# Template for Requests for Revisions to the DHS Model Questionnaires, Optional Modules, and Biomarkers for DHS-8 (2018-2023)

### Section I. Information about the requesting party

1. Is this request being submitted on behalf of a group? If so, please provide the name of the group and the participating parties.

This request is being submitted on behalf of Water, Sanitation and Hygiene (WASH) Section, UNICEF Mozambique.

#### Section II. Indicator definition and rationale

2. Please define the indicator or indicators you are requesting The DHS Program to incorporate.

Multiple indicators derived from a single set of questions should be included in the same submission.

(Response required)

Indicator 1. Percentage of women who were able to wash and change in privacy while at home during their last menstrual period

Indicator 2. Percentage of women who used hygienic materials during their last menstrual period

Indicator 3. Percentage of women who were excluded from activities during their last menstrual period

3. What is the rationale for measuring this indicator (each of these indicators) in DHS surveys? (Response required)

Menstrual Hygiene Management (MHM) is thought to be associated with girls' participation, self-confidence, and self-efficacy<sup>1</sup>. Poor menstrual management may have negative impact on girls'education in schools<sup>2, 3, 4</sup>. Given the evidence on MHM is very scarce in Mozambique, measuring MHM practices and its implications on daily activities of girls and women will provide an overview of the situation in the country and inform points of interventions and policy-making.

# Section III. Proposed additions/revisions to the questionnaires or biomarkers

4. Please describe the requested addition or revision.

If the requested change is the addition of new questions to the DHS questionnaires or modules, complete questions 4.1 and 4.1.1. If the requested change is a revision to existing questions,

<sup>&</sup>lt;sup>1</sup> Hennegan J, Montgomery P. Do Menstrual Hygiene Management Interventions Improve Education and Psychosocial Outcomes for Women and Girls in Low and Middle Income Countries? A Systematic Review. PLoS One 2016 Feb 10;11(2)

<sup>&</sup>lt;sup>2</sup> WaterAid. Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world. 2012.

<sup>&</sup>lt;sup>3</sup> Tegegne TK, Sisay MM. Menstrual hygiene management and school absenteeism among female adolescent students in Northeast Ethiopia. BMC Public Health 2014 Oct 29;14:1118-2458-14-1118.

<sup>&</sup>lt;sup>4</sup> UNESCO International Institute for Capacity Building in Africa. Low Participation of Female Students in Primary Education: A Case Study of Dropouts from the Amhara and Oromia Regional States in Ethiopia. 2002.

complete question 4.2. If the change relates to anthropometry or a biomarker, please complete question 4.3.

4.1. **For additions**: If you have developed a question or set of questions to measure the indicator(s), please provide them in the space below or in a separate file attached with your submission.

Question 1: During your last menstrual period were you able to wash and change in privacy while at home?<sup>5</sup>

Yes

No

Question 2: During your last menstrual period, what hygiene materials did you use? (If more than one, record the main type used.)<sup>5</sup>

Cloth/reusable sanitary pads

Disposable sanitary pads

**Tampons** 

Menstrual cup

Toilet paper

Underwear alone

Other

Question 3: During your last menstrual period, did you miss any of the following activities due to your period? (Ask one by one)<sup>5</sup>

| a) | Attending school?                   | Yes/No/NA |
|----|-------------------------------------|-----------|
| b) | Paid work?                          | Yes/No/NA |
| c) | Participating in social activities? | Yes/No/NA |
| d) | Cooking food?                       | Yes/No/NA |
| e) | Eating with others?                 | Yes/No/NA |
| f) | Bathing in regular place?           | Yes/No/NA |

4.1.1 If requesting multiple questions, please specify the relative priority of each new question.

Question 2 should be prioritized, followed by Question 3 and Question 1. However, Question 3 should ideally asked along with Questions 1 and 2.

4.2. **For revisions to existing questions**: Please specify the DHS-7 question number, the proposed revision to the question, and the rationale.

| DHS-7    |                     |                       |           |
|----------|---------------------|-----------------------|-----------|
| question |                     |                       |           |
| number   | DHS-7 question text | Proposed new question | Rationale |

<sup>&</sup>lt;sup>5</sup> Core questions on water, sanitation and hygiene for household surveys: 2018 UPDATE. WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene. 2018.

