

# MENSTRUAL HYGIENE MANAGEMENT

Monitoring Analysis  
Report | JORDAN

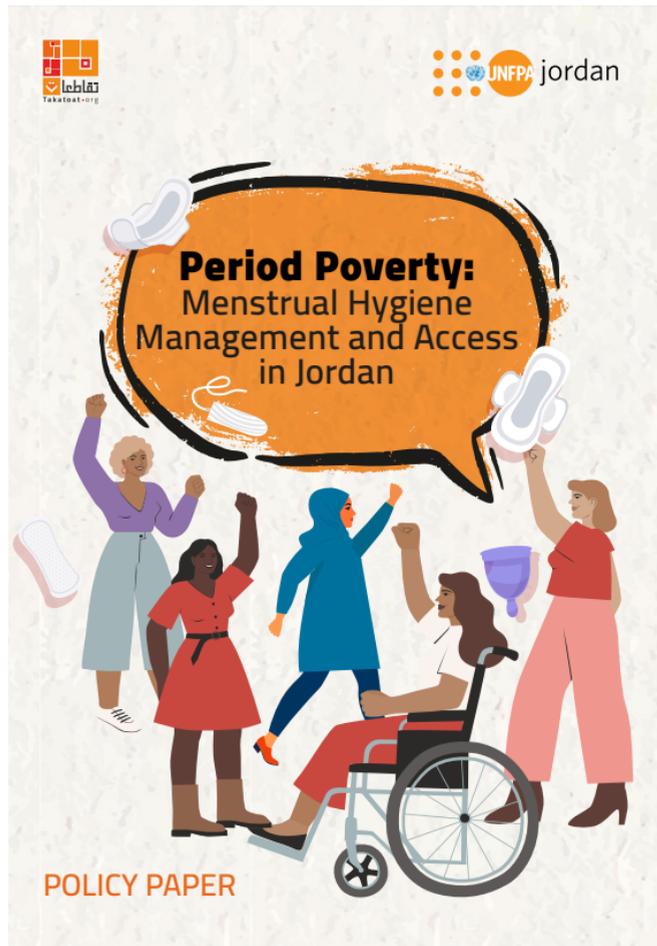
June 2023



**“Dignity for All: Menstrual Hygiene Management and Conditional Cash Assistance for women and girls in Jordan”**

## Background

In the Arab region, **gender inequality, discriminatory social norms, cultural taboos, poverty, and lack of basic services** affect girls' and women's lives and their ability to meet their menstrual health and hygiene needs in a dignified manner. A recent research conducted by UNFPA Jordan revealed increasing levels of **period poverty** in the country and highlighted the challenges that women and girls face in accessing quality sanitary products, stigma-free information on MHM and adequate WASH facilities.



Data from the study include:

**Social stigma:** 95% of respondents highlighted that they do not feel comfortable declaring that they are on menstruation.

**Purchasing products:** Majority of women respondents in host communities send their male relatives (father, brother or son) to buy menstrual products

**Choice of menstrual products:** 100% of women respondents who live in low-income living situations in host-communities tend to use child diapers or maternity pads instead of menstrual pads due to their lower price.

**Vulnerable groups:** Parents of women with mental or physical disability tend to give their daughters medicines to delay their menstrual cycle or to enforce hysterectomies to lighten the burden of managing their MH.

*"Most women use poor-quality products, and any savings would be spent on treatments for infections that they suffer due to the poor quality of the product."*

*From the study "Period Poverty: Menstrual Hygiene Management and Access in Jordan - 2022"*

## Response analysis and pilot design

In light of this, UNFPA Jordan piloted in 2022 an intervention coupling **awareness sessions on menstrual health management (MHM) with conditional cash assistance** within the framework of a regional UNFPA call for proposal on the theme of innovation. The goal of the action was to increase the level of knowledge of MHM of the targeted beneficiaries and their parents, helping to curb harmful practices toward persons with disabilities and to support vulnerable women and girls in reproductive age and their families with MHM products and information.

The use of vouchers instead of dignity kits to allow the targeted groups a restock of their monthly pads supplies from local shops was based on the consideration that the Jordanian market is functional enough to ensure that beneficiaries can exercise a free and dignified choice of products with the assistance received. This is also in line with a noticed nation-wide shift across the main humanitarian organizations from in-kind to cash based assistance.

