

MENSTRUAL HYGIENE MANAGEMENT IN THE REGIONS OF KYE-OSSI AND BAMOUNGOUNG, CAMEROON



PHOTO: ONU Femmes / Tapang'wo

This study is the third in a series by the Water Supply and Sanitation Collaborative Council (WSSCC) and UN Women under the Joint Programme on Gender, Hygiene and Sanitation in West and Central Africa. The study looks at menstrual hygiene management (MHM) among women and girls in Cameroon.

The study focused on two regions with very different socio-cultural profiles: Kye-Ossi in the south of Cameroon and Bamoungoum in the west. It reports on the current state of MHM-related practices and behaviours and analyses local infrastructure and public policies in the water, hygiene and sanitation sector. The study also

investigates the availability and relevance of information on MHM, and evaluates the impact on hygiene practices, living conditions, health, level of education and the participation of women and girls in school and at work.

Data were collected at central and regional levels. The study used a mixed research methodology combining a quantitative and a qualitative approach. In total, more than 1,000 people took part in the study. The total sample was divided into a school sample consisting of girls in school and a general sample, consisting of different categories of women and girls, for better analysis of the research questions.

THE RESULTS OF THE STUDY

At first glance, there are no significant differences in terms of access to information and menstrual hygiene practices between the school sample and the general sample. However, a deeper analysis of the data reveals a number of important factors:

With regard to **access to information**, girls who were attending school at the time of the study, or who had previously attended school, said that they had received lessons on body changes and menstrual hygiene at school. However they used the same **practices for washing** and disposal of sanitary material as those who had not been to school.

Sometimes the performance of the school group was even lower. Thus, 100% of the general sample in Bamoungoum washed used cloth pads with soap or detergent, against 83.7% of the school sample. Similarly, 95.5% of the general sample in Kye-Ossi washed used cloth used with soap or detergent, against 92.3% of the school sample.

On the contrary, the school sample figures for **drying sanitary materials** are markedly higher: 83.7% of the school sample from Bamoungoum dried sanitary cloths outdoors in the sun, compared with 44.9% of the general sample. In Kye-Ossi, 92.3% of the school sample dried sanitary cloths in the sun, compared with 48.8% of the general sample.

This raises questions about the **nature and relevance of information received** within and outside the education system.

- Within the education system, it should be noted that girls in primary school are less well informed about menstruation than girls in secondary school: only 12% of primary pupils had heard of the menstrual cycle, compared with 38.3% of those in secondary education. The difference is even greater when cross-compared with girls from the general sample who had attended school: 17.6% heard of the menstrual cycle when they were in primary school compared with 80.9% in secondary school. This confirms that the issue of menstruation is mainly addressed at secondary school.

According to the study data for the school sample, teachers rank third as sources of information about periods. Notably, even if school girls have heard of the menstrual cycle, they do not necessarily understand it. Only 17.4% of the school sample was able to correctly answer questions about the menstrual cycle, while 53.1% of girls gave a wrong answer and 29.5% gave an approximate answer.

- Generally, mothers and sisters were the main sources of information for both the school and general sample. Data show that mothers and sisters focus on the washing and the use of sanitary protection.

Drying and disposal issues are infrequently or very poorly addressed. Instead, mothers and sisters put an emphasis on amalgams and beliefs.

Similarly in both group samples, the study notes that upon the onset of **menarche**, the sources of information on menstruation focus on: the type of protection to use (42% in both samples), how to use sanitary protection (35% of the general sample, 34% of the school sample), how to stay clean (16% in both samples), how to deal with the pain (2% in both samples); and things or activities to avoid during periods (5% of the general sample and 6% of the school sample).

Data on women's and girls' experience of menarche confirm this information. While the majority of the total sample had heard of menstruation, more than 70% said that they did not understand what was happening to them when they had their first period. Fear was the dominant feeling (60% of the total sample); 15% of the total sample felt happy, while 7% felt unhappy and 13% were indifferent. These data confirm that girls are **poorly prepared** for the onset of their periods. Periods are not addressed holistically (mentally, psychologically and physically) in a way that ensures good understanding and management of this normal and recurring phenomenon in the lives of women.

