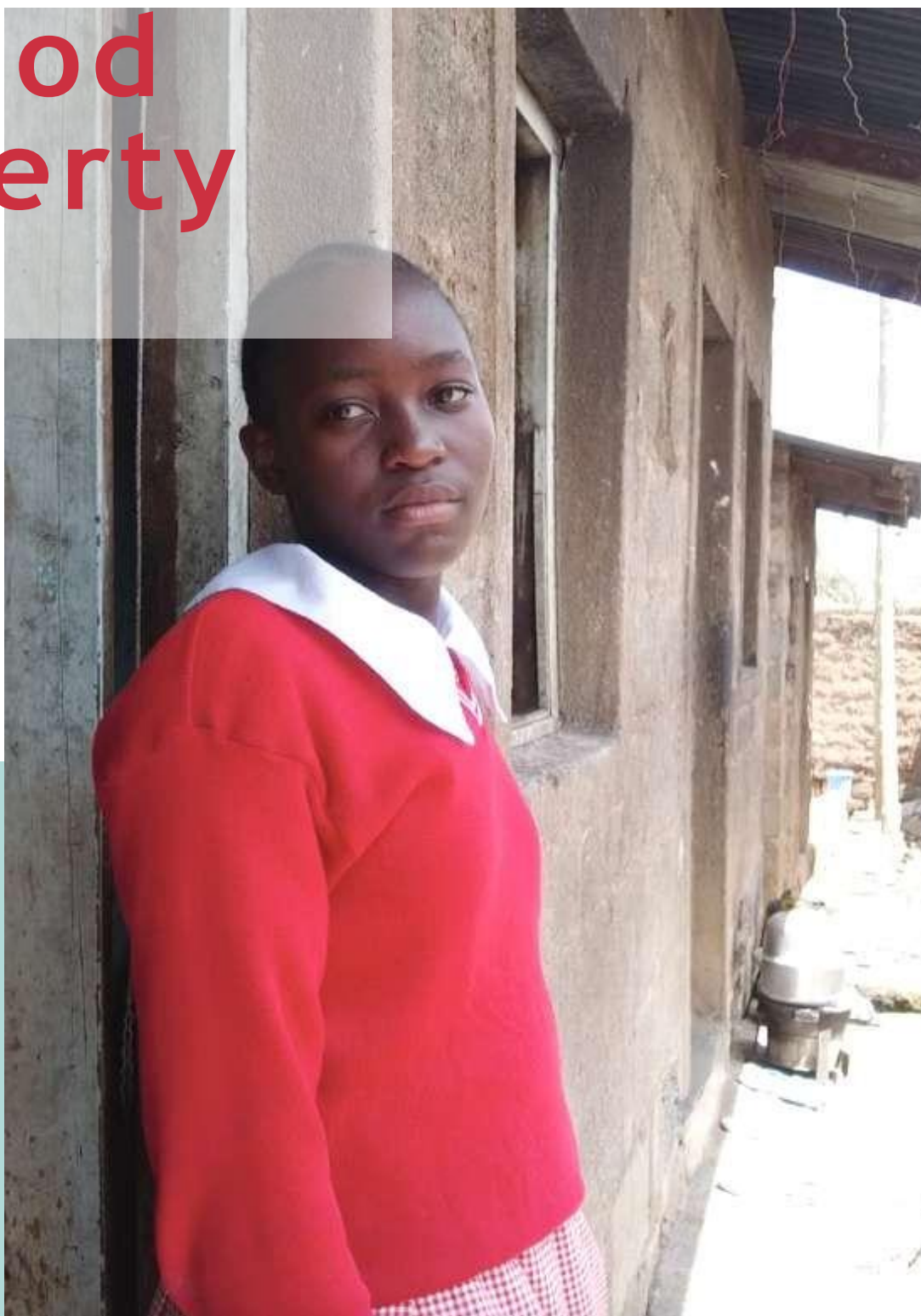


Focus on Period Poverty



DOSSIER 2021

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INTRODUCTION: WHAT HAPPENED IN KENYA DURING THE PANDEMIC?

In 2020, the outbreak of the Covid-19 **pandemic** and government-imposed **lockdowns** caused extreme damage to the world's population not only in terms of health, but also in **economic**, labor, **social**, and **psychological** terms.

