

# New Times, New Targets

# Gender & Social Inclusion Baseline

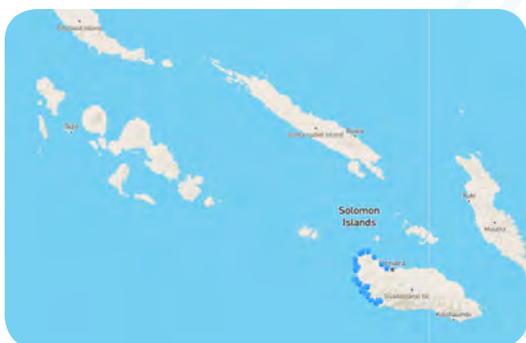
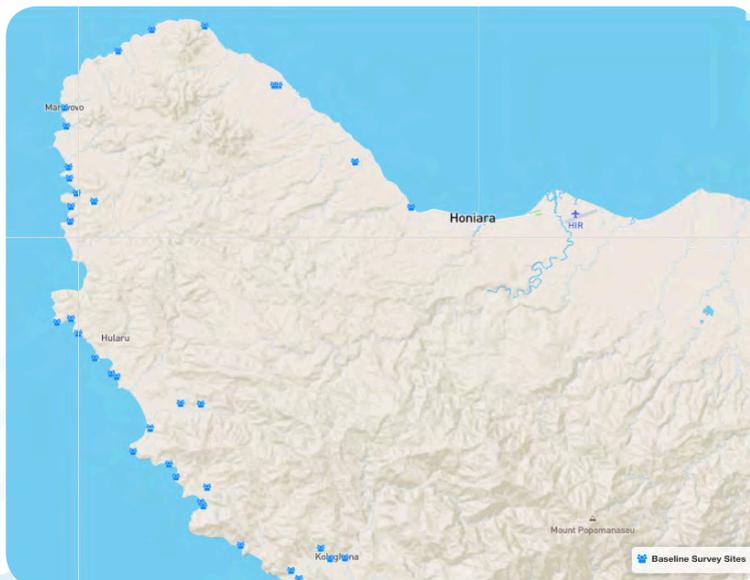


## SUMMARY OF KEY FINDINGS

Rural Solomon Islands has some of the lowest levels of access to clean water and adequate sanitation in the world<sup>\*1</sup>. The New Times, New Targets project is working to improve sustainable and inclusive access to water, sanitation and hygiene (WASH) services and facilities with 22 schools, 8 clinics and in 60 rural communities in West Guadalcanal Province in rural Solomon Islands.

The project is an Australian aid initiative implemented by Plan International Australia in partnership with Live & Learn Environmental Education on behalf of the Australian Government.

The NTNT project supports the Solomon Islands government through the collaborative implementation of participatory, risk-based approaches to improving rural WASH access and practices. This includes a 'twin track'<sup>\*2</sup> approach to addressing gender and social inclusion.



The project mainstreams gender and social inclusion elements into all WASH activities to ensure the participation, consultation and/or consideration of all, in parallel with direct activities to promote human rights and social inclusion.

In early 2019 a gender and social inclusion baseline survey was done in 37 of the 60 communities. The full baseline report is available here. This document is a summary of findings and analysis based on three themes:

**1** Female and male perspectives on access to water and sanitation facilities, and agency in household decision-making about water, sanitation and hygiene

**2** Female and male perspectives and experience on participation, inclusion and agency in community decision-making about water, sanitation and hygiene

**3** Female and male knowledge and experience of menstrual health

Further findings and analysis are presented in three summaries. Click on the any of the three theme headings above to access the specific detailed analysis. Data was collected and analysed through the online cloud-based platform mWater.

## RESPONDENT OVERVIEW

In each community 8 household interviews were conducted – 4 surveys with people with disabilities, 2 menstrual hygiene management (MHM) surveys with women, and 2 MHM surveys with men.

Households were randomly selected by starting at a central point in the community and walking in the four directions of the compass and approaching every second household.

### AGE

Survey Tool	Respondents	Over 50	35 - 50	20 - 35	Below 20
People with disabilities <sup>1</sup>	104 Individual Interviews	M: 56%	M: 20%	M: 14%	M: 10%
	59% Male and 41% Female	F: 70%	F: 18%	F: 2%	F: 10%
Household Survey	236 individual Interviews	M: 22%	M: 49%	M: 25%	M: 4%
	60% (142) Male and 40% (94) Female	F: 16%	F: 38%	F: 40%	F: 6%
MHM – Women	134 women interviewed	1.5% (2)	25% (33)	58% (77)	15.5% (20)
MHM – Men	73 men were interviewed	8.2% (5)	32.9% (24)	53.4% (38)	5.5% (4)

\*1 Refer to WHO/UNICEF JMP data which shows 80% rural Solomon Islanders practice open defecation and only 54% have access to an improved water supply.

