

# MENSTRUAL HYGIENE MANAGEMENT: BEHAVIOUR AND PRACTICES IN KYE-OSSI AND BAMOUNGOUNG, CAMEROON



STUDY

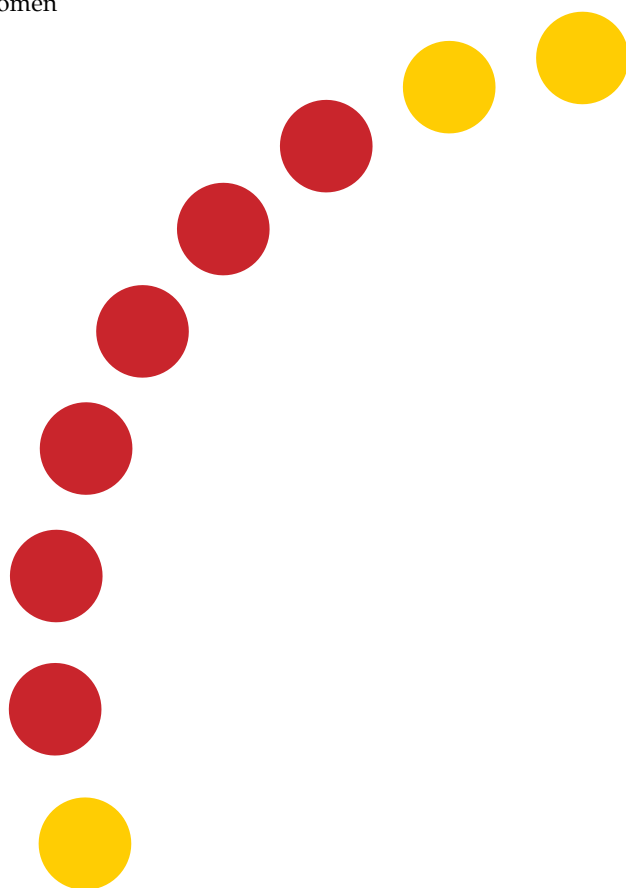


# MENSTRUAL HYGIENE MANAGEMENT: BEHAVIOUR AND PRACTICES IN KYE-OSSI AND BAMOUNGOM, CAMEROON

This report examines a range of issues, from women and girls lack of access to sanitation and hygiene services to their strategies for dealing with menstrual hygiene management while playing their roles in families, communities, at work, at school, etc. The study also addresses the impact of perpetrated beliefs and restrictions they are sometimes submitted to in these two regions of Cameroon.



A life cycle & Human Rights based approach for sanitation and hygiene for women and girls.

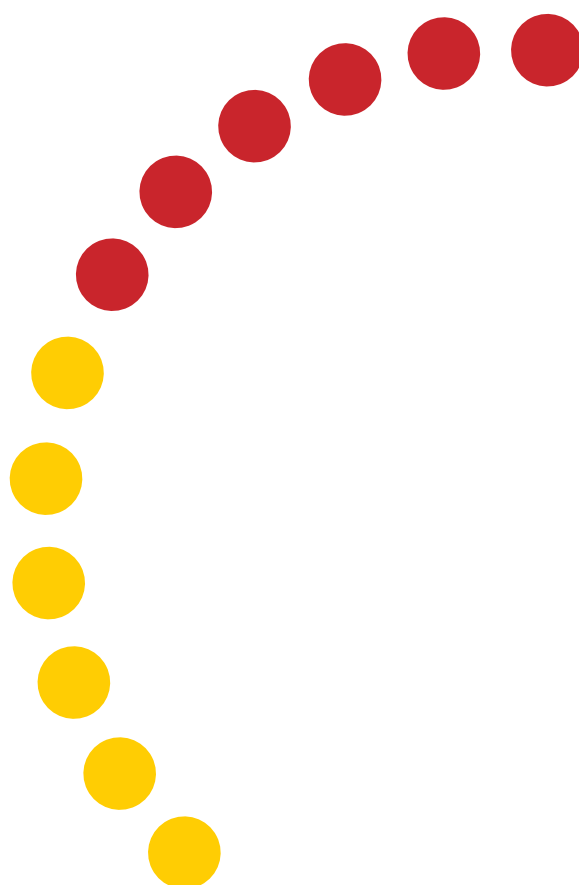


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# LIST OF ACRONYMS

## BCC

Behaviour Change Communication

## BUCREP

Bureau central de recensement et d'étude de la population  
(Central Census and Population Study Office)

## CDE

Camerounaise des eaux (Cameroon Water Company)

## CEDAW

Convention on the Elimination of all Forms of Discrimination  
Against Women

## CLTS

Community-led Total Sanitation

## CSPro

Census and Survey Processing System

## DC

Developing countries

## EA

Enumeration area

## ECAM

Enquête camerounaise auprès des ménages  
(Cameroon Household Survey)

## EDS

Enquête Démographique et de Santé (Demographic Health Survey)

## FGD

Focus Group Discussion

## IEC

Information, Education and Communication

## INS

Institut national de statistique (National Statistics Institute)

## MDG

Millennium Development Goals

## MHM

Menstrual Hygiene Management

## MINATD

Ministère de l'Administration territoriale et de la Décentralisation  
(Ministry of Territorial Administration and Decentralization)

## MINDUH

Ministère de l'Habitat et du Développement urbain  
(Ministry of Housing and Urban Development)