Moreover, just like in the case of distribution of dignity kits, also the provision of conditional cash assistance can be an opportunity to meet and speak with women and girls to provide necessary information and to better understand their concerns, and a strong incentive to encourage girls and parents in attending information sessions. Addressing the cultural harmful beliefs and norms around menstruation while facilitating safe access to menstrual products can uphold women's dignity and safety and mitigate gender based violence (GBV) risks.



### Who

The target groups included girls and their parents, including married adolescent girls, girls with disabilities and their caregivers, with priority given to those belonging to large families with at least 3 women and girls of reproductive age. Participants were both Syrian refugees and Jordanian nationals, chosen among the people already accessing UNFPA's Women and Girls Safe Spaces and working with the selected implementing partner, the *Institute for Family Health*.

### Where

East Amman, Madaba and Karak

## When

3 months pilot, with awareness session and vouchers distribution between October and December 2022, and monitoring in early 2023.

## How

In each location the local partner conducted **cycles of MHM awareness sessions** for both adolescent girls (up to 20 per group) and their parents (3 groups in East Amman, 4 in Madaba and 5 in Karak). Considering the economic vulnerability of the participants and to ensure that also those living in more remote areas could attend the sessions, girls and parents received reimbursement for their transportation to the centers where the sessions were held. Girls attended 4 sessions separately and 1 final session in conjunction with their parents to foster open conversation and break the stigma around the topic, while the parents attended 1 separate session on MHM prior to the joint one with their daughters. One of the sessions of each cycle was facilitated jointly with nurses working for the SRH activities carried out by the same partner in order to provide accurate and scientific information on the female body and its changes during the period.

Both girls and parents received **conditional cash assistance** after attending the sessions through the provision of electronic bracelets issued by the mobile company Umniah (contracted by the implementing partner) and loaded with the value of the cash assistance, which were calculated to cover the costs of menstrual pads for 3 months and include any transaction fee anticipated by the company. The amount of 4.5 JOD per month could be spent in local supermarkets and pharmacies equipped with microchip readers. Umniah conducted several awareness sessions prior the beginning of the pilot with shops close to the centers where the initiative has been implemented in order to instruct the staff on modalities to redeem the assistance and use the bracelets. Moreover, the company provided support to participants in the 3 locations to open the accounts that would enable them to receive the funds. The assistance for adolescent girls under 18 was linked with the accounts of their mothers or fathers (decided in consultation with the relevant family members) and they were then provided with a bracelet which could be worn and used at their pleasing in the nearby selling points.

Monitoring was integrated through a baseline assessment with a sample of beneficiaries before the first session and a Post Distribution Monitoring Survey following the last conditional cash assistance installment.

The pilot also included a session on menstrual health awareness carried out during a campaigning event in Madaba as part of *16 Days of Activism*, which involved 170 participants.

## The pilot in numbers:

**3** months

**12** groups of girls and their parents

**276** electronic bracelets distributed after the awareness sessions, with a total of **477** participants (adolescent girls and their parents) benefiting from the conditional cash assistance, including **33** adolescent girls with disabilities and their caregivers

**647** women, men and girls were involved in MHM awareness activities (through the cycle of sessions and the campaigning event)