\*2 <https://medium.com/@socialbeings/what-exactly-is-a-twin-track-approach-dc33e17ce1a3>

# 1

## KEY FINDINGS:

### Perspectives on **ACCESS** to water and sanitation facilities, and decision-making related to **HOUSEHOLD WASH**

- ▶ Only 9.3% of women with disabilities, and 12% of non-disabled women surveyed have easy access to an improved toilet. Over 50% of women feel that their WASH facilities are inadequate. Overall, only 7% of people with disabilities can access a safe toilet at home.
- ▶ Only 10% of people living with disabilities, and 20% of women, stated that latrines were modified to meet their particular needs.
- ▶ At a household level over 80% of men and women said that they always participate in decision-making about WASH. Less than 40% of people with disabilities felt they can share ideas about WASH with family members who will listen. Only 19% felt they influence decisions or make decisions with their family members.
- ▶ 46% of women surveyed identified as a woman who feels “somewhat comfortable speaking up about issues that are important to her, but only in her home – not in the community”.
- ▶ Survey respondents identified 10 barriers or challenges to improved WASH. The top two were lack of money for investment in WASH (at community and household level) and poor community governance and/or support for WASH improvements

# 2

## KEY FINDINGS:

### Perspectives and experience on **PARTICIPATION**, inclusion and **AGENCY** in **COMMUNITY** decision-making about water, sanitation and hygiene

- ▶ Just under 50% of men and women felt that their communities did not do enough to meet the needs of women.
- ▶ Approximately 75% of both men and women (with and without disabilities) considered that single mothers and widows are almost equally the most marginalised in the community, followed by people with disabilities.
- ▶ At community level only 13.5% of people with disabilities speak up to share their ideas, with men having higher levels of confidence and participation
- ▶ At community level approximately 50% of women have some kind of active participation, 30% listen and watch only, and only 5.3% of women help organise or facilitate.
- ▶ 38% of women identified as also being “comfortable speaking up in the community”. There was a correlation between those “comfortable speaking up” and whether they felt their opinions were respected in the community and/or the household.
- ▶ Over 50% of women said that they didn’t participate in WASH decision-making because it wasn’t the role of women (or men did not permit it).
- ▶ Both men and women said that busyness was one of the main reasons for not attending community meetings, followed by inconvenient location, unaware or not being invited, and lack of confidence.



### 3 KEY FINDINGS:

## Knowledge and experience of **MANAGING MENSTRUATION**

- ▶ Only 9.3% of women with disabilities, and 12% of non-disabled women surveyed have easy access to safe toilet. Only 21% have easy access to a bathing facility. Therefore, women face access barriers to managing their menstruation hygienically.
- ▶ 52% of women stated that they “still have questions of worries about menstruation.” Some 75% of women and 63% of men have incorrect perceptions on the danger of menstrual blood. Approximately 50% of men consider menstruation as a kind of disease.
- ▶ 48% of women learned about menstruation from their mothers, 45% from aunties or other family members, 26% from friends. 53% only learned about it when they got their first period.
- ▶ Most men learn about menstruation from their wife/girlfriend (56%), their friends (19%) or a health worker (19%).
- ▶ 18% of women felt that can and should do anything they want during menstruation, while other women preferred not to do heavy housework (28%), garden (19%), or play sport or walk long distances (10%). 28% said they should stay home from work, and 28% mentioned they should not go into the taro/yam gardens. 21% of female students surveyed avoided school entirely during menstruation.
- ▶ Some 58% of men felt there were no restrictions on women during menstruation. 26% of men mentioned “Other” restrictions – the most common was not going into the taro/yam gardens.
- ▶ Only 16% women had seen reusable pads. 50% of women prefer commercial sanitary pads, and 50% prefer to use cut-up cloth, even if they have money to purchase commercial pads. 17% preferred to use reusable pads. Four women preferred a menstrual cup. Only 16% women had used or seen reusable pads.

# Perspectives on ACCESS to water and sanitation facilities, and decision-making related to HOUSEHOLD WASH



This is a summary of key findings and analysis from the Gender & Social Inclusion Baseline for the New Times, New Targets project to improve sustainable and inclusive access to water, sanitation and hygiene (WASH) services and facilities with 22 schools, 8 clinics and in 60 rural communities in West Guadalcanal Province in rural Solomon Islands.