## MINEDUB

Ministère de l'Education de base (Ministry of Basic Education)

## MINEE

Ministère de l'Eau et de l'Energie (Ministry of Water and Energy)

**MINEPADT**

Ministère de l'Economie, de la Planification et de l'Aménagement du territoire (Ministry of Economy, Planning and Regional Development)

**MINSANTÉ**

Ministère de la Santé publique (Ministry of Public Health)

**OD**

Open defecation

**ORSTOM**

Office de la recherche scientifique et technique outre-mer  
(Office for Overseas Scientific and Technical Research)

**PAEPA**

Projet en alimentation en eau potable et d'assainissement  
(Drinking Water and Sanitation Supply Project)

**PRSP**

Poverty Reduction Strategy Papers

**RGPH**

Recensement Général de la Population et de l'Habitat  
(General Census of Population and Housing)

**SNEC**

Société nationale des eaux du Cameroun  
(Cameroon National Water Company)

**SOFRECO**

Consultancy for Sustainable Economic and Social Development

**SPSS**

Statistical package for social sciences

**SVT**

Sciences de la vie et de la terre (Life and Earth Science)

**ToR**

Terms of Reference

**UN Women**

United Nations Entity for Gender Equality and the Empowerment of Women

**UNFPA**

United Nations Population Fund

**UNICEF**

United Nations Children's Fund

**UP**

Unwanted pregnancy

**WASH**

Water, Sanitation and Hygiene

**WSSCC**

Water Supply & Sanitation Collaborative Council







# EXECUTIVE SUMMARY

This study is the third<sup>1</sup> 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. It explores the subject of menstrual hygiene management by women and girls in Cameroon.

The study focused on two regions with very different socio-cultural profiles: Kye-Ossi in the south and Bamoungoum in the west. It looks at the current state of MHM-related practices and behaviour and analyses infrastructure and public policies in the water, hygiene and sanitation sector. It also checks the availability and relevance of information on MHM, and evaluates its impact on hygiene practices, people's living conditions, their health, educational levels and the employment of women and girls.

Data were collected at both central and regional levels. The study uses a mixed research methodology combining a quantitative and a qualitative approach. In total, more than 1000 individuals took part. The total sample was divided into a school sample and a general sample, for better analysis of the research questions.

**The Joint Programme on Gender, Hygiene and Sanitation** was implemented in three pilot countries of West and Central Africa: Cameroon, Niger and Senegal.



## Main results

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.

<sup>1</sup> References for the two previous studies: Menstrual Hygiene Management: Behaviour and practices in the region of Louga, Senegal, WSSCC and UN Women 2014, <http://wsscc.org/resources-feed/menstrual-hygiene-management/>; Menstrual Hygiene Management: Behaviour and practices in the Kedougou region, Senegal, WSSCC and UN Women 2015, <http://wsscc.org/resources-feed/menstrual-hygiene-management/>

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 (preferred 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** within the 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.





# BACKGROUND

This report is the third in a series of studies initiated under the Joint Programme on Gender, Hygiene and Sanitation, designed and implemented by the Water Supply and Sanitation Collaborative Council (WSSCC) and UN Women, the UN Entity for Gender Equality and the Empowerment of Women.

The result of a joint strategic action, the programme combines the expertise and skills of two United Nations member institutions, each with different but complementary mandates, with the common goal of having women's voices heard and contributing to the achievement of their rights.

Implemented in three countries (Cameroon, Niger and Senegal), the programme aims to establish a framework within which the region's women and girls will be able to benefit in a sustained manner from water, sanitation and hygiene services (WASH).

The main goal of the programme is to accelerate policies and practices to promote equity and the human right to water, hygiene and sanitation for the women and girls of West and Central Africa. The issue of menstrual hygiene is an entry point that makes it possible to bring to light the gender-specific nature of women's needs in this area.

Information on menstrual hygiene management is rare. Related practices and behaviour are little documented. After Kedougou, this study carried out in the regions of Kye-Ossi and Bamoungoum attempts to reduce the knowledge gap in this field for better planning and a better response to the hygiene and sanitation needs of women and girls targeting not only the WASH sector, but also in the education, employment, health and environment sectors.

## The study area

A review of the health map of Cameroon, together with information from other sources, sheds light on the particular context of Kye-Ossi in the southern region and Bamoungoum in the western region.

### Data on health in Cameroon

In Cameroon there are 4351 health facilities. Of these, 2428 (55.8%) belong to the public sector and 1923 (44.1%) to the private sector.<sup>2</sup> Some 50.6% of facilities are concentrated in the central, western and coastal regions with a predominance of private sector facilities in the centre and on the coast, unlike in the other regions. Adamawa, the north and the south have least access with, respectively, 4.1%, 4.4% and 5.1% of identified facilities.

According to the census carried out in 2011,<sup>3</sup> the overall number of health workers was 38027, 66% of whom were in the public sector and 34% in other sectors. In general in Cameroon, women make up to 56% of total health professionals versus men who represent 44%. The regions of the centre, where the political capital of the country is located, the coast, where the economic capital is, and the west are better served with health personnel with 24%, 18% and 13% respectively. This means that 42% of the population is served by 55% of the health workforce. Adamawa, the south and the east, in contrast, have less coverage with 3.4%, 3.7% and 4%, in total a little over 11% of the workforce as a whole. Specifically, the west has 116 general practitioners and 26 specialist doctors for a population of close to 1.8 million, while the southern region has 45 general practitioners and 11 specialists for an estimated population of less than 700,000. There are 2599 nurses in the west and 781 in the south.

