

# Building further evidence on adopting sustainable solutions for tackling period poverty in Lebanon

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Commissioned by UNFPA Lebanon office




# Background

- *Period poverty* is a “global issue affecting women and girls who don’t have access to safe, hygienic sanitary products, and/or who are unable to manage their periods with dignity, sometimes due to community stigma and sanction”
- As Lebanon faces economic, financial, and social crises,
  - In 2021, 82% of the total population has been reported to be living in multidimensional poverty
  - poverty rates among Syrian refugees are consistently high and worsening.
- Increasing poverty rates are likely to have implications on women and girls’ menstrual hygiene management (MHM), yet there is limited evidence from Lebanon on period poverty

# Objectives

To build momentum on the relevance and importance of producing and distributing locally made reusable sanitary pads to tackle period poverty in Lebanon, this study provides further needed evidence on:

1. An estimation of the number of vulnerable as well as women affected by poverty in Lebanon in need for menstrual hygiene products
2. A cost-effectiveness analysis for the production and distribution of RSP (versus disposable pads)
3. Current menstrual hygiene practices and acceptability for reusable pads following an intervention by UNFPA and Akkarouna.

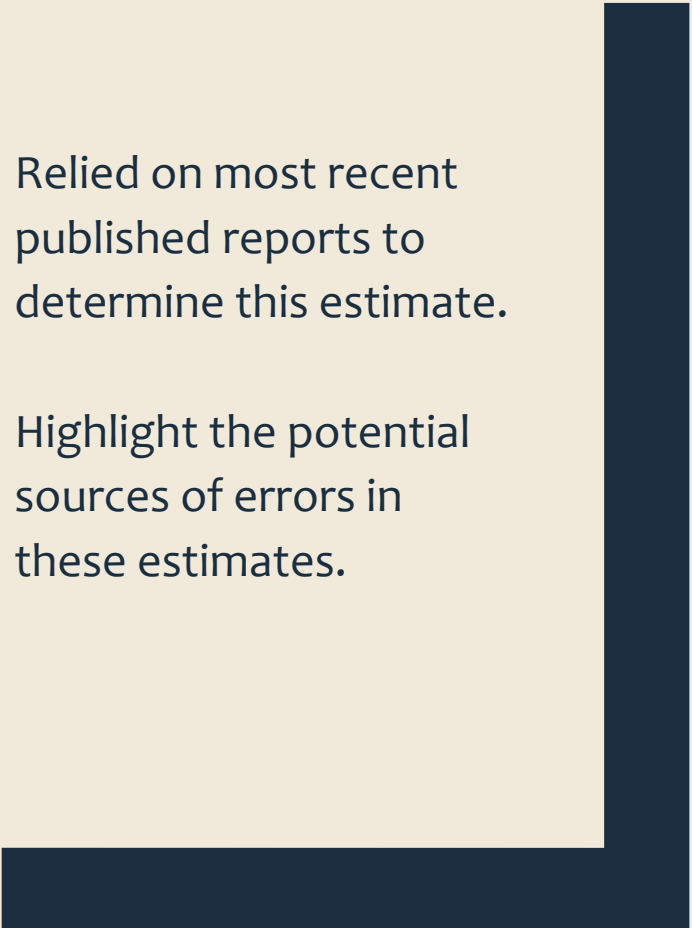


1. AN ESTIMATION OF THE  
NUMBER OF VULNERABLE AS  
WELL AS WOMEN AFFECTED BY  
POVERTY IN LEBANON IN NEED  
FOR MENSTRUAL HYGIENE  
PRODUCTS



Relied on most recent  
published reports to  
determine this estimate.

Highlight the potential  
sources of errors in  
these estimates.



Population	Number of women 15-49 years old residing in Lebanon	Multidimensional poverty	Coping strategy employed relying on less preferred MHM items	Estimated number of vulnerable women affected by poverty	Estimated number of vulnerable women affected by poverty in possible need for menstrual hygiene products
<b>Potential errors</b>	<i>Accurate estimation of number of 15-49 years old women in Lebanon are not available.</i>	<i>Lebanese poverty assessment was conducted before the most recent crisis. A prediction was done based on the data available. We used the predicted poverty levels for Lebanese population.  Poverty changes based on age, gender and marital status and employment (prevalence not available for 15-49 years old women)</i>	<i>The need is estimated based on coping strategy adopted reported in a survey.  This is an assumption that this is the need.</i>		
Lebanese	1,836,000 in 2018	82% in 2021	44% in 2022	1,505,520	662,428
Refugees (Syrian and Palestinian)	550,000 in 2018	91% in 2021	53% in 2022 <sup>11</sup>	500,500	265,265
<b>TOTAL estimated women at risk for period poverty</b> <i>estimate that is based on several assumptions noted</i>					<b>927,693</b>

## 2. A COST-EFFECTIVENESS ANALYSIS FOR THE PRODUCTION AND DISTRIBUTION OF RSP (VERSUS DISPOSABLE PADS)

SP life cycle of usage of a minimum of 12 months (13 cycles)

Examined cost effectiveness of RSP vs. a year-supply of disposable pads.