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## Respondent overview

### People with disabilities

### Household Survey

**104** Individual Interviews

**236** individual Interviews

**59%** Male and **41%** Female

**60%** (142) Male and **40%** (94) Female

## 1 KEY FINDINGS:

- ▶ Only 9.3% of women with disabilities, and 12% of non-disabled women surveyed have easy access to an improved toilet. Over 50% of women feel that their WASH facilities are inadequate. Overall, only 7% of people with disabilities can access a safe toilet at home.
- ▶ Only 10% of people living with disabilities, and 20% of women, stated that latrines were modified to meet their particular needs.
- ▶ At a household level over 80% of men and women said that they always participate in decision-making about WASH. Less than 40% of people with disabilities felt they can share ideas about WASH with family members who will listen. Only 19% felt they influence decisions or make decisions with their family members.
- ▶ 46% of women surveyed identified as a woman who feels “somewhat comfortable speaking up about issues that are important to her, but only in her home – not in the community”.
- ▶ Survey respondents identified 10 barriers or challenges to improved WASH. The top two were lack of money for investment in WASH (at community and household level) and poor community governance and/or support for WASH improvements

## Current status of WASH access

Rates of open defecation in the Solomon Islands are some of the highest in the South East Asia Pacific, reaching 80% in rural areas. Open defecation in the bush or beaches is a culturally accepted practice but for women there is a high risk of sexual or physical violence, especially at night, while there are also associated hygiene problems<sup>†1</sup>.

The 2016 Rural WASH National Baseline have found that in rural areas, 54% of residents have access to improved water, and only 13% access improved sanitation. In rural households, 16% have access to handwashing with soap<sup>†2</sup>. The project baseline survey confirmed that sustainable access to clean water and sanitation is universally problematic. Also the participants reported access to handwashing with soap above that of the national baseline statistics and access to clean water being more restricted than reported in the national baseline survey. See table below for access reported during the Project baseline.

	Male with disability %	Female with disability %	Male %	Female %
Access to safe toilet	8.6	9.3	15.5	12
Access to safe drinking water	47.5	37.2	46.5	38
Access to wash with soap	37.7	34.9	35.9	37
Access to bathing	23	30	24.6	19

The Solomon Islands Government's RWASH policy includes requirement for non-subsidised sanitation (with exception for vulnerable households and communities with high water table) and community-based water management. The government endorsed Community Led Total Sanitation (CLTS) programs, with the introduction of pit latrines and pour flush toilets, is gaining momentum but success remains limited. The project baseline survey found a lack of funding and community governance issues were identified as key barriers to WASH improvements.

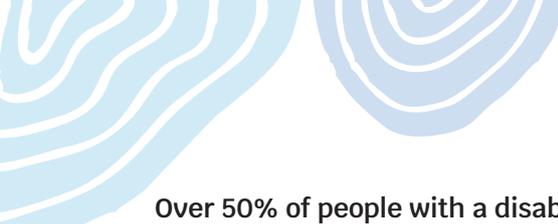
## Meeting the needs of diverse members in household latrines and handwashing facilities

The NTNT project aims to deliver WASH services more equitably to all community members and concentrates on the needs of women and girls and people with a disability, who are most marginalised. Within the Solomon Islands population, 14% are regarded to be living with a disability<sup>†3</sup>. The project has adopted the Shortlist of Washington Group questions to identify people with a disability as anyone having difficulty either seeing, hearing, walking, concentrating, remembering, communicating or with self-care. The NTNT baseline survey confirmed previous findings that women and girls with disabilities are discriminated against disproportionately because of their gender.

<sup>†1</sup> MHMS, Rural WASH Baseline presentation, 2015

<sup>†2</sup> SNAP SHOT Water Sanitation and Hygiene (WASH) Solomon Islands RURAL WASH

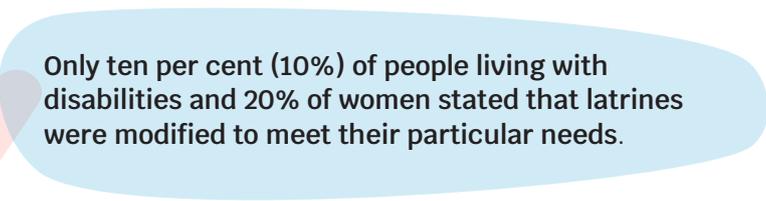
<sup>†3</sup> Solomon Islands National Census, 2009



Over 50% of people with a disability said that it was ‘very difficult’ or ‘sometimes hard’ to enjoy the use of adequate WASH facilities. While 58% of people with a disability do not have a toilet less than 10% said they can access a safe toilet. Of women surveyed, only 12% said they had access to a safe toilet, and over 50% feel that their WASH facilities are inadequate. In comparison, 15% of men said they had access to a safe toilet. Just under 50% did not have WASH facilities and only 36% can ‘easily’ access handwashing facilities.

While people living with disabilities have been marginalised in their access to WASH services, there is also a widespread lack of agency. Around 80% of women surveyed responded that WASH facilities had not been improved or they were not asked by their husbands or others about the need for improvement. While WASH services are generally in need of improvement for all, the NTNT baseline study found that deficiencies in WASH accessibility disproportionately affects women and girls, and access to sanitation disproportionately affects people with a disability.

Out of 236 respondents to the baseline survey, 40 indicated they had improved their household washing facilities and latrines in the past two years, some through their own initiative, some with prompting from external organisations. A large majority of respondents said that they made efforts to improve facilities after a health awareness program. Improvements include addition of household bathing and handwashing facilities, piped water or rainwater tanks and construction of household toilets as an alternative to open defecation.



