PERIOD POVERTY IN LEBANON

RESEARCH STUDY

Data collection by Statistics Lebanon
August 2021

FE-MALE
LOUD- PROUD- FEMINISTS

PLAN INTERNATIONAL

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I. BACKGROUND

The deteriorating economic situation in the country has affected girls and women, in particular, especially those in underprivileged areas. This is due to the increase in prices of menstrual pads and other hygiene items without any control or subsidies from the government; the increase in prices was between 98 and 234% for products made in Lebanon while an increase between 66 and 409% for imported products (according to Statistics Lebanon). Thus, a high percentage of women and girls are unable to afford to buy menstrual pads and resort to unsanitary, and potentially dangerous methods of coping with their periods. According to the COVID-19 rapid needs assessment that Plan carried out in April 2020, results showed that 66% of the girls living in Lebanon cannot afford to buy sanitary pads and other related products. The problem is exacerbated by a fear of stigma from speaking out and demanding the needs and rights of girls and women, as the topic is still considered taboo.

Accordingly, Plan International decided to address the issue of period poverty in Lebanon at advocacy and programmatic levels. A research study (including a national-level survey) was conducted in partnership with a local partner, Fe-Male organization, to better understand the prevalence and factors affecting period poverty as well as the implications on girls and women. The findings and recommendations from the study will be translated into a policy brief to be used for advocacy and lobbying with relevant stakeholders and decision-makers.

II. METHODOLOGY

The methodology relied on quantitative data collection which took place from May 21st until June 5, 2021, through telephonic interviews given the access and logistical constraints as a result of the COVID-19 outbreak. Statistics Lebanon was contracted to complete the sampling and conduct the primary data collection. The tool used is a survey divided into several sections covering: demographics, availability of menstrual products, girls and women practices, hygiene management, education and access to information and services, perception, and social norms related to menstruation. It is important to note that the survey was further modified for the age group 12-14, and several sections were skipped to be friendlier for this age group and to accommodate their level of knowledge and understanding.

Sampling

The nationwide Probability Proportionate to Size (PPS) survey addressed the three-resident population in Lebanon based on the population densities within the country and regions as follows:

- n=1,200 Lebanese
- n= 400 Syrian
- n=200 Palestinian

At the second level, the study that covered those aged 12 to 45 years, subdivided into three main age brackets:

- 31 to 45 years
- 18 to 30 years
- 12 to 18 years

The sample size for each population was proportionately divided across the governorates in Lebanon and the selected groups. For more details, please refer to the samples' distribution by nationality, area, and age, based on population density in Appendix A.

Fieldwork and Data collection

Statistics Lebanon conducted an n-1,800 CATI (Computer-assisted Telephonic Interview).

Following an n-15 pilot to test the 15 minutes, the CATI questionnaire was developed by Statistics Lebanon for this purpose and it was adapted to be age-appropriate in consultation with FE-MALE and Plan International (find the questionnaire in Appendix B).

20 enumerators with previous relevant CATI experience carried out the data collection under the supervision of the Supervisors and Field Manager. It was conducted based on the systematic choosing technique to achieve a representative sample.

Ethical Considerations

Verbal Informed Consent

Prior to obtaining their consent, surveyed individuals were informed by enumerators of the confidential and voluntary aspect of their participation, briefed on the objective of the assessment and the use of information collected, and given the opportunity to ask questions or share their thoughts on issues that were not discussed during the interview.

Respondents were only interviewed after they verbally provided their voluntary and informed consent to participate in the assessment.

In the case of surveys conducted with adolescent girls (12-18 years old), a passive verbal informed consent from their caregivers was also required.

Confidentiality and Anonymity

FE-MALE, Plan International, and Statistics Lebanon are committed to ensuring the confidentiality and anonymity of participants at all times. Participants' names were not included in the surveys nor the final report. There was no coding on the surveys so that identification is not possible by any of the partners.

III. FINDINGS

Demographics

The demographic characteristics of the study participants are summarized in Table 1 below. All participants are females aged between 12 and 45 years old. The highest proportion of participants were aged 31 to 45 (42.56%), followed by those aged 19 to 30 (35.33%). Late adolescents (age 15 to 18) constituted 12% of the sample, and the remaining 10.11% were early adolescents (age 12 to 14). More than a quarter of the participants resided in Mount Lebanon (28.17%), while another 15.22% resided in South Lebanon and 14.44% in North Lebanon. Less than 10% of participants resided in each of the other governorates of Lebanon.

Consistent with resident population-level data, two-thirds of our participants were Lebanese, 22.22% were Syrian and 11.11% were Palestinian. The majority of the participants' households (59.83%) earned a monthly income between 675,001 LBP and 2.5 million LBP. A significant proportion (15.67%) had monthly incomes equal to or below the minimum wage in Lebanon (675,000 LBP) while 14.83% had incomes between 2.5 and 4 million LBP. Income inequality is perceivable across nationalities, as around 40% of Syrian households earned the minimum wage or less, whereas the majority of Lebanese (85.92%) and Palestinians (84.50%) had a household income above the minimum wage.[1]

[1] The Lebanese national minimum wage stands at 675,000 LBP, equivalent to $450 based on the official exchange rate set by the Lebanese central bank. Since late 2019, Lebanon has been in a deep economic crisis resulting in a steep devaluation (more than 80%) of the Lebanese pound. At the current black market rate, where $1 is equivalent to 20,000 LBP, the minimum wage is equal to $33.75.

Most respondents had achieved some level of education: 27.23% had reached intermediate school, closely followed by high school level or its technical equivalent (25.33%) and university or its technical equivalent (24.33). As for employment, the majority of participants were unemployed and not looking for a job at the time of the interview (42.78%). Around a quarter (25.78%) were students, while only a fifth of participants participated in an income-generating activity (16.28% were employed and 4% were self-employed). Finally, slightly more than half of our participants were married (54.39%), while 43.44% were single, and 2.16 were either divorced or widowed. Among adolescents, 1 participant aged 12 to 14 was married while 17 were married in the 15 to 18 age group (7.87% of those aged 15 to 18) and 1 participant was divorced. Of note, 62.8% of our married participants had daughters aged 12-18 years.

Table 1: Socio-demographic characteristics of study participants.