# Market price cost of disposable sanitary pads vs. cost of RSP over varying number of cycles

The market price of disposable Cost of 1 disposable pad in the current market 0.11 USD Average 2 packets per dignity kit. 20 disposable pads per woman		Reusable pads per woman including 2 shields 6 liners 1 underwear 2 plastic bag 1 fabric bag and 2 soap	
USD Price 22		USD Price	
1 Cycle per woman	2.2	18.2	
6 Cycles per woman	13.2	18.2	
9 Cycles per woman	19.8	18.2	
13 Cycles per woman	28.6	18.2	
18 Cycles per woman	39.6	18.2	
26 Cycles per woman	57.2	18.2	

Women starts saving at 9 months

Save 36%

Save 54%

Save 68%

### 3. AN EXPLANATORY MIXED METHODS DESIGN

In-depth analysis of the data retrieved from the 141 Akkarouna pilot study surveys

Interviews with implementers of the intervention (2 social workers and project manager)

2 FGD with beneficiaries (younger vs. older than 25-year-old)



# 2022 UNFPA & Akkarouna Intervention

Pilot study for the distribution of 498 RSP kits through Akkarouna (April-June)

Recruitment of women above 12-year-old excluding pregnant and postmenopausal women

Baseline assessment

Intervention = awareness sessions on menstrual hygiene + Reusable pads kits distribution

Post-assessment by phone by social workers at least 6 weeks after distribution of kit.

# Characteristics of study participants

	Total beneficiaries	Pre-Post analysis
Total N	498	141
Nationality n (%)		
Lebanese	347 (69.7%)	118 (83.7%)
Syrian/Palestinian refugees/others	151 (30.3%)	22 (16.3%)
Age (mean and SD)	35.9 (10.9 SD)	35.4 (11.2SD)
	min 13 max 63	Min 15 max 58
Age		
Younger than 25 years old	78 (15.7%)	35 (24.8%)
Older than 26 years old	427 (84.3%)	106 (75.2%)
Marital Status		
Married	417 (83.7%)	115 (81.6%)
Divorced	20 (4.0%)	4 (2.8%)
Widowed	11 (2.2%)	3 (2.1%)
Single	50 (10.0%)	19 (13.5%)
Has children		
Yes	431 (86.5%)	116 (82.3%)
No	67 (13.5%)	25 (17.7%)

## FGDs participants

- Two FGDs conducted at Akkarouna offices with a total of 10 vulnerable Lebanese and Syrian women.
  - 1 FGD included 6 women above 25 years old
  - 1 FGD included 4 women under 25 years old.