Only ten per cent (10%) of people living with disabilities and 20% of women stated that latrines were modified to meet their particular needs.

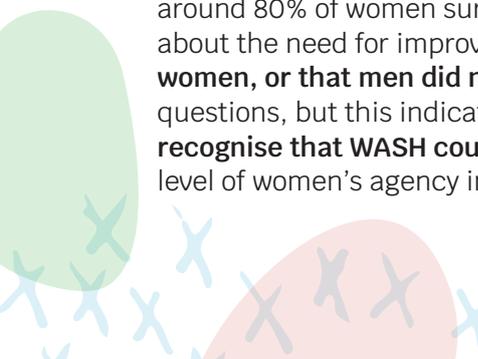
While there is more scope for improvement, this indicates that improvements and customisation of WASH facilities is desired and achievable.



## Sharing household WASH decision making more equitably – women

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In the Solomon Islands, women collect 75% of household water, which is commensurate with what happens globally in areas with only basic water access. The NTNT Baseline Survey found that women make more decisions for WASH than men, but only marginally (84 to 81%). While men typically make more household decisions generally, as a result of cultural norms of male headship, WASH is seen as an area of women’s responsibility. Yet only 19% of women indicated they actively participate in household WASH discussions.



Approximately 50% of women said that women need more agency with WASH decision making, and around 80% of women surveyed responded that they were not asked by their husbands or others about the need for improvement. **But 50% of women also said that WASH decision making was not for women, or that men did not permit it.** There is some ambiguity here, reflecting nuances in the survey questions, but this indicates that **women and men are both making WASH decisions, but women recognise that WASH could be improved with more agency.** The baseline survey also found that the level of women’s agency in households is greater than within the community.

# Sharing household WASH decision making – people with disabilities

Over 30% of people living with disabilities don't participate in WASH discussions.

When asked about levels of participation in decision making, the responses of people living with disabilities was spread consistently across the range of participation levels, from 'I don't participate' to 'I make decisions with my family'. There may be a number of factors involved in this mixed response, including level of disability, levels of involvement, age and gender, but, significantly, **over 30% of people living with disabilities don't participate or only listen in on WASH discussions.**

The baseline survey also found a discrepancy between ideals and practice. In principle there is acceptance of the rights of people living with a disability to have a say over WASH facilities, with **96% of men and 92% of women saying that people with a disability should 'always' or 'sometimes' be involved in household WASH decision making. But 80% of people living with a disability say they have not been consulted** on their opinions about improvements. (Men are more likely to agree that people living with a disabilities can always participate in making decisions, but women are more likely to answer that it 'depends on the situation'.)

## Marginalisation of being female

Being female adds another layer of marginalisation for people living with disabilities. The baseline survey found that in the general population men and women expressed similar levels of involvement with household WASH decision making. For people living with disability, men with were more likely to be involved in decisions: **38% of males with a disability were participating in household decision-making about WASH, in contrast to only 20% of women with a disability.**

When discussed further using a Ladder of Participation tool, 16.4% of **men living with disabilities made decisions with their families, compared to 9.3% of women living with disabilities** – with a percentage difference of 55%. Interestingly, the percentage difference for men and women in the general population in the survey was similar (59%) – with 27.5% of men and only 15% of women saying that they make decisions with their families. The intersectionality of marginalisation is an important consideration, and the NTNT baseline survey confirms that being female appears to be a major barrier to participation in WASH decision making.

### Household WASH Decisions - Ladder of Participation

	Male with disability %	Female with disability %	Male %	Female %
I make the decision with my family	16.4	9.3	27.5	15
I influence decisions	6.6	4.7	10.6	11.7
My family listens to my ideas	19.7	9.3	12	16
I share my ideas with my family	24.6	23.3	34.5	44.7
I listen to discussions	14.8	21	9.9	8.5
I don't participate	18	32	5.6	4.3

# Perspectives and experience on PARTICIPATION, inclusion and AGENCY in COMMUNITY decision-making about water, sanitation and hygiene



This is the summary of key findings and detailed analysis from the Gender & Social Inclusion Baseline for the New Times, New Targets project to improve sustainable and inclusive access to water, sanitation and hygiene (WASH) services and facilities with 22 schools, 8 clinics and in 60 rural communities in West Guadalcanal Province in rural Solomon Islands.

The project is an Australian aid initiative implemented by Plan International Australia in partnership with Live & Learn Environmental Education on behalf of the Australian Government.