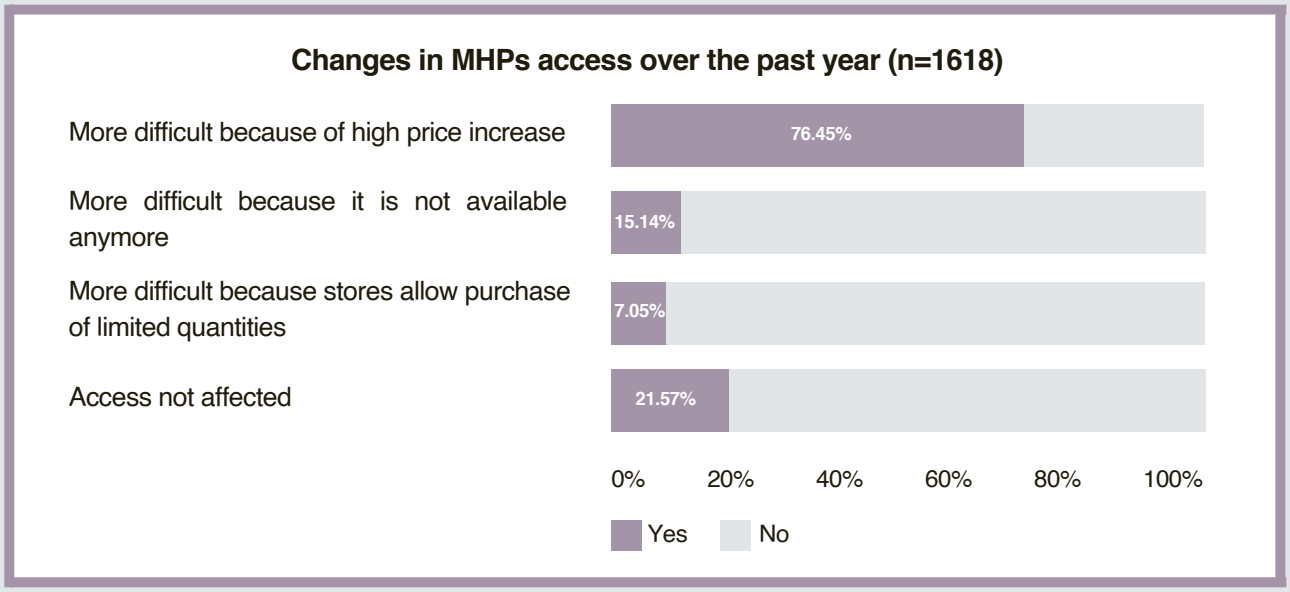
CHARACTERISTIC	ALL PARTICIPANTS % (N=1800)
Age group (year)	
• 12 to 14	10.11%
• 15 to 18	12.00%
• 19 to 30	35.33%
• 31 to 45	42.56%
Residence	
• Akkar	7.33%
• Baalbek - El Hermel	6.83%
• Beirut	7.50%
• Bekaa	9.94%
• El Nabatieh	4.94%
• Keserwan- Jbeil	5.61%
• Mount Lebanon	28.17%
• North	14.44%
• South	15.22%
Nationality	
• Lebanese	66.67%
• Syrian	22.22%
• Palestinian	11.11%

Income	
• 675 000 LBP or less	15.67%
• 676 000 - 1 500 000 LBP	31.50%
• 1 501 000 - 2 500 000 LBP	28.33%
• 2 501 000 - 4 000 000 LBP	14.83%
• 4 001 000 - 6 000 000 LBP	3.39%
• 6 001 000 LBP and above	1.00%
• Refused to answer	5.28%
Education level	
• Can read and write	6.72%
• Primary	12.00%
• Intermediate	27.23%
• High school / BT	25.33%
• University degree / TS	24.33%
• Master's degree and above	3.00%
• Refused to answer	1.39%
Current employment status	
• Student	25.78%
• Unemployed, not looking for a job	42.78%
• Unemployed, looking for a job	10.72%
• Employed	16.28%
• Self-employed	4.00%
• Refused to answer	0.44%
Current marital status	
• Single	43.44%
• Married	54.39%
• Divorced / Separated	1.22%
• Widowed	0.94%

Access to Menstrual Hygiene Products

In this section, we discuss the findings related to the challenges faced by participants in accessing Menstrual Hygiene Products (MHPs) over the past year. Participants aged 15 and above (n=1618) were asked if they had noticed a change in the consumption habits of MHPs in their community (friends, family members, or environment), and an overwhelming 79.23% responded positively. No significant differences were noted across age groups or areas of residence, thus reflecting the nationwide scale of the challenge. When asked about whether there were changes in their own access to MHPs over the past year, only 21.57% of respondents stated that their access was not affected, while the rest stated the high price increase (76.45%), the unavailability of menstrual hygiene products (15.14%) and store policies limiting bulk purchases of MHPs (7.05%) as the main barriers to access (Graph 1). It is important to note that the increase in prices was also assessed as part of this research. According to the market assessment done by Statistics Lebanon, an increase between 98 and 234% was observed for products made in Lebanon while an increase between 66 and 409% for imported products.

Graph 1: Changes in Participants' Access to Menstrual Hygiene Products Over the Past Year



Given these challenges, participants adopted a number of strategies to adapt to their reduced access to MHPs (Table 2). More than half of girls and women had to change the brand of their regular MHPs (56.94%), and 35.33% switched their product type.

About a fifth of participants (20.70%) managed to stockpile large quantities of MHPs at affordable prices, but given the protracted nature of the crisis in Lebanon, will have to find alternatives in the near future. Alarmingly, 41.78% of participants stated that they had to reduce their consumption of MHPs or use them for periods longer than they are intended for, and 17.11% resorted to using less sanitary means like tissues and cloths during their periods. Of note, 37.75% of Syrian nationals stated that they resorted to using alternative means during their periods, compared to 12.7% of Lebanese and 2.5% of Palestinian participants. Additional adaptive strategies included reducing the consumption of other essentials (food, hygiene items) to be able to buy MHPs (29.54%), and resorting to NGOs to obtain them (11.27%).

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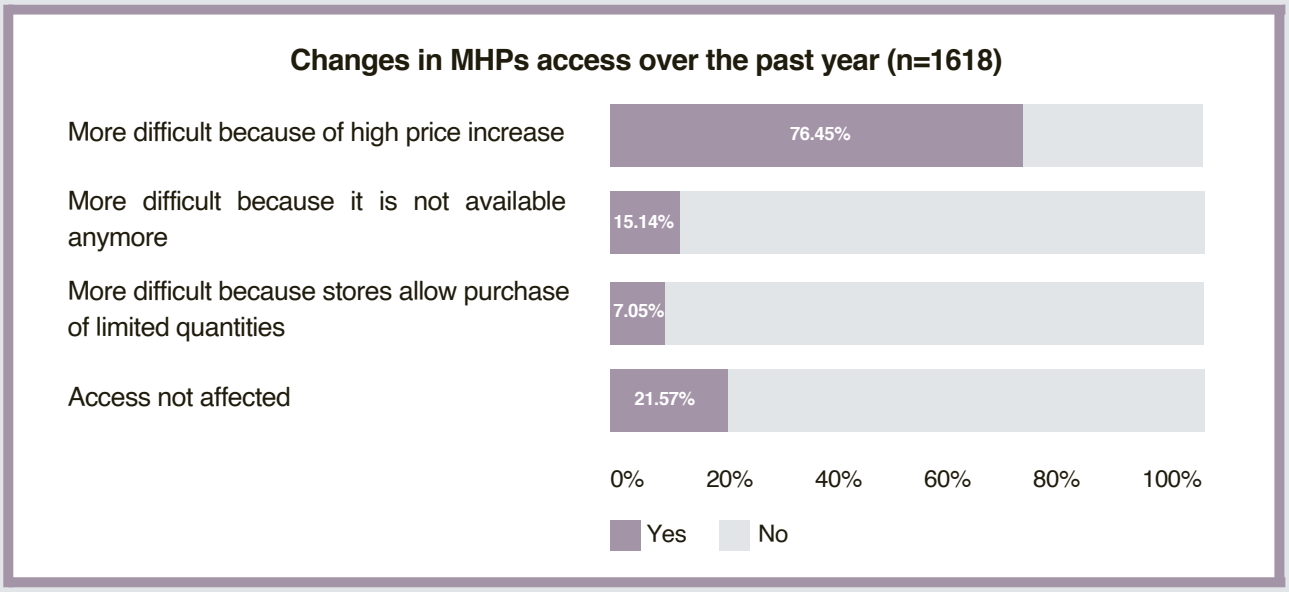

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The change in brand, product type, and amount used was most noticeable in the two lowest income brackets (earning 1.5 million LBP or less). In households with incomes of up to 675,000 LBP as many as 81.91% had changed brands, 68.09% had reduced the amount consumed or used MHPs for longer periods, 61.35% had changed products, and more than half had to reduce their consumption of other essentials (59.57%) or resorted to less hygienic means (52.13%). In the 675,000 to 1.5 million LBP income bracket, 72.31% changed brands, 53.09% changed product types, and 52.38% were consuming less MHPs or using them for longer periods.