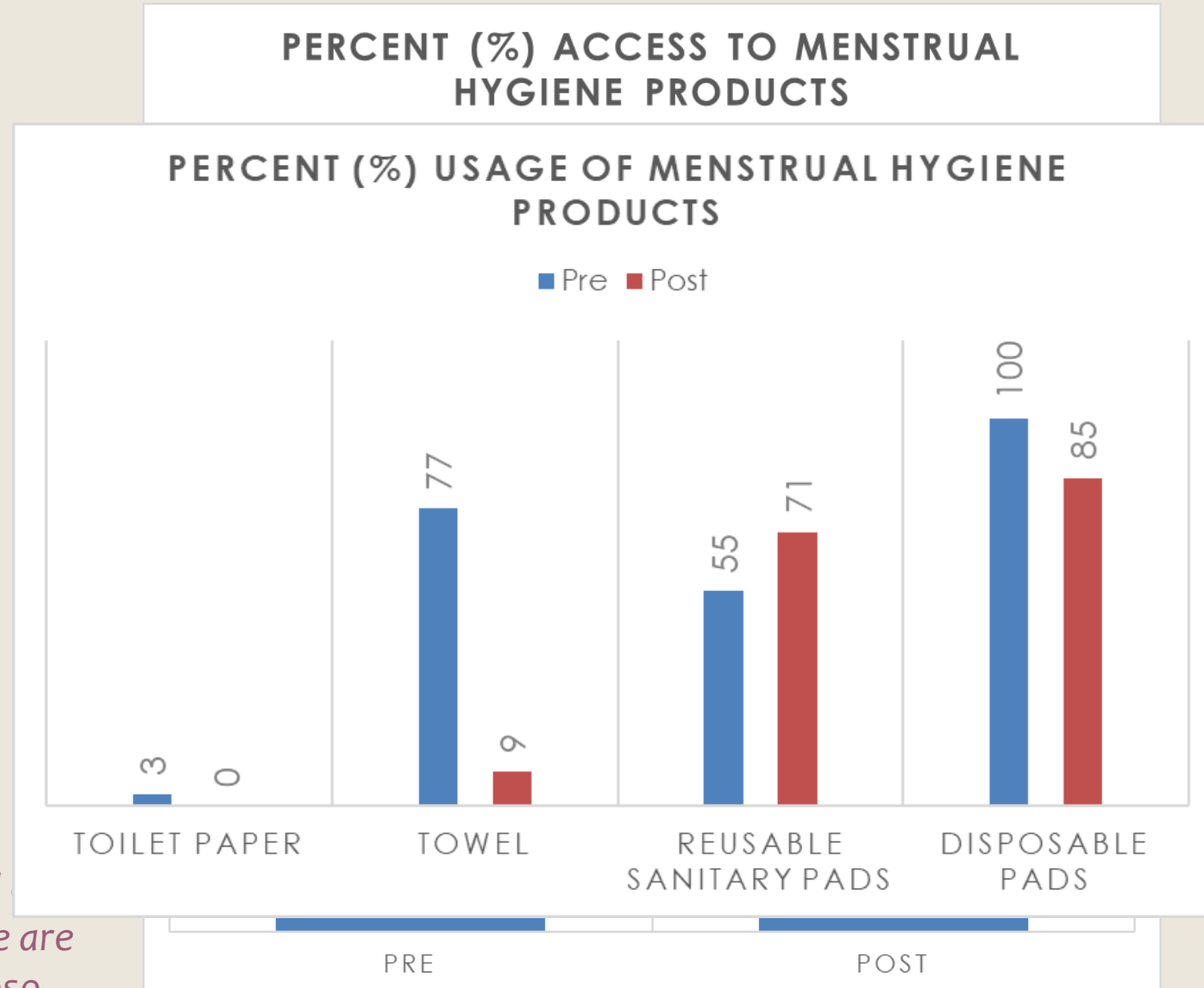
# Menstrual hygiene-related practices

**Pre-RSP:** lower-quality or cheaper products due to price inflation

**Post-RSP:**

↓ usage of less favourable items, disposable pads,  
↑ frequency of changing (disposable/reusable) pads.

*“Of course, there was a big difference. Instead changing the pad three times per day, now, we are able to change it six times a day.” – Lebanese woman aged less than 25- year-old*