<sup>2</sup> Ministry of Health, Human Resources Directorate. (2011) General census of staff in the Cameroon health sector [online]. 68 pp. (page viewed 24 April 2015). Available at: <http://cm-minsante-drh.com/site/index.php/le-minsante-12>

<sup>3</sup> Ibid.

### Data on sanitation in Cameroon

According to the Joint Monitoring Programme Progress Report for 2014, Cameroon is one of 46 countries in which sanitation coverage is below 50%.<sup>4</sup> The proportion of the population in 2012 who had gained access to sanitation since 2000 was 14%. Tables 1 and 2 illustrate this reality and help explain the situation of the sanitation and water sectors over time.

*Table 1*  
Access to sanitation facilities in Cameroon (national estimate)

National estimate of access to sanitation infrastructure in Cameroon (Percentage of population)						
Year	Improved		Unimproved	Shared facilities	Unimproved facilities	Open defecation
1990		40		13	36	11
2000		42		14	35	9
2001		45		15	34	6

Source : UNICEF, 2014<sup>5</sup>

### Data on access to water in Cameroon

Moreover, it is estimated that the proportion of the 2012 Cameroon population that had gained access to water since 2000 was 29%. Table 2 illustrates the situation of access to water from 1990 to 2012.

*Table 2*  
Access to water in Cameroon (national estimate)

Use of Water Points (Percentage of population)							
Year	Improved	Total with access to an improved water point	Domestic connections	Other improved water points	Unimproved	Unimproved	Surface water
1990		51	11	40		35	14
2000		62	13	49		27	11
2001		74	16	58		18	8

Source : UNICEF, 2014<sup>6</sup>

While the figures for open defecation, unimproved water sources and use of surface water are a cause for concern, it should be noted that Cameroon fares better than the average for sub-Saharan Africa, which performs poorly overall on these issues. The percentage of the sub-Saharan population of 2012 with access to sanitation since 2000 is 10% against 14% in Cameroon. The percentage of the sub-Saharan population with access to water since 2000 is 24% compared with 29% for Cameroon.<sup>7</sup>

4 WHO/UNICEF. (2014) Progress on Drinking Water and Sanitation. Joint Monitoring Programme Update. [online] 78 pp. (page viewed 24 April 2015). Available at: <http://www.wssinfo.org/documents/>

5 OMS et UNICEF, *ibid*.

6 *Ibid*.

7 *Ibid*.



## Kye-Ossi

### Geographical data

Located in the southernmost tip of Cameroon, Kye-Ossi is the capital of the district (*arrondissement*) and of the local administrative unit (*commune*) that bears its name. This border and transit town has a population of 15 000. It is bound to the north by the commune of Ambam, to the south by Equatorial Guinea, to the east by Gabon and to the west by the commune of Olamze.

With a surface area of 710 km<sup>2</sup>, it has a fairly dense hydrographic network. The Kye is the most important river, with numerous tributaries. Influencing the distribution of water points, the relief has some plateaux, a preponderance of flat land, and a succession of roughly hemispherical hills separated by marshy valleys.

### Socio-economic data

The last town in south Cameroon before the border with Gabon and Equatorial Guinea, Kye-Ossi is known as an important crossroads for trade, attracting numerous citizens from these two countries. Economic activity is dominated by agriculture, followed by livestock farming, fishing, craft and trade.

#### – Education

The town has 25 primary schools, 10 nursery schools, one high school, one technical, industrial and commercial college (CETIC) and a private catholic school.

#### – Water, sanitation and electricity supplies

There are acute problems with the supply of drinking water and sanitation in Kye-Ossi. Indeed, as shown in Table 3, the ways in which water is supplied are mostly traditional (well with no filtering system, seal or protective cover, rain water, spring water, river water, etc.) and do not include the networks of either Camerounaise des eaux (CDE) or the commune. Supply is essentially from private water tanks, boreholes, wells, springs, rivers, and rain water collection.

In addition, the absence of a water distribution network or method of disinfection and the lack of any quality controls increase the risk of water-borne diseases.

Table 3

Types of water supply in Kye-Ossi

Type of supply	Private water tank	Borehole	Well	Spring	River	Rain water	Total
Effective	8	61	25	49	11	3	157

Source: Approvisionnement en Eau et Sante Des Populations à Kyé-Ossi, 2010, Ecole Normale Supérieure, Université de Cameroun<sup>8</sup>

Access to electricity is another major development and welfare question for the local population. The fact is, the town is not served by the national electricity network and is not covered by the ENEO network, although electricity poles and wires can be seen from place to place, suggesting the existence of a local power plant.

### Socio-cultural data

Kye-Ossi is subdivided into 21 villages and has many ethnic groups. The Ntoundou people that constitute the indigenous population, the Bamum people, the Bamileke people, the Bulu people and a range of ethnic groups from neighbouring countries. The main languages spoken are French, Ntoundou and Bamum. The dominant religions are Protestant, Catholic and Islam.

### Health Situation

The Amban health district has 17 health areas with 37 health facilities. The Kye-Ossi health area, which is incorporated into this district, has a district medical centre (CMA), an integrated health centre (CSI) and two private health facilities.

8 Ella J.-B. (2010). Approvisionnement en eau et santé des populations à Kyé-Ossi. Yaoundé : Ecole normale supérieure, Université de Yaoundé I.