As the vast majority of respondents did not stockpile MHPs at the beginning of the crisis, these participants were further asked about the reasons behind changing their consumption behaviors of MHPs if they were aged 15 and above (n=1190). 87.56% of those participants reported the spike in prices as the main driver towards them changing their MHP consumption behaviors. Only 3.70% changed their behavior because they were able to find an alternative at a better price. Among those who had to change their usual brand or type of MHPs, the majority (61.12%) rated the quality of the product they were currently using compared to the previous one as "not equivalent, but acceptable" compared to 25.3% who rated it as an inferior to their usual product.

Table 2: Adaptive strategies facing the inability to buy MHP

VARIABLE (N=1800)	PERCENTAGE
Changed the brand of the product	56.94%
Changed product type (e.g. switched to pads without wings)	35.33%
Reduced the amount used / used it for longer	41.78%
Used other means (e.g. tissues/cloths/cloth napkins)	17.11%
Stockpiled large quantities at the beginning of the crisis, but will have to find alternative solutions soon* (n=1618)	20.70%
Reduced consumption of other essentials to be able to buy MHP	29.54%
Resorted to an association/NGO to obtain MHP (n=1402)**	11.27%
Why did you change your behavior*[i] (n=1190)	
• Its price has highly increased	87.56%
• It's not available anymore	4.20%
• My income has decreased/the family's income	4.54%
• I found an alternative at a better price	3.70%
Rating of current product compared to previous product[ii] (n=949)	
• Same quality	13.38%
• Not same quality, but acceptable quality	61.12%
• Not same quality and it has a bad quality	25.29%
• Refused to answer	0.21%

*Asked to participants aged 15 and above.

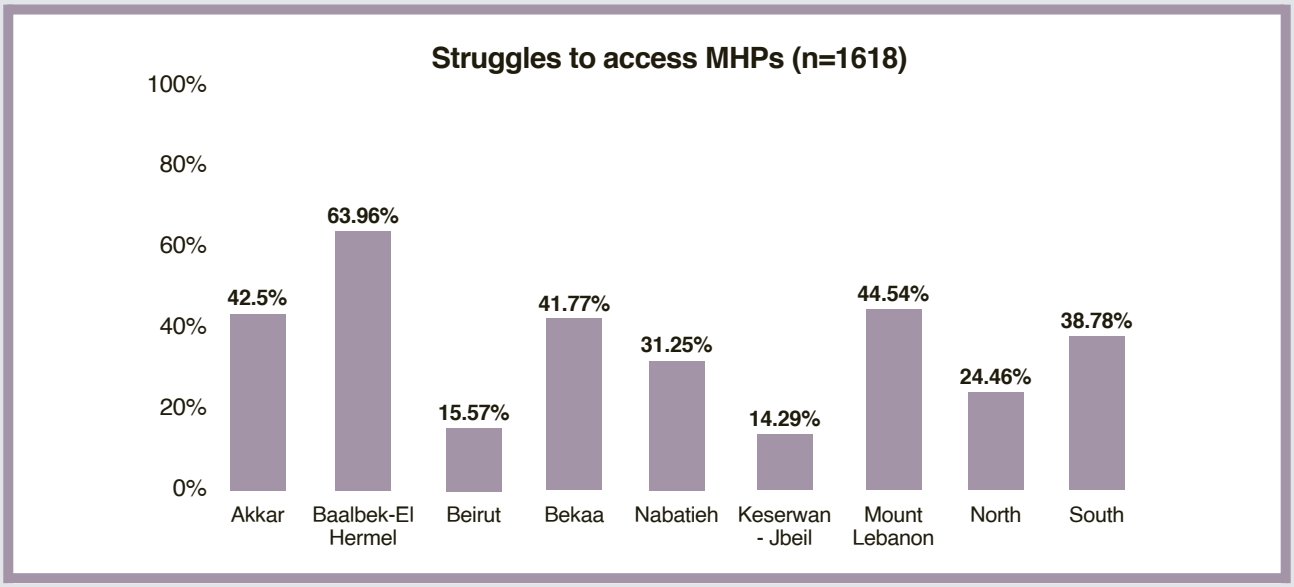
**Asked to participants 19 and above

i Asked to participants who resorted to any adaptive strategy other than stockpiling MHP at the beginning of the crisis.

ii Asked to participants who changed brand name or type of MHP.

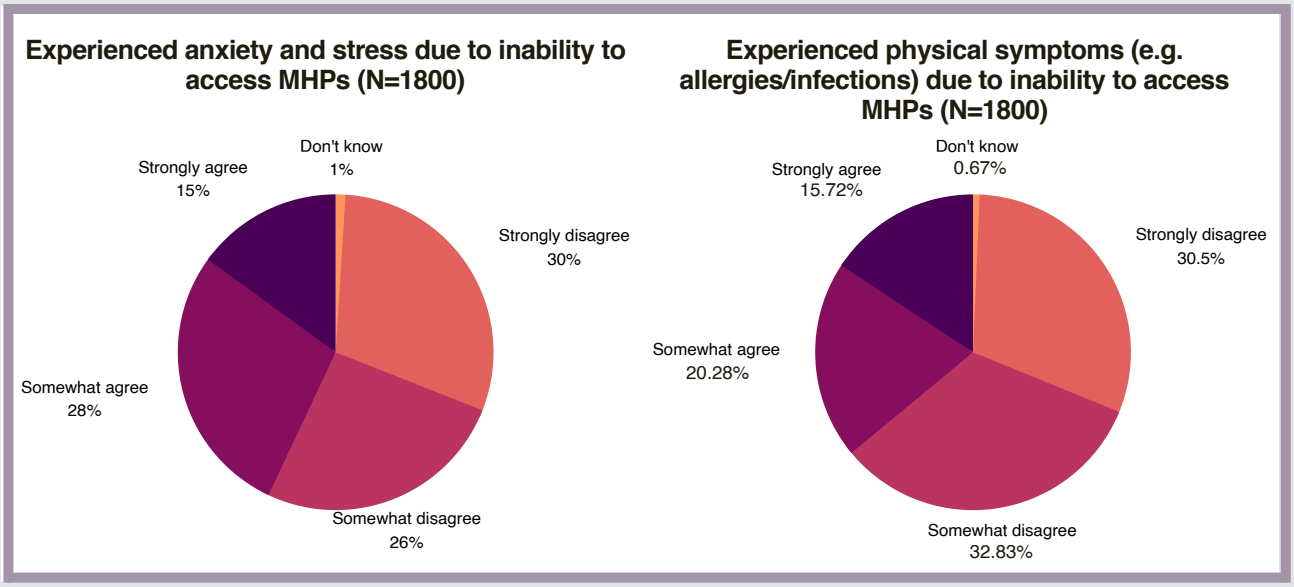
Period poverty among participants was gaged through questions asking them directly about their access to MHPs. 37.14% of participants aged 15 and above stated that they had struggled to access MHPs, and of those, more than half stated that they faced these difficulties every month (55.24%). Difficulty in access was found to be particularly high in Baalbek – El Hermel (63.96%), Mount Lebanon (44.54%), Akkar (42.50%), and Bekaa (41.77%) (Graph 2). Among older adolescents (aged 15 to 18), 28.24% stated that they struggled to access MHPs, and of those, 54.10% reported facing difficulty in access every month. Finally, participants 19 and above (n=1402) were asked if they were able to turn to service providers such as NGOs and primary healthcare centers to obtain MHPs when facing difficulties accessing them, and less than half responded positively (47.93%).

