to washing, drying and disposal of used absorbent materials and personal hygiene, as well as some unwanted behavioural restrictions. These beliefs may be different in the smaller, isolated islands that are more influenced by Micronesian and Polynesian culture.
- While there is a large number of commercial sanitary products available in Guadalcanal (less so in Malaita), supply is variable, and products are generally poor quality and not affordable for the majority of women and girls. As a result, many rely on (and prefer) home-made solutions. Women and girls commonly experience fear of leakage and staining, and are subsequently distracted from school or work. Some opt to disengage with community life, stay home from school, or miss work on days of heavy bleeding.

- Water, sanitation and hygiene (WASH) facilities in schools, workplaces and public places are commonly inadequate to meet the needs of menstruating girls and women. Challenges include lack of water for handwashing and personal hygiene, poorly maintained facilities lacking in privacy, lack of available options for the safe disposal of soiled sanitary items. Inadequate WASH facilities contribute to unhygienic menstrual management practices (such as improper disposal of soiled materials), or the preference to return home to change soiled materials- and is likely a factor in absenteeism.

Recommendations¹

1. **Improve government leadership and policy commitment on supporting MHM within MoH and MoE.**

- 1.1 Educate those responsible for Labour related policy (such as Occupational Health and Safety Standards) about women-specific WASH needs and translation into policy. This is necessary to influence WASH facilities in formal and informal work settings and reduce the gender gap in economic activity in the Solomon Islands. (S)
- 1.2 Ensure national health and education policies and sub-national action plans incorporate MHM and good monitoring mechanisms to track progress. (M)
- 1.3 Increase cross-sectorial engagement on MHM through stakeholder engagement, education and advocacy to take MHM beyond WASH and education sectors. Economic empowerment, gender and disaster risk reduction initiatives all need strengthening with regard to MHM. (M)

2. **Improve access to high quality information about menstruation and MHM via MoE, MoH, and NGOs working in the area of sexual and reproductive health and WASH.**

- 2.1 Support community wide health communication, including intergenerational dialogue, and involving women and men, to sensitively address the range of community beliefs and norms that are a barrier to effective MHM. (S)

Consideration should be given to addressing:

- Beliefs about menstrual blood being 'dirty.'
- Harmful food restrictions.
- Concerns about use of simple analgesia to manage menstrual pain.
- Social restrictions that are perceived as unwanted by girls and women (e.g. such as those related to actively participating in Church activities).
- Beliefs about washing and disposal of pads.
- The brother/sister taboo that contributes to secrecy and makes it more difficult to manage menstruation.

- 2.2 Strengthen primary school curriculum, to ensure that girls and boys receive education and information about menstruation and MHM prior to menarche. (M)

This should cover:

- Biology of the menstrual cycle, and relationship to fertility and reproduction.
- What to expect during menstruation (including common symptoms).
- Guidance about MHM, including practical information about management of menstruation at school (including being prepared with materials and paracetamol).
- Common myths and misconceptions about menstruation and MHM and associated restrictions.
- Misconceptions about the use of pain relief medication during menstruation.

¹ These recommendations will be reviewed and prioritised and feasibility assessed by key stakeholders during a planned workshop in February 2017. They are currently categorised as being short (S) term, medium (M) term and long (L) term objectives.

– Promotion of respect for privacy and support for other students.

Education should be delivered to girls and boys separately and preferably by a teacher of the same sex, so that students feel free to discuss sensitive issues more openly.

- 2.3 Train and support teachers and provide appropriate teaching materials so they feel confident to teach about menstruation. (M)
- 2.4 Mothers and other female relatives are an important and preferred source of information and advice for girls. However, sometimes they provide inaccurate information and perpetuate misconceptions. Therefore, the potential and feasibility of including mothers of students in school-based, extra-curricular menstruation education activities should be considered. (M)
- 2.5 The education needs of adolescents living with a disability are often neglected. Therefore menstruation education and resources (in appropriate formats) should be inclusive of students and teachers in special schools. (M)
- 2.6 Train and support health care workers to engage with young people, including those that work in sexual and reproductive health services and outreach education. Health workers need appropriate information and communication resources to assist them in this task. (M)
- 2.7 Implement sanitation and environmental programs that include education and awareness of safe disposal of non-biodegradable sanitary pads. (M)

3. Improve availability, affordability, and access to quality commercial menstrual hygiene products and locally made alternatives

- 3.1 Undertake deeper analysis of supply chain issues in rural areas to identify solutions to stock outs. (S)
- 3.2 Strengthen monitoring efforts to regulate marketing of fake MHM materials. (S)
- 3.3 Improve affordability of quality products through public private sector partnerships to build demand and supply of quality disposable sanitary products. (M)
- 3.4 Facilitate knowledge sharing about existing approaches to making simple home made pads that could be incorporated into business ideas. (S)
- 3.5 Pilot a local female-led livelihood project to scale up production, market-based demand and social marketing of reusable pad designs, for example Days for Girls kits. (M)
- 3.6 Ensure emergency access to free or affordable sanitary pads in schools. Adolescent girls should be consulted to identify preferred brands and products, methods of dispensing or selling pads, and also affordability if pads cannot be provided free of charge. (M)
- 3.7 Expand emergency access to sanitary pads in workplaces and public toilets by including pad supply in operational and maintenance budgets and routine first aid resourcing. Alternatively, consider vending machine or cost sale options. (M)
- 3.8 Encourage shop owners to store hygiene materials in the main section of the shop (not behind counters) to avoid unnecessary embarrassment. (S)

4. Water, sanitation and hygiene facilities

- 4.1 Endorse and roll out the recently drafted School WASH Standards and Guidance Note – MHM in Schools to ensure existing and future facilities meet basic service standards and are MHM friendly. (S)
- 4.2 Modify the national Education Monitoring Information System to capture data on WASH in schools, including MHM features. These could include the provision of MHM education as part of the curriculum; reliable and sufficient water supply inside girls' latrine compartments; clean and functional latrines; covered bins provided in all girls' latrine compartment; and provision of sanitary pads to girls in school. (M)
- 4.3 Pilot school-based projects involving incinerators or alternative safe disposal mechanisms (bins with lids including plan for hard waste disposal on or off site) for used MHM-materials to demonstrate low-cost solutions which can be scaled nationally. (S)

- 4.4 Review Occupational Health and Safety standards for formal and informal workplaces to ensure women-specific WASH needs are met, particularly safe disposal mechanisms of menstrual hygiene materials. (M)
- 4.5 Consistent maintenance and cleaning of latrines (in schools and public toilets where they exist) is critical. (S)
- This should consider: Clear designation and monitoring of cleaning responsibilities with appropriate consequences for lack of compliance.
 - Ensuring a reliable supply of cleaning products, equipment and sufficient water for cleaning latrines.
 - Designation of caretakers and funding for the operation and maintenance of functional latrines including the supply of soap, water, and tissue inside the latrine.

1. Background and introduction

Managing menstruation hygienically, effectively and with dignity can be challenging for girls and women in low and middle-income countries. Currently there is limited research on menstrual hygiene management (MHM)² in the Pacific region. Studies conducted in countries in Africa and the Asia regions have detailed a range of challenges experienced by girls in relation to managing their menstruation. These include: lack of knowledge about menstruation and how to manage it; harmful socio-cultural beliefs and taboos about menstruation being unclean or dirty; inadequate water, sanitation and (private) hygiene facilities at school; lack of available and affordable absorbent materials; and, challenges washing and drying materials if disposable products are unaffordable.³ Anecdotal evidence from the Pacific suggest similar challenges, and that these may be a barrier to school participation and attendance, and to employment and income generation.

This report presents findings from research undertaken in Solomon Islands in October 2016. The Solomon Islands study is part of a larger piece of work which includes Fiji and Papua New Guinea, and is funded through the Australian Government, DFAT. The research focuses on menstruation, and how it is managed by women and adolescent girls in Solomon Islands. The purpose of the study is to explore the challenges experienced by women and girls in managing their menstruation, and whether these challenges make it hard for them to equally participate in school and work and engage with their communities.

The study took place in Guadalcanal and Malaita provinces where Melanesian cultural beliefs are dominant, although it is recognised that Micronesian and Polynesian cultural beliefs are present in the smaller isolated islands and Provinces. It was conducted by Burnet Institute and WaterAid, with support from the International Women's Development Agency and a local research partner - the Solomon Island Planned Parenthood Federation (SIPPA).

2. Aims

The aims of the study were to:

- Understand how women and girls in Solomon Islands currently manage menstruation.
- Explore the barriers/challenges experienced by these women and girls in managing menstruation.
- Determine the impact of menstrual management practices on women and girls' participation in education and income generation.
- Identify opportunities to improve women's and girls' ability to manage their menstruation effectively and with dignity.

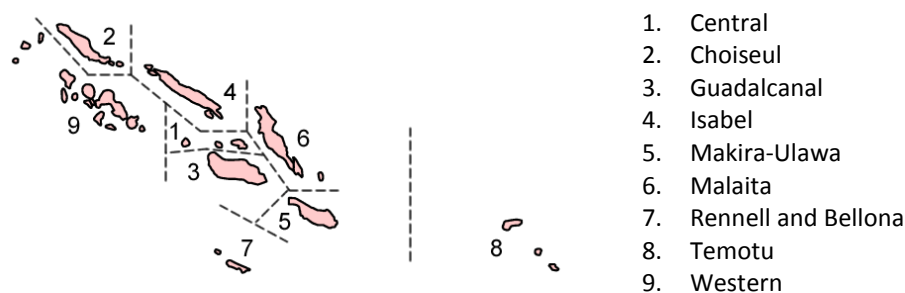
² Definition of adequate Menstrual hygiene management: *Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear.* Joint Monitoring Program (2012): http://www.wssinfo.org/fileadmin/user_upload/resources/Hygiene-background-paper-19-Jun-2012.pdf.

³ Sumpter C, Torondel B. A systematic review of the health and social effects of menstrual hygiene management. PLoS One. 2013;8(4):e62004.

3. Context

Solomon Islands has a population of 622,469 with women and girls aged 15-54 years comprising more than 27 per cent of the total.⁴ Water, sanitation and hygiene access is some of the lowest in the region, only 54 per-cent of the population have access to basic water sources and only 13 per cent have access to basic sanitation.⁵ The nation is comprised of nine provinces plus the separately-administered Capital Territory of Honiara – which geographically sits within Guadalcanal province. (Figure 1)

Figure 1: Map of Solomon Islands⁶



Malaita has the largest population while Guadalcanal is the second most densely populated province. The research was conducted in two research sites: Honiara in Guadalcanal (urban setting) and Malaita (rural setting).

