

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

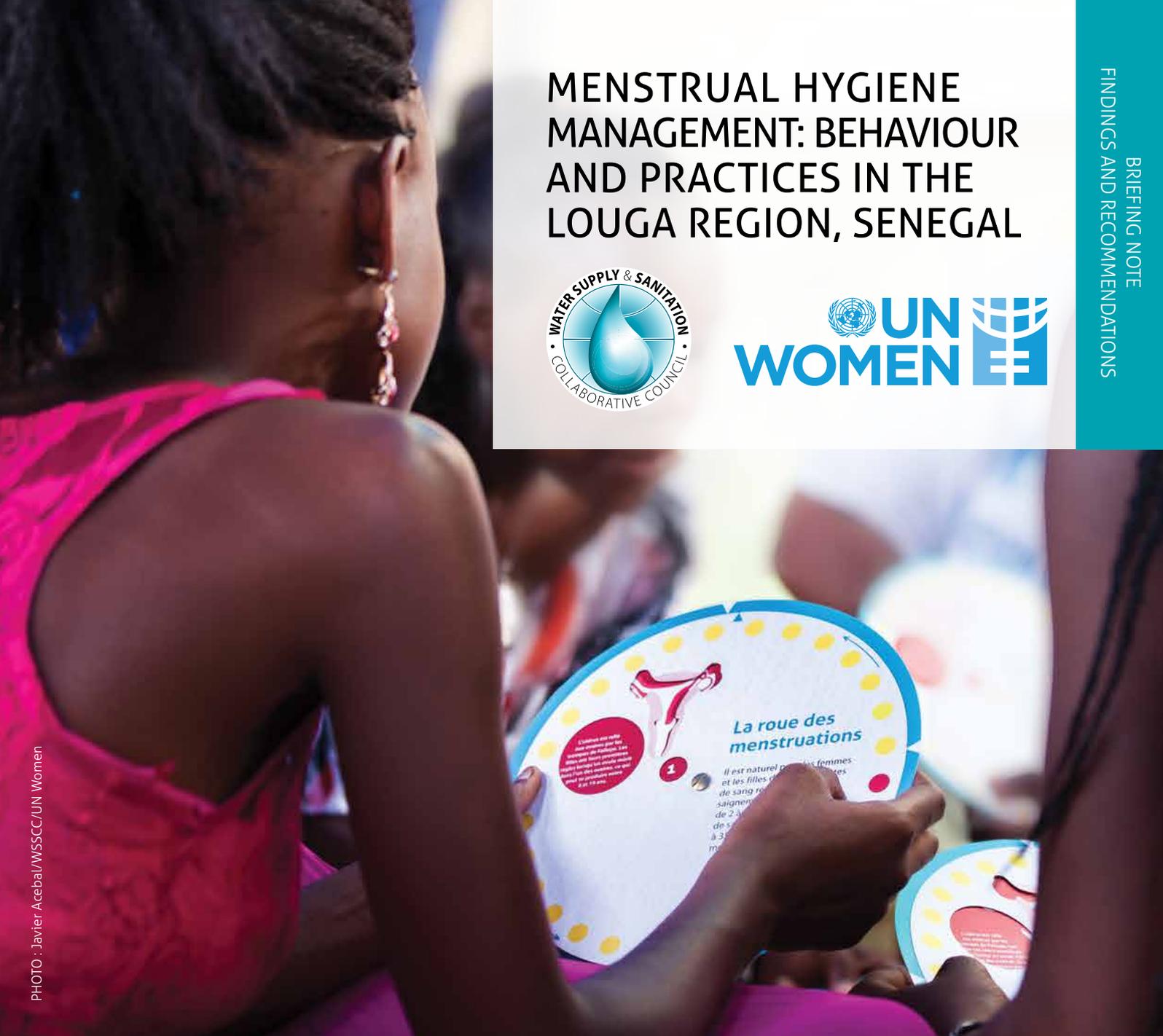
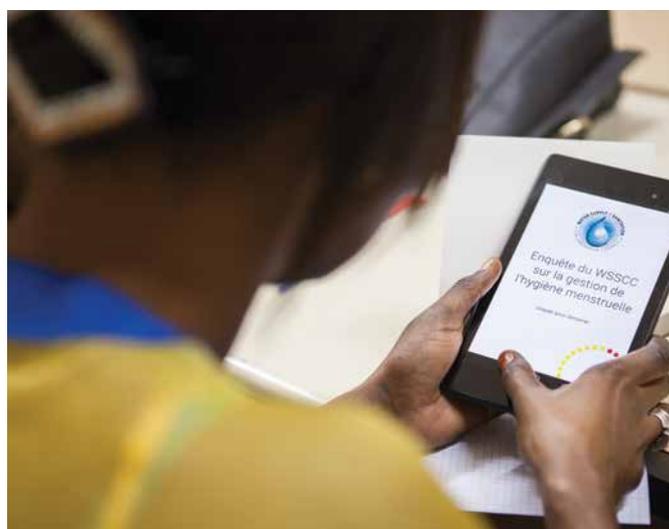


