

MENSTRUAL HYGIENE MANAGEMENT IN HUMANITARIAN SITUATIONS: THE EXAMPLE OF CAMEROON



EXECUTIVE SUMMARY

Menstrual hygiene is integral to women's health and has a lasting impact on women's education, livelihoods and security: keystones to their empowerment. It is clear, however, that little or no account is taken of the issue of menstrual hygiene in humanitarian response plans for refugees. As part of the WSSCC/ UN Women Joint Programme on Gender, Hygiene and Sanitation in West and Central Africa, a study was conducted by the Demographic Education and Research Institute (IFORD) in refugee camps in Cameroon. It looked into the difficulties that women experience during their menstrual periods and reported on water, sanitation and hygiene infrastructure in the camps.

The study reveals infrastructure gaps: not only are toilets not separated for men and women, there are not enough of them for the numbers living in the camps. All the women surveyed regretted the lack of space to change and manage their personal hygiene. The toilets are difficult to use during their periods due to there being insufficient water, no washing lines and no sanitary equipment. They also complained about toilets usually not having lockable doors or even any door at all. They are often unlit at night, increasing the risk of assault. Due to the current state of the latrines in refugee sites, 99% of women do not feel safe in them.

The survey also looked into the types of sanitary protection used by refugee women: despite a diverse range (not only sanitary towels, but also scraps of cloth, cotton, handkerchiefs, etc.), one type of protection is preferred: single-use sanitary towels distributed by UNHCR. However, there is a lack of suitable places to dispose of these: only about a third of women get rid of them in rubbish bins, while others throw them down the toilet, behind their houses or even into rivers.



INTRODUCTION

Since 2012, Cameroon has seen huge influxes of people from bordering countries, particularly the Central African Republic and Nigeria. The reasons for this are the political crisis in the Central African Republic and the atrocities committed by the Islamist group Boko Haram in Nigeria, especially in the state of Borno. According to the Office of the United Nations High Commissioner for Refugees (UNHCR), by mid-2016, Cameroon had accommodated nearly 348,000 refugees, of whom 275,000 (79 per cent) were from the Central African Republic and 73,000 (21 per cent) were from Nigeria.

348.000
R E F U G E E S

Most of them had settled in sites and villages in the regions of Adamawa, the East, the Far North and Northern Cameroon.

These population movements pose a serious problem of access to resources and basic necessities such as water, hygiene and sanitation, while the high concentrations of people present health risks. This

is not without consequences for the health of refugee women, including their menstrual hygiene.

METHODOLOGY

This paper summarizes the results of a study conducted in four refugee sites in three regions of Cameroon: Lolo and Mbilé in the East Region, Borgop in the Adamawa Region and Minawao in the Far North Region. These sites were selected on the basis of a choice that took account of the numbers on each site by region and the size of each site. Other criteria, including UN Women intervention areas, ethnic diversity and budgetary and access constraints were also taken into account.



The target population for the study was all refugee women and girls aged 10 to 49 years who had had at least one period. To identify refugee men's and boys' knowledge of and attitudes towards menstrual hygiene, refugee men and boys aged 15 years and older were interviewed.

Given the objectives of the study and to optimize the results, methods were triangulated by combining quantitative and qualitative approaches. The quantitative study consisted of individual questionnaires given to men aged 15 to 59 years and women aged 10 to 49 years in the course of an interview. The qualitative component used group discussion techniques, generally in the Hausa, Ffulde, English and French languages, to capture the opinions, representations, practices, knowledge and social logics of the populations surveyed on menstrual hygiene management. Finally, observations were carried out to assess the condition of water, hygiene and sanitation infrastructure on refugee sites. The total sample comprised 1079 women, 307 men and 677 households, equally divided across the sites.

2063
INTERVIEWEES

1079 women

307 men

677 households

FINDINGS

As regards infrastructure, the study found that there was a noticeable lack in both quantity and quality of facilities for water, hygiene and sanitation in order to ensure refugee women's privacy and security and, therefore, good menstrual hygiene management. Indeed, although toilets on refugee sites were for the most part equipped (83 per cent of toilets), sharing is widespread. This practice affects nearly 76 per cent of households surveyed, with an average of 23 people using the same toilet¹.

Chart 1. Percentage of toilets for the exclusive use of one household, by site

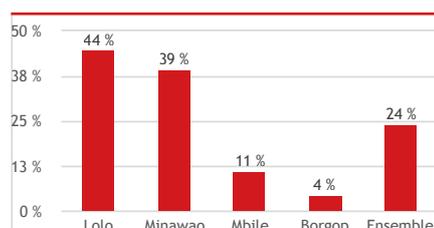


Chart 2. Distribution of gender-separated collective toilets, by site

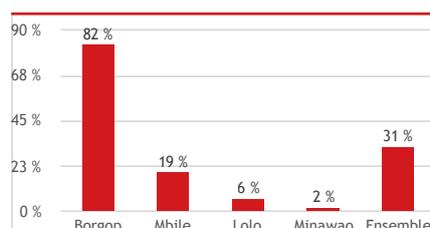
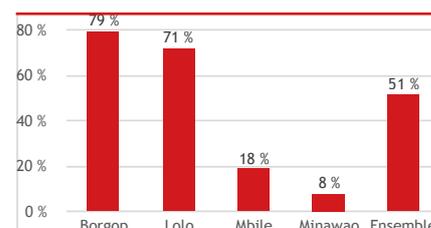


Chart 3. Percentage of toilets receiving maintenance, by site



In addition, the proportion of toilets providing gender separation was very low in the refugee camps surveyed: only 31 per cent of households said that the toilets they used had gender separation.