## Bamoungoum

### Geographical data

Main town of the district of Bafoussam III, Bamoungoum covers a surface of 93.2km<sup>2</sup>. It has one of the highest population densities in the west and in the whole of Cameroon. It has an estimated population of 81,835, of whom 38,644 are men and 43,191 are women.<sup>9</sup> Applying the annual growth rate of 2.6% calculated by the Ministry of the Economy, Planning and Regional Development (MINEPATD), the current population is estimated at 94,601, spread over 57 villages.

#### – Relief

The relief is mountainous with numerous plateaux and plains. It consists of a chain of mountains marking the boundary to the south with the village of Bandjoun, and to the west with the villages of Bameka and Bansoa.

#### – Climate

Like the whole region of the high western plateaux, Bamoungoum has a Sudanese tropical climate dominated by two main seasons: a dry season from November-December to May-June, and a rainy season from June-July to November-December.

### Socio-economic data

Agriculture is the main activity in rural areas. Maize, peanuts, beans, plantains, vegetables and tubers largely meet the food needs of the community. In this regard, Bamoungoum is considered a bread-basket for the town of Bamoungoum, the major cities of Yaounde and Douala, and even for neighbouring countries (in particular, Gabon and Equatorial Guinea). There are two types of agricultural production:

- Market gardening (potatoes, tomatoes, carrots, green beans, maize, etc.) with an essentially female labour force.
- Cash crop production (Arabica and Robusta coffee) organized by agricultural growers' cooperatives.

#### – Water supply

In 2007, fewer than 26% of households had access to a source of drinking water in the west region. This is 14 points lower than the national level (see table 4).

*Table 4*

Proportion of the population with access to potable drinking water (%)

	2007	2008
West	25.1	29.5
Cameroon	40.6	43.9

Source : ECAM 2 & 3, Institut National de la Statistique, Yaoundé (Cameroon)<sup>10,11</sup>

#### – Education

In the geographical area of the local administrative unit of Bafoussam III, the education sector has 43 state primary schools, 20 private secular and religious schools, 11 state nursery schools, 13 private secular and religious nursery schools, four high schools and nine general and technical secondary schools.

<sup>9</sup> 3e Recensement général de la population et de l'habitat (RGPH) (2010) [en ligne]. Institut national de la statistique du Cameroun (page consultée le 24 avril 2015). Disponible sur : [http://www.statistics-cameroon.org/downloads/Rapport\\_de\\_presentation\\_3\\_RGPH.pdf](http://www.statistics-cameroon.org/downloads/Rapport_de_presentation_3_RGPH.pdf)

<sup>10</sup> INS, ECAM II (2002) Enquête camerounaise auprès des ménages. Yaoundé : Institut national de la statistique.

<sup>11</sup> INS, ECAM III (2007) Conditions de vie des populations et profil de pauvreté au Cameroun. Yaoundé : Institut national de la statistique. 203p.

## Socio-cultural data

Bamoungoum is one of the villages of the West where the Ngumba language is spoken. It is a first degree chiefdom and borders eight villages, which explains why dignitaries speak of “all eight sides of Bamoungoum” when they evoke the region as a whole. The local administrative unit has a range of religious components including Catholic and Protestant Christians and some Muslims and animists. Originating in several villages in the west region, the Bamileke people are the dominant ethnicity in Bamoungoum.

## Health situation

In the local administrative unit of Bafoussam III, the health sector suffers from a severe shortage of staff, with only 13 nurses and one doctor for 86,500 inhabitants.

The most recurrent health problems are similar to those of the west, with malaria, diarrhoeal diseases and HIV/AIDS all prevalent.

The local administrative unit has the following health facilities: one CMA and one CSI, a military hospital, a prison healthcentre and four religious health facilities.

## Research problem

Long ignored, menstrual hygiene management (MHM) has received more attention in recent years on the international scene thanks to various initiatives: intervention,<sup>12</sup> advocacy,<sup>13</sup> and research.<sup>14,15,16</sup> Menstruation-related issues are now part of discussions in the Post-2015 Development Agenda and analysts agree that MHM should be included as an indicator in the Post-2015 targets and objectives.<sup>17</sup>

As in the majority of the countries of Central Africa, women account for more than half (50.6%) of the population of Cameroon<sup>18</sup> and are also the main users of WASH.

Cameroon is a signatory to the two main instruments for the protection and promotion of women's rights (CEDAW,<sup>19</sup> the Maputo Protocol<sup>20</sup>). Nonetheless, it seems that the issue of MHM was not covered by the Demographic and Health Surveys recently published in Cameroon,<sup>21,22</sup> highlighting the lack of information on this issue at national level. Furthermore, no research or data, even sectoral, on MHM can be found in studies conducted to date.

Given this situation, WSSCC and UN Women launched the series of studies on the management of menstrual hygiene in West and Central Africa, as part of the Joint Programme on Gender, Hygiene and Sanitation. In addition to remedying the current lack of information and data on MHM, the results of these studies will guide actions undertaken by the two agencies through the Joint Programme.