## Respondent overview

### People with disabilities

104 Individual Interviews

59% Male and 41% Female

### Household Survey

236 individual Interviews

60% (142) Male and 40% (94) Female

## 2 KEY FINDINGS:

- ▶ Just under 50% of men and women felt that their communities did not do enough to meet the needs of women.
- ▶ Approximately 75% of both men and women (with and without disabilities) considered that single mothers and widows are almost equally the most marginalised in the community, followed by people with disabilities.
- ▶ At community level only 13.5% of people with disabilities speak up to share their ideas, with men having higher levels of confidence and participation
- ▶ At community level approximately 50% of women have some kind of active participation, 30% listen and watch only, and only 5.3% of women help organise or facilitate.
- ▶ 38% of women identified as also being “comfortable speaking up in the community”. There was a correlation between those “comfortable speaking up” and whether they felt their opinions were respected in the community and/or the household.
- ▶ Over 50% of women said that they didn’t participate in WASH decision-making because it wasn’t the role of women (or men did not permit it).
- ▶ Both men and women said that busyness was one of the main reasons for not attending community meetings, followed by inconvenient location, unaware or not being invited, and lack of confidence.

# Perceptions around disability

Perceptions of disabilities and people with disabilities in the Solomon Islands are varied and complicated. With varying disabilities and degrees of disability, the NTNT baseline survey has only been able to provide general observations but there is evidence of prejudices and marginalisation. The project has adopted the shortlist of Washington Group questions to identify people with a disability as anyone having difficulty either seeing, hearing, walking, concentrating, remembering, communicating or with self-care.

**Over 80% of people with disability surveyed responded that they were not asked for their input in decision making**

**Around 20% of respondents think that marginalised/disabled members can help the community, indicating low expectations of how people with disability can contribute to society.** But when asked about whether people with disability should be involved in community decision making, around 50% said 'yes.' There is the perception that people with disability have the right to be heard, but disability renders them unable to meaningfully help others. **Over 80% of people with disability surveyed responded that they were not asked for their input in decision making.**

Of the 3629 boys and girls surveyed in 19 schools, 90% said discrimination against people with disability is a 'big problem' or 'sometimes' a problem in their communities. Most girls and boys (97%) indicated they know little or nothing about the rights of children.

**Over 60% of people with disability surveyed said they are not informed about rights and think that communities don't do enough for disabled people.** Only around 20% said that discrimination is not a problem. Although some respondents noted increased participation of people with disability in community activities, partly through the activism of church and other groups, over 80% said there had been no recent changes, meaning there is great opportunity for improvement.



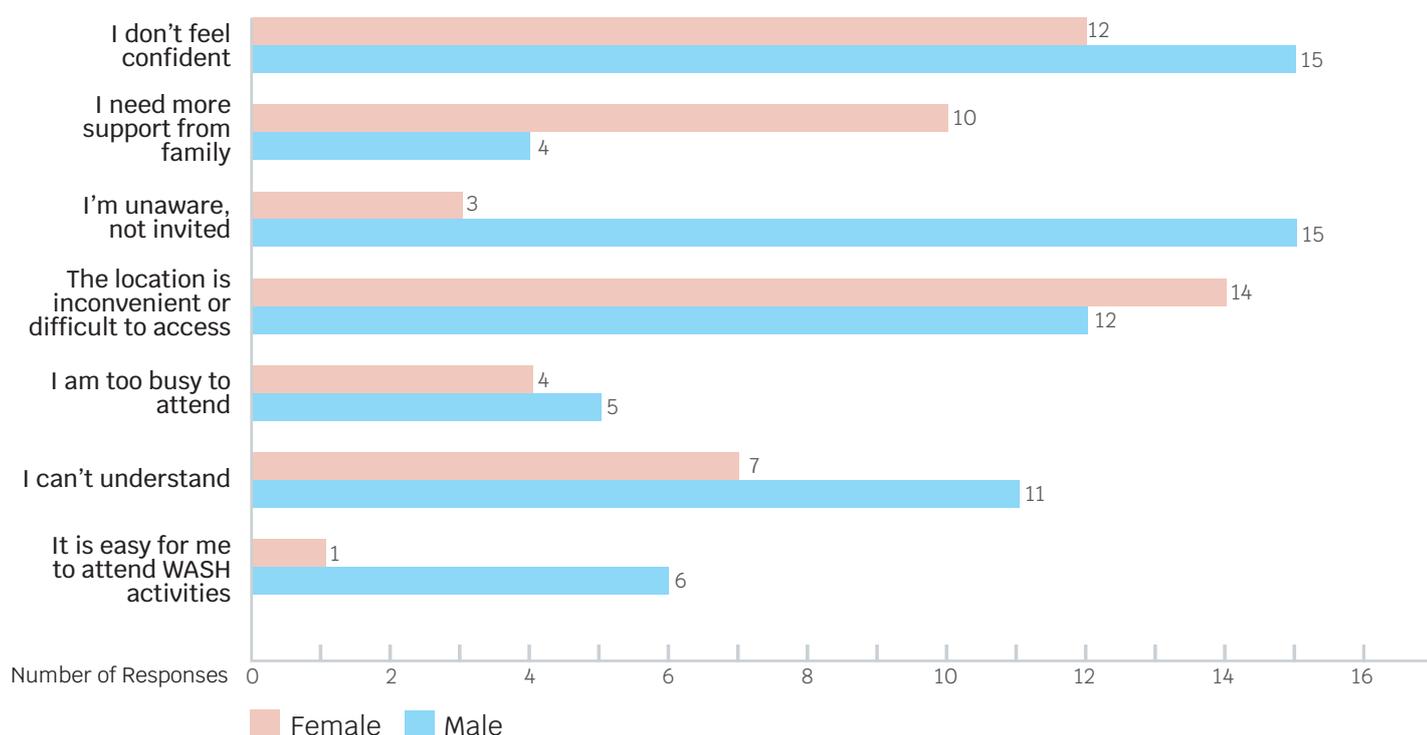
# Increasing decision-making roles and power of women and marginalised groups