## Monitoring

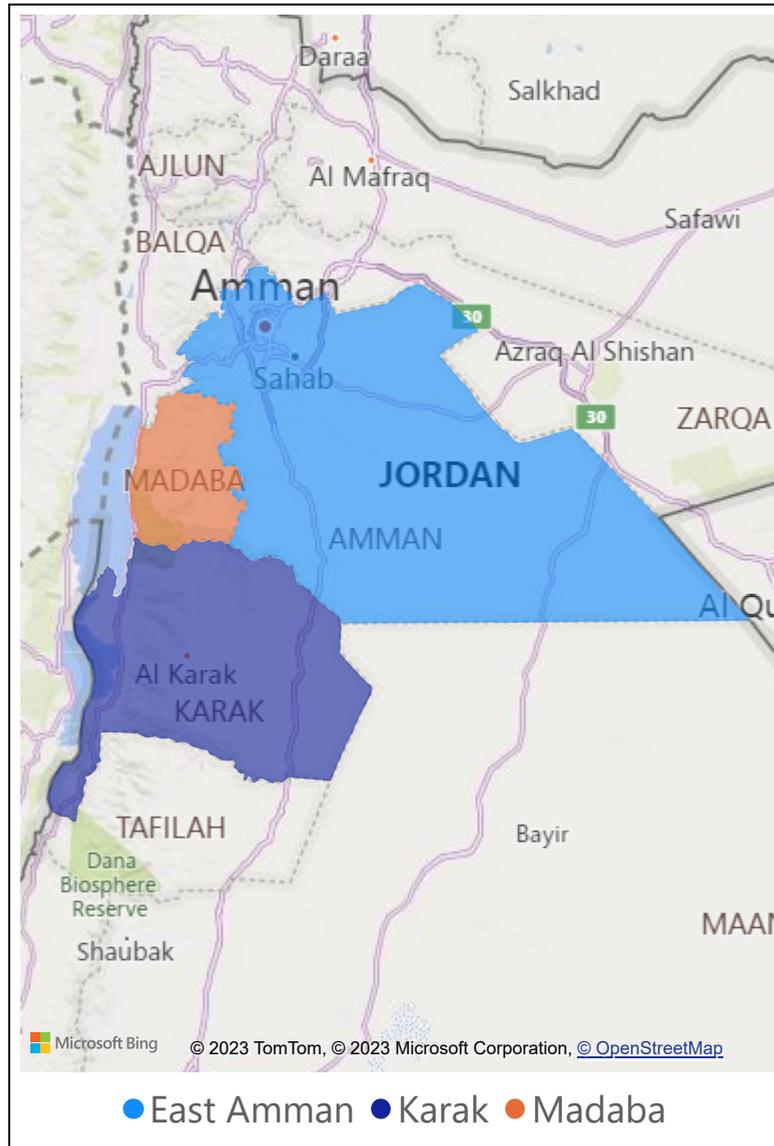
A monitoring system was put in place ahead of the start of the intervention. Arabic forms were uploaded on KOBO and shared with the partner to be administered at two stages, baseline - at the beginning of the first awareness session, post-distribution - 4 weeks after the last conditional cash assistance had been issued to the accounts of the participants. For parents, the sample included 95 participants at Baseline, 81 at PDM, with an average of 80% female and 20% male, for a total of 176 persons involved in the monitoring. For adolescent girls, the sample included 153 participants at Baseline, and 116 at PDM, for a total of 269 girls.

Several factors including age group, sex and location were taken into account in the selection of monitored participants to ensure representation of all groups involved in the pilot. It must be noted however that difficulties were encountered in reaching out to the same persons and numbers at the PDM level due to their unavailability or clashing commitments - any possible resulting data inconsistency was therefore analysed through the programme team's observation, feedback and validation.

## Main trends observed

- General positive trends of reduced **misinformation and stigma around the topic of menstruation** already after 2 sessions for the parents, and 5 for the girls, with significant **increase in the level of awareness and knowledge gained on menstruation** as well as in the openness towards talking about it and a reported **sharp decrease of anxiety and stress about menstruation**, especially among girls
- The provision of cash assistance to cover the costs of pads had a **positive impact on girls and women's access to menstrual products** - the percentage of girls who after the pilot said that they not normally buy MH products themselves dropped from 66% to 34% - similar data observed among mothers (from 68% to 32%)
- Once received the participants were free to use the cash assistance as they saw fit - and yet **100% of girls and 93% of parents used the entire amounts to purchase menstrual hygiene products**
- MHM awareness sessions paired with cash assistance distribution confirm their potential to be an important **entry point to access other services** provided in the center by the implementing partner - 94% of girls and 86% of the mothers stated that they accessed other services in the center through referrals
- **Adoption of all negative coping mechanisms linked to a lack of economic resources to buy MH products saw a reduction across the two groups:** at baseline 63% of girl respondents adopted at least one negative mechanism, while at PDM this percentage drops to 11%, for parents, at baseline we see a 40% of respondents adopting at least one mechanism then diminishing to 9% at PDM
- 100% of parents and 96% of girls stated that **the cash delivery option was safe** for them to use