12 WSSCC (2013). Rapport final de l'atelier du WSSCC sur l'équité et l'inclusion : 13-14 September, 2013 Dakar, Senegal.

13 Ibid.

14 Umeora O., Egwuatu VE. (2008) Menstruation in Rural Igbo Women of South East Nigeria: Attitudes, Beliefs and Practices [on line]. African journal of Reproductive Health Vol.12 (page viewed 24 April 2015). Available at: <http://www.ajol.info/index.php/ajrh/article/download/7961/30519>

15 Bayray A. (2012). Menstrual Perceptions and Preparation of Rural Adolescent Females in Tigray, North Ethiopia. Universal Journal of Education and General Studies Vol. 1 pp. 009-016.

16 UNICEF (2013). L'hygiène menstruelle dans les écoles de deux pays francophones d'Afrique de l'Ouest : Burkina Faso et Niger.

17 Ibid.

18 3e RGPH (2010). Ibid.

19 International Convention on the Elimination of All Forms of Discrimination against Women (1979).

20 Protocol to the African Charter on Human and Peoples' Rights, relating to Women's Rights in Africa (1995).

21 INS/ICF International (2005). Enquête démoChart de santé Cameroun 2004. Yaoundé : Institut National de la Statistique/ICF International.

22 INS/ICF International (2012). Enquête démoChart de santé Cameroun 2011 [on line]. Yaoundé : Institut National de la Statistique/ICF International. (page viewed 24 April 2015). Available at: <https://dhsprogram.com/pubs/pdf/FR260/FR260.pdf>





# OBJECTIVES AND METHODOLOGY OF THE STUDY

## Objectives of the study

This study aims to achieve the following objectives:

1. Report on practices and behaviour related to MHM in Cameroon, including an analysis and summative evaluation of existing infrastructure and public policies;
2. Ascertain the availability and relevance of information on the management of menstrual hygiene;
3. Provide an assessment of the impact of the situation found on the living conditions of the population, and on their health and educational level, on the employment of women and girls and on the environment.

## Methodology

### Data collection method

This study uses a mixed research methodology combining a quantitative and a qualitative approach. It seeks to provide information on menstrual hygiene management in several Cameroon contexts to:

- Obtain both quantitative and non-quantitative data that provide information on the situation
- Deepen knowledge of this field
- Clarify future actions to provide programmatic responses.

### The sites

Two locations in two separate regions of Cameroon were selected for this study: Kye-Ossi in the south region and Bamoungoum in the west region. The selection of these regions was based on a number of programmatic and sociological factors.

The semi-rural locality of Kye-Ossi is in an area in which UN Women already implements programmes, therefore, a location where future actions are likely to have an impact.

In this cosmopolitan location in the Equatorial Bantu area, the structure of social relationships is known to be flexible, allowing greater freedom of choice for individuals.<sup>23</sup>

The second location, the semi-rural locality of Bamoungoum, was chosen in the grassland region of the west. In this area, behaviour is generally guided by a more rigid reference to social class. Feudal structures are stricter and cultural norms have a stronger impact on social relations.

These two localities, with semi-urban and semi-rural characteristics, present different cultural profiles.

<sup>23</sup> ORSTOM (1982) *Nature et forme de pouvoir dans les sociétés dites acéphales. Exemples camerounais*. Proceedings of the Yaoundé science day, 1 March 1978. Paris: Proceedings and documents from ORSTOM No. 142. 169 pp.

**Table 5**  
Demographic data on the study sites

Region	Number of households in 2003			Population in 2003		
	Urban	Rural	Total	Urban	Rural	Total
Bamoungoum	11,018	4,249	15,267	57,419	23,777	81,196
Kye-Ossi	3	3,730	3,733	22	15,790	15,812
Total	11,021	7,979	19,000	57,441	39,567	97,008

Source : Institut National de la Statistique, Yaoundé (Cameroon)

### Targets

As the data sought essentially relate to levels of knowledge, customary practices, and modes of education about MHM, and to related public policies, targets have been set accordingly. The categories adopted are, therefore, as follows:

- Women of childbearing age divided into two groups: girls attending school (the school sample) and women and girls outside the education system (general sample).
- Officials in key ministerial departments concerned with MHM. (MINSANTE, MINEE, MINEDUB, MINATD)
- Women's opinion leaders and/or traditional and religious authorities.

To meet the objectives of the study, it proved appropriate to collect data at educational establishments for the school sample and within households for the general sample. With regard to ministerial officials and opinion leaders, the appropriateness of places to organize interviews and focus groups (FG)<sup>24</sup> was discussed and agreed on each occasion with the persons concerned.

### Sampling

#### - Sampling frame

To meet reliability requirements, this study used the RGPH III sampling frame, which is also the frame generally used for Cameroon-based studies.<sup>25,26</sup> The extract from the sampling frame used is therefore formed from the listing of all the enumeration areas (EAs) in the localities of Kye-Ossi (13 EAs) and Bamoungoum (89 EAs).

#### - Quantitative sample

The sample comprised 445 general subjects and 515 school subjects. In terms of dispersion, this sample was taken from seven EAs randomly drawn in the sampling frame (listing of EAs) in each locality, with a selection of 30 households per EA. Within each selected household, one subject was drawn at random from the women not in a school setting.

For that part of the research in a school setting, pupils were identified by site. These pupils were taken from two phases of education: primary (years 5 and 6, pupils aged 10-12 on average) and secondary (years 1 and 2, pupils aged 12-13 on average).