When using a Ladder of Participation tool to discuss participation in community decision-making, **13.4% of men and 6.6% of men with disabilities are at the top of the ladder organising and facilitating community meetings, with engagement at this level of only 5.3% of women, and 0 women with disabilities.** At the non-participation end of the ladder the same percentage of men and women with disabilities are not participating in any community meetings for a variety of reasons (mainly not feeling confident, and/or poor accessibility of location).

## Community WASH Decisions - Ladder of Participation

	Male with disability %	Female with disability %	Male %	Female %
I help organise and facilitate	6.6	0	13.4	5.3
I join in and participate	4.9	0	19.7	23.4
I speak up and share my ideas	16.4	9.3	33.1	26.6
I listen and watch only	24.6	44.2	12	29.8
Allowed to join – others rules	9.8	9.3	9.9	6.4
Not invited, too busy, too difficult to access	37.7	37.2	12	8.5

## “What are the main reasons you find it hard to attend meetings or activities about WASH?”



# Knowledge, confidence and opportunity to engage for women and marginalised people

Twenty-one per cent (21%) of survey respondents advised that they have observed some changes in the past two years, with the inclusion of people living with disabilities in meetings and the sharing of ideas and stories, church youth programs and involvement in WASH workshops. However, when asked why they lacked confidence to participate, **54% of the women surveyed (30) said they were either too ashamed/embarrassed to participate, or believed that women can't participate because it wasn't their role, or men would not allow it.**

The survey found people with disability are not making contributions for a variety of reasons – lack of confidence, increased age, lack of time, lack of invitation. Significantly, many people with disabilities are not asked to contribute because their disabilities are seen as a barrier to meaningful contribution. **Despite this, when included in activities, people with disability felt confident and, significantly, felt that the community valued them for their input.**

Both educating the marginalised and gathering knowledge about them is important for building inclusive decision making. The survey found community members, including people with disability, identified single mothers and widows as being particularly marginalised, along with people with disability. More data is required to better understand of the marginalisation experiences of single mothers and their needs.

Marginalisation is linked to other cultural and societal problems. Alcohol abuse was not specifically mentioned in any survey questions, yet people with a disability noted that the highest percentage of discrimination was caused by people under the influence of drugs and alcohol (these were incidents of harassment rather than systematic exclusion).

Only about 23% of women said that they can't contribute to community discussions. But over 50% said men should make community decisions. **This suggests that women recognise they can contribute to leadership, but culturally they are not expected to.** There is a marked difference between women's engagement in decision-making in the household and community. 61% of women said that their opinions were always valued in the household, compared to 38% in the community.

While more than 50% of women said they are active in some way in community WASH decisions, only 5.3% said they organise/facilitate (lead discussions). When women did contribute to community decision-making, they indicated that they did so because of a desire for better community outcomes, and, significantly, **women felt more comfortable participating when other women provided leadership examples** and the community attitudes had changed towards welcoming women's participation.

# Knowledge and experience of **MANAGING MENSTRUATION**



This is the summary of key findings and detailed analysis from the Gender & Social Inclusion Baseline for the New Times, New Targets project to improve sustainable and inclusive access to water, sanitation and hygiene (WASH) services and facilities with 22 schools, 8 clinics and in 60 rural communities in West Guadalcanal Province in rural Solomon Islands.

Survey Tool	Respondents	AGE			
		Over 50	35 - 50	20 - 35	Below 20
<b>MHM – Women</b>	134 women interviewed	1.5% (2)	25% (33)	58% (77)	15.5% (20)
<b>MHM – Men</b>	73 men were interviewed	8.2% (5)	32.9% (24)	53.4% (38)	5.5% (4)

**MHM - School Bottleneck Analysis** 19 schools surveyed *Head Teacher, and focus groups with teachers and parents*  
**222 female students interviewed** **202 male students interviewed**

