



**AFRIC'UP: Ya Soma is a first of its kind menstrual cup pilot project in Burkina Faso.**

**Funding provided by Together Women Rise, International Foundation and individual donors.**

# **BASELINE REPORT: PHASE I TRAINERS' WORKSHOP**

**AFRIC'UP: YA SOMA PHASE I TRAINING**

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## **Sampling**

The women in this group were purposely sampled to fulfil roles of community leaders promoting menstrual cups. They were all associated with an organisation already working in some area of women's health, had a base level of knowledge of issues, and able to be active leaders and teachers in their communities. Additionally, four women were already using menstrual cups. For this reason, they are not representative of the general adult population.

## **Data Collection**

Data collection took place during the initial workshop, designed to introduce women to menstrual cups so they gain experience using them for a few months before beginning phase two, where they will train other women to use cups.

Questionnaires were distributed to 24 workshop participants; approximately six questionnaires were missing the fourth page, and no print shop was open, therefore we had a shortage of questionnaires. We attempted to distribute to participants who were menstruating, as there were several who had indicated they had reached menopause, or who were pregnant.

Questionnaires were paper/pencil format, and filled out during the course of the second day of the workshop, then collected at day's end.

Participants were given instructions on filling out questionnaires. They were encouraged to fill out all questions, but assured they could leave answers blank if they felt uncomfortable; missing data was minimum, and at random.

## **Results**

### **Socio-demographics**

Participants ranged from 20 to 61 years old, with a mean age of 34. All women had some level of education ranging from primary school completion (n=4) to university, with a mode = 11 for university, the highest level. The majority (n=13) were married, two were separated, and seven were single. Number of children ranged from zero (n=8) to four (n=2).

The majority (n=15) reported paid work, and several others (n=5) are students ranging from secondary school to university masters level.

All women were living/working in Ouagadougou, except for three (Koudougou = 2, Fada = 1).

### **WASH Facilities**

WASH facilities at home were slightly better than at workplaces, however fairly good overall. The majority of women reported always or sometimes having a latrine, with doors and a lock, access to soap and water, toilet tissue, and light both at home and work; as squat toilets are the norm, toilet tissue is less common, but not necessarily an indicator of poor WASH facilities if there is clean water in the stall.

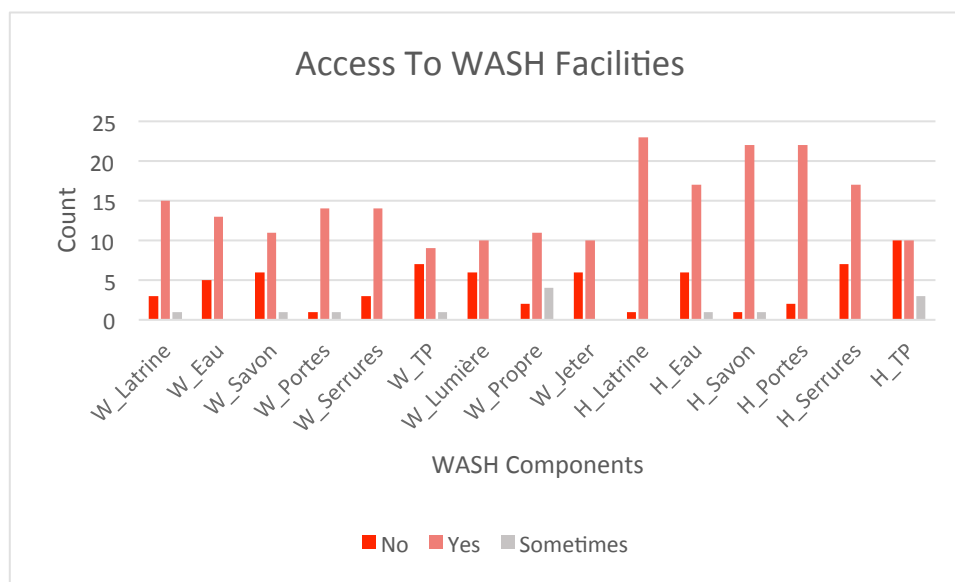


Figure 1: WASH facilities available to women at work (W) and home (H)

## Menstrual Practices

The average age of menarche was 14.22 (SD = 2.11), which is consistent with findings in East Africa, whether collected from adolescents or adults. 29% (n=7) did not know what menstruation was at menarche, although the majority (n=14) say they knew it was normal. Respondents were evenly split on whether or not they felt they had enough information at the time to manage their period.