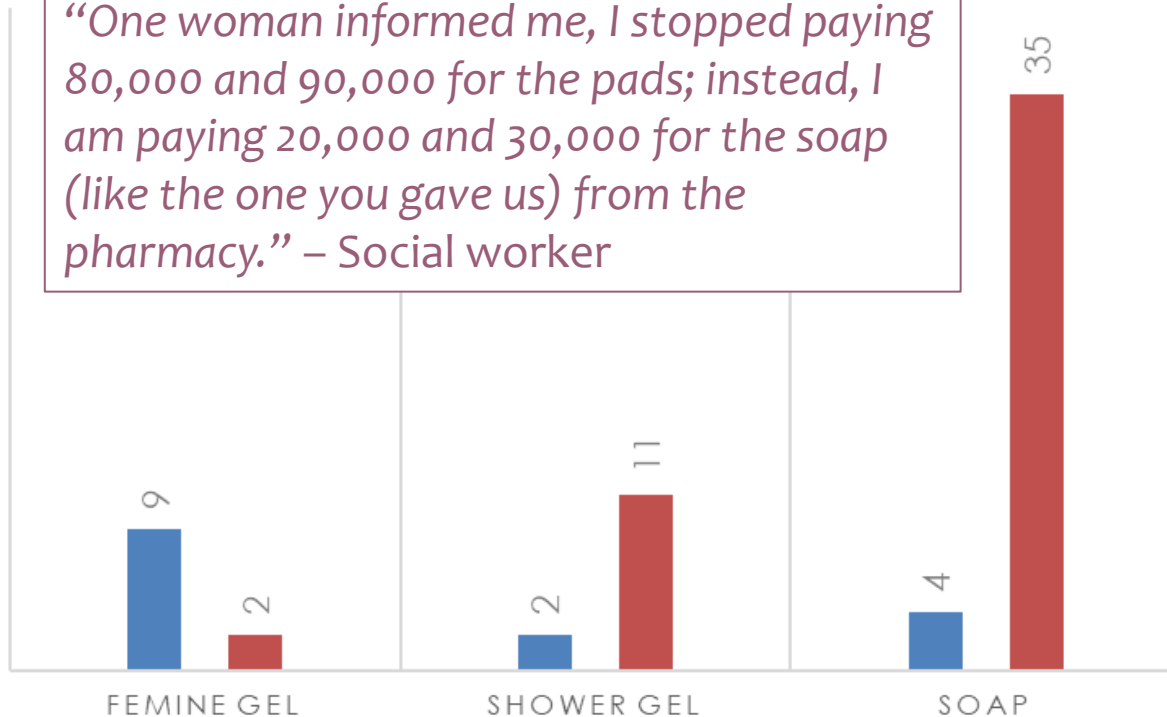
# Acceptability for RPS

## Purchasing practices

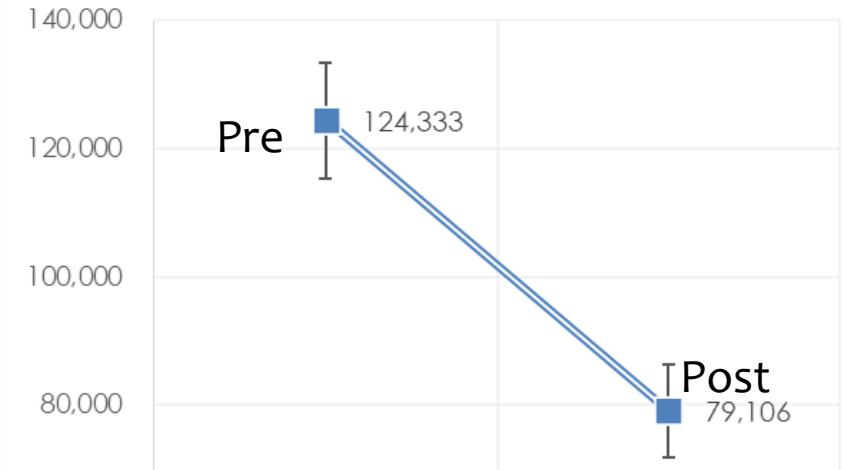
### PERCENT (%) PURCHASE OF HYGIENE PRODUCTS

■ pre ■ post

*“One woman informed me, I stopped paying 80,000 and 90,000 for the pads; instead, I am paying 20,000 and 30,000 for the soap (like the one you gave us) from the pharmacy.” – Social worker*



### MEAN AMOUNT PAID MONTHLY ON MENSTRUAL PRODUCTS



*When I used to buy disposable pads, I used to suffer from allergic reactions. Currently, with the use of RSP, I use the money I save to buy disposable pads of better quality so I don't experience any allergies. Yes, that's true, the pads I used to get were made of nylon, they have a smell and cause allergic reactions and itching. Now, I never buy these, I buy disposable pads made of cotton - of better quality” – Lebanese woman aged above 25-year-old*