Some perceptions about menstruation may constitute a **risk** for girls and women. These include beliefs associated with the start of girls' sex lives, their ability to have children, their fertility and the importance of menstrual blood. These factors are often directly related to the **social position** of girls and women in their communities and in society in general. They can have a negative impact on women's and girls' **self-esteem** and empowerment.

Although currently very limited, it is important to highlight the **involvement of men**. Among the general sample, 10% had obtained information about periods from a male teacher, 1.6% had approached their father when they had their first period, and 0.9% had approached an uncle or another man in the family.

With regard to **infrastructure**, the majority of schools visited had latrines. More than 90% of latrines were single sex in Kye-Ossi and a slightly lower number in Bamoungoum; more than 80% of latrines had doors. Girls attended school during their periods. Their attendance varied from 9% to 47% due to various factors: menstrual pain, concentration problems, inability to change and manage intimate hygiene at school. The poor maintenance rate of latrines (only 20% were clean in Kye-Ossi and 42% in Bamoungoum) results in sporadic use by girls, particularly during menstruation.

At the same time, 22% of **working women** reduce their activities during menstruation. They show considerable ingenuity in managing their periods given the lack of appropriate facilities in the workplace. Many manage to get by, they ask neighbours, colleagues or friends for help or go home. The absence of working public toilets is their main concern (33%) followed by (possible) stains on their clothes, the lack of a private space to change, and the physical discomfort associated with periods.

A sufficient quantity of **water** was available in the schools visited but **soap** was almost never available: only 17.6% of respondents reported that handwashing facilities always had soap. Hygiene and health goals are not achievable without soap.

Regarding users' preference for **sanitary protection**, sanitary pads were at the top of the list (over 80% in both samples), followed by cloth made into reusable sanitary protection. Both samples reported mixed use of preferred sanitary pads (favourite protection) and reusable cloth

(sanitary protection made by users themselves or local societies and women's groups).

Hygiene practices for reusable sanitary protection are only average, since more than half of the total sample do not dry their reusable cloths outdoors in the sun. Even if the cloth is washed with soap and changed at least twice a day, drying in the shade does not guarantee the optimal elimination of germs.

Sanitary protection is mostly **disposed of** in latrines or toilets – 85% in both the school and the general samples, posing a risk for the environment and for the maintenance of the latrines/toilets.

Cameroon public policies in the with water and sanitation sector, do not address menstrual hygiene management. In the education system, menstruation is integrated into the curriculum but not in a sufficiently detailed manner to ensure that pupils have a good understanding of the menstrual cycle.



Animation sur la gestion de l'hygiène menstruelle dans le village de Dielerlou Syll.
PHOTO : Javier Acebal/WSSCC/ONU Femmes