The most common sources of menstrual information were mothers (n=8) and friends (n=7); in East Africa it is commonly found that sisters and female teachers are the most common sources, suggesting that perhaps cultures in Burkina Faso tend to pass information more directly (mother-daughter) as opposed to the more common indirect (aunt/grandmother-girl) model in East Africa. Very few indicated learning about menstruation from either male or female teachers, which is typically found when a student experiences menarche at school.

The most commonly-used product was disposable pads (n=11), followed by fabric (n=6); this is consistent with findings in East Africa. Interestingly, a total of 8 women reported using a reusable commercial menstrual product (washable pads, period underwear, or menstrual cups), likely due to the presence of

project partners Menstru'elles and BARKA Foundation.

For those using disposable pads, the average cost per period is 500 CFA, or approximately \$1 USD. The vast majority dispose of them in the toilet (n=17).

For those using washable products, either commercial or homemade, they demonstrate good practices. Women report

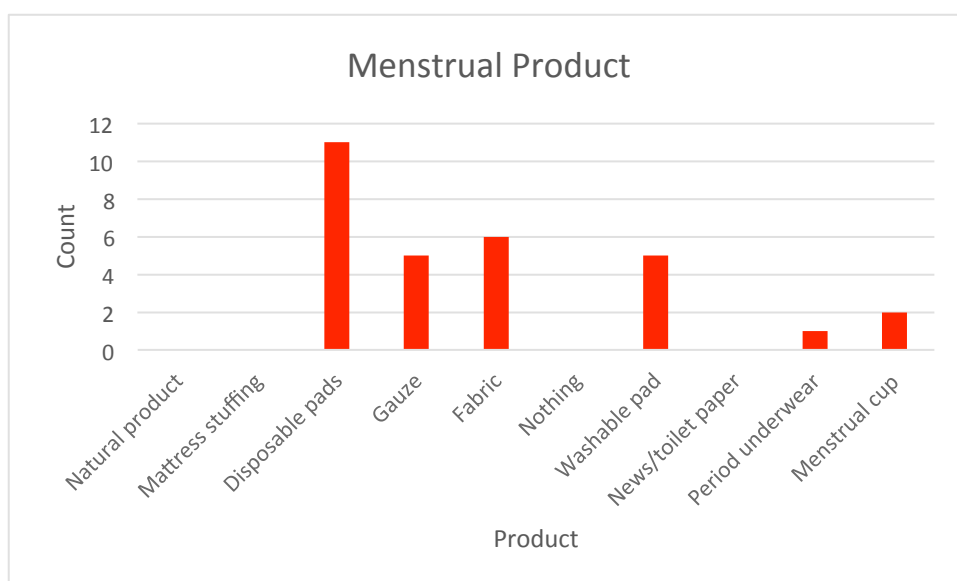


Figure 2: Menstrual products used by women during their last period.

washing with clean water and soap (n=22) and hanging to dry, either in the sun (n=9), in the sun but covered (n=5) or inside somewhere more private (n=9).

### Participation

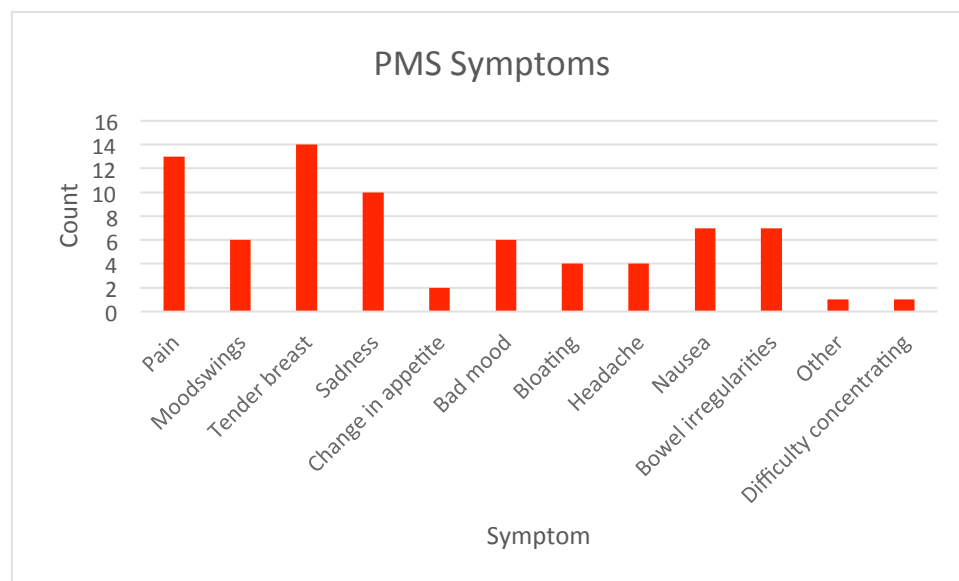
In general, women reported good participation in work activities during their periods, missing or leaving early on average less than one day per period. This is much better than is typically seen, and may be related to having good employment (and therefore ability to afford necessary resources) as well as the type of employment, related to women's health and therefore with some level of knowledge of the menstrual cycle and management, and perhaps even support from colleagues. Those using reusable products (cups, period underwear) are likely able to wear for longer than disposable pads or other homemade products, enabling them to remain at work or school for longer, and feel more confident avoiding leaks.