Graph 2: Period Poverty by Region



As for the implications of the inaccessibility of MHPs on girls' and women's wellbeing, an appreciable proportion of participants indicated that they strongly agreed (14.72%) or somewhat agreed (28.33%) that they had experienced stress and anxiety due to their inability to access MHPs, with no significant difference across age groups (Graph 3). Additionally, 15.72% strongly agreed and another 20.28% somewhat agreed that they had experienced physical symptoms (allergies or infections) due to being unable to buy menstrual products or accessing hygiene products during menstruation, again with no perceivable differences across age groups. Syrian participants were more likely to strongly agree with either statement than Lebanese and Palestinian respondents: 32.25% of Syrians strongly agreed that they experienced stress and anxiety related to accessing MHPs compared to 11.00% of Lebanese and 2.00% of Palestinian participants, and 33.75% of Syrians strongly agreed that they experience physical symptoms related to their lack of access to MHPs, compared to 11.58% of Lebanese and 4.50% of Palestinian participants

Graph 3: Period poverty implications on wellbeing



Management of menstrual cycle

Our survey revealed that, in the majority of cases, the respondents themselves were responsible for the selection of the type of MHP that they were using (79.78%) (Table 3). However, when disaggregated by age, the data shows that 78.57% of girls aged 12 to 14 relied on the mother to make this decision. Starting age 15, girls become more independent, as slightly less than half (46.76%) of 15–18-year-old girls reported choosing the MHP on their own. Among adults, the participants themselves were the main decision-makers: 89.15% for those aged 19 to 30, and 96.34% for those aged 31 to 45.

To further understand the potential negative repercussions of period poverty on the lives of girls and women, participants were asked whether their period had prevented them from reaching their full potential or engaging in daily activities, to which more than a third responded positively (35.89%). Age disaggregation revealed younger participants were particularly affected by their menstrual cycle, which puts them at risk of adverse consequences including school absenteeism and being excluded from certain activities during their periods. In fact, when asked whether the number of times they were absent from daily activities increased, remained the same or decreased, 21.43% of participants aged 12 to 14 said that it increased, compared to 13.28% in the total sample.

Amongst those who reported being prevented from taking part in daily activities, the intensity of the pain was stated as the main reason (83.7%), while factors related to period poverty and hygiene seemed to have a minimal impact (the inability to buy MHPs or the lack of hygiene were stated by 5.06% and 2.01% of participants respectively). Younger participants were again the most impacted by period pains compared to other age groups (92.08% for 12-t-14-year-olds and 87.88% for older adolescents).

Table 3: Menstrual cycle management by age group

VARIABLE	AGE GROUP				TOTAL
	12 to 14	15 to 18	19 to 30	31 to 45	
Who decides MHP type					
• Herself	16.48%	46.76%	89.15%	96.34%	79.78%
• Husband	0.55%	3.70%	3.62%	1.96%	2.61%
• Mother	78.57%	49.07%	6.76%	1.17%	16.72%
• Sister	4.40%	0.46%	0.31%	0.39%	0.78%
• Refused to answer	--	--	0.16%	0.13%	0.11%
Prevented by period from reaching full potential or engaging in daily activities	55.49%	45.83%	35.06%	29.11%	35.89%
Main reason for being unable to carry out activities[iii] (n=646)					
• Intensity of pain	92.08%	87.88%	81.61%	80.27%	83.75%
• Lack of hygiene in school/work bathrooms	1.98%	4.04%	1.79%	1.35%	2.01%
• Unable to buy MHPs	0.99%	2.02%	5.83%	8.07%	5.06%
• Heavy flow that already puts them in embarrassing situations	4.95%	6.06%	10.31%	10.31%	8.82%
• Refused to answer	--	--	0.45%	--	0.15%
Increased absence from daily activities since last year	21.43%	18.06%	11.32%	11.62%	13.28%

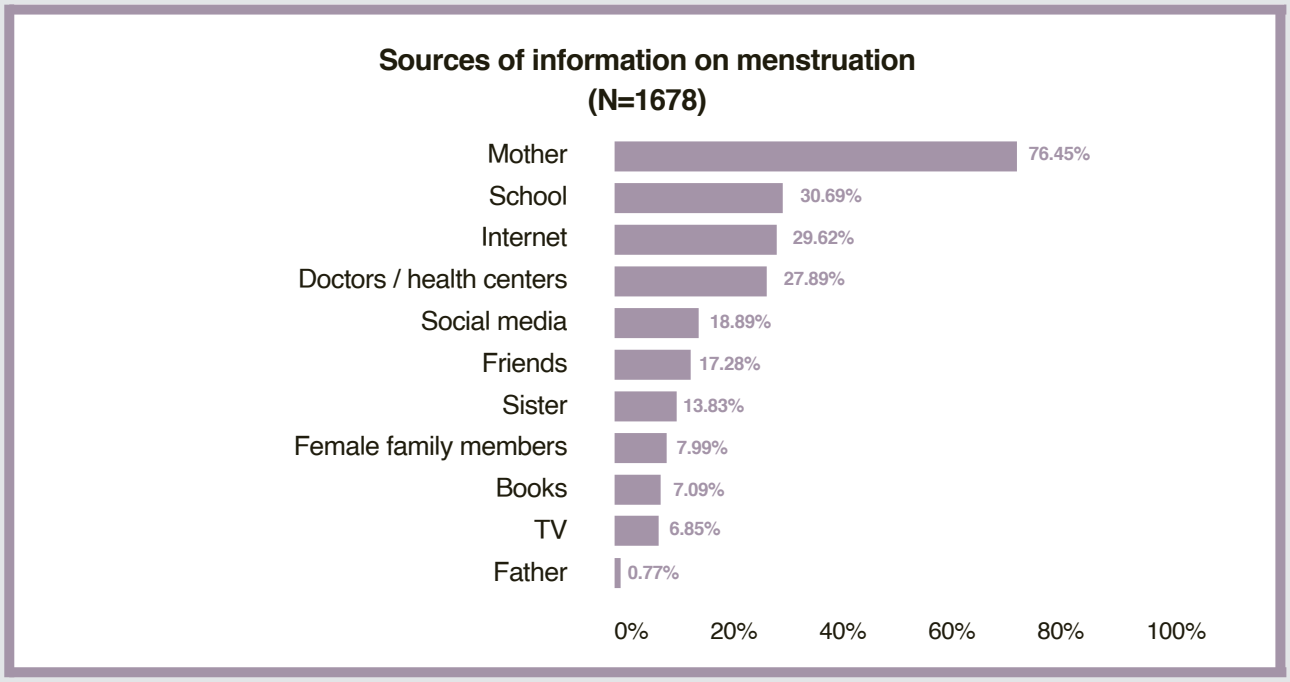
iii Asked to participants who reported being prevented by period from reaching full potential or engaging in daily activities