RECOMMENDATIONS

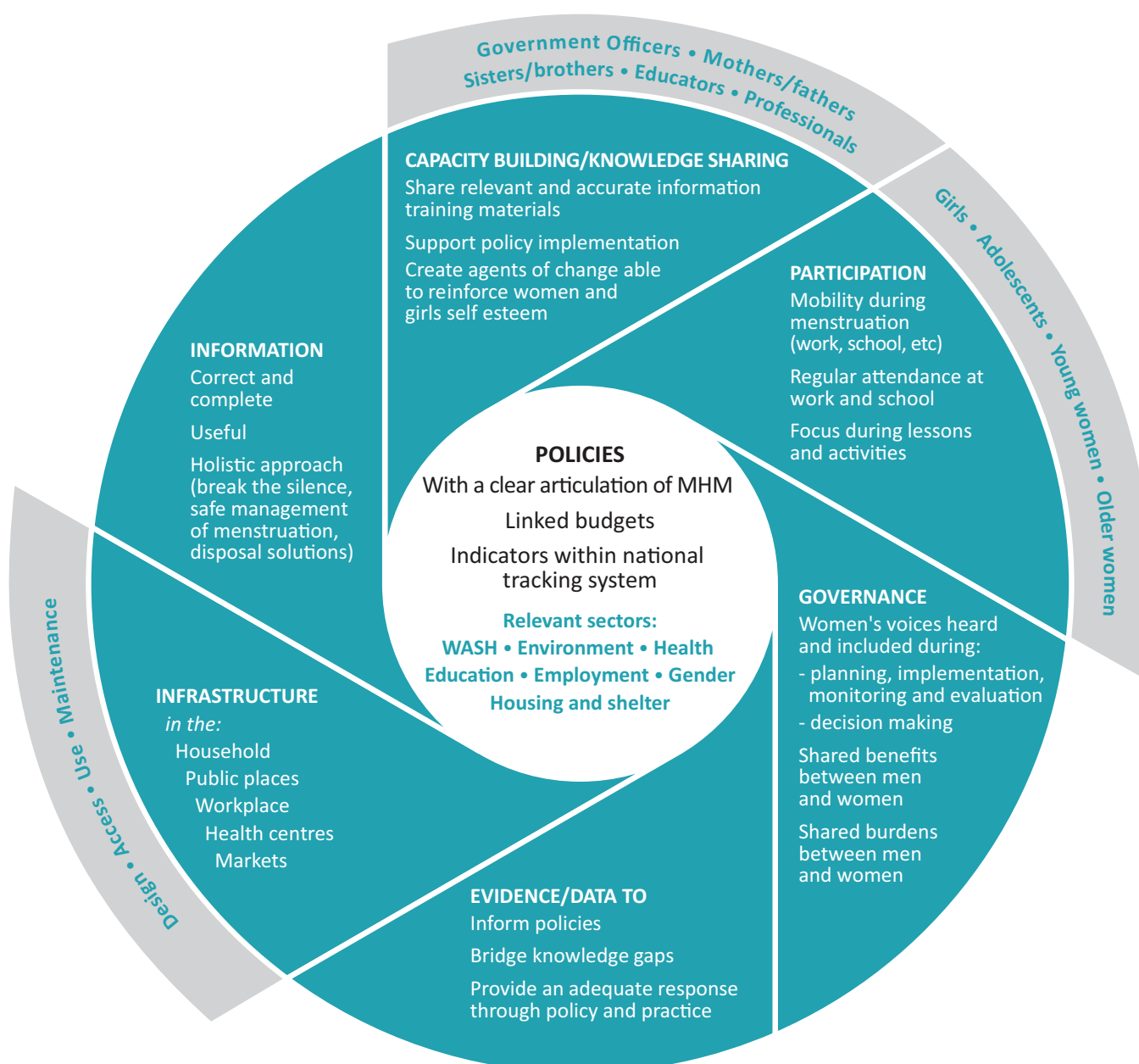
Ensuring safe and dignified menstrual hygiene management unlocks multiple benefits. Women and girls who are better informed can participate fully in society and the economy, leading fuller lives in terms of school, play, work and leisure.

MHM must be clearly spelled out in national policy with budgets and with monitoring to match. Capacity to implement this policy is key together with services on the ground that women and girls can use with confidence.

Filling the evidence gaps is important through action-oriented research that informs policymakers and practitioners.

Policy transformation and improved facilities must go hand-in-hand with better governance including state responsibility for public spaces and institutions that guarantee women's access to safe and suitable services.

CRITICAL ELEMENTS FOR THE FULFILMENT OF WOMEN AND GIRLS HUMAN RIGHTS* DURING MENSTRUATION



*Convention on the Elimination of All Forms of Discrimination against Women, Right to Water and Sanitation, Right to Education, Right to Information, Right to Health, Right to Work, including decent conditions of work.