RSP are expensive if paid for out-of-pocket

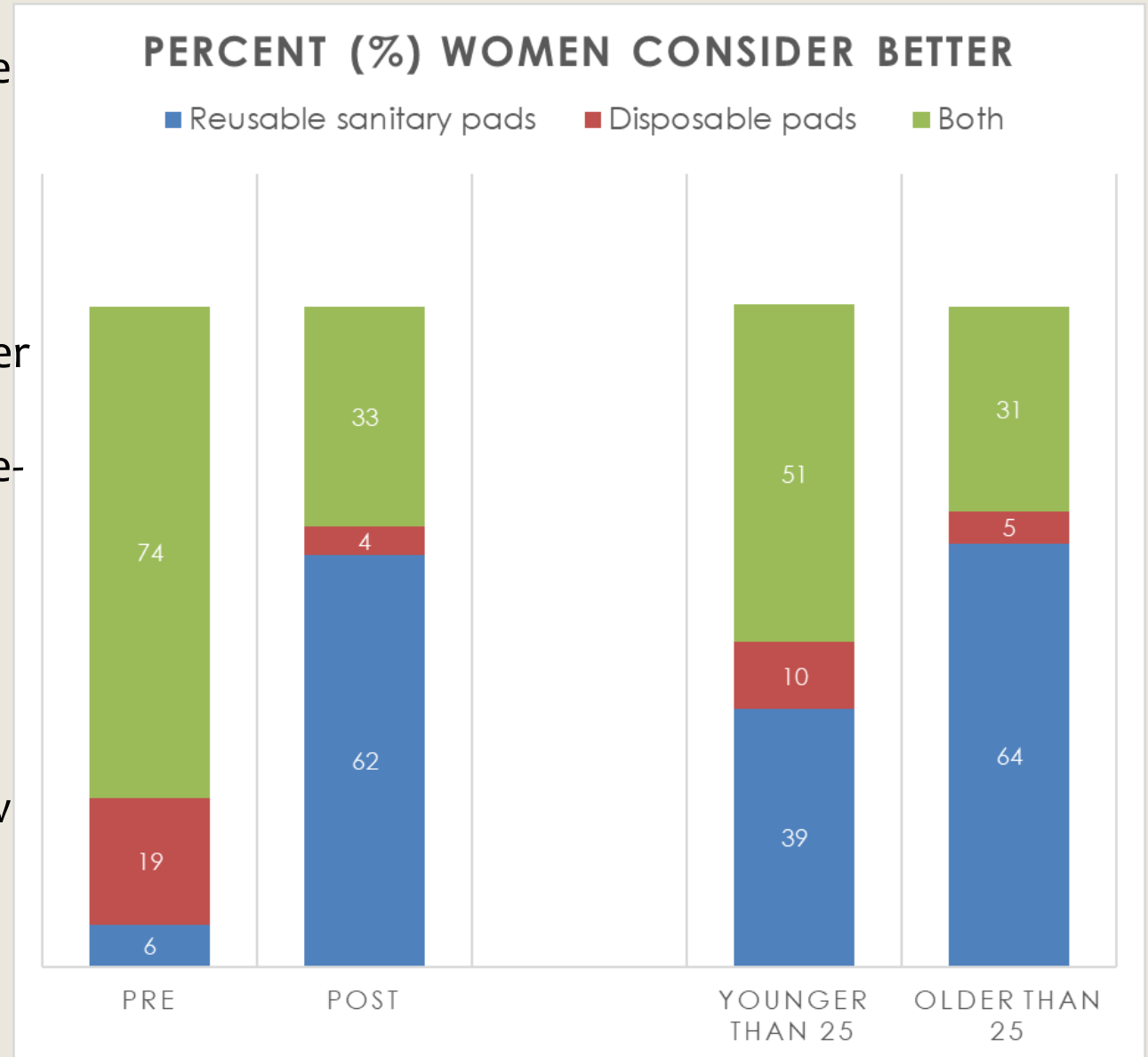
# Acceptability for RPS

**Pre-RSP:** Women of older age familiar with the concept, younger women showed some resistance

**Post-RSP:**  
Shift in perception of what is considered better

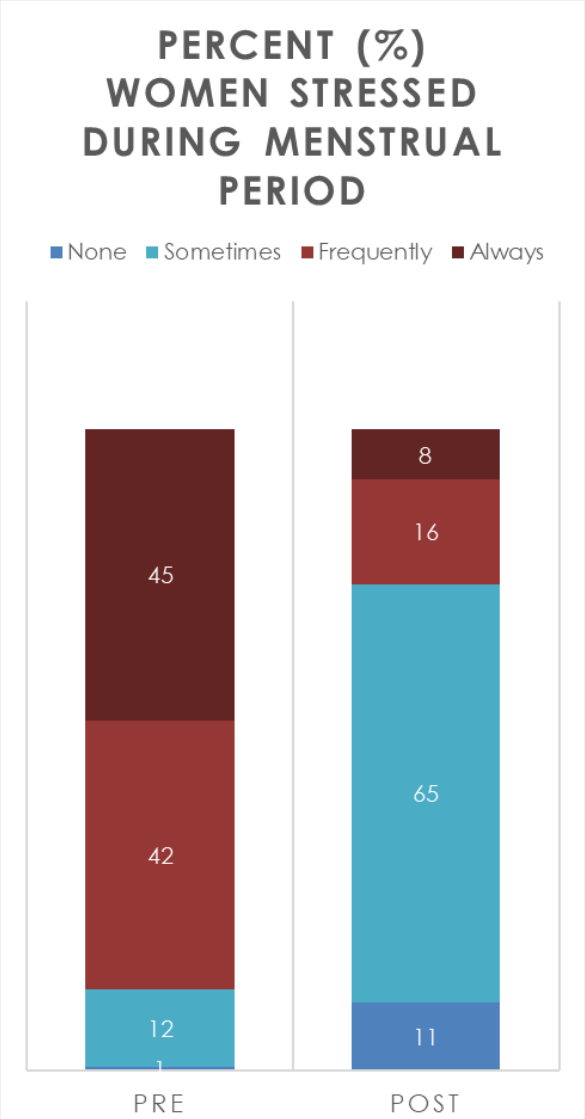
Shift mainly due to good quality RSP vs. home-made pads and low-quality disposable pads.