- 4.3. **For anthropometry and biomarkers**: Please describe the measurement procedures or specimen collection procedures, point-of-care or laboratory testing procedures (as relevant), and any recommendations for return of results.
- 5. Can any related questions be deleted from the questionnaire to make room for the proposed new content? If so please specify which questions using the DHS-7 question numbers.
- 6. What are the implications of these requested changes on measurement of trends using DHS data?
  There is no implication on trend measurement to adding these questions to the Woman's Questionnaire.

### Section IV. Indicator calculation

7. Indicate how to calculate the indicator(s). Include detailed definitions of the numerator and denominator of each individual indicator. If you have developed a tabulation plan for the indicator(s), please attach a file including the suggested table(s) with your submission.

Indicator 1. Percentage of women who were able to wash and change in privacy while at home during their last menstrual period

Numerator – Number of women aged 15-49 who have had a period in the preceding year and responded 'Yes' to the question

Denominator – Number of women aged 15-49 who have had a period in the preceding year

#### Indicator 2. Percentage of women who used hygienic materials during their last menstrual period

Numerator – Number of women aged 15-49 who have had a period in the preceding year and responded one of the followings: cloth/reusable sanitary pads, disposable sanitary pads, tampons, or menstrual cup

Denominator – Number of women aged 15-49 who have had a period in the preceding year

# Indicator 3. Percentage of women who were excluded from activities during their last menstrual period

Numerator – Number of women aged 15-49 who have had a period in the preceding year and responded 'Yes' to at least one of the sub-questions a) to f)

Denominator – Number of women aged 15-49 who have had a period in the preceding year

8. Is the indicator useful when measured at the national level, or is it useful only when disaggregated to specific subnational areas, such as endemicity zones or project intervention regions?

For each indicator, select one of the three options by clicking in the appropriate box.

| Indicator   | Useful <u>only</u> for subnational endemicity zones or project intervention regions. A single estimate at the national level is <u>not</u> meaningful. | Useful at both national and subnational regions, as sample size allows. | Useful only at the<br>national level.<br>Subnational estimates<br>are not needed. |
|-------------|--|---|---|
| Indicator 1 |  | $\boxtimes$   |   |
| Indicator 2 |  | $\boxtimes$   |   |
| Indicator 3 |  | $\boxtimes$   |   |
|             |  |   |   |
|             |  |   |   |
|             |  |   |   |

## Section V. Prior testing of the proposed question(s)

9. Have the proposed questions undergone any formal validation; i.e., have the questions been tested against a "gold standard" to assess their accuracy? If yes, please describe how well or poorly the questions performed and/or provide a publication or report of the validation exercise (or a link).

The proposed questions were drawn from the Core questions on water, sanitation and hygiene for household surveys<sup>5</sup>.

10. Have the questions undergone any other kind of testing; e.g., cognitive testing, pilot testing. If so, please describe the results of the testing and/or provide a publication or report of the findings (or a link).

The proposed questions were drawn from the Core questions on water, sanitation and hygiene for household surveys<sup>5</sup>.

#### Section VI. Other considerations

- 11. Please provide information relevant to the kinds of questions below, and/or anything else you wish to share with us about this indicator (these indicators).
- Describe how the data for this indicator are being used (or will be used).
  - Are the data produced by this indicator actionable?
     Yes, the collected data will inform the development MHM interventions and its monitoring and evaluation, training of community-based health workers and teachers, policies related to hygiene education and adolescent health services.
  - O Who will use the data?
    - The data will be used by development partners, adolescent health professionals, community health workers, and policy makers in WASH, health, gender and education sectors.
  - What kinds of decisions will be made using these data?
     The data will inform MHM programming, national strategies and policies for MHM including education curriculum, standard designs and norms for WASH facilities, adolescent health services, supply chains for menstrual products, as well as advocacy for MHM.
- For what kinds of countries would the indicator(s) be most useful?
   All countries particularly where the development of MHM-related policies and programmes is lagging behind due in part to limited evidence, including Mozambique.
- Does the DHS survey offer any particular advantage over other available data sources for measuring this indicator? If so, what?

Yes, the DHS survey enables to collect nationally representative data on MHM, which provides evidence base for national policy development. In addition, the survey provides disaggregated data and highlights and the disparity in access to MHM services, which can inform targeted MHM programming.