Key concerns for women in Solomon Islands include low levels of education, high burden of family care responsibility, high levels of violence, and underlying discriminatory social attitudes. Adolescent fertility is high, with 8–12 per cent of women aged 15–19 already being mothers. Women’s participation in leadership and decision making at senior levels is low, with only 5 per cent of senior public servant positions occupied by women. While women are highly active in small-scale income generation and agriculture, their economic participation is constrained by lack of education and sociocultural discrimination and lack of access to key resources such as transport. The gender gap in education is narrowing, however disparities continue to exist at all levels.⁷

A 2014 review of MHM in the East Asia Pacific region by Unicef found preliminary efforts to address MHM had been taken by the government of Solomon Islands, such as formative research, but there was little integration of findings into policy, development of curriculum or training of teachers.⁸ A small-scale study in four schools in Solomon Islands found that girls missed days of school, experienced embarrassment and shame, and felt distracted during class during menstruation. Girls reported disruption to sport and social activities during menstruation and key challenges were lack of hygiene and sanitary products, fear of staining school uniform and lack of privacy. Unicef has supported the Ministry of Health and Medical Services (MHMS) to integrate MHM into national minimum standards for WASH in schools⁹. Beyond the WASH sector, there have been little efforts

⁴ <https://www.cia.gov/library/publications/the-world-factbook/geos/bp.html>

⁵ http://sirwash.weebly.com/uploads/4/2/7/6/42764129/rural_wash_baseline_-_national.pdf

⁶ https://en.wikipedia.org/wiki/Provinces_of_the_Solomon_Islands

⁷ Asian Development Bank (2015) Solomon Islands Country Gender Assessment.

<https://www.adb.org/sites/default/files/institutional-document/176812/sol-country-gender-assessment.pdf>

⁸ Unicef (2016) Supporting the rights of women and girls through menstrual hygiene management in the East Asia and Pacific region.

https://www.unicef.org/eapro/MHM_Realities_Progress_and_OpportunitiesSupporting_opti.pdf

⁹ http://sirwash.weebly.com/uploads/4/2/7/6/42764129/si_2014_guidance_note_on_mhm_in_schools.pdf

from education, gender or health sectors to address menstrual hygiene and health needs of women and girls.

4. Study design

Ethical considerations: This study was approved by the Solomon Islands Health Research and Ethics Review Board and the Alfred Hospital Human Research Ethics Committee (Melbourne Australia).

Methods: The study was primarily qualitative, using focus group discussions (FGD), in-depth interviews (IDIs) and key-informant interviews (KIIs) as the main strategies for data collection. Structured observations of water, sanitation and hygiene (WASH) facilities were undertaken in a small number of schools and workplaces, and an analysis of the availability and cost of sanitary products was conducted in each research site.

The content of FGD and interview question guides was informed by the Ecological Framework for MHM¹⁰ and a review of relevant literature. English question guides were translated into Solomon Island pidgin and back translated into English to confirm accuracy. FGDs included a number of participatory activities to stimulate discussion and included: body mapping, community mapping, the Ten Seed Technique¹¹ and drawing of an ‘ideal’ latrine.¹² Field work took place from 9-22 October 2016.

Study team: The study team comprised two international consultants (Burnet Institute and WaterAid Australia) and a local team of five female and one male researchers.

Sampling: Purposive sampling¹³ via partner organisation networks was used in each study site to facilitate recruitment of pre-specified participant groups. All FGDs were sex segregated with efforts made to ensure homogeneity of socio-economic status, community hierarchy and age.

In both Guadalcanal (Honiara) and Malaita (Auki) a consecutive convenience sample¹³ of shops judged as likely to sell sanitary products and located along the main road of each town was taken for the purpose of documenting availability and cost of commercial sanitary products. Where consent was given, WASH facilities were assessed in the sampled school and workplace in each site.

Table 1: Summary of data collection methods and participant groups

| Methods | Age range (yrs) | Site 1/urban # participants | Sex (f/m) | Site 2/rural # participants | Sex (f/m) | Total participants |
|--|-----------------|-----------------------------|-----------|-----------------------------|-----------|--------------------|
| FGD girls in school | 18-21 | 12 | f | 8 | f | 20 |
| FGD girls not in school | 13-20 | 6 | f | 9 | f | 15 |
| FGD women (formal ¹⁴ workplace) | 20-53 | 18 | f | 5 | f | 23 |

¹⁰ UNICEF/Emory University. WASH in schools empowers girl’s education. Tools for assessing menstrual hygiene management in schools. New York: UNICEF and Centre for Global Safe Water, Emory University 2013.

¹¹ Jayakaran RI. The Ten Seed Technique. People’s Republic of China. World Vision, 2002.

¹² Connolly & Sommer (2013) Cambodia girls recommendations for facilitating menstrual hygiene management in school. Journal of Water Sanitation and Hygiene for Development. Vol 3, No. 4, doi: 10.2166/washdev.2013.168

¹³ Etikan I, Abubakar Musa S, Alkassim R. Comparison of Convenience Sampling and Purposive Sampling. American Journal of Theoretical and Applied Statistics. Vol. 5, No. 1, 2016, pp. 1-4. doi: 10.11648/j.ajtas.20160501.11

¹⁴ defined as work places with fixed hours such as office environments, factories etc.

| | | | | | | |
|---|-------|-----------|---|-----------|---|------------|
| FGD women (informal ¹⁵ employment) | 24-50 | 8 | f | 7 | f | 15 |
| FGD Men | 23-47 | 9 | m | 5 | m | 14 |
| IDI (vulnerable girls/women ¹⁶) | - | 3 | f | 0 | - | 3 |
| KII vendor | - | 1 | f | 1 | f | 2 |
| KII employer | - | 1 | f | 1 | f | 2 |
| KII teacher | - | 1 | f | 1 | m | 2 |
| KII health worker | - | 1 | f | 1 | m | 2 |
| KII leader | - | 1 | m | 2 | m | 3 |
| Total participants | | 61 | | 40 | | 101 |
| Observations of WASH facilities ¹⁷ | | 2 | | 1 | | 3 |
| Documentation of availability and cost of sanitary products ¹⁸ | | 26 | | 12 | | 38 |

Data collection and analysis: FGDs and interviews were conducted and documented in pidgin by members of the local research team. Discussions were digitally recorded with the permission of participants. Wherever possible, one member of the local research team was designated to translate discussions as they occurred for one of the international consultants; this enabled the consultants to follow the discussion, and determine interesting discussion points to probe or add to subsequent FGDs or interviews and also take notes in English. The team discussed the English and pidgin notes at the end of each day, enabling a more nuanced/cultural interpretation of the data.

Preliminary data analysis took place during field work. Using an inductive approach, a coding framework was developed and refined, and systematically applied to the data by the two international consultants. These codes were then organised according to overarching themes, which help provide a structure for communication of findings. Formal data analysis (applying the same coding framework developed during the field work) took place once the pidgin voice recordings had been transcribed and translated into English. Findings were validated by the local research team. Quantitative data (assessments of WASH facilities and scoping of menstrual hygiene products) was summarised in a narrative format.

Limitations: Short data collection timeframes impacted the number and breadth of consultations that could be performed. Qualitative data collection did not occur to the point of ‘saturation’ and a degree of sampling bias is associated with convenience sampling- especially when this is driven by local staff. However, studies such as this are an expensive undertaking and a pragmatic approach is always necessary to balance the need for strong research with financial realities.

As this research is intended to inform programming, these design limitations are unlikely to negatively impact the utility of the findings. However, cultural and individual differences both within communities and across geographic locations (urban vs rural) should be acknowledged, and findings should therefore be considered in context and not interpreted as being representative of the

¹⁵ defined as less structured work places where women have more control over their work hours (e.g. selling food in market places or undertaking household responsibilities and subsistence farming in communities)

¹⁶ this group was defined as including girls/women living with a disability; identifying as lesbian, bi-sexual, transgender or intersex; socio-economically disadvantaged; young mothers and young married girls; women and girls in certain professions (e.g. sex work); and women and girls of certain ethnic background.

¹⁷ these observations occurred alongside KIIs with teachers and employers

¹⁸ these observations form part of the KII with vendors of sanitary products, but also occurred independent of this to allow review of a larger number of shops.

population as a whole. In particular, it is important to highlight the predominantly Melanesian background of Solomon Islanders in Malaita and Guadalcanal, whose cultural norms and practices related to MHM are likely to differ to those typical of people with a Polynesian or Micronesian background.

5. Findings

This section describes study findings. Key challenges and impacts related to MHM have been summarised in yellow text boxes throughout the report.

Menstruation related knowledge, attitudes, beliefs and behavioural restrictions

i) Knowledge

In Solomon Islands, menarche is understood as something that signals the transition from 'girl' to 'woman', and when a girl starts to take on adult responsibilities and be treated as such.

“You’re no longer a little girl...you’re a big girl now and these changes will happen to you and show you are becoming an adult” (FGD Girls in school; rural).

The girls, women and men who were consulted lacked detailed understanding of menstruation and why it happens. While not able to articulate the monthly process of ovulation, some women do understand the link between menstruation and pregnancy, as they spoke of feelings of “relief” (that they were not pregnant) when they got their period. Men also realised the importance of knowing about menstruation and talking about it with their partner, particularly in relation to family planning.

Challenge: Women, girls and men may lack basic knowledge of menstruation.

Impact: Many adolescent girls do not know about menstruation when it happens for the first time- and report feeling scared and ashamed.

“Yes, it is important because for us married men it can help space children. So it is important for us to know the time and season [different phases of menstrual cycle] so that it [conception] can take longer” (Men’s FGD; rural).

In both urban and rural sites, many adolescent girls said that they did not know about menstruation before it happened for the first time, and many described feeling frightened, scared and ashamed.

“She feels frightened and doesn’t want to talk about it with anybody else” (FGD Girls not in school; rural).

Mothers, other female relatives (sisters, aunts) girlfriends and female teachers were identified as the most common source of information and support about menstruation. Some adult participants also mentioned receiving information in the context of female reproduction via non-government organisations (NGOs) and international non-government organisations (INGOs). School girls suggested that menstruation is not discussed in detail at school. Some information is included in the puberty and hygiene curriculum in Grade 3, but this is brief, and delivery is reported to be dependent on teacher willingness.

“Now it [menstruation topic] is taught in Grade 3...but there is only cooperation for them to teach girls, but sometimes they don’t teach it because teachers have fear to teach it” (FGD Women, formal workplace; rural).

“One of the difficulties the teachers face- they have the knowledge to teach in class, but they need training in how to teach it” (KII teacher; rural).