The situation has been particularly severe in so-called developing countries, where national lockdowns have caused an **unprecedented economic and food emergency**. This is the case of Kenya, a country where we have been operating for more than 13 years.

The COVID-19 pandemic has posed, and continues to pose, a further **serious health risk** to the children we have managed to integrate into our schools and care facilities.

The **Kenyan national health system** is not only lacking in facilities, personnel, machinery, and medicines, but it is also and above all deprived: most of the population cannot access basic care (according to UN data, **4 out of 5 Kenyans do not have access to medical assistance**).

The virus is added to other endemic diseases and serious immune disorders, from which many of our children also suffer.



KENYA 2021 Due to COVID -19

- Less than 5.000 deaths
- 169.000 confirmed cases

These numbers are insufficient to describe the severity of the situation in the country, since as previously stated, Kenya lacks the resources to test all those who demonstrate suspicious symptoms, or those who have unfortunately already died.

Starting in March 2020, **Kenya proclaimed the closure of its borders**, an air blockade was promptly implemented for international and domestic flights, and the decision was taken to put the entire country under **lockdown** and consequently **close schools and businesses** of all kinds, along the lines of what has been done in Europe and around the world. The proclamation of the measures for the containment of the virus represented the beginning of a **very serious crisis** for vulnerable communities and those on the margins of society, the families of the slums first.

The impossibility of moving freely within the slum and outside has led to the collapse of the already meager family income, and social tension has exploded as a result of violent police controls that have caused deaths and injuries during several reprisals. Exhausted by hunger and desperate to find food for their children, **adults violated the curfew** imposed from 7 pm to 6 am and were therefore punished with **violence by the police**.

The closure of schools extended until January 2021 (in October 2020 schools began a partial and marginal reception of students) has caused the loss of the school year for 15 million primary and secondary school students, raising the risk of children returning to the circle of **child labor** and exposing them to the danger of **violence and abuse**. In this context of degradation and marginalization, the school for our children is the place of study, of play, of safety, but above all it is the place of the only meal of the day, which we guarantee to all our young students.



In Kenya, as in other fragile realities, there have been **dangerous steps backwards** in the affirmation of human rights, especially of the most vulnerable categories of the population. In fact, experts speak of years of progress swept away by the food and economic emergency.

Girls and young women have been **denied fundamental rights**, won through years of struggle and intervention, and the damage to their present and future may be **irreparable**.

With an **unwanted pregnancy**, and the impossibility of resorting to a legal and safe termination of pregnancy, **girls leave school and try to survive**, often estranged from the family, and therefore forced to take refuge in the slums of the context in which they live, they enter a hellish circle of **poverty, exploitation, and disease**.

THE PLIGHT OF GIRLS AND WOMEN

Concern increased especially for pre-teen and teenage girls: by staying in the shacks, they were exposed to **rape and sexual assault**, a practice already sadly widespread in the slum that changes the lives of young women forever.

During the months of total lockdown, money and food were totally lacking in the slums.

In this emergency, many men have moved away from their families to escape their responsibilities as fathers, brothers, or sons. Many others have instead moved outside Nairobi to seek work as shepherds or miners, and while some have continued to send money to their families, others have become untraceable.

Whatever the reason for their displacement, the result has been that the **women have had to bear the burden**: mothers, daughters and sisters have had to deal with childcare and daily emergencies, if not entirely with maintaining their own families.



This situation has forced home **unmarried or single women, who have had to take care of their family's livelihood**, and women with husbands and partners, who have found themselves locked in a shack of a few square meters with violent and dangerous men.

Children and young girls, unable to attend school, found themselves completely exposed to abuse and violence inside and outside the home, when not to pregnancy and early marriage.

To buy food for themselves and their families, many women and girls have tried to return to work in the dump despite the lockdown, thus exposing themselves to police violence. Many of them, failing to do so, have been forced by hunger or relatives into prostitution.

The problems of women in the slums, already serious before the outbreak of the pandemic, have intensified during and after the months of lockdown.

We speak mainly of **Period Poverty, sexual violence and abuse, genital mutilation and early marriages and pregnancies.**

In Kenya, gender inequality increases during puberty and can leave adolescent girls and young women unable to negotiate access to vital health services and products.

For example, research suggests that it is common for girls in Kenya to engage in transactional sex or seek out boyfriends to obtain goods to meet their basic needs, including sanitary pads. In such unions, adolescent girls may not be able to negotiate safe sexual practices, thereby increasing their risk of contracting sexually transmitted diseases including HIV, or experiencing an unwanted pregnancy.