#### - Qualitative sample

- Six focus groups were organized, three in Kye-Ossi and three in Bamoungoum. These FGs were mostly of women opinion leaders with the addition, however, of women and girls from more modest social backgrounds.
- Concerning officials from key ministerial departments, a total of eight interviews were conducted, including two for MINEDUB, one for MINSANTE, two for MINEE and one for MINATD. In addition, one was conducted with a UNICEF official and a commune expert. (See Annex for list of interviewees.)
- Lastly, some additional interviews were conducted with other officials with devolved powers to provide extra information (the principal of the high school, the town mayor, etc.).

<sup>24</sup> Focus groups are small discussion groups composed of 6-8 women or girls, within which they feel free to speak. The leaders of these groups invite the participants to speak, exchange views and learn about MHM.

<sup>25</sup> INS (2007). Ibid.

<sup>26</sup> INS/ICF International (2012). Ibid.



**Table 6**  
Summary of sample by target and site

Tool	Quantitative		
	Targets	Effective	
		Kye-Ossi	Bamoungoum
Questionnaire	School	255	260
	General	227	218
FGD guide	Women leaders	3 FGD	3 FGD
Interview guide	Central level decision-makers	8	
	Local officials	3	3

Participants in focus group discussions were mixed together regardless of their profile with a view to mutual enrichment. Table 7 shows the detail of the composition of these groups.

**Table 7**  
Focus group participants by site and socio-demographic characteristics

		Kye-Ossi	Bamoungoum	Total (%)
Age	20 years	3	1	5.6
	21-25 years	15	4	26.4
	26-35 years	15	18	45.8
	36-45 years	3	6	12.5
	46-55 years	1	3	5.6
	56 and over	0	3	4.2
Religion	Pentecostal	6	0*	16.2
	Catholic	4	0*	10.8
	Protestant	17	0*	45.9
	Muslim	10	0*	27.0
Level of education	None	4	0	5.6
	Primary	15	13	38.9
	Secondary	18	15	45.8
	Higher	0	7	9.7
Ethnic group	Ntoumou	20	0	27.8
	Bamoun	11	1	16.7
	Bassa	4	0	5.6
	Bamoungoum	0	28	38.9
	Baham	0	3	4.2
	Others	2	3	6.9

\*(missing data)

## Nature and content of collection tools

The collection tools were designed to suit the target group and the nature of the information being sought. They are as follows:

### 1. The “school” questionnaire

For adolescents in school settings. This is based on several areas of interest associated with questions about MHM knowledge and practice in the school setting and on the infrastructure available on the school premises.

### 2. The “general” questionnaire

For women and girls not in the school system and carrying out various activities including income generating activities and housewives. In addition to questions on MHM knowledge and practices, the questionnaire explores the facilities (equipment, infrastructure) available in public places for women to use for hygiene purposes and, in particular, explores the functionality of these facilities.

### 3. The focus group guide for focus group discussions

The intention was to find out more about the beliefs, practices and customs directly affecting or interfering with MHM, and about the impact of these traditional practices on MHM and the behaviour of girls and adult women.

### 4. The interview guide for individual interviews

The interview guides were designed to explore public policy issues related to the WASH sector in general and MHM in particular. It was mainly a question of describing WASH-related public policies and observing how they incorporated the crucial subject of MHM as a part of WASH.

## Data collection

Data collection took place from 24 November to 2 December 2014 for Kye-Ossi and from 1 to 11 December 2014 for Bamoungoum.

This data collection operation was also used as an opportunity to inform and raise the awareness of local leaders concerned with MHM.

## Data analysis and report production

Quantitative data were entered into CSPro software and then cleaned and transferred to SPSS, where the main part of the analysis was carried out.

Qualitative data were subjected to content analysis, permitting, after transcription, a thematic summary of each interview, then a grouping and analysis of thematic content, on the basis of the verbatims.

## Limits to the study

In Kye-Ossi, a trading town, data collection coincided with a general strike on the part of traders, who were demanding freer border crossings for Equatorial Guinean customers. When the strike was at its peak, teams could not move from one part of the town to another. Consequently, the field study took longer than planned.

In Bamoungoum it was difficult to organize women-only focus groups. The team faced the distrust of some groups. The support of local leaders and the help of the guides finally enabled this to be overcome.

# REVIEW OF CAMEROON PUBLIC POLICIES RELATED TO WATER AND SANITATION

This chapter is devoted to a review of MHM-related public policies on water and sanitation in Cameroon.

An examination of the strategy document for growth and employment (DSCE)<sup>27</sup> clearly shows the intention of the State of Cameroon to reach the Millennium Development Goals (MDGs), improving the living conditions of the population.

The DSCE takes responsibility for target 7.C of MDG 7, aiming to “reduce by half the proportion of the population without access to safe drinking water”.

In detail, this commitment covers several aspects, including three main points taken on by the DSCE and other sources:

- Increasing the percentage of urban households with direct access to water from 29% (estimated at 226,638) to 75% by 2020.
- In the same period (2010-2020), taking priority actions including making 700,000 urban water connections, 40,000 water point equivalents in rural areas and 1.2 million latrines, and the refurbishment of 6,000 water point equivalents in rural areas.
- Increasing the rate of access to sanitation infrastructure from 15% to 60% by the strategy target date, by implementing a programme for the installation of latrine blocks with water points in public establishments and by scaling up the implementation of the Community-led Total Sanitation (CLTS) programme.

It became immediately apparent that aspects related to MHM are not explicitly provided in the guidance documents for the country’s policies.