Key informant interviews with healthcare workers found that they rarely provide information or education to health care clients about menstruation or menstrual hygiene management, in fact one (male) admitted to having never considered the issue.

While considered a normal bodily function, menstruation is generally viewed with secrecy, and many terms are used to describe it. These include: “period”; “mun” (moon); “flowa” (flower); “siki blo woman/gele”(sickness belonging to females, but a ‘normal’ sick); “aen maoui” (broken leg); “market arrive now”; “spitim bilnat”; “red”; “lipstick”; “Aheo tak na” (flower/fruit of apple tree), “Thobis” (menstruation in local language) and “disaster”! These terms are euphemisms to refer to menstruation, and if spoken in certain contexts are understood as such. For example, a woman might say “me lukim mun” to explain why she is not available to help with work. Other terms (“bilnut”, “red”, “lipstick”) are associated with the colour of the menstrual blood, while the term “disaster” was used exclusively by school girls, and presumably refers to the predicament faced in managing menstruation. Depending on the term, participants felt the words had positive or negative meaning.

ii) Beliefs and attitudes

Most urban and rural participants viewed menstrual blood¹⁹ as “dirty” (the same belief applies in relation to normal post-partum bleeding), and menstruating women as “unclean”. This stems from a previous/traditional belief, that seeing or being exposed to menstrual blood (for example via a menstruating woman preparing food for the family) would bring bad luck to men and boys with regard to activities such as fishing, gardening and hunting. One male participant explained:

... “[I]t’s the nature of the women... this sick [blood] is something that comes out from them, so that is why it’s no good for them to handle anything in the house such as cooking, touching food before washing. Culture doesn’t allow them to do that during that time...that’s the believe in the past, they said the women are dirty, defiled... after that [menstruation] they can come back and cook again...Because in the past people believed in ‘devils’ [ancestral spirits]... their belief was so strong, when someone with this issue [menstruation] live among them, it will cause especially the men...to be sick or bad luck can happen to them (Men’s FGD; urban).

The level of secrecy and stigma attached to menstruation seems to vary between urban and rural settings, but also between individuals within settings (some girls for example said they talk about it freely with girlfriends and female relatives, while others prefer not to talk about it even with their mother).

“In town, the way they look at you, they are understandable people, because one time I went to pay my child’s school fee ... [A] whole lot of men and women are queuing behind me ... [my] blood flow is really strong, I sit down until I know I am in trouble... by the time I stand up, the chair is full, so I turn around and say sorry to every man and woman lining behind and I wipe clean the chair and I went. No one look bad on me, they just said ‘no

¹⁹ Blood associated with the reproductive system of women (occurring during menstruation or during/after pregnancy) was considered different to blood associated with other parts of the body.

worry sister, it's alright'. So, I don't have any feeling that I did something wrong, I am not ashamed, because I think it's normal... I think that's how people in town react to it but in the villages is different, if a woman is having her period, you will not walk close to places where men are gathering. I mean that's my culture, if we had our period, we won't prepare the food because they say our hands have touched blood, something like that.... for me, because home is where the taboos live, my brothers, the children, when I'm having my period, I am afraid to move around in case I have a bad odour, so I am always careful, so I always make sure to keep myself clean ...I will pretend when I walk between the men, I always be careful how I sit, when I get up, there must be no stain and when it comes to food, ... but as a mother, I have to cook [laughing]" (FGD women, formal workplace, urban).

In Guadalcanal the topic of menstruation seemed more 'open' with most participants suggesting it is acceptable for boyfriends and girlfriends and husbands and wives to discuss menstruation, but participants felt that this may vary according to cultural background. However, there is considerable secrecy between sisters and brothers and this was apparent in both urban and rural sites.

"It's not really a tabu but concerning custom- when we have our period our brothers must not see it. If they see you have period and stain on the clothes you will give them money to show respect for disrespect because they see this" (KII Health worker; urban).

Numerous other beliefs about menstruation were raised during consultation, but less commonly than those mentioned above. These include:

- Some foods should be avoided during menstruation. It was suggested that eating meat would cause the blood to be "smelly".
- If used pads are burned the woman's blood will dry up and she will stop menstruating.
- 'Black magic' can be performed on used pads and cause problems for the girl/woman who disposed of the pad.
- Reusing absorbent materials can make you sick.
- Playing too much or working too hard will cause the menstrual bleeding to be heavier; and
- One can know whether a girl/woman is menstruating by looking at the moon (reported by male participants only).

Girls report that they are often teased by boys about menstruation, or if they have blood stains on their clothes or desks at school.

"Some boys know, especially when it's a full moon, they will come to class and start teasing the girls, or if they saw any girl in class sitting down looking very tired, they will say 'oh she's seen the moon' [euphemism for menstruation]"(FGD Girls in school; rural).

This teasing makes girls feel embarrassed, ashamed and distracted from their work as they fear leakage and staining.

Interestingly, adult men verbalised the importance of being empathetic and supportive of female partners and daughters who are menstruating. This was verified by comments of some women and girls who spoke of their partners/fathers allowing them time to rest while menstruating.

"...when I was younger my mother would help me sit down and rest. My husband treats me the same" (FGD Women, informal workplace; rural).

iii) Behavioural restrictions

As a result of the belief about menstrual blood being dirty, a number of restrictions have traditionally been placed on women and girls. It was once customary in an isolated region of Malaita

for women to live in a separate house (“meri house”) while menstruating, and avoid preparing food for the family (specifically for their father and brother).

“[referring to traditional practice in Malaita] ...[I]n our culture girls or women who have menstruation will not stay in the house with us. They ... built a small house outside of the village for them to stay in when they menstruate. They will stay there for 3 to 4 days...so we will know that those who go and stay there, they have menstruation. Also according to culture it is very difficult or hard for these people to be involved in ... the house...for example, cook for the men, they will not do it...they must stay out of the family they live with” (Men’s FGD; Urban).

“If in Kwaio, those that are still heathen, they will stay out in a leaf hut ... built purposely for that [menstruation] and after 2 or 3 days ... they can come back into the village, when they have stopped bleeding [women talking amongst themselves]... they still practice that kind of living. For us in [the] South too, if when you are having your period, you will leave the village and go live lone and also you will not eat from the same pot as those in your home” (FGD women, informal workplace, urban).

Contemporary beliefs relating to such behavioural restrictions appear much less rigid. However, some girls and women (both urban and rural) made mention of the food handling restriction, often in relation to specific foods.

“When menstruating I don’t squeeze the coconut for milk because you’re giving it to your brothers and fathers...it’s not the same for dry food [like] rice- only milk” (FGD Women, informal workplace; rural).

“Squeezing the milk of the coconut is not allowed” (FGD Girls in school; urban).

Interestingly, several female respondents in Guadalcanal commented on the food handling restrictions and suggested that they prefer not to cook while menstruating, perhaps because it is the only time they have an excuse for a break from this responsibility.

Also in Malaita, some participants indicated that women cannot go to church when menstruating (or during post-partum bleeding) because they are “dirty” and it is “taboo”; others suggested that church attendance is acceptable in such circumstances, as long as women sit at the back and do not deliver Bible readings or take communion. Most women expressed dislike of this restriction.

“One challenge is that when menstruating we are not allowed to attend church. I don’t feel very good about it. Most [Christian] women would feel the same, but those who do not attend church it may not bother them” (FGD Women, informal workplace; rural).

In church, women who menstruate, they sit at the back together. When women are sitting at the back of the church people will know they are menstruating (FGD Women, formal workplace; rural).

It is unclear whether this restriction is culturally imposed by women themselves, although some suggested that the church dictates this restriction- and it perhaps stems to readings in the Old Testament. During the men’s FGD it was perceived that non-attendance at church by menstruating women is a preference, and related to the challenges in managing the bleeding.

...[W]hat I see in the community when women have menstruation and how they behave ... if there is a programme in the church, she will not go and attend it. She will just stay...maybe the women or girls they do not feel safe to manage them at that time or just in case they go and anything happens and they don’t have a pad... this kind of thing makes them stay away from certain occasions, like church” (Men’s FGD; rural).

When girls were asked if there are any restrictions on places that they can go or things that they can do while menstruating, some indicate that they cannot see their boyfriend and others suggested that they should avoid places where boys gather.

“She is not allowed to meet her boyfriend” (FGD Girls out of school; rural).

“Areas where boys usually gather, we don’t go past that place” (FGD Girls in school; rural).

We heard (anecdotally) that “mingling” (a term used to describe males being together with females - in any sense - ranging from being in each other’s company to having sexual intercourse) is believed to bring bad luck to ancestral spirits if the girl/woman is menstruating. However, it is difficult to know whether this belief has influence on the behavioural restrictions just mentioned.

Challenge: Prevailing beliefs and attitudes demonstrate that social norms around menstruation are secretive and taboo. Such negative social norms have an important influence on menstruating girls and women in the Solomon Islands.

Impact: These beliefs and attitudes have a negative emotional impact on women and girls, and can contribute to unwanted behavioural restrictions.

Menstrual hygiene management practices

i) Managing menstrual bleeding: materials, products and preferences

Availability and affordability of commercial products

In Honiara there was a wide range (26 in total) of sanitary products available, with the most commonly stocked products being manufactured in Indonesia and China, and a smaller number made in Thailand, Vietnam and Australia/New Zealand. The most frequently stocked product is Softex (Indonesia), with the retail price ranging from \$3.40-12.90 SBD²⁰ for a pack of eight pads. In one shop Softex were being sold individually for \$1 SBD each.

In all of the shops visited in Honiara there were male and female staff on duty, so the sex of shop staff is unlikely to be a barrier to purchase of products, and this was not raised in FGDs or interviews. In approximately one in three shops the sanitary products were stored behind the counter, meaning that those wanting to purchase the products would need to ask for assistance- which may be embarrassing, especially for adolescent girls; however, given the large number of shops stocking sanitary products, and the ease of finding another shop where products are stored on the shelf, this is unlikely to pose a significant challenge. (Annex 1)



Softex- the most commonly available menstrual hygiene product in the Solomon Islands

By comparison, sanitary products were far less available in Malaita, especially in rural villages, and women and girls complained of having to go to Auki to buy pads as these were either not stocked in canteens in villages, or the canteens have limited opening hours.

²⁰ \$1 AUD = approximately \$5.50 SBD

In Auki [referring to where pads are bought], some stores here also sell them too but only sometimes...there's one there [indicating direction] but it's closed now" (FGD Girls in school; rural).

"Most go to Auki to buy Softex, but the bus fare is also a cost" (FGD Women, formal workplace; rural).