¹ "Why Adolescent Girls Miss School in Rural Kenya." Duke Global Health Institute. January 24, 2012. Accessed February 25, 2016. <https://globalhealth.duke.edu/media/news/why-adolescent-girls-miss-school-rural-kenya>

² Mason, Linda, et al. "'We Keep It Secret So No One Should Know' – A Qualitative Study to Explore Young Schoolgirls Attitudes and Experiences with Menstruation in Rural Western Kenya." PLoS ONE 8, no. 11 (2013).

³ Phillips-Howard, et al. "Menstrual Needs and Associations with Sexual and Reproductive Risks in Rural Kenyan Females: A Cross-Sectional Behavioral Survey Linked with HIV Prevalence." Journal of Women's Health 24, no. 10 (2015): 801-11.



WHAT IS THE SO CALLED “PERIOD POVERTY”?

It is the inability of women to ensure adequate hygiene during menstruation, mainly due to economic issues.

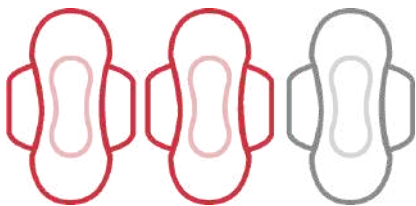
This includes both the inability to use appropriate sanitary tools (pads, tampons, cups) and to have access to suitable places (bathrooms with running water, equipped and clean).

Millions of women in the world, especially in so-called "developing" countries suffer this phenomenon, a cause of discrimination and marginalization. In Kenya, more than half of the female population is affected.

In particular, **girls and women living in the slums of Nairobi** and those belonging to the Maasai community **cannot afford to buy tampons or other hygiene products** (wet wipes, detergents) and do not have access to adequate and clean toilets.

65%

Of the women in Kenya cannot afford to buy sanitary pads.⁴



In order to find sanitary pads, the poorest girls are often willing to prostitute themselves: 2 out of 3 pads come from sexual intercourse.⁵

32%

Of the rural schools has a suitable, private place where girls can change their pads.⁶

⁴ Afri-Can Trust: Empowering Women and Girls through Affordable Sanitary Pads. Strengthening Health Outcomes through the Private Sector. <http://shopsproject.org/sites/default/files/resources/Afri-Can%20Trust%20->

⁵ Phillips-Howard, Penelope A., et al. "Menstrual Needs and Associations with Sexual and Reproductive Risks in Rural Kenyan Females: A Cross-Sectional Behavioral Survey Linked with HIV Prevalence." *Journal of Women's Health* 24, no. 10 (2015): 801-11. doi:10.1089/jwh.2014.5031

⁶ Alexander, Kelly, et al. "Water, Sanitation and Hygiene Conditions in Kenyan Rural Schools: Are Schools Meeting the Needs of Menstruating Girls?" *Water* 6, no. 5 (2014): 1453-466.

During the menstrual period, girls and **young women are therefore forced to remain closed in shacks**, isolated and unable to go to school.

Period Poverty, in fact, has the serious consequence of **preventing girls from attending school**, making them enter a vicious circle of poverty and ignorance from which it is difficult to escape.

Every month a girl from the slums misses an entire week of school because of her menstrual cycle. A quarter of the total school days of an entire school year, which lasts about 9 months.

In addition to the more "practical" problems, there are also **cultural prejudices and stigmas**, which tend to isolate women during their menstrual cycle or involve them in traditional practices that jeopardize their health and freedom. Even today, for example, in the Maasai community a girl is considered ready and able to marry after her menarche: the menstrual cycle marks the transition to adulthood.

This is the moment when a girl can go in marriage to a man, generally 20 or more years older than her.

This cultural poverty often starts from the girl's family: mothers are unprepared and in turn contribute to the spread of false beliefs or dangerous hygienic practices.

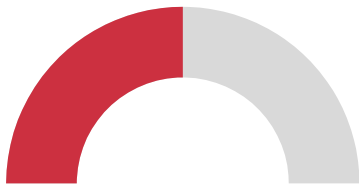
In rural western Kenya, **girls reported shock, confusion, shame, and fear** during menarche because of the lack of accessible and accurate information about sexual maturation during early adolescence.