Menstrual Knowledge and Perceptions

The overwhelming majority of participants stated that they were well-informed on all aspects of the menstrual cycle: 82.94% felt they had had the scientific knowledge in relation to menstruation, 91.61% stated that they had the necessary knowledge in terms of hygiene, and 78.83% stated that they had information on available products. Among those who answered positively to any of these statements (n=1678), the mother was by far the most cited source of information on menstruation (76.10%), followed by the school (30.69%). However, an appreciable proportion of participants resorted to unreliable sources of information such as the internet (29.62%), social media platforms (18.89%), and friends (17.28%) (Graph 5).

As for adolescents (aged 12 to 18), the mother was also the most cited source of information on menstruation (85.43%), followed by the school (48.99%), the internet (21.86%), social media platforms (11.81%), and female friends (11.56%). Medical professionals were much less cited by adolescents than adults, with only 10.05% compared to 27.89% of the larger sample.

Graph 5: Sources of information on menstruation



Participants were then asked to select their most trusted source of information on menstruation and the results came as follows: 48.60% of participants cited the mother as the most trustworthy source of information, followed by medical professionals (20.73%). All other sources were cited by fewer than 10% of participants, with school and the internet ranking third with 9.71% and 9.05% respectively. As for adolescents, the mother was cited by 75.43% of girls aged 12 to 14 and 64.18% of girls aged 15 to 18 as their most trusted source of information. School came in second place, being cited by 17.14% of younger adolescents and 19.40% of older adolescent as their most trust source of information. Of note, the internet was the most trusted source of 7.64% of older adolescents, while medical professionals were cited by 6.47% of participants from the same age group. For those aged 12 to 14, all sources other than the mother and school combined amounted to less than 7.5% of responses.

Echoing the above, our findings also revealed that participants felt most comfortable discussing menstruation with their mothers (89.44%) and their female friends (85.44%). As for adolescents, 95.05% of 12-to-14-year-olds and 91.20% of 15-to-18-year-olds stated that they were comfortable discussing menstruation with their mothers. Female friends also scored high (78.02% for those aged 12 to 14 and 83.33% for those aged 15 to 18), while only a third of adolescents felt comfortable discussing menstruation with their teachers.

Social norms and perceptions around menstruation

Most women and girls (79.39%) described the menstrual cycle as ‘normal’, while 11.89% described it as a ‘nuisance’. A larger proportion of younger participants called the menstrual cycle a nuisance compared to the general sample (25.27% of younger adolescents and 21.30% of older adolescents). The overwhelming majority called the period as it is (93.67%) and did not use secret codes or nicknames when referring to it. Participants’ perceptions around menstruation were further gaged through a series of attitudinal questions, whose findings are summarized in Table 4: Overall, 60.05% of participants agreed (either somewhat or strongly) that they looked forward to starting their period compared to 36.33% who did not, suggesting that for most it is not a dreaded occasion but a normal rite of passage. Disaggregated by age, the results were no different for adolescents compared to the larger sample. Nevertheless, an appreciable percentage of participants agreed that menstruation is something worrying for girls (61.22%), with this percentage rising to 74.18% among 12-to-14-year-olds and 67.59% among older adolescents. Interestingly, despite the finding that only 35.89% of participants stated that the period prevented them from carrying on daily activities, 81.50% agreed that it was okay for girls to miss school because of menstrual pain, with no difference across age groups.

Our findings also show that there still remained a certain level of embarrassment associated with periods for some participants: 40.00% either somewhat or strongly agreed they were afraid that other people would know they were on their period. More than a third of participants (38.33%) agreed that buying MHPs was a source of embarrassment to them. As for adolescents (age 12 to 18), the percentage of participants either strongly or somewhat agreeing that they were afraid about people finding out that they were on their periods, and 64.07% felt too embarrassed to buy MHPs.

When it comes to discussing periods, and despite the presence of information sources, slightly less than half the participants (46.5%) either strongly or somewhat agreed that asking questions about the period is embarrassing, and 60.39% agreed that girls feel uncomfortable when the menstrual cycle is discussed in school. However, the majority of participants (79.61%) either strongly or somewhat disagreed that they get angry when they hear the word “menstruation”. Among adolescents, 65.32% agreed that asking period-related questions was embarrassing, 68.09% agreed that girls feel uncomfortable discussing periods at school, while 70.60% either strongly or somewhat disagreed that they get angry when they hear the word “menstruation”.

Table 4: Attitudes towards the menstrual cycle

	Strongly agree	Somewhat agree	Disagree	Strongly disagree	Don't know
I feel embarrassed to buy period products	18.22%	20.11%	35.28%	26.11%	0.28%
I was looking forward to start my period	21.22%	38.83%	22.94%	13.39%	3.61%
It's okay for girls to miss school because of menstrual pain	38.06%	43.44%	11.94%	6.06%	0.50%
Menstruation is a worrying thing for girls	20.5%	40.72%	26.56%	11.83%	0.39%
I'm afraid people would know when I'm on my period	19.72%	27.28%	34.72%	17.78%	0.50%
Asking questions about the period is embarrassing	16.72%	29.78%	35.28%	18.00%	0.22%
Girls feel uncomfortable when menstrual issues are discussed at school	15.72%	44.67%	25.28%	12.22%	2.11%
I get angry when I hear the word "menstruation"	7.56%	12.28%	44.00%	35.61%	0.56%

Participants were then asked a series of knowledge questions, pertaining particularly to common misconceptions associated with the menstrual cycle. Findings from this section are summarized in Table 5 and came as follows: overall, it can be noted that misconceptions around the period were relatively moderate. For instance, only 26.78% of participants either strongly or somewhat agreed that they should not shower when they are menstruating, and 35.61% strongly or somewhat agreed that some foods (e.g. sour foods) should not be consumed during the period. The majority of participants (72%) either somewhat or strongly disagreed that a newborn should not be visited during the period, while 24.12% agreed. 29% either strongly or somewhat agreed that they should not plant during their periods as crop will not grow, while 26.95% agreed that food products should not be made during the period because they would spoil. Opinions were more divided on exercising, as almost half the participants (49.11%) either strongly or somewhat agreed that they should not exercise while on their periods, while the rest disagreed (48.33%). Opinions were also diverse with respect to visiting religious places and places of worship, with 31.83% strongly agreeing that these places should not be visited during the menstrual cycle and 27.33% somewhat agreeing, compared to 37.83% somewhat or strongly disagreeing.

When it comes to freedom of movement during the period, the majority of participants (70.56%) agreed that a woman should be able to go wherever she wants regardless of whether or not she was on her period, compared to 25.16% who disagreed. On the other hand, 28.44% of participants agreed with the statement that a woman or girl should be able to go wherever she wants, but only as long as she was not on her period. As for a girl's or woman's ability to use the bathroom at home during her period, the vast majority of participants (84%) either strongly or somewhat agreed with this statement. Finally, 78.45% of participants stated that they did not feel that menstruation is seen as obscene, dirty, or a stigma in their community, while the statement resonated with 18.05% of participants.