The product range in Malaita was more limited than in Guadalcanal (nine brands), with Softex being the most common, but generally more expensive than in the urban setting (SBD \$7.90-\$9.00, \$2 if sold individually). At each of the shops visited in Malaita, sanitary items were stored behind the counter. In addition, being smaller shops, there were fewer staff, and 40 per cent were staffed by males only- potentially making the purchase of these products embarrassing for adolescent girls. (Annex 2)

The reliability of supply of some sanitary items to shops was raised as a challenge in both urban and rural sites. In Guadalcanal the problem mainly related to the more expensive/better quality items, but in Malaita it was explained that Softex often sell out within one to two weeks of the shipment, and there are long delays waiting for subsequent deliveries.

"Supply is a problem with us too. We don't buy directly from the supplier but from an agent.... We buy Kotex from 'Sullivans'. The Libra brands are only from the 'Big Tree' [Indian Company] from Fiji [these can also be purchased directly from Australia and New Zealand but are more expensive]. There are only two distributors for these products in the whole Pacific. If we get small quantities and run out of stock we are out of stock for a month. Softex is supplied by George Woo company so is easier to get here" (Female Vendor; urban).

"We often run out of stock one or two week after the supplies arrive. It depends on the ships. Today we are totally out of stock of Suplus" [most popular, best quality] (Vendor; rural)

The most common type of sanitary product available in the Solomon Islands are pads, with one supermarket in Honiara (exclusive to higher income earners) found to be stocking tampons. One shop vendor explained that she used to stock tampons but stopped doing so in 2015 because they were:

..."not really sellable, only the expats like Philippine ladies and white ladies [buy them], not even the Chinese. A few Solomon Islander ladies [would buy them] but not many" (Vendor; urban).

Further discussion suggested that Solomon Islander women who use tampons have either travelled or studied abroad, and that the lack of use more broadly in the population is probably related to a lack of knowledge.

It was apparent from FGDs with girls and women and verified by the female vendor KII (urban), that Softex and the cheaper Chinese products tend to be purchased by adolescent girls but are poor quality (not very absorbent and need to be changed frequently) and can cause skin rashes and irritation. A recent investigation by the Indonesian Consumers Foundation (YLKI) found that the majority of sanitary pads used in Indonesia (including Softex) contain chlorine and can cause skin irritation.²¹ Also, production and distribution of 'fake' (counterfeit) sanitary pads is a huge problem

²¹ <http://www.thejakartapost.com/news/2015/07/07/all-sanitary-pads-indonesia-contain-chlorine-ylki.html>

in China,²² and our observations raise suspicion that such items are being marketed in the Solomon Islands. (Annex 4)



Left: Genuine product ('ABC' China)

Right: Suspected fake product 'ABG' seen in Solomon Islands

In contrast, the better quality and more expensive Australian products tend to be purchased by “working ladies” (women in paid employment). Monthly spending on menstrual hygiene products varies from \$20-30 SBD for women with income, and ~\$8 SBD for adolescent girls.

Pads were not routinely stored in the schools that we visited, and girls indicated that if they get their period unexpectedly at school they need to go home.

“If we’re not prepared at school [i.e. don’t have pads and period comes] we tell the [female] teacher and go home” (FGD School girl; rural).

Use of non-commercial materials to absorb menstrual blood

Women and adolescent girls in both rural and urban sites also use a wide range of other absorbent materials to manage and absorb their menstrual flow. These include: cut up rags/cloths/jeans; face towels; gauze; baby nappies; banana leaves and toilet paper. If these materials are not available, some report using an extra pair/s of underpants or several layers of clothes.

Adolescent girls often rely on their parents to pay for pads, but when parents are not willing or able to pay, girls may be reliant on non-commercial/re-usable materials. Some girls said they would pretend to their fathers that they need money for other items (such as soap or shampoo) in order to buy pads.

“If we have money we will pay for Stayfree [generic term to describe any commercial pads] but if we don’t then we’ll use pieces of cloths...[if our parents don’t provide money] there won’t be any other means but to use pieces of cloth” (FGD School girls; rural).

Ability to pay for commercial products can also be a barrier to their use for women. Referring to women in the village (with limited income), one woman commented:

“Mainly at home, women in the community use cloths because they have no money” (FGD Woman, informal workplace; rural).

Some healthcare workers reported that they provide gauze and bandages to adolescent girls who do not have access to sanitary pads, so that they can make their own.

Girls and women report feelings of shame and embarrassment when they experience leakage of blood onto their clothes. Some chose to stay close to home while menstruating, as they worry about odour, and it is often easier than changing materials away from home. Several reported wearing dark/black clothes while menstruating in order to hide any stains should they occur.

²² <http://www.bbc.com/news/world-asia-pacific-37788670>

“I feel frightened to go around and meet people because of the smell, so I usually go to the garden to stay away from people in the village” (Working women FGD; rural).

“I usually don’t go out because I’m afraid in case I stain my clothes (FGD School Girls; Urban).

Some adolescent girls reported the preference to avoid participating in sport while menstruating, as they worry about the absorbent cloths falling out.

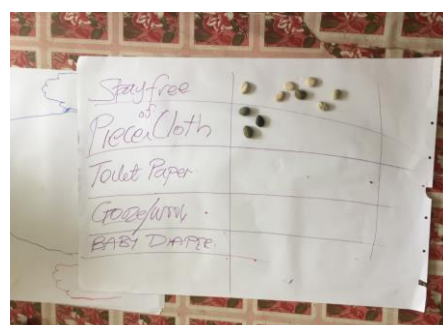
Challenge: Many girls and women lack access to effective and affordable menstrual hygiene materials due to cost and supply issues. This is especially true for adolescent girls that are dependent on their parents, vulnerable women with no or little income, and women and girls living in rural villages.

Impact: Women and girls lack access to effective menstrual hygiene materials, and may be distracted from school, work and broader participation in day to day activities because of fear of leakage. Skin irritation and rashes are commonly reported by those reliant on the cheaper Indonesian and Chinese products.

Do women and girls prefer commercial or re-usable materials?

Adolescent girls in both urban and rural sites tended to prefer commercial over re-usable materials (such as rags). The common reasons for this preference were that: pads are more absorbent, they are more comfortable and stay attached to pants, they have a plastic layer to protect underpants, and they are easier to use when compared to washing and drying cloths.

To indicate preference (if money was not an issue), female FGD participants were instructed in use of the Ten Seed Technique.¹¹ They were given ten stones and asked to distribute the stones according to perceptions of preference for commonly used commercial and re-usable absorbent materials. Findings from the FGD with adolescent school girls in Guadalcanal are provided as an example.



Preference for various absorbent materials as indicated by school girls in Guadalcanal

Women in both urban and rural sites tended to find cloths or other materials (baby diapers) more absorbent and acceptable, although this may be explained by the fact that they can’t afford the better quality pads.

“I only use the face towel, since I first had my period, my mum taught me to use face towel, so I don’t use any pad.... [W]hen I went to the hospital to deliver my first child, they gave me [pads] but I didn’t find it comfortable so I told my husband and I went back to using face towels” (FGD Women informal workplace, urban).

“[F]or some women that experience really heavy flow, they start to use baby diapers, because they find it good, it has a plastic and it holds the blood really good” (FGD women, informal workplace, urban).

ii) Changing, washing and disposal of MHM materials

Practices related to changing, washing and disposing of MHM materials varied among urban and rural participants and also between girls and women.

In the urban setting, women and girls commonly reported that where re-usable materials are used, they are washed and dried in the sun, hidden by a larger piece of cloth (such as a lava lava/large piece of material worn as a skirt).

“We hang it [washed cloths] out in the sun for the bacteria to die... but with another cloth on top of it” (FGD School girl; urban).

In Malaita, some girls prefer not to wash and re-use cloths because they believe that menstrual blood is “dirty blood” and should not be touched. For those rural women and girls who do wash and reuse cloths, many spoke of going to sea in the evening to wash cloths. Some spoke of drying cloths outside on a line underneath a larger piece of cloth, while others are more secretive and dry cloths inside the house.

“I go to the sea to wash out the cloth, then I come back to bathe myself. I usually hang it [the cloth] in my room where nobody can see it...where my brothers and uncles won’t see it” (FGD School girl; rural).

Where private water and sanitation facilities are available, women and some adolescent girls reported that cloths changed at work or school are washed and taken home in a plastic bag. If WASH facilities at workplaces or schools are not ‘usable’ (i.e. not functional, lacking in privacy or are filthy) women and girls prefer to go home from school or work to change materials, or delay changing materials for extended periods of time.

“For me, I go to school [while menstruating] but only for half days...during break time I go back home” (FGD School girl; rural).



When toilet and handwashing facilities are inadequate, girls and women prefer to go home to change pads.

Privacy was raised as a concern, especially if toilets were shared by males and females, and when there are no toilets at all.

[I]t’s too public and some girls are afraid to go to the toilet because they can be seen from the classrooms... the doors of the toilet are also facing the classrooms” (FGD School girl; rural).

“Sometimes, the men use the female’s toilet...in SI culture, when we have our period, ... we must be careful that the men must not go in where we go so that they don’t see our disposed pads”(FGD women, formal workplace, urban).

Women working in informal employment such as market vendors or those working in farming said it was challenging having no access to toilets and some said they missed work on those days.

“In the market when we have menstruation we don’t have privacy and safety to change, but at home in the community we have privacy” (FGD working women, informal; rural).

The frequency of changing hygiene materials is influenced by blood flow but also the absorbency of materials being used and access to necessary facilities. Pre-menopausal women reported experiencing heavy and irregular bleeding, and that this is especially difficult to manage. Working women of this age group reported it being difficult to manage menstruation at the workplace, and as a result said they would miss time at work or not go to work on days of heavy flow..

“I usually get changed after every 2 or 3 hours. If I can’t manage it because of heavy flow, I will go back home, wash up properly before returning to the office” (FGD women, informal workplace, urban.)

In Honiara many women and girls report washing the blood from commercial pads before placing in a plastic bag and disposing of them. Some school girls reported this as a challenge, as there was a lack of private space for washing. The reason behind this practice is unclear; some explained it as a measure to reduce smell, while others related it to “black magic”.

“I wash it to remove the blood...in case when I throw it away... somebody ... opens it and sees it...others will put a spell on it if anyone sees it...it’s called ‘arua’...something like that” (FGD School girls; urban).

“I go to the bathroom and change, rinse off my pad and take it home with me to dispose it” (FGD women, formal workplace, urban).

Disposal of used materials is invariably challenging, and girls and commonly complained of there being no proper place to dispose of used pads:

“Since we don’t have any place to dispose of it [pad], some of us just wait until we get home to change. If the pad is full of blood we put it in a plastic bag and take home with us” (FGD School girls; rural).