## The findings



*"I learnt many important things about what happens to my body during that time of the month, and useful tips on which products to use"*

Aya, 14 years old Jordanian girl participating in MHM awareness sessions in Amman, Jordan

### Section 1: Awareness and Attitude

Confirming the findings of the 2022 UNFPA study in Jordan and as shared through feedback collected by the implementing partner at baseline, the mothers participating in the pilot mentioned the need to resort to baby diapers or old cloths pieces instead of buying MH products, as well as the option of going the all day without changing the pads or refraining from using soaps to clean intimate parts due to economic constraints.

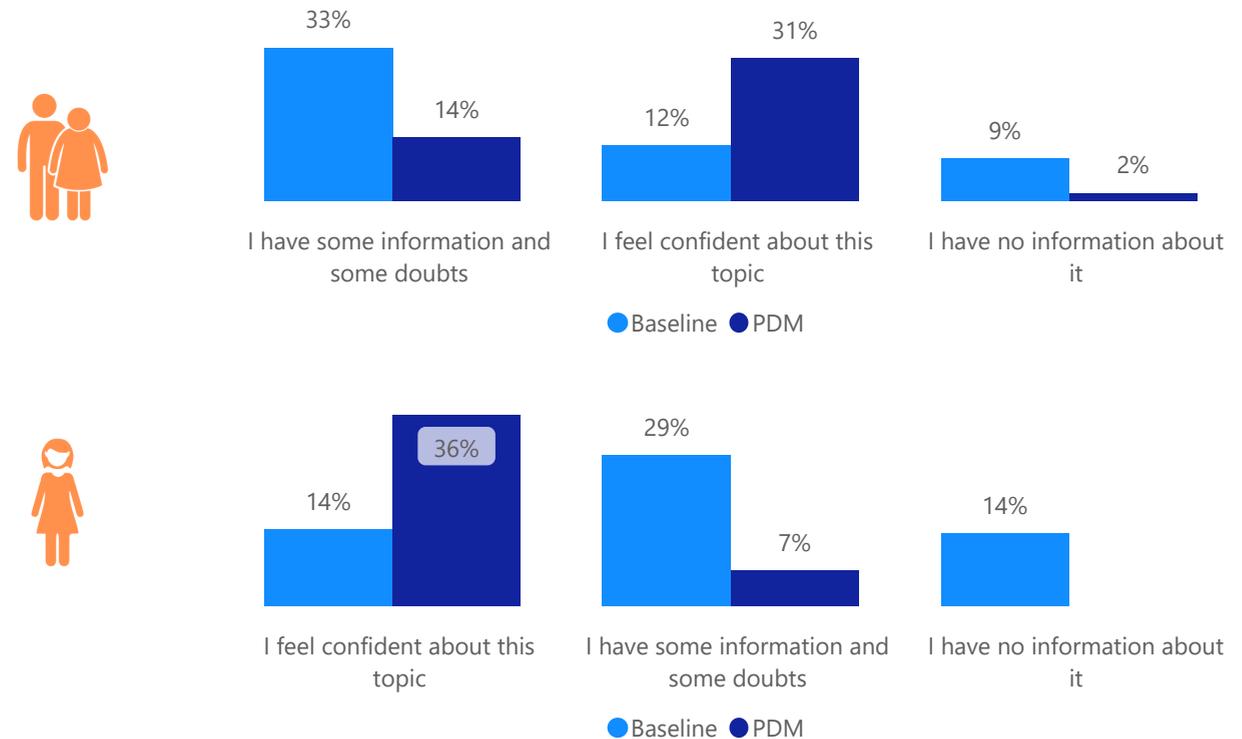
As shared in particular by mothers of girls with disabilities, when they are affected by denial of resources within the household this has also an impact on the wellbeing of their daughters as the mothers find themselves having to save on the purchase of menstrual products for the daughters, both in terms of quantity and quality. In general, any change in their daughters' menstrual cycles were welcomed with strong fear from parents since they did not have enough information or knowledge about physical changes during menstruation.