## 3 KEY FINDINGS:

- ▶ Only 9.3% of women with disabilities, and 12% of non-disabled women surveyed have easy access to safe toilet. Only 21% have easy access to a bathing facility. Therefore, women face access barriers to managing their menstruation hygienically.
- ▶ 52% of women stated that they “still have questions or worries about menstruation.” Some 75% of women and 63% of men have incorrect perceptions on the danger of menstrual blood. Approximately 50% of men consider menstruation as a kind of disease.
- ▶ 48% of women learned about menstruation from their mothers, 45% from aunties or other family members, 26% from friends. 53% only learned about it when they got their first period.
- ▶ Most men learn about menstruation from their wife/girlfriend (56%), their friends (19%) or a health worker (19%).
- ▶ 18% of women felt that can and should do anything they want during menstruation, while other women preferred not to do heavy housework (28%), garden (19%), or play sport or walk long distances (10%). 28% said they should stay home from work, and 28% mentioned they should not go into the taro/yam gardens. 21% of female students surveyed avoided school entirely during menstruation.
- ▶ Some 58% of men felt there were no restrictions on women during menstruation. 26% of men mentioned “Other” restrictions – the most common was not going into the taro/yam gardens.
- ▶ Only 16% women had seen reusable pads. 50% of women prefer commercial sanitary pads, and 50% prefer to use cut-up cloth, even if they have money to purchase commercial pads. 17% preferred to use reusable pads. Four women preferred a menstrual cup. Only 16% women had used or seen reusable pads.

# Current capacity to manage menstruation hygienically and with dignity

Globally, women suffer from a lack of adequate and correct knowledge about menstruation, compounded by some restrictive, denigrating traditional beliefs, taboos, a common perception that menstruation needs to be kept secret from men and a lack of supportive infrastructure both in homes and institutions. Of the 134 women surveyed regarding menstrual hygiene management, **only 37% said they had useful knowledge about managing menstruation**, and 25% said they didn't at all. **53% learned about MHM only when experiencing their first period.** Most women learnt about MHM via mothers and other female relatives.

**Over 50% of women responded that they wished they knew more about menstruation**, with the majority of women expressing worries (32%) between the ages of 20 and 35. **53% of female respondents said they were unprepared for their first period. 56% of men learn about menstruation from wives or girlfriends.** There is therefore much scope for education about MHM, within both communities and especially schools, in order for younger people to be more informed.

**Sixty-nine per cent (69%) of women responded that menstruation should not affect their daily lives, but the survey shows that, in fact, menstruation does affect them in a number of ways** – in the need for pain management (14% reported experiencing a lot of pain, 78% reported a little bit of pain), and time away from work or school. 73% of women who reported experiencing pain during menstruation don't do anything, rest or use some hot water – with only 17% using pain medicine such as paracetamol.

The survey showed that **many women choose to not do heavy work during their periods. 88% miss one to three days' work because of menstruation. 21% of female students surveyed avoided school entirely during menstruation.** For many, the general lack of access to WASH facilities is a problem for MHM, with women and girls needing to take time off from work or school to manage menstruation. The NTNT baseline survey showed that only one out of the 19 schools surveyed had some form of MHM facilities, and no schools had the means of adequate disposal or sanitary bins for used sanitary products.

**88% of women surveyed miss one to three days' work because of menstruation**

**21% of female students surveyed avoided school entirely during menstruation**



# Changing knowledge, attitudes and practices of women and men related to MHM

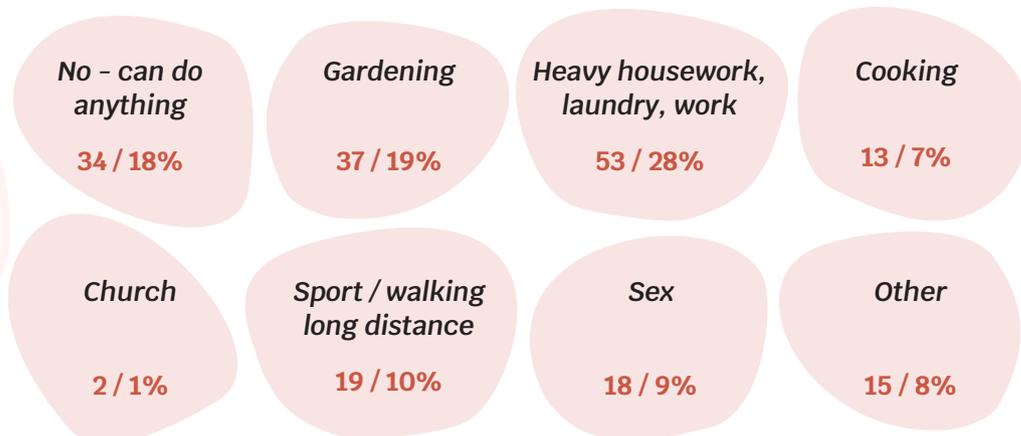
The NTNT baseline survey showed that levels of knowledge about menstrual hygiene management are reasonable but need improvement. It is notable that in the NTNT baseline survey **50% of men agree that menstruation is a kind of sickness**. These results are ambiguous, as men might be responding to the fact that menstruation sometimes makes women feel sick. **Almost 70% of men and women also believe menstrual blood is dirty or dangerous.**