PHOTO : Javier Acebal/WSSCC/UN Women

At present, there are no public policies in West or Central Africa mentioning menstrual hygiene management. Under the UN Women/Water Supply and Sanitation Collaborative Council (WSSCC) joint programme, "Gender, Hygiene and Sanitation" a survey, combined with focus groups discussion and interviews, were conducted in the Louga region of Senegal, in June 2014. The outcomes of this study provided critical information about menstrual hygiene management knowledge and practices in the region.

The study was conducted in mainly urban and semi-urban areas. The sample was chosen at random and all respondents completed the survey on a voluntary basis. Of a total of 616 respondents (women and girls aged 13 to 65), approximately 51% came from the Louga department, 28% from the Linguère department and 21% from the Kébémér department.



Data was collected on tablet PCs by female pollsters trained in menstrual hygiene management. PHOTO: Javier Acebal/WSSCC/UN Women

## KEY FINDINGS

There is a general culture of silence surrounding all aspects of menstruation. This silence is exacerbated by taboos and myths that perpetuate practices that women and girls believe and how they manage their menstruation from personal hygiene to the cleaning and disposal of used materials. Few people talk about how menstruation can be managed with dignity and safety and sanitation and hygiene facilities for women are inadequate and inappropriate. As a result of this women and girls often choose to limit their cultural, educational, social and economic activities while menstruating, missing school, work and play.

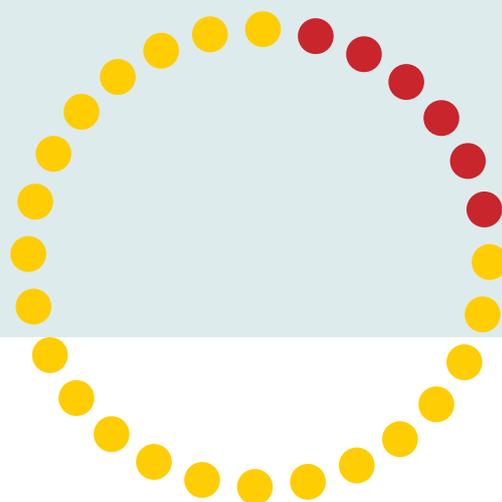
The following is a snapshot of what the study found:

- Girls have **extremely limited information about why they menstruate and how to manage menstrual flows hygienically and safely**. Mothers and friends act as their main source of information. However, these mothers and friends often lack the necessary knowledge about biological changes as the body reaches puberty, the menstrual cycle, infection risks posed by poor practices, and the absorption, drying and material disposal options available to girls. All respondents were eager to discuss these matters in detail with the enumerators and facilitators. They recommended that healthcare practitioners and policymakers, teachers, educational clubs, hygiene promotion officers and social workers are trained in these issues and able to inform women and girls. This can ensure that adolescent girls are able to access correct, basic information before they have their first period. During the focus group sessions, the participants also asked a wide range of questions about sexual reproductive health and early pregnancy, further endorsing the need for better information.
- Most respondents reported drying menstrual cloths in secluded, private, **dark** locations. These **“hidden” practices and a lack of information are the main causes of infections related to poor menstrual hygiene management**.