Also at baseline, the girls lamented at times not receiving enough money from their parents to purchase pads or that their fathers would refuse to buy them at the shops, or not informing their parents about getting the period as this felt as a not accepted topic of conversation - by the same token many had not received any orientation or awareness by their parents about MH.

The post distribution collected data for both adolescent girls and their parents is encouraging, with **general trends of reduced misinformation and stigma around the topic** already after 2 sessions for the parents, and 5 for the girls. Whilst at baseline respondents admitted to have some doubts about MHM, after the sessions there was an increase in those who felt confident about the issue - from 12% at baseline to 31% at end line for parents, and from 14% at baseline to 36% at end line for girls, with the percentage of girls who said they had no information on MHM dropping from 14% to none.

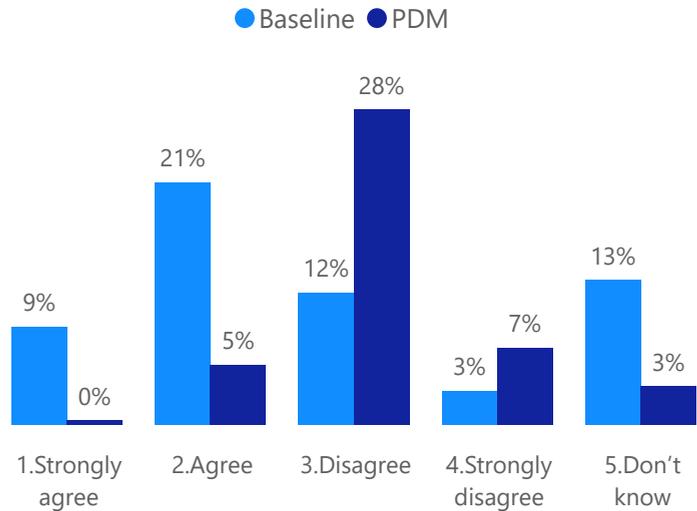
Location-wise, **East Amman registered a slower change**, considering that the starting level of confidence was higher there than in the other 2 locations (for girls, for example, 38% compared to 9% in Karak and Madaba). This can be linked to a more widespread access to reliable MHM information in the capital city - as further explained by the partner in areas like Karak there is a strong stigma around unmarried girls talking openly about menstruation - and a more open and favorable environment encouraging dialogue also within schools can be found in the larger city.

### How would you rate your current knowledge related to menstrual health and hygiene?

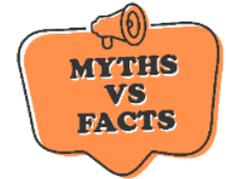
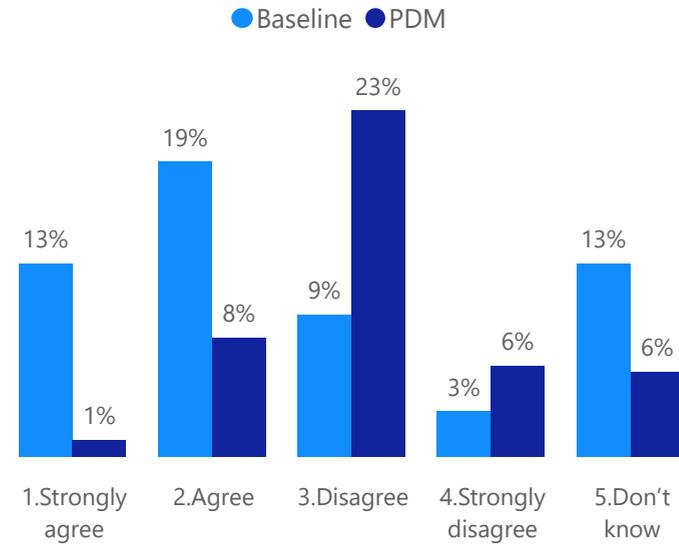


For parents, the lack of information or uncertainty on behaviour about MH dropped as a reason of uneasiness to talk about it (from 52 registered responses to 10), with also a rising number of respondents who affirm to have no problems to talk about MH (from 19 to 44 responses). The concept of secrecy around menstruation remains a reason often mentioned by respondents (from 41 at baseline to 36 after the sessions). However it is interesting to observe that **the awareness sessions also contributed to a change in perspective among the fathers**: those agreeing with the idea of not talking openly about menstruation dropped from 42 to 19%, and those considering important to buy pads without being seen from 56 to 22%. The initiative had also an impact on parents of girls with disabilities as we registered an 80% decrease of those who admitted difficulties in handling their daughters' period.