School girls complained that there were no rubbish bins provided for this purpose, and that the potential to be teased by boys further complicates disposal challenges.

“Some girls put it in a plastic bag and put it in their bags but you know, some boys can be very playful and can go and open their bags and can see it, so it is also not safe to keep it inside the bag” (FGD School girls; rural).

Places of disposal vary but include: bathroom bins; in and around toilets; on window sills in bathrooms; in drains (with flowing water); the sea/river; rubbish bins on the street; the bush; holes dug in the ground; and burning in a pit.

“Some girls’ just throw it into the sea, other put stones on it ... when its high tide, those things float back to the shore and can be seen lying along the beach” (FGD School girls; rural).

...“[We] throw the pads in the bush when we are working in the garden” (FGD women, informal workplace; rural).

[referring to when in village] ***“I have to burn my rubbish to avoid the men and boys in the family to see it”*** (FGD women informal, urban).

Some voiced awareness of the environmental impact of improper disposal.

“It is not good to throw pads in the sea as it will pollute the sea” (FGD Women, informal workplace; rural).

A receptacle for disposal is however only one part of the solution and solid waste collection is also necessary. Of the schools and worksites visited, waste collection options included weekly rubbish

collection (provided by local government and noted to be unreliable), burning of waste on site, and collection of rubbish for burning off-site.

The acceptability of burning pads was viewed differently by some participants in the rural site. Girls reported not disposing of pads in this way as they believe it will stop a girl from menstruating. Some women considered it acceptable to burn pads if the blood was washed out first.

Challenge: Safely and discretely disposing of used sanitary pads is a challenge for many women and girls, especially in the workplace and at school. Women and girls report lack of access to appropriate/private water and sanitation facilities to bathe and wash reusable cloths and stained clothes, and facilities to dispose of used materials.

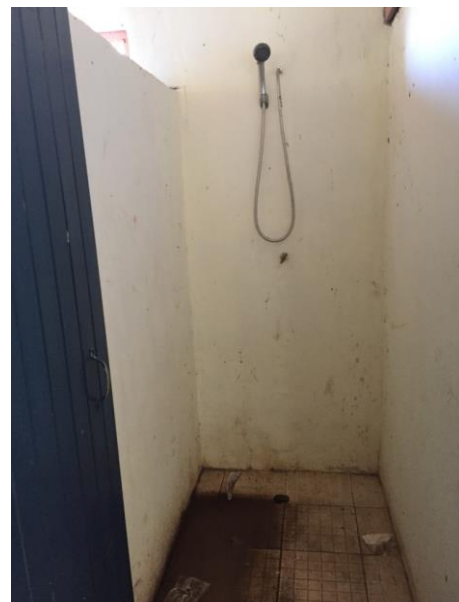
Impact: As a result, many girls and women report losing time from school and work if they go home during the day to change materials. Current disposal practices may impact negatively on the environment.

iii) Personal hygiene practices

Women and girls expressed a preference to bathe or shower each time they change sanitary materials. Commonly this was explained as being necessary to reduce odour.

“..it [menstruation] happens to us all...we have to bathe properly so we don’t smell. If you wash yourself properly people won’t know you have menstruation” (FGD women, informal workplace; rural).

However, shower facilities are rarely found outside the home, and where observed in a school setting it was not functional and poorly maintained. This means that some women and girls will need to leave work and school respectively, in order to manage their hygiene needs, privately and with dignity.



Where shower facilities lack privacy and cleanliness, girls and women prefer to attend to their hygiene needs at home

“There is no privacy at the standpipe [at workplace] so sometimes I walk to wash in the river and to wash clothes in the river. Sometimes I collect water from the standpipe and take it to a private place” (FGD women, formal workplace; rural).

In addition, in the rural setting, many women spoke of going to the sea or another location in the evening to wash privately and thereby avoid others seeing the menstrual blood.

“For me it is a hard time. When having a bath during the period, I have to carry a bucket of water to a private place- I don’t feel good to bathe in an open place” (FGD women, informal workplace; rural).

“Sometimes we go to the sea to wash and rinse and then come to the tap stand to bathe ourselves. First the blood is cleaned in the sea so it is not seen at the tap stand” (FGD women, informal workplace; rural).

WASH observations undertaken in two schools (one urban, one rural) found that WASH facilities did not meet basic nor acceptability standards. Sanitation facilities did not meet the criteria of ‘usable’ (i.e. functional, private and accessible) at either of the schools visited. Furthermore, advance service levels which apply human rights standards of acceptability and quality were not met, as the toilets did not provide MHM support (such as disposal bins) were not clean and had no anal cleansing material available. In contrast, the workplace (a formal government work environment) met advanced service levels for schools, although global WASH standards for workplaces do not yet exist.²³ Table 2 provides an overview of service levels observed for sanitation and hygiene.

Handwashing practices were not enquired about directly, however handwashing facilities at schools were of very poor standard: not located inside or near the toilets and without soap and water, making it unlikely students practiced handwashing with soap. Soap was observed in the basin of the female toilet facility at one of the workplaces we visited.

Table 2: Observed service levels for sanitation and hygiene²⁴

| | Sanitation | Hygiene |
|---|---|--|
| School: urban <i>Assessment: Limited service level for sanitation and hygiene</i> | Improved sanitation facilities (pour flush) of 6 single-sex latrines (49 students per toilet) but they were not useable because there was no water to flush. Acceptability for girl students: although toilets were assessed as clean, acceptability was poor as there were no MHM disposal bins and no anal cleansing materials inside latrine. | Handwashing facilities had water but no soap. Acceptability for all students: Poor because located very far from toilets so not good availability. |
| School: rural <i>Assessment: Limited service level for sanitation and hygiene</i> | 'Improved' sanitation facilities (pour flush toilets) of 10 single-sex latrines (100 students per toilet) but were not useable because no water inside latrine to flush, some not private (broken locks). Acceptability for girl students: very low because toilets were filthy, no MHM disposal bins, and no anal cleansing material inside stalls. Potential for good acceptability as had bathing facility but not functioning. | Handwashing facilities had water but no soap. Located close to toilets but not sex-segregated. |
| Workplace: urban No global standards exist for workplaces, but advanced service level features observed | 2 Improved toilets (Flush) for 71 staff are usable (private, functional, accessible) and sex-segregated. Advanced service level features: Accessible to all, sufficient quantity, clean, bin for MHM materials and toilet paper for anal cleansing. | Handwashing facilities with piped water and soap located inside latrine block. |

²³ Sommer et al. Managing Menstruation in the workplace: an overlooked issue in low and middle-income countries. International Journal for Equity in Health (2016) 15:86

²⁴ See WHO and Unicef emerging JMP service ladders for monitoring WASH in schools in SDG's: http://www.wssinfo.org/fileadmin/user_upload/user_upload/Core_questions_and_indicators_for_monitoring_WinS.pdf

iv) Pain management practices

Commonly, the women and girls consulted (especially in Malaita) reported a passive approach to menstrual pain management, believing that as menstruation is a 'natural' process, it should be allowed to occur without interference.

"To relieve the pain some drink Panadol, but for me menstruation is a natural thing that is meant to run out, so you should not drink Panadol" (FGD women, informal workplace; rural).

"...even if we have pain, we wait for the pain to go away" (FGD School girls; rural).

Those that chose not to avoid or cannot afford analgesics may tie a tight cloth around the belly to help with the pain. This practice was reported in both urban and rural sites.

"I tie my tummy with a cloth" (FGD School girls; urban).

Others suggested that taking extra rest, drinking more water and light exercise could help alleviate the pain. There was some indication that women and girls might take time out from school or work due to menstrual pain.

"Sometimes if it's really painful I won't come to school, but if it's bearable I will come" (FGD School girls; urban).

"Some might not go to work at all... Yeah, sometimes the belly ache is too strong that they stayed back at home" (FGD women, formal workplace, urban).

Challenge: 'Natural' approaches to pain management are ineffective for some women and girls.

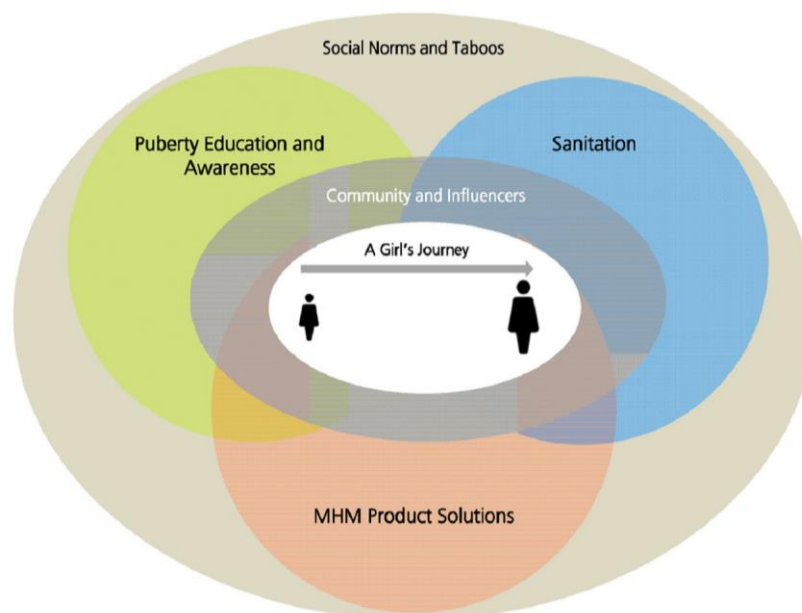
Impact: Some women and girls report missing work and school due to menstrual pain.

Opportunities to improve women’s and girls’ ability to manage their menstruation safely and with dignity

This section presents findings from the study in the context of global literature about MHM.

A recent review of the determinants and health impacts of MHM and programming responses in Sub-Saharan Africa and Asia was undertaken by FSG²⁵; this study emphasised the need to avoid the traditional siloed response to menstrual hygiene, to one that encompasses the broad range of determinants of menstrual health. (Figure 2)

Figure 2: Comprehensive response to menstrual health



With this in mind, opportunities to improve women’s and girls’ ability to manage their menstruation effectively and with dignity in the Solomon Islands can be summarised as follows.

i) Puberty education and awareness

Early education about menstruation and reproductive health is necessary to improve understanding and create a supportive environment for women and girls. As there are many traditional beliefs about menstruation, an evidence based communication strategy will be important to challenge the social norms and taboos that are a barrier to effective MHM (including pain management). Any such strategy should facilitate intergenerational dialogue- including men and boys- to shift negative attitudes and increase women and girl’s positive body awareness, confidence and comfort. School teachers, especially female teachers need support to assist with this education.