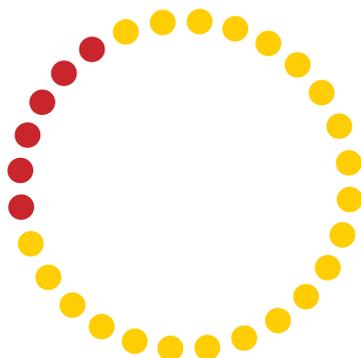
Menstrual hygiene management session in the village of Dielerlou Syll. PHOTO: Javier Acebal/WSSCC/UN Women

- **Menstrual waste materials are regularly disposed of in latrines and toilets due to a lack of alternative waste disposal options** and a lack of knowledge about the consequences. This results in clogged, overflowing toilets and the waste is polluting the environment. The issue of how and where to dispose of menstrual waste does not appear anywhere – in education or health curricula.
- **Menstruation is often viewed as a sign of both maturity and adulthood.** Once they have had their first period, girls are viewed as “big girls” of potentially marriageable age. They take on greater responsibilities within their communities and, despite a legal age limit of 18 for marriage under Senegalese law, many girls are married before they reach this age. Early marriage significantly increases the risk of child pregnancy and repeated pregnancy without adequate birth spacing, and increases the risk of complications such as fistula.
- Due to a **lack of suitable spaces** and facilities for proper menstrual hygiene management, **women and girls are excluded from participating in cultural, educational, social and income-generating activities.** Most women and girls choose to change their menstrual hygiene materials in the home. It is also more convenient for women and girls to wash themselves and their materials at home, primarily due to a lack of suitable spaces and facilities outside the home. This, in turn, forces women and girls to limit their schooling and work activities for anything between four to eight days each month. Indeed, almost half of the respondents indicated that they rarely attended school while menstruating.



## RECOMMENDATIONS

The following recommendations are based on the outcomes of this study. They aim to eliminate all forms of discrimination against women, and social norms surrounding menstruation that infringe and/or harm the physical integrity and human rights of women and girls. Women’s right to water and sanitation must be respected, all forms of gender-based violence – including early marriage - must be eliminated and women and girls must not be denied their economic, social and cultural rights. Instead, an environment must be created in which women and girls are able to flourish.



- **Break the silence that surrounds menstruation** and make it a culturally acceptable topic that women and girls can discuss openly with their families, with boys and men and in society in general. This will help to overturn the restrictions that women and girls currently face, which are linked primarily to a lack of knowledge and certain belief-based practices. Once these taboos are lifted, women and girls will be able to discuss menstrual hygiene openly and without fear within the family, and girls who have had their first period will no longer be treated as adults or pre-adults, but instead as adolescents going through a normal phase of their development.
- **Advocate for change**, addressing menstrual hygiene issues within communities, in the media and with decision-makers and opinion-leaders.

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- Improve and disseminate **materials** to support the teaching of menstrual hygiene management and train stakeholders to deliver their own training programmes. These manuals must be tailored to local requirements, to ensure that they are truly relevant and reflect local needs. However, experience has shown that manuals alone cannot provide a detailed understanding of this topic. Efforts will therefore also need to focus on:
  - **Building the capacities of teachers and educators**, to ensure that they are able to address menstrual hygiene management with their pupils without fear or embarrassment, and to make them understand that menstruation is a natural biological process that women and girls need to manage. In turn, pupils will come to realise that this is a normal part of adolescence, a time during which both boys and girls experience external and internal changes to their bodies.
  - **Including menstrual hygiene management in education policies**, to ensure that this topic is taught to all girls, that girls are not stigmatised, and that menstruation does not lead to reduced participation and performance at school.
- **Building the capacities of certain healthcare professionals**, to ensure that they are able to address this topic with their patients and with girls and women in particular. This will ensure that women and girls receive accurate information, and are able to pass this information on to others. The menstrual cycle must also be explained more effectively.
- Including menstrual hygiene in **disease prevention policies**, to limit the risk of infections caused by poor menstrual hygiene management.
- Building the capacities of programme implementation officials working in the **WASH, education, health and environment sectors**, to ensure that infrastructure design matters are properly considered.
- Continuing advocacy efforts with decision-makers (ministers, members of parliament) to call for **dedicated MHM policies and ring-fenced budgets**. These dedicated budgets will ensure that the policies are implemented effectively.
- Developing **sector-specific indicators to monitor and evaluate policies and budget allocations**, including gender-specific data and regional statistics.
- **Increasing the participation of women and girls** in discussions and decisions on matters that affect their lives.