I feel anxious or stressed about menstruation because I do not know what is happening to my body and how to handle it



It is important to buy sanitary pads without being seen



According to some of the myths and stereotypes shared during the awareness sessions, girls and women should not:

- Take baths during their menstruation to avoid blocking the stream of blood
- Take any medication during their menstruation
- Eat or drink lemon as this would affect their blood flow
- Wash their hair
- Do any sports
- Participate in any family or social activities
- Go and stay outside after afternoon hours

For both groups there is also **a significant increase in the level of awareness and knowledge gained on menstruation as well as in the openness towards talking about it.** After the awareness sessions, we see a decrease in the percentages of parents who agree and strongly agree with the concept of not talking openly about menstruation (from 31% to 19%) and hiding the purchase of pads (from 33% to 20%).

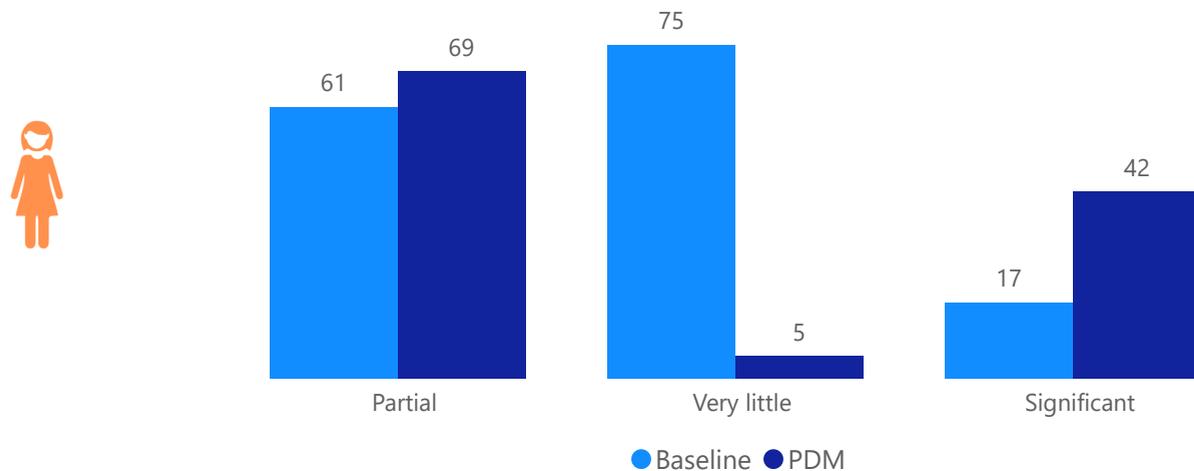
Similarly, we observe a decrease in the percentage of girls who at the end of the pilot felt it was important to buy sanitary pads without being seen (from 32% to 9%, combining data of those agreeing and strongly agreeing with the statement). **There is a sharp decrease of anxiety and stress about menstruation as girls are now more aware of what is happening to their body and how to handle it** - those who mentioned being stressed about it decreased from 30% to 5%.

## Section 2: Access and choice of products

Data show a **positive change in terms of access to menstrual products**, with the provision of cash assistance covering the costs of pads impacting on the target groups' ability to access menstrual health products.

For parents, the number of respondents who could access enough products in the last month rose from 23% to 48%, with however an almost steady number of those who could not cover all household needs in this area, indicating still an economic vulnerability at the family level. **For girls, the percentage of those who could cover all their MH needs at PDM data collection rose from 32% to 68%**, while those who could always access comfortable and safe menstrual health products in the last month went from 37 to 63% after receiving the conditional cash assistance.

How would you rate your ability to make decisions about how to cover your menstrual hygiene products needs? (Number of mentions)



**100% of girls and 93% of parents used the entire cash assistance received, which was conditional to their attendance to the session and yet unrestricted in use, to purchase menstrual hygiene products.**

Of those indicating that they spent the assistance only partially on pads (18% of girls and 6% of parents) the main reason was the need to buy other items more urgently. Only 5 respondents in total mentioned that they could not find the right products in the shops, indicating the correct assumption about viability of the market in Jordan for these articles.