In a qualitative study that examined adolescent girls' attitudes and experiences with menstruation, one girl reported:

“ When I had my period, my lower abdomen was stretching painfully and when I got back to class everyone was asking me what was on my clothes, and I told them I didn't know.”

SOME NUMBERS

50%



Of girls is willing to talk about period at home together with an adult.

12%



Of girls in Kenya would be at ease talking to her mother about the menstrual cycle.¹⁰



One in four girls do not associate menstruation with risk of pregnancy.¹¹

⁷ Mason, Linda, et al. "'We Keep It Secret So No One Should Know' – A Qualitative Study to Explore Young Schoolgirls Attitudes and Experiences with Menstruation in Rural Western Kenya." PLoS ONE 8, no. 11 (2013).–

⁸ Sommer, Marni, and Jackie Kirk. "Menstruation and Body Awareness: Linking Girls' Health with Girls' Education." August 21, 2006. http://www.susana.org/_resources/documents/default/2-1200-kirk-2006-menstruation-kit-paper.pdf

⁹ Mason, Linda, et al. "'We Keep It Secret So No One Should Know' – A Qualitative Study to Explore Young Schoolgirls Attitudes and Experiences with Menstruation in Rural Western Kenya." PLoS ONE 8, no. 11 (2013).

¹⁰ House, Sarah, Thérèse Mahon, and Sue Cavill. Menstrual Hygiene Matters: A Resource for Improving Menstrual Hygiene around the World. WaterAid, 2012.

¹¹ "The Issue." ZanaAfricaFoundation. Accessed February 29, 2016. <http://www.zanaafrica.org/issue/>.

WHY CAN'T THEY USE MENSTRUAL CUPS?

Menstrual cups are a great alternative to external or internal tampons. Made of materials such as rubber, latex, silicone, or hypoallergenic material, **they can be reused for several menstrual cycles, after being thoroughly washed and sanitized.**

They do not absorb the cycle but collect it in a cup, which must then be emptied and sterilized. They are beginning to be used in Italy and in Western countries especially for the lower environmental impact and the possibility of reuse.



However, according to some research, commercially available reusable tampons in Kenya (menstrual cups) are not currently a questionable solution because:

- *The initial cost is prohibitive for most of the population; a free or highly subsidized model would be needed.*
- *They have very limited distribution; can only be ordered from select pharmacies.*

Despite this, a pilot study in western Kenya suggested that with appropriate support, including education by nurses, use of the menstrual cup would be possible.

Certainly, **a very important barrier for girls in slums is the lack of water and sanitation:** a key feature for reusable cups.

¹² FSG, Menstrual Health in Kenya | Country Landscape Analysis, 2016

¹³ Mason, Linda, et al. "Adolescent Schoolgirls' Experiences of Menstrual Cups and Pads in Rural Western Kenya: A Qualitative Study." *Waterlines* 34, no. 1 (January 2015): 15–30.

Girls and young women living in Nairobi slums have the right to be able to face their period with all the available tools.

The first step to help them is very simple: giving them sanitary pads!

WITH SANITARY PADS, WE BRING GIRLS BACK TO SCHOOL!

We work so that girls can manage their menstrual periods more easily and hygienically, without being forced to miss precious days of school.

We strive for girls to become aware of their bodies and the hygiene, sexual, and reproductive implications associated with the arrival of the menstrual cycle.

To this end, we carry out some basic yet fundamental activities:



We **distribute free sanitary pads** to girls who attend our schools in the slums and in the Maasai community of Rombo. And, when possible, to all girls who live near our schools. This makes it easier and more hygienic for girls to manage their menstrual periods.



We have **equipped the bathrooms of the schools** and our orphanage with special containers for the disposal of sanitary pads.



We organize **counseling, meetings and events to raise awareness** in the slum and Rombo community about menstrual cycle issues and prevention of unwanted pregnancies.



OUR GOAL FOR 2021



We want to take care of **340** girls and young women who suffer from the consequences of not having the right tools to deal with their menstrual cycle.

We set up a fundraiser with the goal of raising **10.000\$** to buy and distribute sanitary kits and hygiene products to all our girls in the slum.

Today we are responsible for the supply, distribution, and disposal of sanitary napkins in all our schools, **but we want to do much more**, because what we can do with current resources is still too little compared to the **needs of thousands of girls** living in the slums of Nairobi.

THANK YOU FOR HELPING OUR GIRLS