For those who do miss or leave early, the primary reason is menstrual pain, which is consistent with global findings. Two women were afraid of leaking, one woman was told to go home, and two lacked a menstrual product and left early.

### Menstrual Health

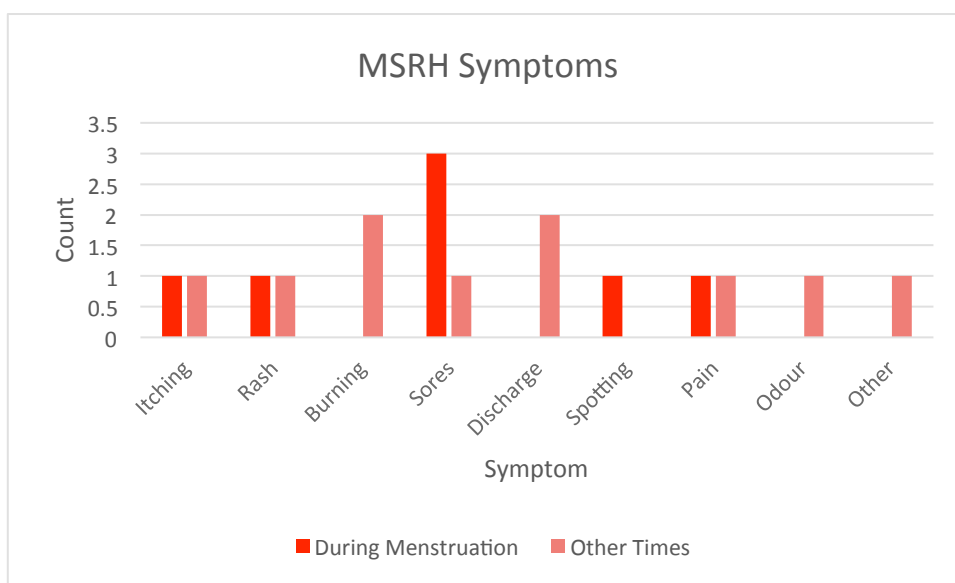
Period length ranged from 0 to 7 days, with an average of 4.34 days, shorter than the globally-accepted 5-day average. However, we suspect a few post-menopausal women did fill out the questionnaire despite efforts to avoid this, which likely accounts for bringing down this average.

All respondents reported at least one symptom of PMS, up to a maximum of nine symptoms, and a median of two symptoms. Surprisingly, tender breasts were more common than cramping, which is generally the most commonly-reported PMS symptom.



*Figure 3: PMS symptoms experienced by women during their last period.*

When it comes to urogenital symptoms of urinary and reproductive tract infections, results are much better than is seen in East Africa; this is likely related to better menstrual practices from products to washing, employment, and factors surrounding employment. Thirteen women reported no symptoms at all; the range of symptoms can be seen in the table below.



*Figure 4: Vulval, vaginal, and urogenital symptoms reported by women during their last period.*

### Quality of Life

In general, women reported good quality of life and well-being during menstruation, with lower levels of anxiety and worry than is seen in East Africa; again, this is likely due to similar factors as MSRH symptoms and menstrual practices.

Women were split half and half on whether they experience shame during their periods. None reported menstruation affecting their ability to concentrate at work, which is a positive finding. Only four women reported feeling no confidence during menstruation, although many (n=14) suggested that sometimes this affects them. One woman stated that menstruation is a big problem for her, whilst twelve women said it was sometimes a problem, and ten women stated that menstruation, in general, was not a problem for them.