<sup>27</sup> Republic of Cameroon (2009) Document de stratégie pour la croissance et l’emploi: Cadre de référence de l’action gouvernementale pour la période 2010-2020 [on line]. Yaoundé : MINEPAT, 174 pp. (page viewed 24 April 2015). Available at: <http://www.minepat.gov.cm/index.php/fr/modules-menu/doc/download/108-document-de-strategies-pour-la-croissance-et-l-emploi-dsce>



Outside view of a toilet at Cetic school in Kye-Ossi.



# MENSTRUATION IN CAMEROON: STUDY FINDINGS

This chapter begins with a presentation of a profile of the populations surveyed for this study, through a description of the main socio-demographic categories of each of them.

In total, the quantitative part of the study reached 515 girls in school and 445 women and girls outside of school. This second group called general sample, was composed of girls and women who were either economically active, or not engaged in revenue gaining activity or working part-time, etc. The subjects of this sample were selected during the household surveys. 49.5% of the girls in the school sample were from schools in Kye-Ossi and 50.5% from schools in Bamoungoum.

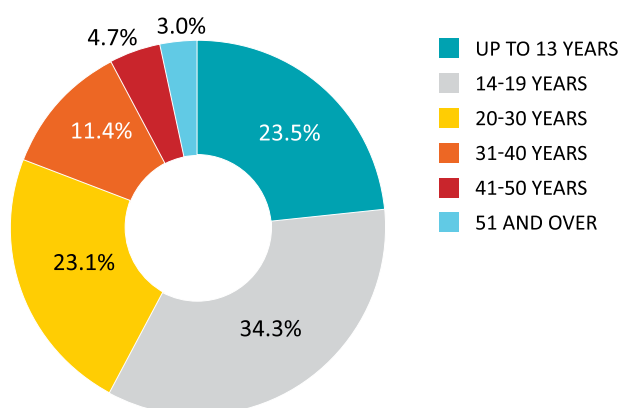
Here, as in the rest of the document, the analysis will both combine and distinguish between the two groups..

## – Overview of the total study sample

The age structure of the sample (Chart 1) shows a preponderance of adolescents and young adults forming more than half the sample. From the age of 20 years, a decrease in line with the age pyramid in Cameroon can be observed.

*Chart 1*

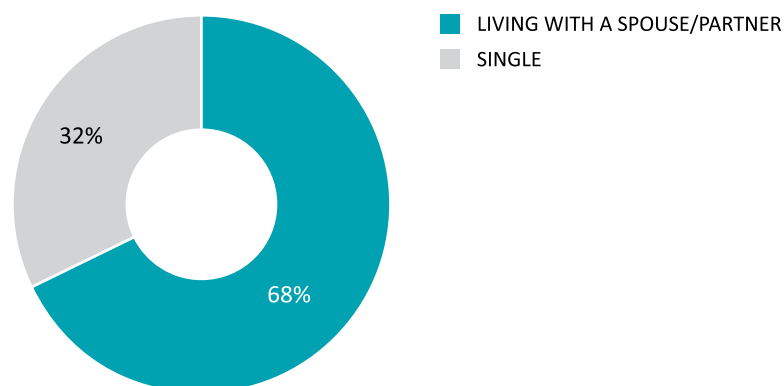
Age distribution of total sample



The vast majority of the sample is single (see Chart 2). Individuals living with a partner were generally found within households (general sample). The correlation of the ages of those living with a spouse or partner shows a low incidence of early marriage.

*Chart 2*

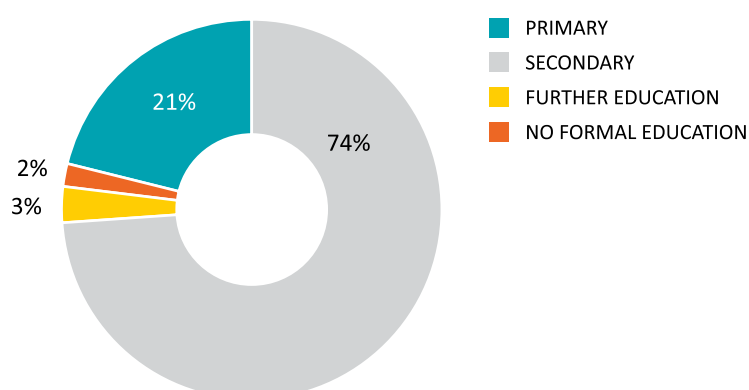
#### Marital status of the total sample



With regard to educational level (see Chart 3), nearly three out of four subjects reached secondary school. The remaining quarter comprises those who completed the primary phase, those who accessed higher education and those who never attended school.

*Chart 3*

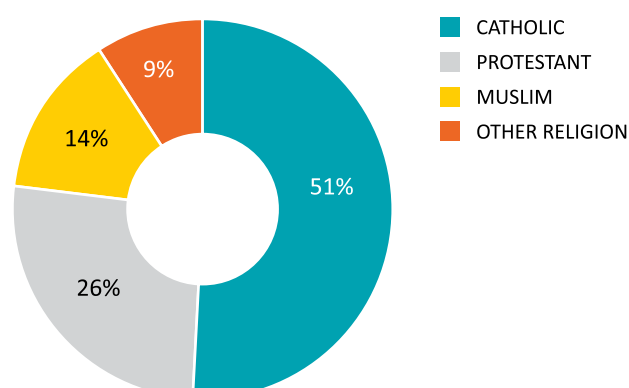
#### Educational levels of total sample



Every major religious group in Cameroon is represented: Catholic, Protestant, Muslim and other (see Chart 4).