Our findings indicate that education and in some cases nationality were associated with having misconceptions related to the menstrual cycle. For instance, participants with a lower level of education were more likely to agree that girls should not exercise during their periods compared to those with higher education (around 61.5% of participants with primary and intermediate education, compared to 37.85% of university graduates and 24.07% of holders of a Master's degree and above). Similarly, participants who had a low level of education or a technical education (BT and TS) were more likely to agree that a girl or a woman should not plant crops on her period (43.80% of those who can read and write only, 38.89% of those with primary education, and 52.34% of those with technical education). Additionally, Syrian participants were more likely (32.50%) to strongly agree that a girl or woman should not plant during her period compared to the general sample (17.44%). Syrians were also more likely to agree that places of worship should not be visited during the period (77.25% Syrians compared to 56.50% Lebanese participants), and so were those with primary education (81.48%).

IV. CONCLUSION AND RECOMMENDATIONS

The majority of girls and women had observed a significant change in the consumption habits of period products in their respective community during the past year, overwhelmingly attributed to the steep increase in pricing of menstrual products.

→ This observation held true across age groups and areas of residence.

Nearly the same numbers had personally experienced the same challenge with up to three quarters confirming access had become more difficult year on year because of cost.

→ Over a third were actively struggling to obtain products and for most of those on a monthly basis

As a result of the unaffordability of period products, nearly all have had to adapt to the new circumstances and changed their consumption behavior.

Economizing measures included changing the brand, product type, and/or reducing the amount used or using products for longer, in addition to resorting to unsanitary alternatives to MHP, potentially with the attendant physical risks.

[1]

The change in product consumption has resulted in adverse physical side effects amongst slightly over a third of the sample. The mental pressure was more prevalent with some half reporting more anxiety and stress because of access issues. Despite this the majority did not have not had to resort to using alternatives.

Despite the increase in price and consequent decrease in accessibility, most women did not resort to NGOs or associations to obtain assistance.

- However, up nearly a half thought it is feasible for them to turn to service providers in case menstrual products were not available to obtain.

On the whole the period is a normal occurrence and does not prevent most women from Periods engaging in any daily activity.

The vast majority of girls and women stated that they have received educational information and recommendation about the menstrual cycle from a scientific point; in terms of hygiene; and in terms of available products.

Attitudes to enquiring about the period were divided but some vestiges of embarrassment remain, mainly focused preferring people not finding out they have their periods and only discussing the subject with other women rather than male relations. The mother remains the most trusted source, followed by doctors and health centers.

Overall, the women and girls mainly disagreed with folklores about periods. Opinions were more somewhat more diverse when questioned about exercising and visiting religious places during menstruation,

- Level of education influenced the respondents' perception about the menstrual cycle and the practices surrounding it.

In conclusion, while some third are currently suffering from period poverty, the study shows many girls and women are in fact struggling to cope with the steep increase in the prices of these essential products.[1]

Nationwide women from different communities are experiencing access problems forcing them to adopt new coping mechanisms. This access worry is resulting in mental stress and in some cases physical repercussions for a considerable number of girls and women.

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The lowest income brackets are suffering the most severely and in particular the Syrian refugee community most of whom earn below the threshold of 1.5 million LBP. The struggle is nationwide and it can be noted that certain regions previously considered comparatively affluent such as Mount Lebanon are likewise suffering if not as deeply.

Unsurprisingly the better educated were less likely to agree with period related prejudices but overall these are would not appear to be highly prevalent in the community amongst this age groups of up to 45 years.

Apart from one's mother, who is the foremost and most trusted source of information, the internet is a source of information but doctors and health centers are more trusted.

The majority consider it reasonable to reach out to service and NGO providers for assistance but relatively few have actually sought out this help.

Recommendations

At policy level:

- Scale-up online and offline advocacy on access to menstrual hygiene products.
- Advocate with the ministry of economy and finance to remove taxes on imported and locally produced sanitary items
- Advocate with Ministry of Education and Higher education to include Menstrual Hygiene Management (MHM) info sessions as part of the existing curricula
- Advocate with the ministry of social affairs to include the provision of menstrual hygiene products under the National Poverty Targeting Program (NPTP)
- Advocate with Ministry of Social Affairs and Ministry of Public Health to include sanitary pads at minimal or no cost at the different Public Health Centers and Social Development Centers
- Create a coordination mechanism between all relevant ministries, parliamentarian committee on women and children, NCLW, local and international organizations to come up with a long-lasting strategy to fight period poverty

At programmatic level:

- Scaling up the awareness-raising sessions around menstrual hygiene management to include adolescents and youth, their parents/caregivers, and the community at large.
- Adaptation of existing curriculums/info sessions to shed the light on sustainable alternative solutions i.e re-usable sanitary pads and menstrual cups
- Mainstream MHM across the different sectors (CP, GBV, education, youth economic empowerment) targeting adolescents and youth
- Provide sustained capacity building for educator's/ school counselors and social workers and to provide adolescent- and youth-friendly MHM info sessions
- To include re-usable sanitary pads along with the disposable ones in future MHM kits distribution
- Advocate with donors to prioritize funding for MHM
- Conducting national campaigns on fighting stigma and changing misconceptions around period and MH Governmental Entities

  Inclusion of Girls and young women in the design, planning, and implementation phase of any intervention related to MHM.

V. APPENDIX

Appendix A: Sample Distribution

The n= 1,800 sample was distributed as follows by nationality and age:

Lebanese sample n= 1,200					
GOVERNORATES	AGE BRACKETS			SAMPLE BY AREA	Population Distribution % of Population-area
	12 - 18 yrs	19 - 30 yrs	31 - 45 yrs		
AKKAR	17	26	37	80	6.67%
NORTH	35	54	76	165	13.75%
BEKAA	16	25	35	75	6.25%
BAALBEK - EL HERMEL	16	25	35	75	6.25%
BEIRUT	26	41	58	125	10.42%
MOUNT LEBANON	100	158	222	480	40.00%
SOUTH	27	43	60	130	10.83%
EL NABATIEH	15	23	32	70	5.83%
TOTAL	10.0%	15.7%	22.1%	1200	4877000

Syrian sample n= 400					
GOVERNORATES	AGE BRACKETS			SAMPLE BY AREA	Population Distribution % of Population-area
	12 - 18 yrs	19 - 30 yrs	31 - 45 yrs		
AKKAR	9	15	12	37	9.17%
NORTH	15	25	20	60	15.06%
BEKAA	24	40	31	94	23.53%
BAALBEK - EL HERMEL	12	20	15	47	11.85%
BEIRUT	3	5	3	11	2.68%
MOUNT LEBANON	26	44	34	103	25.86%
SOUTH	7	12	10	29	7.34%
EL NABATIEH	5	8	6	18	4.51%
TOTAL	13.9%	23.2%	17.8%	400	1625000

Palestinian sample n= 200					
GOVERNORATES	AGE BRACKETS			SAMPLE BY AREA	Population Distribution % of Population-area
	12 - 18 yrs	19 - 30 yrs	31 - 45 yrs		
AKKAR	3	5	5	12	6.04%
NORTH	9	14	14	37	18.46%
BEKAA	2	3	3	8	3.99%
BAALBEK - EL HERMEL	1	1	1	3	1.59%
BEIRUT	1	2	2	5	2.69%
MOUNT LEBANON	7	10	11	27	13.65%
SOUTH	26	40	41	107	53.55%
EL NABATIEH	0	0	0	0	0.03%
TOTAL	13.5%	21.3%	21.8%	200	352000

Appendix B: Questionnaire

Good morning/Good evening, my name is… from Statistics Lebanon. We are conducting a study on the topic of “menstrual cycle” in cooperation with Plan International and Fe-male. This study aims to determine the factors affecting the management of the menstrual cycle for girls and women, and understanding the repercussions of the economic and health crisis in terms of the availability of health products and the behaviors followed. The study also addresses common concepts and social stigma around the issue of the menstrual cycle.