Participants felt that parents have an important role in educating their daughters.

...[I]t’s the parents responsibility to advise the girls that you will be reaching a stage where you’ll have menstruation, and when it happens to you... The cycle will go until it reaches it’s starting point, then it happens again and it will be the same for every months so they must educate her to be prepared for the time they expect it” (Men’s FGD; urban).

²⁵ FSG is a mission-driven consulting firm that aims to supporting leaders in creating large-scale, lasting social change.

“They [girls] must also know where and how to manage themselves...it is best for them to understand which is best materials for health and how to wash pads properly” (FGD women; formal workplace; rural)

ii) MHM products/solutions

While girls generally expressed preference for commercially available products, if good quality/absorbent reusable materials were available at an affordable price, adolescent girls and women indicated that they would like to use these. During the FGDs, women and girls were shown examples of re-usable materials that are made and sold as income generating initiatives in other countries. These included (see image below, left to right):

- ‘EASY’ (Goonj, India: www.goonj.org)
- AFRI-pads (AFRI-Pads, Uganda: www.afripads.com)
- Days for Girls kits (DfG, International: www.DaysforGirls.org)



FGD participants liked the Days for Girls kits and the AFRI-pads. They identified benefits in these reusable materials, citing the cost savings each month, the security of the pads (which fit into a moisture proof layer that clips onto underpants) and the colourful material that hides stains.

“It will be cheaper than pad because you only pay once but will reuse it. The pads are one use only and you will pay every month whereas the other one is pay only once” (FGD women, formal workplace, urban).

Women felt that there would be opportunities for women’s groups to sew and sell re-usable menstrual hygiene materials.

Price acceptance varied according to participant group as follows:

- School girls: \$18-20 SBD ; Out of school girls: \$5-10 SBD
- Working women: \$30-35 SBD ; Women in informal employment: \$10-15 SBD

During the FGDs, women and girls were also shown examples of commercially available materials/products, including:

- Common, commercially available sanitary pads
- Tampons
- Menstrual cup

Participants were very familiar with the sanitary pads. A few had seen and used tampons before but indicated they are not popular among Solomon Islander women.

“Some don’t know [about tampons] and when it’s full, you feel irritated...Because you will push it inside and when it is full, you will feel uncomfortable. Maybe because we just don’t see it before. So maybe that’s why they don’t like it” (FGD women, formal workplace, urban).

None of the participants knew about the menstrual cup or gave any indication that they would try it.

[Everyone’s shaking their heads] No! Me... I rule it out [laughing] it will be itchy [laughs out loud]. They [women] won’t like it [moon cup]... Because they would feel uncomfortable” (FGD women, formal workplace, urban).

Products such as tampons and menstrual cups that are worn internally were a point of curiosity, but at this stage are unlikely to generate any demand in Solomon Islands.

Given the issues related to the supply of commercial pads, it would be useful to explore supply chain issues more thoroughly, and understand challenges related to this- as well as strengthen efforts to limit the marketing of fake products. Also, as the good quality materials are very expensive and only affordable for women on a reasonable income, it would be helpful to know what could be done to reduce the cost of these items.

In addition, more could be done to broaden the availability of commercial pads in schools and workplaces. Many suggested that schools and workplaces should keep a stock of free pads for women and girls who get their period unexpectedly. Some women also suggested that mother’s much take an active role in supporting their daughter/s each month by making sure pads are readily available.

“Stayfree should be available in schools so that when it reaches that time they [girls] can access this things [pads] and go somewhere it’s private then prepare or change themselves and then come back [to class]” (KII: teacher; rural).

... “I put those pads readily available, since my daughter starts having hers [period]. I educate her on how to use it [pads] and also I made sure the pads are ready at home since I don’t want her to use any other pads, I made sure to get clinical [? clean] pads and leave them at home so that when she’s having her period, everything is ready for her, not only for herself but me too. I simply don’t want to cause any inconveniences to the both of us and most of all, it’s the hygienic part of it, I don’t want her to use toilet paper” (FGD women informal urban).

Mention was also made of public toilets which are available in some places reference was made to Auki market), and that pads could be sold by the women who collect the entry fee.

iii) Water, sanitation and hygiene

None of the school water, sanitation and hygiene facilities observed met global (JMP) basic service level standards, let alone the advanced service level standards of being MHM-friendly²⁶. Global

²⁶ Basic service level standards =Improved facilities which are single sex and usable at the school.

Advanced service level standards= Basic service level standards plus **acceptability** (cleanliness, MHM disposal, accessible), **availability** (whether there are any restrictions placed on toilet access), **quality** (toilet paper, lighting).

research suggests that girls and women at school or work prefer toilets that are functional, clean, separate to boys/men, lockable and that allow them to dispose of or wash MHM materials within toilet compartments/cubicles (ref), and this was reflected in discussions.

“They should install an incinerator, so that we can burn out pads and not dispose it. There should be a bathroom provided to have shower, clean toilets, sink, soaps and tissues to wash hands and dry hands with. Any organisation that have women working in it should have standard facilities for the women, at least the basics to help the women when in times like this” [while menstruating] (FGD women, informal workplace, urban).

During the FGDs, female participants were asked for their opinions about what would constitute an “ideal latrine” at work or at school. Participants wanted access to:

- clean and private (sex segregated) toilets
- a place (e.g. a bin) to safely and discretely dispose of used materials
- water, soap and towel to dry hands
- an attached shower room with sink



Adolescent girls participate in an activity to draw their “ideal latrine”

Such facilities were recognised by some as an important consideration in relation to optimising girls and women’s attendance at school and places of work, respectively.

...[M]aybe some women they go home because they have stain on their clothes. So it’s good for the office to provide bath room and toilets for each department. The women must have proper a bath room and toilet to wash themselves and change the pads” (KII Employer; urban).

People with disabilities were recognised as having additional needs, specifically with regard to access.

Despite the clear need for women to have WASH in their workplace which is MHM supportive, whether it is formal or informal work, there exists a lack of global standards to guide advocacy and policy efforts.

6. Discussion and recommendations

Similar to other MHM studies in low-middle income countries, adolescent girls and women in rural and urban Solomon Islands face several challenges that influence their ability to manage menstruation hygienically and with dignity. These challenges interact, and have the potential to negatively impact on physical and emotional health, participation at school, work and in the community, and on the environment. Such impacts can reinforce gender disparities and perpetuate inequalities. (Figure 3)

Figure 3: Summary of findings



Many adolescent girls lack knowledge about menstruation and are unprepared for menarche, and subsequently experience feelings of fear and shame. While mothers, other female relatives, girlfriends and female teachers are an important source of information and support about menstruation, they themselves may lack an accurate and comprehensive understanding of the issue. In particular, teachers may feel uncomfortable talking about menstruation, and need training and tools to assist them in this task.

Common beliefs, specifically about menstruation being “dirty” and the need for secrecy between sisters and brothers- make it difficult for women and girls to manage their menstruation; these beliefs contribute to a number of secretive (and sometimes unhygienic) practices related to washing, drying and disposal of used absorbent materials and personal hygiene, as well as some unwanted behavioural restrictions.

While there is a considerable number of commercial sanitary products available in Guadalcanal (less so in Malaita), supply is variable, and products are generally poor quality and not affordable for the

majority of women and girls. As a result, many rely on home-made solutions. Women and girls commonly experience fear of leakage and staining, and are subsequently distracted from school or work. Some opt to disengage with community life on days of heavy bleeding, by staying home.

Water, sanitation and hygiene (WASH) facilities in schools, workplaces and public places do not meet basic service level standards, and fail to meet the needs of menstruating girls and women. Challenges include non-functioning toilets, lack of water for handwashing and personal hygiene, poorly maintained facilities that are unusable, lacking in privacy and inattention to the safe disposal of used sanitary items. Inadequate WASH facilities contribute to unhygienic menstrual management practices (such as improper disposal of soiled materials), or the preference to return home to change soiled materials- and is likely a factor in absenteeism from education and income generating activities.

Programming efforts directed toward improving MHM in the Solomon Islands should be cognisant of the broad range of determinants of menstrual health. This requires:

- strengthening puberty education and awareness and challenging discriminatory beliefs and taboos;
- improving availability, affordability, and access to quality commercial products and locally made alternatives, especially in schools and workplaces; and,
- improving WASH facility standards and facilities for safe disposal of soiled sanitary materials.

Critically, any initiatives should be underpinned by a human rights approach, and ensure that women's and girls' voices are central to decision making about any initiatives that impact on them.

Recommendations

1. Improve government leadership and policy commitment on supporting MHM within MoH and MoE.

- 1.2 Educate those responsible for Labour related policy (such as Occupational Health and Safety Standards) about women-specific WASH needs and translation into policy. This is necessary to influence WASH facilities in formal and informal work settings and reduce the gender gap in economic activity in the Solomon Islands. (S)
- 1.2 Ensure national health and education policies and sub-national action plans incorporate MHM and good monitoring mechanisms to track progress. (M)
- 1.3 Increase cross-sectorial engagement on MHM through stakeholder engagement, education and advocacy to take MHM beyond WASH and education sectors. Economic empowerment, gender and disaster risk reduction initiatives all need strengthening with regard to MHM. (M)

2. Improve access to high quality information about menstruation and MHM via MoE, MoH, and NGOs working in the area of sexual and reproductive health and WASH.

- 2.4 Support community wide health communication, including intergenerational dialogue, and involving women and men, to sensitively address the range of community beliefs and norms that are a barrier to effective MHM. (S)

Consideration should be given to addressing:

- Beliefs about menstrual blood being 'dirty'.
- Harmful food restrictions.
- Concerns about use of simple analgesia to manage menstrual pain.
- Social restrictions that are perceived as unwanted by girls and women (e.g. such as those related to actively participating in Church activities).
- Beliefs about washing and disposal of pads.
- The brother/sister taboo that contributes to secrecy and makes it more difficult to manage menstruation.