*"My husband did not bring any pad for me and our four daughters, he always said these items are not important since we can use any piece of fabric, and that we should not buy any specific soap from the market but use the generic multi-use one sold in bulk, which is of very bad quality"*

Challenges shared by Fatima, a 45 years old mother attending the MHM awareness sessions and receiving the cash assistance through electronic bracelets

**Overall percentage of girls who after the pilot said that they not normally buy MH products themselves dropped from 66% to 34% - similar data observed among parents (from 68% to 32%).** In terms of purchasing patterns and habits, and in line with the observed changes in MHM awareness levels, Karak shows the highest change - a bump from 36% to 64% of mothers buying pads themselves after the intervention, followed by East Amman and lastly by Madaba.

Even more encouraging are the numbers for the girls, with an increase from 12% to 88% of girls buying pads themselves in both Karak and Madaba. This is confirmed by the decreased number of respondents mentioning among the reasons for not purchasing products independently that someone else buys them on their behalf (from 45 to 12 times mentioned for parents, and from 126 to 69 times for girls).



The intervention also appears to have had an impact on other reasons normally linked to reduced ability to buy products such as control over money (from 21 to 4 mentions for parents, and from 29 to 12 for girls) and independent access to shops (from 6 to 1 mentions for parents, and from 15 to 5 mentions for girls).

These positive trends, in particular for girls, seem to show a strong correlation with having received adequate information and economic support to manage their period and also suggest that, when combined with parent sessions, the newly acquired awareness from both the girls and parents' side can impact on the normalization of independent purchasing of MH items.

## Referrals

MHM awareness sessions paired with cash assistance distribution confirm their potential to be an important entry point to access other services provided in the center by the implementing partner - **94%** of girls and **86%** of the mothers stated that they accessed other services in the center through referrals.

**Adoption of all negative coping mechanisms linked to a lack of economic resources to buy MH products saw a reduction across the two groups.** At baseline 63% of respondents among girls adopted at least one negative mechanism, while at PDM this percentage drops to 11%. For parents, at baseline we see a 40% of respondents adopting at least one mechanism then diminishing to 9% at PDM.

The starkest improvement was the reduced number of mentions of resorting to makeshift products, followed by relying on less preferable MH products and diminishing the number of pads used during the day. **Similar positive trends are observed on the reduction of negative mechanisms adopted at the family level instead of the individual one.** While at baseline the option '*Avoiding going out (missing school, going to work, social activities)*' was the least mentioned for both groups compared to all the others, it was indicated as the most frequent at PDM, possibly indicating that the initiative was useful to curb the negative practices linked to the economic constraints of buying the right quality and quantity of products while however other wider external challenges (for example social acceptance, adequate sanitation facilities outside the house etc.) might have persisted and still led the respondents to opt for staying at home during the period.

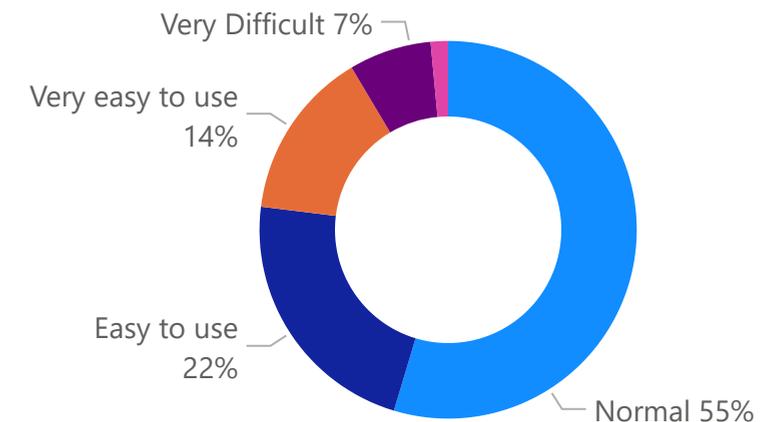
### Section 3: Safety

**100% of parents and 96% of girls stated that the cash delivery option was safe for them to use.**

The chosen delivery method was mostly considered easy to use, and among the most mentioned challenges related to its use there is for parents the limited timeframe to spend them (8 responses) and for girls some problems with the vendors accepting the bracelets (9 responses), in spite of the work completed by the partner in collaboration with the mobile company to prepare the ground for the action and raise awareness about it with shops in the areas of the centers.

