

MENSTRUAL HYGIENE MANAGEMENT: BEHAVIOUR AND PRACTICES IN THE KEDOUGOU REGION, SENEGAL



PHOTO: Javier Acebal/WSSCC/UN Women

The study of menstrual hygiene management in the Kedougou region (Senegal) is the second in a series of research studies undertaken by the Water Supply and Sanitation Collaborative Council (WSSCC) and UN Women as part of the Joint Programme on Gender, Hygiene and Sanitation in West and Central Africa.

The management of menstrual hygiene is a potentially powerful entry point to address broader issues of equity and gender equality in access to education, health, water and sanitation. Available information on menstrual hygiene management, (MHM) is extremely limited and behaviour and practices are largely undocumented.

The study's main objective is to establish a database of information on public policies, behaviour and practices with regard to menstrual hygiene management and to analyse their impact on the living conditions of women and girls in this largely rural and impoverished region of Senegal.

The study incorporates a literature review, direct observation and the collection and analysis of qualitative and quantitative data. The quantitative data were based on a random sample of 750 women and girls aged 11 to 63 years.

KEY FINDINGS

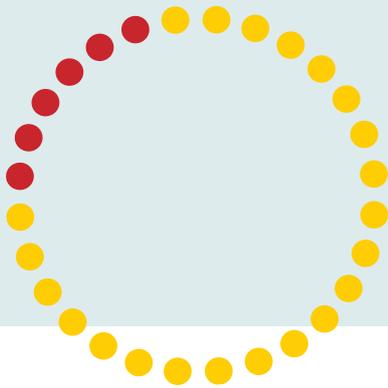
The study showed that women are the *de facto* managers of water, sanitation and hygiene services in the household, and the community, but are excluded from the processes of decision-making, design, planning and implementation of WASH programmes.

Women are poorly represented or absent on decision-making bodies and NGOs and women's associations do not engage systematically with the design and delivery of WASH services. As a result, women have no forum to have their voices heard or to make their needs known with regard to menstrual hygiene management.

Menstruation is a taboo issue in the community, marked by beliefs and myths that influence both its management and the daily lives of women and girls. Seen as an impurity or even a disease, menstrual blood is managed in secret. Mothers often do not discuss menstruation with their pre-pubescent daughters before they reach menarche.

When menstruating, women and girls are subjected to various prohibitions which may be religious (fasting, praying or going to holy places), food-related (ice cream, peanuts, lemon, sugar and gombo), domestic (laundry, going to the fields and braiding) or sexual (sharing the conjugal bed or having sexual relations).

While study participants demonstrated a basic awareness of menstruation, particularly the duration and the average age of menarche, **they could not explain why periods occur and had no knowledge of the links between the menstrual cycle and sexual and reproductive health.**



Mothers and girls talking in Ethiowar. PHOTO: Javier Acebal/WSSCC/UN Women

The silence on menstruation is mirrored in sectoral policy documents for health, education, sanitation, water and hygiene. A rapid review of these policies and guidelines reveals that services and facilities across sectors ignore girls' and women's menstrual needs. None of the toilet facilities visited by the study team had made provision for menstruating women to wash, clean themselves and change with privacy and dignity. This observation applies equally to private multi-family dwellings, educational establishments, places of work (including markets, where women are present in large numbers), health centres and prisons. Just one of the toilets observed had soap and water.

Half the schools visited had no toilet facilities. For those that did have facilities, the toilets observed were poorly maintained and students did not use them. Of the markets visited, just one had toilets, which women did not use on account of their unsanitary condition and because they had to share them with men.

This **absence of adequate sanitation facilities** has a significant impact on the daily lives of women and girls. Over 40% of the girls surveyed said that they missed school for at least one day per month during their periods. And a **majority of economically active women said that they missed work during this period**, preferring to stay at home.