- 2.5 Strengthen primary school curriculum, to ensure that girls and boys receive education and information about menstruation and MHM prior to menarche. (M)
This should cover:
- Biology of the menstrual cycle, and relationship to fertility and reproduction.
 - What to expect during menstruation (including common symptoms).
 - Guidance about MHM, including practical information about management of menstruation at school (including being prepared with materials and paracetamol).
 - Common myths and misconceptions about menstruation and MHM and associated restrictions.
 - Misconceptions about the use of pain relief medication during menstruation.
 - Promotion of respect for privacy and support for other students.
- This education should be delivered to girls and boys separately and preferably by a teacher of the same sex, so that students feel free to discuss sensitive issues more openly.
- 2.6 Train and support teachers and provide appropriate teaching materials so they feel confident to teach about menstruation. (M)
- 2.4 Mothers and other female relatives are an important and preferred source of information and advice for girls. However, sometimes they provide inaccurate information and perpetuate misconceptions. Therefore, the potential and feasibility of including mothers of students in school-based, extra-curricular menstruation education activities should be considered. (M)
- 2.6 The education needs of adolescents living with a disability are often neglected. Therefore menstruation education and resources (in appropriate formats) should be inclusive of students and teachers in special schools. (M)
- 2.6 Train and support health care workers to engage with young people, including those that work in sexual and reproductive health services and outreach education. Health workers need appropriate information and communication resources to assist them in this task. (M)
- 2.7 Implement sanitation and environmental programs that include education and awareness of safe disposal of non-biodegradable sanitary pads. (M)
- 3. Improve availability, affordability, and access to quality commercial menstrual hygiene products and locally made alternatives**
- 3.1 Undertake deeper analysis of supply chain issues in rural areas to identify solutions to stock outs. (S)
- 3.2 Strengthen monitoring efforts to regulate marketing of fake MHM materials. (S)
- 3.3 Improve affordability of quality products through public private sector partnerships to build demand and supply of quality disposable sanitary products. (M)
- 3.4 Facilitate knowledge sharing about existing approaches to making simple home made pads that could be incorporated into business ideas. (S)
- 3.5 Pilot a local female-led livelihood project to scale up production, market-based demand and social marketing of reusable pad designs, for example Days for Girls kits. (M)
- 3.6 Ensure emergency access to free or affordable sanitary pads in schools. Adolescent girls should be consulted to identify preferred brands and products, methods of dispensing or selling pads, and also affordability if pads cannot be provided free of charge. (M)
- 3.7 Expand emergency access to sanitary pads in workplaces and public toilets by including pad supply in operational and maintenance budgets and routine first aid resourcing. Alternatively, consider vending machine or cost sale options. (M)
- 3.8 Encourage shop owners to store hygiene materials in the main section of the shop (not behind counters) to avoid unnecessary embarrassment. (S)

4. Water, sanitation and hygiene facilities

- 4.1 Endorse and roll out the recently drafted School WASH Standards and Guidance Note – MHM in Schools to ensure existing and future facilities meet basic service standards and are MHM friendly. (S)
- 4.2 Modify the national Education Monitoring Information System to capture data on WASH in schools, including MHM features. These could include the provision of MHM education as part of the curriculum; reliable and sufficient water supply inside girls’ latrine compartments; clean and functional latrines; covered bins provided in all girls’ latrine compartment; and provision of sanitary pads to girls in school. (M)
- 4.3 Pilot school-based projects involving incinerators or alternative safe disposal mechanisms (bins with lids including plan for hard waste disposal on or off site) for used MHM-materials to demonstrate low-cost solutions which can be scaled nationally. (S)
- 4.4. Review Occupational Health and Safety standards for formal and informal workplaces to ensure women-specific WASH needs are met, particularly safe disposal mechanisms of menstrual hygiene materials. (M)
- 4.5 Consistent maintenance and cleaning of latrines (in schools and public toilets where they exist) is critical. (S)
This should consider:
 - Clear designation and monitoring of cleaning responsibilities with appropriate consequences for lack of compliance.
 - Ensuring a reliable supply of cleaning products, equipment and sufficient water for cleaning latrines.
 - Designation of caretakers and funding for the operation and maintenance of functional latrines including the supply of soap, water, and tissue inside the latrine.

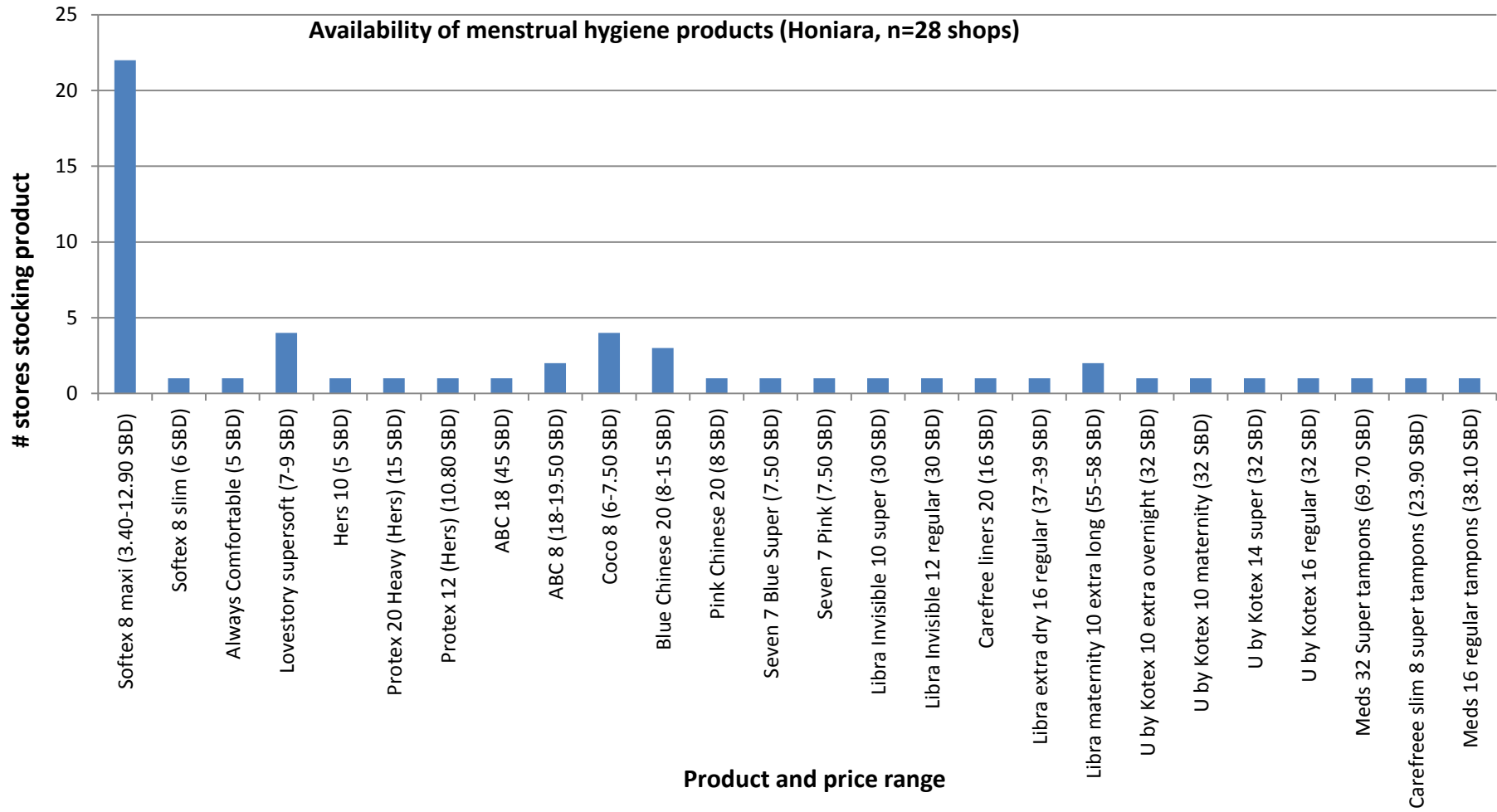
Annexes

Annex 1a: Table of sanitary products Honiara

| SHOP DESCRIPTION | PRODUCT | COST/SBD | COUNTRY OF MANUFACTURE | SEX STAFF | LOCATION IN SHOP |
|--------------------|-------------------------------|----------|------------------------|-----------|------------------|
| 1. mixed business | Softex 8 maxi | 10.00 | Indonesia | M/F | Behind counter |
| 2. mixed business | Sofitex 8 maxi | 6.00 | Indonesia | M/F | Shelf |
| | Sofitex 8 slim | 6.00 | Indonesia | | |
| 3. mixed business | Sofitex 8 maxi | 10.00 | Indonesia | M/F | Behind counter |
| 4. mixed business | Sofitex 8 maxi | 7.00 | Indonesia | M/F | Shelf |
| | Always Comfortable | 5.00 | China | | |
| 5. mixed business | Sofitex 8 maxi | 5.80 | Indonesia | M/F | Behind counter |
| 6. mixed business | Sofitex 8 maxi | 8.00 | Indonesia | M/F | Shelf |
| 7. mixed business | Sofitex 8 maxi | 7.00 | Indonesia | M/F | Behind counter |
| | LoveStory Supersoft | 7.00 | China | | |
| 8. mixed business | Sofitex 8 maxi | 8.50 | Indonesia | M/F | Behind counter |
| | Hers 10 napkin | 5.00 | Indonesia | | |
| 9. mixed business | Sofitex 8 maxi | 8.00 | Indonesia | M/F | Shelf |
| | Protex 20 Heavy (Hers) | 15.00 | Indonesia | | |
| | Protex 12 (Hers) | 10.80 | Indonesia | | |
| | ABC (Always Being Clean) 18 | 45.00 | China | | |
| | ABC (Always Being Clean) 8 | 19.50 | China | | |
| 10. mixed business | Coco 8 | 6.00 | China | M/F | shelf |
| 11. mixed business | Sofitex 8 maxi | 3.40 | Indonesia | M/F | Behind counter |
| 12. mixed business | Sofitex 8 maxi | 7.00 | Indonesia | M/F | Shelf |
| | ABC (Always Being Clean) 3 | 18.00 | China | | |
| 13. mixed business | Sofitex 8 | 7.00 | Indonesia | M/F | Shelf |
| | Coco 8 | 6.00 | China | | |
| 14. mixed business | Sofitex 8 | 7.00 | Indonesia | M/F | Shelf |
| 15. mixed business | Sofitex 8 | 7.00 | Indonesia | M/F | Shelf |
| | Blue chinese writing 20 reg | 8.00 | China | | |
| | Pink chinese writing 20 super | 8.00 | China | | |