You have been chosen randomly, all information that will be shared with us will remain confidential, the results will appear in a consolidated report and your name or phone number will not be shared with any other party.
Your participation in this study is very valuable, but it is completely voluntary. We do not expect that participation in this study is to cause you any danger or inconvenience. There is no direct benefit from participation, but the data that will result from this study will help to identify the obstacles that affect the management of the menstrual cycle and thus develop plans for advocacy and make recommendations to decision-makers.

The interview will be conducted with females between the ages of 12 and 45 years. Is there a female in the family belonging to this age group? (n case no, thank the respondent and stop the interview).
I will ask a set of questions with multiple answers for you to choose from. There is no right or wrong answer and the interview takes about 20 minutes.
Researcher: if there is more than one female in the house in this age group, interview the younger female.

Do you agree to participate in this study?

1. Yes
2. No

→ If a girl aged 12-18 participates:

Parental/caregiver consent: do you agree on your daughter's participation in this study?

1. Yes
2. No

→ Girl's consent: do you agree to participate in this study?

1. Yes
2. No

→ Has your period started?

- Yes
- No (stop the interview, and explain to the girl that we only want to make the study with the girls who have started menstruating)

If you have any further questions about this study, you can contact the office XXX at the following number: XXXXXX

A. Personal Information

a. age	1. 12-14 2. 15-18 3. 19-30 4. 31-45
b. Residence area	
c. Nationality	1. Lebanese 2. Syrian 3. Palestinian 4. Others, please specify
d. What is the monthly income of the family?	1. 675 000 LBP or less 2. 676 000 LBP-1 500 000 LBP 3. 1 501 000 LBP-2 500 000 LBP 4. 2 501 000-4 000 000 LBP 5. 4 001 000- 6 000 000 LBP 6. 6 001 000- 10 500 000 LBP 7. more than 10 500 000 LBP
e. What is the highest level of education she has reached?	1. she can read and write 2. primary 3. intermediate 4. high school 5. BT 6. TS 7. University degree 8. Master's degree and above 9. She refused to answer
f. Employment status	1. Student 2. Doesn't work and is not looking for a job 3. Doesn't work but looking for a job 4. Employee 5. Self employed 6. 99. she refused to answer 7. Other specify:
g. Are you?	1. Single (don't ask Q.g) 2. Married 3. Divorced/separate 4. Widow 5. Other specify:
h. Do you have daughter/s between the age of 12 and 18?	1. Yes, define number: 2. No

B. Availability of menstrual products

1.Based on your observations in your community, (or friends or relatives or environment), have you noticed any change in the consuming habits of menstrual products? (don't ask 12-14)		
1.Yes	2.No	98.I don't know

2.How has the access of these products affected over the past year? (you can choose more than one answer) (don't ask 12-14)
1. It has become difficult to obtain because its price highly increased
2. It has become difficult to obtain because it is not available anymore
3. It has become difficult to obtain because stores only allow the purchase of limited quantities
4. Other, specify:

C. The practices of women and girls in the face of not being able to buy menstrual products

3.When facing problems obtaining menstrual products, girls and women may change their practices to accommodate the problems. We will list the key practices, please specify all that apply to you: a year ago to today, are you…				
a. I had to change the brand of the product	1.Yes	2.No	98.I don't know	99.Refused to answer
b. I had to change the product type (for exp, I switched to pads without wings	1.Yes	2.No	98.I don't know	99.Refused to answer
c. Reduce the amount used/ use it for longer	1.Yes	2.No	98.I don't know	99.Refused to answer
d. I had to use other means such as putting tissues/cloths/cloth napkins	1.Yes	2.No	98.I don't know	99.Refused to answer
e. I stockpiled large quantities at the beginning of the crisis, but when it ends, I will have to find alternative solutions (do not ask 12-14)	1.Yes	2.No	98.I don't know	99.Refused to answer
f.in order to be able to buy it, I had to reduce the use of other essentials (food, hygiene items…) (do not ask 12-14)	1.Yes	2.No	98.I don't know	99.Refused to answer
g. I resorted to an association/NGO in order to obtain it (over 18 years old)	1.Yes	2.No	98.I don't know	99.Refused to answer

If the answer is YES to question 3.a or 3.b or 3.c or 3.d or 3.f or 3.g or 3.h (do not ask 12-14

4.why did you change your behavior (at first place)?
1. Its price has highly increased
2. It's not available anymore
3. My income has decreased/the family's income
4. I found an alternative at a better price
Others, Specify:

If the answer is YES to question 3.a or 3.b

5.How do rate the quality of the current product compared to the previous one? (do not ask 12-14)			
1.Same quality	2.Not same quality, but acceptable quality	3.Not same quality and it has a bad quality	99.Refused to answer

6.From a year ago to today, have you struggled to get menstrual products? (do not ask 12-14)		
1.Yes	2.No	99.Refused to answer

7.If the answer is YES, does this happen every month? (do not ask 12-14)		
1.Yes	2.No	99.Refused to answer

8.In case it was not available to obtain menstrual products, is it possible to turn to service providers in this framework (associations, NGOs, primary care centers, clinics…) to obtain support?			
1.Yes	2.No	98.I don't know	99.Refused to answer

D. Hygiene management during the menstrual cycle and its repercussions

9.Who usually decides the type of menstrual products, in the first place? (only one answer)					
1.Me	2.My mother	3.My sister	4.My husband	5.Other, specify:	99.Refused to answer

10.Has your period, on any occasion, prevented you from reaching your full potential or engaging in any daily activity (for exp, not going to school, not going to work, avoiding social activities…)?		
1.Yes	2.No	99.Refused to answer

11.If the answer is YES, what was the main reason for not being able to fully practice your activities? (only one answer)	
1.The intensity of pain	2.The lack of hygiene in school/work bathrooms
3.Not being able to buy health products	4.Heavy period that already put me in embarrassing situations
Other, specify:	99.Refused to answer

12.Since a year till date, has the number of times you were absent from daily activities increased or remained the same or decreased?			
1.Increased	2.Remained the same	3.Decreased	99.Refused to answer

13.To what extent do you agree with each of the following statements?					
a.I had anxiety and stress due to not being able to get my period products	1.Strongly disagree	2.Somewhat disagree	3.Somewhat agree	4.Strongly agree	98.Don't know
b.I have suffered from diseases or physical disturbances (exp allergies-infections in sensitive area…) as a result of not being able to buy menstrual products and not being able to get/access to the ingredients for hygiene during menstruation	1.Strongly disagree	2.Somewhat disagree	3.Somewhat agree	4.Strongly agree	98.Don't know