RSP reported being comfortable, soft, well-supported by a shield, hygienic, pocket-friendly, and environment-friendly YET low absorbent capacity, low number of distributed pads, washing issues due to water shortage, and drying issues



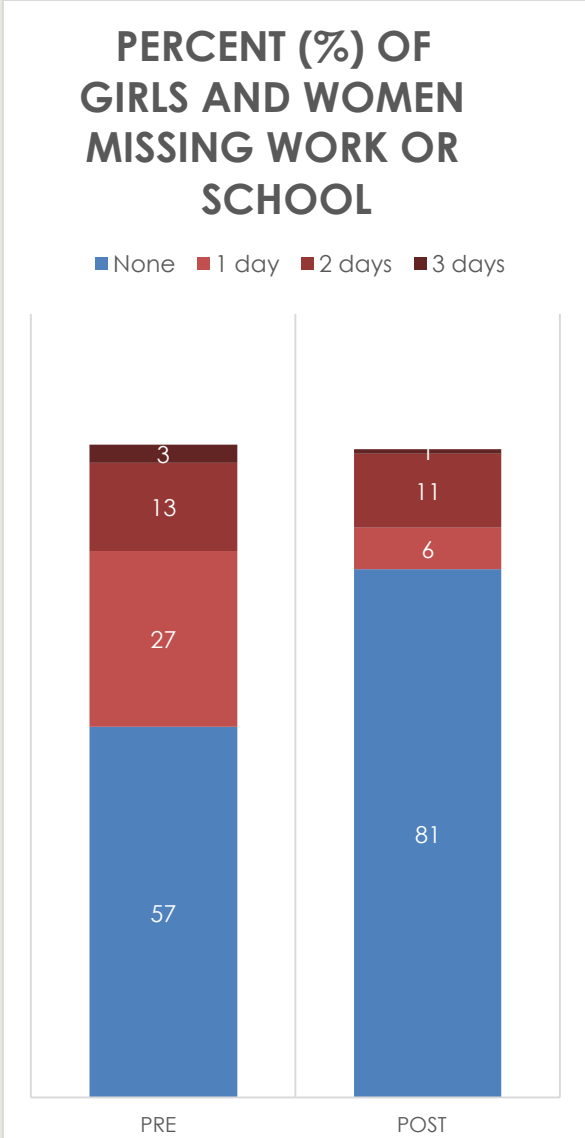
# Potential impact of RSP kits

## Reduction in stress and tension



*“Now, psychologically, you are at ease.” - Lebanese woman aged above 25-year-old*

## Reduction in missing work or school



# Recommendations

<b>Advocacy</b>	UNFPA/UN agencies/governmental entities should continue advocating for the mainstreaming of MHM within existing structures
<b>Coordination</b>	UNFPA/UN agencies/governmental institutions/local partners should coordinate to establish a multi-sectoral approach for MHM to ensure optimal integration and implementation of services.
<b>Knowledge generation</b>	<p>Local NGOs producing RSP should conduct feasibility studies to expand production and distribution to the local market for women to purchase RSP out-of-pocket and at subsidized cost.</p> <p>UNFPA/UN agencies should advocate to assess unmet needs for MHM using nationally representative large-scale surveys.</p>
<b>Capacity development</b>	UNFPA/other relevant entities should build the capacity of local CBOs supporting marginalized women, for the production of RSP, as well as other MHM products such as soaps.
<b>Service provision</b>	UNFPA/other relevant entities including PHCs should distribute (for free or at a subsidized cost) RSP to the highest possible number of vulnerable women visiting the centers.
<b>MHM education</b>	NGOs and civil society should implement nationwide campaigns and awareness sessions to de-stigmatize menstruation and encourage the use of RSP