The 2016 study titled *The Last Taboo* study revealed that in Solomon Islands, many taboos and traditional beliefs about MHM result in community members believing menstruation should be kept secret, creating practical problems, such as the need to hide the washing of stained clothing. There is also the belief that menstruating women can bring bad luck, therefore restricting women from community activities, in particular, food gathering. Some religious institutions have also restricted activities/attendance for menstruating women<sup>#1</sup>. In the NTNT baseline survey, only 26% of men and 28% of women agreed that women should reduce work during menstruation. **Some 88% of the women surveyed preferred to keep their menstruation a secret from other male family members, and 46% of women said they had experienced some teasing by boys or men.**

**59% of men said that there should be no restriction on what women can do during menstruation.**

Women identified 191 things they preferred not to do during menstruation – the most common were gardening and other heavy work (see below).

Are there things you prefer not to do when you are menstruating?



70% of women said that there were “advantages” to menstruation for girls and women. The advantages listed were all related to reproductive health – with 62% concerning the release of dirty blood from the body, 25% saying menstruation indicated that a woman could have children (with possibility of marriage), and 13% saying menstruation proved they were not pregnant. These responses are not technically “advantages” but triangulates the finding that 70% of women believe that menstrual blood is dirty. They also demonstrate the need for continued education to show that the commencement of menstruation shouldn’t be linked with suitability for pregnancy or marriage.

<sup>#1</sup> *The Last Taboo: Research on Menstrual Hygiene Management in the Pacific*, International women’s Development Agency, 2016.

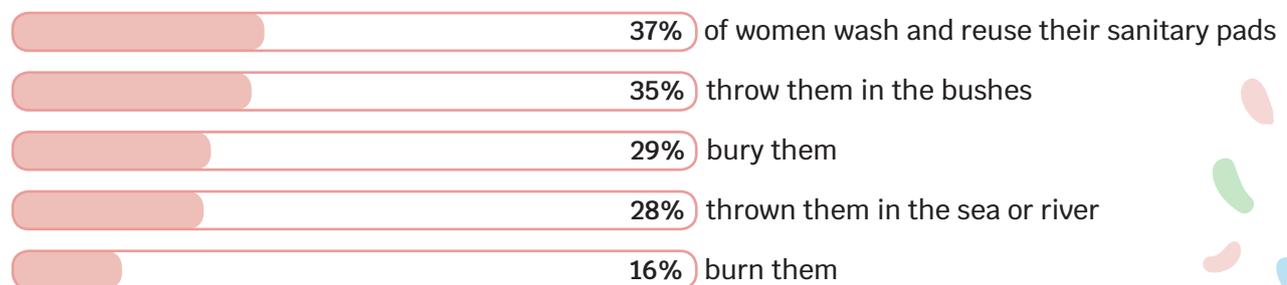
# Access to and affordability of sanitary pads

A lack of suitable sanitary materials, primarily sanitary pads, can mean women's withdrawal from work, school, church and other community activities. The NTNT baseline survey results indicate that **just over half (53%) of the women prefer for commercial disposable sanitary pads and 46% prefer re-usable materials like cut-up cloth.**

48% of women bought sanitary pads in past month and 45% said funds or availability of materials are lacking, meaning that much of the time women are using home-made or improvised solutions. Some 59% of the women surveyed had purchased disposable sanitary pads from a shop in the past 6 months, with 64% saying that at times they have wanted to purchase them but been unable to do so. A limited cash flow (and/or poor household budgeting) can hinder women's ability to purchase sanitary pads<sup>#2</sup>. **Some 63% of women said that they often didn't have enough money to buy disposable pads in a shop.**

A separate WASH Market Analysis commissioned by the project in December 2019, found that "Softex<sup>#3</sup> was available in virtually every village canteen [visited], as well as retailers and wholesalers." The Market Analysis also states that "Women reported being satisfied with the value-for-money of [Softex], meaning the performance and benefit weighted against cost. Canteen owners, retailers, and wholesalers agreed; some had stocked other brands previously but as they did not sell they discontinued offering them."

Disposal of sanitary material in environmentally appropriate ways is also an issue that needs addressing.



Adequate disposal methods will alleviate pollution of bush and sea, while the provision of sanitary bins and appropriate washing facilities will help with issues of privacy and dignity, especially in schools.

The project is an Australian aid initiative implemented by Plan International Australia in partnership with Live & Learn Environmental Education on behalf of the Australian Government.



<sup>#2</sup> Do No Harm: Integrating the Elimination of Violence Against Women in Women's Economic Empowerment Programming Briefing Note, International Women's Development Agency, 2018

<sup>#3</sup> Softex – is the brand of disposable sanitary pads available in the Project area.