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SPD Field Research Support Fund Report

The Research I have been working on for the past few months focuses on Menstrual Hygiene Management for adolescent girls in Urban Informal settlements in Kenya. Specifically, I have been exploring the propensity of the menstrual cup as a solution to the Menstrual Hygiene Management challenges facing girls in slums in Kenya. They are forced to navigate through inadequate access to WASH facilities, hygiene products and disposal mechanisms in the household, school and community in addition to such infrastructural challenges as houses in close proximity to each other, inadequate access to water, landfills and weak sanitation infrastructure. In recent years, Menstrual Hygiene Management has been mainstreamed into the dominant development agenda by placing adolescent girls and their menstrual needs at the centre of development. Particular focus has however been on adolescent girls as a homogenous group rather than a heterogeneous group. For this reason, I embarked on this study from the slum perspective to illuminate the need for policy makers to approach Menstrual Hygiene Management from the heterogeneous perspective, since menstrual needs are context specific and are dependent on the social contexts in which adolescent girls experience their menstruation. This is particularly relevant for Kenya at this period because the Menstrual Hygiene Management Board has been working on a Menstrual Hygiene Management Policy. The articulation of the voices and lived experiences of adolescent menstruating girls in the slums in Kenyan would enrich the policy formulation process.

The SPD field research support fund facilitated my travel to and back from Kenya to collect the data necessary for completing this research. Through the fund, I managed to collect data for approximately three weeks using Focus Group Discussions, In-depth interviews and Essays in Kibera, the largest slum in Kenya and Africa. I conducted one Focus Group Discussion with 30 girls that had been issued with a free menstrual Cup by two different organizations. Initially, I was expecting to only conduct 15 follow up interviews with the girls, but the 30 girls agreed to be interviewed. Given the sensitivity of some of the questions and matters under discussion, I decided to incorporate the data collection method of essays. The subject of the essays was selected based on the sensitive questions that were not responded to in the FGD and interviews. Confidentiality of the information provided in the essays was enhanced by their anonymous nature. Thus, the girls were not obligated to write their names on the essays. In this way, they were encouraged to answer the questions truthfully without the fear of being stigmatized or vilified. The data collected from the girls was triangulated with that collected from peer educators through interviews. The peer educators originated from the Ruby Cup and The Cup Foundation organizations that issue the menstrual cups for free in Kibera. Prior to the issue of the menstrual cups, the peer educators first meet the girls and issue consent forms to be filled by parents. Then they invite parents for training on the advantages of the menstrual cups for their girls. This is followed by training of the girls on how to use the menstrual cup, sexual and reproductive health education and Human rights. After, they can issue the girls with the menstrual cup, followed by follow-ups after every three months.

From the field work, a few findings stood out. First, was the fact that Menstrual Hygiene Management is always approached from a technical approach, while it should actually take into consideration the embedded social cultural aspects. By the technical approach, I mean looking at

it from the angle of just providing WASH facilities, hygiene products and disposal mechanisms. According to the girls and peer educators menstruation is not only a biological occurrence but also has social connotation especially due to the social cultural norms, beliefs and myths that surround it. It is regarded as one of the most stigmatized bodily fluids and due to the fragmented menstruation and sexual and reproductive health information girls receive prior to puberty, they often experience fear, anxiety, shame and embarrassment when they start menstruating. This is highly associated with the social construction of menstruation. Further, menstruation and how it is experienced especially within the patriarchal society in Kibera, illuminates gendered power relations specifically in the bargaining process in the household. In addition, I found out that the menstrual cup would be the most appropriate solution to the challenges facing the girls in the slum context because of the health, social, education, economic and environmental benefits elicited. However, these benefits could be curtailed by the above stated social cultural factors and other socially related issues as sharing with family members, peer pressure influence, social control of menstruating bodies and the unintended implication of sexual violence. From these factors, I concluded that the menstrual cup could be explored by policy makers as a Menstrual Hygiene Management option, but they need to also take into consideration the social cultural factors highlighted. Going into the field, I only thought that my paper would specifically focus on the benefits of the menstrual cup, but from the findings I realized that I had to reformulate it to critique the particular focus on the technical approach of Menstrual Hygiene Management in deference to its social cultural approach. I could not have settled on this without going into the field. For that reason, I am grateful for the SPD field research fund.

Below are some of the pictures taken in the field;



Source: Author (2017)



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