Out of all girls participants who answered the PDM questions, **9%** stated that they faced issues while accessing the shops to spend their transfer - **none** of them was related to insecurity, but mainly instead to distance to the shops or lack of transportation. Similarly for parents the strong majority did not face any issue in accessing the shops to spend the vouchers, with only 2 cases (both female) mentioning either the lack of chaperone or of transport to reach the locations.

How comfortable were you using the cash delivery mechanism? Choice: Rate your experience using the electronic bracelet.



## Challenges and Lessons Learnt

Some key learnings for both UNFPA and its partner emerged from the implementation of the pilot and will be particularly important to inform recommendations that look at the scalability of the approach.

In particular they revolve around the following areas:

**Male engagement:** it was often difficult to ensure attendance of fathers in the dedicated parents sessions, in particular in the area of Karak. In addition to a more conservative environment, the location chosen to deliver the sessions also played an important role in this sense - in Madaba, for example, fathers expressed that easy access to the center was a push factor to attend the awareness events. The cultural context was important also with regards to the acceptability of attending the last session, carried out jointly with parents and girls, which proved successful in Amman and Madaba, but not in Karak.

**Timeframe for implementation:** the intervention had to be carried out within a very limited timeframe, which required a strong commitment from the partner and flexibility to quickly address the multiple logistical aspects of both awareness sessions and cash assistance delivery, in particular ensuring readiness and availability of the mobile company for this intervention.

**Cash assistance delivery method:** as the initiative targeted mostly adolescent girls, the majority of which were underage, a solution was found to ensure compliance with the mobile company regulations to issue assistance for minors by linking the bracelets to their parents. From the data gathered and feedback received, the assistance was found very helpful to cover the MHM needs at the household level. Further reflections can be done to propose additional solutions equipping girls with a bigger control over MHM economic resources (e.g. not linking their assistance to that of their parents), as well as intensified monitoring can be ensured during the unfolding of the awareness sessions, including in the form of anonymised survey filled without supervision by the girls, to assess whether girls are actually able to independently spend the assistance and address any shortcoming in this sense.



## Looking ahead - Recommendations

**Combined analysis of the data collected during the monitoring and partner feedback indicate a positive outcome of this intervention, which is rooted in the dual approach of conditional cash assistance and awareness components, both vital to the success of the initiative.** The cash assistance helped to increase women and girls' access to quality menstrual products as well as enable and incentivize continued attendance to the MHM awareness sessions, while the sessions themselves provided key information on menstruation that helped to break taboos and normalize conversations about MH between adolescent girls and their caregivers.

Given the pilot's encouraging results related to awareness and reduced reliance on negative coping mechanisms, any future work to define a scale-up and funding strategy to expand the programme's coverage and duration should consider the following points:

- **Continue to ensure participation and buy-in of fathers as key in addressing the taboo and stigma revolving around menstruation.** To overcome their low involvement family-based sessions could be envisaged, whereby each household would be visited by the partner to provide MHM information - this, similarly to other GBV family awareness sessions, proved to increase acceptance, as well as attendance, of fathers, and it would also allow to reach the boys in the family, if any;
- **Focus the efforts in areas with less resources and opportunities for girls and families to access unbiased and un-stigmatized information on MHM,** in particular in the southern part of the country as well as in refugee camps;
- **Strengthen outreach to families with adolescent girls with disabilities,** including by increasing the involvement of community based organizations that could support in identifying participants and provide information in adequate and accessible formats;
- **Develop and standardize culturally-sensitive visual materials** (such as videos and infographics) that can be used to reach wider populations with key MHM information;
- **Ensure robust monitoring of the initiative,** including throughout the implementation, for adequate capturing of awareness and behavioural changes, as well as actual usability of cash assistance based on the chosen delivery method.



**June 2023**