While the majority of toilets used by refugees (80 per cent) were cleaned on a daily basis, they were not maintained to a satisfactory standard, even though this is necessary for good menstrual hygiene. Overall, 49 per cent of households surveyed said that their toilets received no maintenance of any kind.

The survey also revealed that on the issue of sanitary protection, most women refugees questioned preferred to use the sanitary towels included in the hygiene kits issued quarterly by UNHCR: during their last menstrual period, 75 per cent of women had used disposable sanitary towels, while 14 per cent had used fabric sanitary protection and 5 per cent cotton sanitary protection. Types of protection other than sanitary towels (cotton wool, nappies, pieces of cloth, handkerchiefs) were judged by refugee women to be "not as safe and not very strong".

Chart 4. Distribution of type of sanitary protection used by women during their last menstrual period (%)



With no designated place for their disposal, refugee women get rid of their sanitary towels in various places: down the toilet (72 per cent of women), as well as in waste bins, in holes dug behind the house or in rivers. Some burn them.

Finally, the difficulties encountered by women during their periods have a significant impact on their daily lives: 31 per cent of them (that is, one in three) do not go about their normal business when they are menstruating. The activities most likely to be halted during periods are essentially domestic and household tasks (43.8 per cent), trade (36.3 per cent) and education (29.7 per cent).

Chart 5. Final disposal methods for sanitary protection

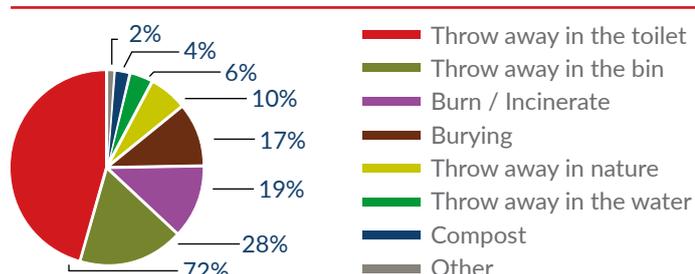
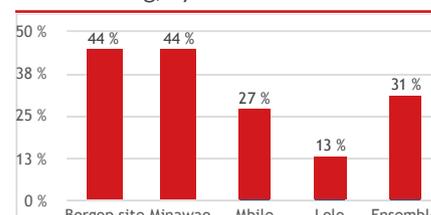


Chart 6. Percentage of women not going about their normal business when menstruating, by site



1- According to the WHO standard, the maximum number of people sharing a latrine in a refugee camp is set at 20

CONCLUSION

This study, the major goal of which is to report on menstrual hygiene management in refugee camps in Cameroon, was conducted in four refugee camps in the regions of Adamawa, the East and the Far North of Cameroon. It showed that overall, the types of toilet used by refugee women did not always ensure their privacy and security and did not allow them good menstrual hygiene management. A good number of refugee girls and women come up against sanitary protection difficulties that have negative impacts on their participation in active life.



RECOMMENDATIONS

The study shows the need to propose strategies for good menstrual hygiene in humanitarian situations.

More specifically, given the survey results, the study has led to the formulation of a number of recommendations, including the following points:

- » Increase the number of separate toilets and water points that comply with international standards, and establish a unified waste management system that includes menstrual waste.
- » Review the design of infrastructure elements, taking account of the needs expressed by the populations living in the camps and involving them in the design. Place a greater emphasis on the locations and also the size of toilet booths and their lighting, ventilation, privacy, ease of cleaning and maintenance. Take account of access for vulnerable people: people with disabilities, the elderly, pregnant women, children, etc
- » Build women's capacity in regard of menstrual hygiene management in order to reduce the risk of infections and to improve waste management practice. In the camps, the "temporary learning spaces" (ETAPes) can be used to teach girls about the menstrual cycle and use of disposable sanitary towels, and to raise awareness of menstrual hygiene and the health risks that result from poor practicee
- » Review the model of gender-specific toilets, increase the number of latrines and refurbish the old ones
- » Enhance awareness campaigns around menstrual hygiene management in the camps.
- » Provide a system, including a budget, for the management and maintenance of infrastructure elements even before they are built and involve stakeholders for the sustainable use of these items
- » Enhance awareness-raising campaigns on the use of facilities and how to clean them, and share the burden between men and women.

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INFORMATION ON THE PROGRAMME

This study forms part of the Joint Programme on Gender, Hygiene and Sanitation (GHS) programme conducted in West and Central Africa, which was born of a partnership between the **United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)** and the **Water Supply and Sanitation Collaborative Council (WSSCC)**. The goal of the programme is to speed up policies and practices to promote fairness and the human right to water, hygiene and sanitation for the women and girls of West and Central Africa. The programme accords particular importance to menstrual hygiene and is intended to influence public policies to take better account of the specific needs of women in girls in this regard. It is intended to influence behaviours for the adoption of safe, hygienic practice in the area of menstrual hygiene management.



Cameroon, Niger and Senegal are involved in the implementation of this programme, particularly through the following objectives:

- » Filling the gaps in data on hygiene and sanitation for women and girls.
- » Working for policy changes to achieve the human rights to water and sanitation for women and girls.
- » Strengthening national and local capacities around menstrual hygiene management.
- » Establishing partnerships for action. .

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Data was collected by the IFORD Institute research team. WSSCC and UN Women are not responsible for it.