E. Education and access to information and services

14.Do you feel comfortable discussing your period with…			
a.Your father	1.Yes	2.No	99.Refused to answer
b.Your mother	1.Yes	2.No	99.Refused to answer
c.Your girlfriends	1.Yes	2.No	99.Refused to answer
d.Your boyfriends	1.Yes	2.No	99.Refused to answer
e.Your teachers	1.Yes	2.No	99.Refused to answer

Ask all

15.Have you ever received educational information and recommendation about the menstrual cycle?			
From a scientific point of view	1.Yes	2.No (move to q.18)	99.Refused to answer
In terms of hygiene	1.Yes	2.No (move to q.18)	99.Refused to answer
In terms of available products	1.Yes	2.No (move to q.18)	99.Refused to answer

16.In case answer is YES, what were the sources of this information? (can choose more than one answer)		
1.From the mother	2.From the father	3.From one of the sisters
4.Family member (grandma / maternal aunt / paternal aunt)		5.Doctors or health centers
6.From friends	7.From school	8.From books
9.From the internet	10.From social media platforms	11.From TV
Other, specify:		

17.Among all the sources you mentioned, which one do you trust the most? (one answer)		
1.From the mother	2.From the father	3.From one of the sisters
4.Family member (grandma / maternal aunt / paternal aunt)		5.Doctors or health centers
6.From friends	7.From school	8.From books
9.From the internet	10.From social media platforms	11.From TV
Other, specify:		

F. Social norms about the menstrual cycle

18.How do you describe the menstrual cycle?			
1.A nuisance	2.A curse	3.A blessing	4.Normal
Other, specify:		99.Refused to answer	

19.When talking about your period, do you use secret codes/nicknames or call it as is?		
1.I use secret codes, specify:	2.Call it as is	99.Refused to answer

20.To what extent do you agree with each of the following statements regarding your attitude towards your menstrual cycle?					
a.I feel embarrassed to buy period products	1.Strongly disagree	2.Somewhat disagree	3.Somewhat agree	4.Strongly agree	98.Don't know
b.I was looking forward to start my period	1.Strongly disagree	2.Somewhat disagree	3.Somewhat agree	4.Strongly agree	98.Don't know
c.it's okay for girls to miss school because of menstrual pain	1.Strongly disagree	2.Somewhat disagree	3.Somewhat agree	4.Strongly agree	98.Don't know
d.menstruation is a worrying thing for girls	1.Strongly disagree	2.Somewhat disagree	3.Somewhat agree	4.Strongly agree	98.Don't know
e. I'm afraid people would know when I'm on my period	1.Strongly disagree	2.Somewhat disagree	3.Somewhat agree	4.Strongly agree	98.Don't know
f. asking questions about the period is embarrassing	1.Strongly disagree	2.Somewhat disagree	3.Somewhat agree	4.Strongly agree	98.Don't know
g. girls feel uncomfortable when menstrual issues are discussed at school	1.Strongly disagree	2.Somewhat disagree	3.Somewhat agree	4.Strongly agree	98.Don't know
h.I get angry when I hear the word "menstruation"	1.Strongly disagree	2.Somewhat disagree	3.Somewhat agree	4.Strongly agree	98.Don't know

21.To what extent do you agree on the each of the following statements regarding health practices and social habits during the menstrual cycle?					
a. You should not shower during menstruation	1.Strongly disagree	2.Somewhat disagree	3.Somewhat agree	4.Strongly agree	98.Don't know
b. some foods should not be eaten during the menstrual cycle (for exp sour…)	1.Strongly disagree	2.Somewhat disagree	3.Somewhat agree	4.Strongly agree	98.Don't know
c.You should not exercise during your period	1.Strongly disagree	2.Somewhat disagree	3.Somewhat agree	4.Strongly agree	98.Don't know
d.You should not visit a newborn baby during your period	1.Strongly disagree	2.Somewhat disagree	3.Somewhat agree	4.Strongly agree	98.Don't know
e. you should not plant during your period because the crops will not grow	1.Strongly disagree	2.Somewhat disagree	3.Somewhat agree	4.Strongly agree	98.Don't know
f. Food products (pickles…) should not be made during the monthly period because it will spoil.	1.Strongly disagree	2.Somewhat disagree	3.Somewhat agree	4.Strongly agree	98.Don't know
g. Religious places/places of worship should not visit during menstruation	1.Strongly disagree	2.Somewhat disagree	3.Somewhat agree	4.Strongly agree	98.Don't know
h.A woman should be able to go wherever she wants whether she is on her period or not	1.Strongly disagree	2.Somewhat disagree	3.Somewhat agree	4.Strongly agree	98.Don't know
I. The woman/girl should be able to go wherever she wants as long as she is not on her period	1.Strongly disagree	2.Somewhat disagree	3.Somewhat agree	4.Strongly agree	98.Don't know
j. The woman/girl should be able to use the bathroom at home during the menstrual cycle.	1.Strongly disagree	2.Somewhat disagree	3.Somewhat agree	4.Strongly agree	98.Don't know
k. menstruation is seen in my community as obscene, dirty or a stigma	1.Strongly disagree	2.Somewhat disagree	3.Somewhat agree	4.Strongly agree	98.Don't know

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Cover photo: © Fe-Male / Bana Ghandour

No photographs were taken during this research. The pictures in the report are from the distributions led by Fe-Male in partnership with Plan International Lebanon in different Lebanese areas.

About Fe-Male

Fe-Male is a civil feminist collective working with women and girls to eliminate injustice through building a young feminist movement, empowering agents of change, and campaigning together against discriminatory norms and policies. Fe-Male was registered as a National Non-Governmental Organization in 2013 (registered under the number 867/2013 AD). Through its response plan for Beirut Blast, economic crisis and covid 19, Fe-Male focused on activities related to the well-being of women, adolescent girls, and journalists through art, sports and mental support, production of knowledge, while prioritizing fighting period poverty through the distribution of health and safety kits and campaigning... Supported by Plan International and other partners, Fe-Male's team and volunteers distributed more than 1600 kits for the benefit of around 3200 women and girls including migrant domestic workers, Syrian and Palestinian refugees, women living with HIV, LGBTQI+ community, Lebanese women and girls, women and girls with disabilities...

About Plan International

Plan International strives to advance children's rights and equality for girls all over the world. We recognize the power and potential of every single child. But this is often suppressed by poverty, violence, exclusion and discrimination. And its girls who are most affected. As an independent development and humanitarian organization, we work alongside children, young people, our supporters and partners to tackle the root causes of the challenges facing girls and all vulnerable children. We support children's rights from birth until they reach adulthood, and enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge. For over 83 years we have been building powerful partnerships for children, and we are active in over 75 countries. Since 2017, Plan International has been working in partnership with local, national and international organisations to strengthen capacities and address the needs of Lebanese and refugee children in Lebanon. With a focus on adolescent girls and young women, Plan International Lebanon implements projects in the sectors of Child Protection, Gender-Based Violence, Sexual and Reproductive Health and Rights, Education, Youth Economic Empowerment and Participation.