| | | | | | |
|--------------------|-------------------------------|-------|-------------------------------|-----|----------------|
| 16. mixed business | Sofitex 8 | 8.50 | Indonesia | M/F | Shelf |
| | LoveStory 8 | 9.00 | China | | |
| 17. mixed business | Sofitex 8 | 8.50 | Indonesia | M/F | Shelf |
| 18. mixed business | Sofitex 8 | 9.00 | Indonesia | M/F | Behind counter |
| | Blue chinese writing 20 | 15.00 | China | | |
| 19. mixed business | LoveStory 8 | 8.00 | China | M/F | Shelf |
| 20. mixed business | Sofitex 8 | 12.90 | Indonesia | M/F | Behind counter |
| 21. mixed business | Sofitex 8 | 8.50 | Indonesia | M/F | Behind counter |
| 22. mixed business | Coco 8 | 6.00 | China | M/F | shelf |
| | Sofitex single | 1.00 | Indonesia | | |
| 23. mixed business | LoveStory 8 | 6.00 | China | M/F | Shelf |
| 24. mixed business | Sofitex 8 | 6.50 | Indonesia | M/F | Shelf |
| | Sofitex Hello Kitty packaging | 6.00 | Indonesia | | |
| 25. mixed business | Coco 8 | 7.50 | China | M/F | Behind counter |
| | Sofitex 8 | 7.50 | Indonesia | | |
| 26. mixed business | Seven 7 blue super | 7.50 | ? China | M/F | Shelf |
| | Seven 7 pink reg | 7.50 | ? China | | |
| | Blue Chinese writing 20 | 7.50 | ? China | | |
| 27. Pharmacy | Libra Invisible 10 super | 30.00 | Australia | M/F | Shelf |
| | Libra Invisible 12 regular | 30.00 | Australia | | |
| | Carefree liners 20 | 16.00 | Thailand | | |
| | Libra extra dry 16 regular | 37.00 | Australia | | |
| | Libra maternity 10 extra long | 55.00 | Australia | | |
| | U by Kotex 10 extra overnight | 32.00 | Vietnam (Kimberley Clarke NZ) | | |
| | U by Kotex 10 maternity | 32.00 | Vietnam (Kimberley Clarke NZ) | | |
| | U by Kotex 14 super | 32.00 | Vietnam (Kimberley Clarke NZ) | | |
| | U by Kotex 16 regular | 32.00 | Vietnam (Kimberley Clarke NZ) | | |
| | Sofitex | 8.00 | Indonesia | | |
| 28. Supermarket | Meds 32 Super tampons | 69.70 | J & J Australia/NZ | M/F | Shelf |
| | Carefree slim 8 super tampons | 23.90 | J & J Australia/NZ | | |
| | Meds 16 regular tampons | 38.10 | J & J Australia/NZ | | |
| | Libra maternity 10 extra long | 58.00 | Australia | | |
| | Libra extra 18 regular, thick | 39.00 | Australia | | |

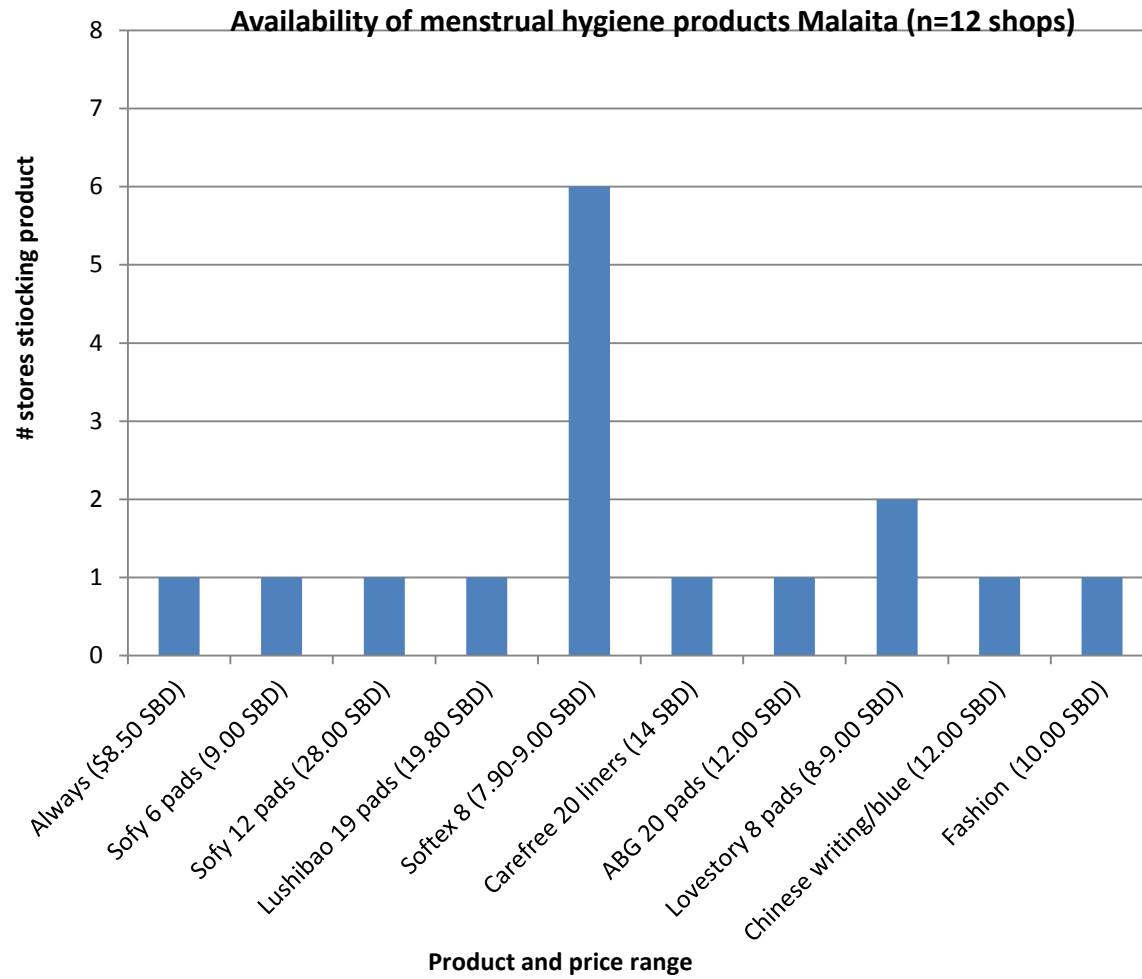
Annex 1b: Availability of menstrual hygiene products (Honiara)



Annex 2a: Table of sanitary products Malaita

| SHOP DESCRIPTION: | PRODUCT | COST/SBD | COUNTRY OF MANUFACTURE | SEX OF STAFF | LOCATION IN SHOP |
|--------------------------|----------------------------|-----------------|-------------------------------|---------------------|-------------------------|
| 1. mixed business | Always (10) | 8.50 | China | M | behind counter |
| 2. mixed business | Sofy (6 pads) | 9.00 | Japan | M | behind counter |
| | Sofy (12 pads) | 28.00 | Japan | | |
| | Lushibao (19) | 19.80 | China | | |
| 3. mixed business | Softex | 8.00 | Indonesia | M | behind counter |
| 4. mixed business | Softex | 8.00 | Indonesia | F | behind counter |
| 5. mixed business | Softex | 8.00 | Indonesia | F | behind counter |
| 6. mixed business | Carefree (20 panty liners) | 14.00 | Indonesia (Johnson & Johnson) | M | behind counter |
| 7. mixed business | ABG (20 pads) | 12.00 | China | F | behind counter |
| | Lovestory (8 pads) | 8.00 | China | | |
| | Chinese writing/blue pack | 12.00 | | | |
| 8. mixed business | Softex | 9.00 | Indonesia | F | behind counter |
| 9. mixed business | Fashion (?) | 10.00 | | F | behind counter |
| 10. mixed business | softex | 7.90 | Indonesia | M | behind counter |
| 11. mixed business | Lovestory (8 pads) | 9.80 | China | F | behind counter |
| 12. mixed business | softex | 9.00 | Indonesia | F | behind counter |

Annex 2b: Availability of menstrual hygiene products (Malaita)



Annex 3: Further information about the potential for commercial MHM materials to be ‘fake’

This information was gathered with the assistance of a native Chinese speaker. The information provided here is not a rigorous review of the Chinese manufactured products observed in Solomon Islands. Rather it is intended to generate further discussion and appreciation of the potential that a number of the observed products may be ‘fake’. Data was gathered using the Chinese search engine: www.baidu.com

Example 1:

- This is a very popular brand/recognisable brand in China
- The writing on this product refers to the 20 pads being ‘super’ absorbent, for night-time use, and 300mm in length



When we looked for similar images on Baidu we found:

- All the night-time pads in this brand have a black packet
- They are only available in packs of 8-12 pads
- None are made in the 300 mm length
- For 12 night time pads of 420mm length, the cost converts to ~ \$8 AUD. This would be ~ \$46 SBD, yet it was available for \$8 SBD in Honiara

Example 2:

- This product (Shao N7) could not be found on Baidu.
- There is a product called “7 degree girl” available in China with very similar packaging. We found information on Baidu indicating that the product does not meet the Chinese quality standards
- They are only available in packs of 8-10 pads
- In China, a pack of 10 pads is sold for ~\$2.30 AUD (~\$13.50 SBD). It was available in Honiara for \$7.50 SBD.



Example 3:

- Coco Healthcare produces incontinence pads in China.
- We could not find any sanitary brands marketed under the Coco brand on Baidu.



Example 4:

- ‘Always’ is manufactured internationally by Proctor and Gamble.
- In Australia, this product is marketed under the trade name “Whisper” and with similar packaging. A pack of 8 night time pads for heavy flow retails for ~\$3.50 AUD or ~\$20 SBD.
- The product (right) was on sale for \$8.50 SBD in Malaita.



Example 5 & 6:

- Neither of these products (labelled as being made in China) could be found on Baidu.



Annex 4: Lessons learned, areas for improvement as identified by team and consultants

- Translation of question guides and PICFs must be done by a native speaker. This task was performed by a pidgin speaker originally from Fiji.
- Recruitment, controlling for age, and number of participants.
- Power dynamics between participants is important to understand (and avoid if possible). Participation in group discussions is affected if a community leader or person of status such as pastor is present.
- Collecting age of participants- write on corner of consent.
- Consent process, witnessing by local research team.
- Adequate time and resources need to be allocated to mentoring, coaching and mutual learning between international and local research team members. Debriefing after each FGD and interview was critical.
- Mixed gender in the research team was important, to role model changing social norms and to facilitate men's group discussions.
- Dispelling myths and incorporating basic education and information at the end of participant sessions was important. Having an information sheet to handout assisted with this.
- 'Do no harm' principles need to be integrated into training and mindset of the team. As this is a sensitive topic, it was important the team understood the risks to women and girls.
- Given the small population in Solomon Islands, confidentiality and conflicts of interest had to be carefully managed, as participants were sometimes relatives of research team.
- Verifying findings as the team went along was useful to identify trends and findings early on and explore them further.