The absence of appropriate infrastructure greatly influences the way in which used absorbent material is managed. Women wash used cloth pads at home and dry them in the toilet or bedroom. Few women dry them outside in the sun out of discretion or due to fear of bad luck. Most girls and women throw menstrual waste, including cloth pads, in latrines.

Poor management of menstrual hygiene can cause infections and have a negative impact on women's reproductive health. **More than 90% of the women and girls interviewed in Kedougou had undergone female genital mutilation.** Nearly a quarter of them reported infections during their period suggesting a link between this practice and increased vulnerability to infections.

RECOMMENDATIONS

The management of menstrual hygiene is a potentially powerful entry point to addressing larger issues of fairness and gender equality in education, health, water and sanitation. Today this issue is largely absent from Senegal's public policies.

This study recommends a **review of these public strategies and policies and to explicitly include menstrual hygiene**, in order to enable women's and girls to access their fundamental human, economic, social and cultural rights.

The decentralized services of the state have a major role to play in this regard with appropriate policies, adequate financial resources and systematic monitoring.

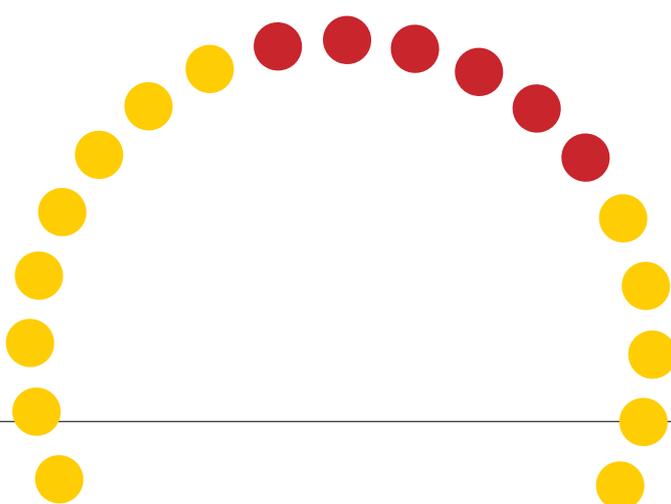
This study recommends to:

1. **Break the silence** on this taboo subject and remove obstacles and constraints based on superstitions and traditional beliefs that are harmful to women and girls.
2. Ensure that **infrastructure and school curricula** provide knowledge and facilities include safe and hygienic management of menstruation.
3. **Ensure that systems for the safe disposal of menstrual waste** with privacy and dignity are provided at both domestic and public facilities and are integrated into planning.

The study also highlighted a need for information on the biology of menstruation and the management of menstrual hygiene. **Strengthening the capacities of health workers and teachers** is essential to address this issue in a professional manner with patients or pupils.

Including modules on the management of menstrual hygiene into training curricula for teachers, health schools and higher education institutions specializing in water, sanitation and the environment would be a first step in this regard.

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Outreach and awareness-raising campaigns should also be conducted nationally and locally to demystify beliefs around MHM among the population. It is particularly crucial to explain the process of ovulation and the menstrual cycle, and to analyse and deconstruct the myths and taboos that hold back women's and girls' rights.

In parallel, it is strongly recommended to raise the awareness of religious and community leaders and the heads of decentralized services. These decision-makers have an important role to play in gender analysis and in taking account of the needs of women and girls. It is important that they become associated with locally-conducted activities in order to understand the issue and support the **participation of women** in discussions and decisions affecting their lives.

Finally, the issue of the **management of menstrual hygiene needs to be addressed as a priority by the Kedougou prison administration**, taking account of international law and provisions on the treatment of those incarcerated. Various options are possible, such as the provision of hygiene kits, staff training and the improvement of infrastructure.

Including the needs of specific groups of women such as those living with a disability and prisoners requires, in any case, the **collection of more information** in order to better identify their needs and provide a solution.

The study has also highlighted the **consequences of excision on menstrual hygiene and the health of excised women and girls.** This issue needs to be addressed in detail and should be the object of research specifically targeting girls and women who have undergone genital mutilation.