*Chart 4*

#### Religious affiliation of the total sample



### Socio-demographic characteristics of the school sample

- **Age**  
The school sample is composed of girls aged from 10 to 18 years. The average age is 14 for the sample overall (13 years in Kye-Ossi and 14 in Bamoungoum). The sample therefore includes pre-adolescents and adolescents.
- **Educational level**  
As a result of their age, the majority of the school students (87%) were in secondary education, at level 1, corresponding to the “observation cycle” (years one and two of secondary education). The remaining 13% were in level 3 of primary education (the final two years).
- **Place of residence**  
With regard to place of residence, 60% of the subjects lived in urban or suburban areas (against 40% in a rural setting).
- **Religion**  
Religious affiliation data reflect Cameroon as a whole with, respectively by number of followers, Catholic Christians, Protestant Christians, Muslims and others.
- **Region of origin**  
Two main groups emerge: communities in stratum 1 in the sampling plan (regions of the centre/south/east), featuring Bantu and Semi-Bantu people, and communities from stratum 2 (regions of the west/north-west), featuring people from the grasslands.
- **Household members**  
A little over half the school students (54%) live with their biological parents (mother and father) or their adoptive parents (female and male guardians). Only 23.7% of school students were living in single parent households with their mother or guardian alone and 2.7 % with their father or male guardian.

### Socio-demographic characteristics of the general sample

- **Age**  
In this group, ages ranged from 16 to 67 years, with an average of 29 years in Kye-Ossi and 32 years in Bamoungoum. The median ages were 27 and 31 years respectively.
- **Educational level and occupation**  
With regard to schooling, the majority of the women interviewed had not attended school beyond the fourth or fifth year of secondary education. Some had never attended school or had gone barely beyond the primary phase. As shown below, the three main reasons forcing them to leave school were the lack of financial resources (34%), marriage (12%) and pregnancy (11.5%).  
  
In terms of occupation, housewives formed 33.9% of the sample, followed by those working in trade, at 25.2%. The rest of the sample, the majority, worked in agriculture.
- **Place of residence**  
As in the school sample, the majority of the subjects lived in urban areas (75%).
- **Marital status**  
More than seven out of ten subjects were living with a spouse or partner (69.7%), with an almost equal distribution between Kye-Ossi and Bamoungoum.
- **Religion**  
Religious affiliation is dominated by the three major groups in the country: Catholic Christians (44.7%), Protestant Christians (30.8%) and Muslims (12.1%). The remaining 12.4% were mainly members of born-again churches.<sup>28</sup>

<sup>28</sup> This refers to new churches proclaiming Christ but being perceived or described as more active than the traditional Christian religions.

## Beliefs about and representations of menstruation in the target groups

### Social designations and cultural signifiers of menstruation

The names given to menstruation in local languages have been to some extent decoded in order to understand their meaning.

In each local language there is a specific expression to designate periods. *Gwan* and *Manewo* for the Ntounmou people; *Sun* for the Bassa people; *Sigmantsié*, *Yieumot* or *Sigma* for the Bamum people; and *au Fitseu*, *Fitseumegui*, *Mo si gieuwflower* or *Au chieutamé* for the Bamoungoum, Baham people and other grassland groups interviewed in Bamoungoum.

The meanings are similar and generally refer to the moon (lunar cycle), to the flow of blood and to the earth. Thus, *Gwan* and *Sun* mean to see the moon; *manewo*, *sigmantsié* and *mo si gieuwflower* (the child sees its flower; I see my flower) refer to blood and the flow of blood.

One can, therefore, see a relative transversality of cultural signifiers for menstruation, from their names through to the associated beliefs and taboos. The common meanings are related to the moon and the flow of blood.

### Erroneous beliefs about menstruation

A number of erroneous beliefs have been identified, which will be distinguished here from other cultural beliefs. These beliefs have been isolated on the basis of their pseudo-scientific nature, according to the impact they can have on behaviour with regard to sexual and reproductive health, contraception and menstrual hygiene in general. These beliefs are as follows:

#### Once she starts menstruating, a girl becomes a woman

The implicit meaning refers to the ability to have children, but it may be (and often is) interpreted by the girl, at a psychological and social level, as being now mature for sexual life. Some mothers suggest this in their warnings, when they ask their daughters to be careful when they are with boys. According to respondents who belong to the Ntounmou people, menarche is seen as an “on” switch for being sexually active, as it is for the Bamum people, who consider menarche as a sign of readiness for marriage.

*“Mothers are glad to go and tell fathers that their daughters have had their first period and are now ready for marriage. Because it is assumed that at that age a girl is already ready to live with a man.” (FG, Kye-Ossi)*

Other ethnic groups have similar practices and beliefs, with similar meanings. This is what sometimes drives the use of traditional recipes or concoctions to bring on or delay periods.

*“There are women who start their periods late and usually the parents do not know about this because the daughter has already been betrothed. In this particular case, the parents get together to find a solution to the problem. Most often, the girl is given a traditional remedy, a bark called “kamout”, which means root of the moon (to have periods) to make periods start. There are also Quranic verses that stimulate the onset of periods.” (FG, Kye-Ossi)*



In the same vein, the respondents report that many mothers tell their daughters to avoid male company on the grounds that even everyday contact could lead to pregnancy. This belief has helped fuel the sayings, “Periods = pregnancy” or “Periods + boy = pregnancy”.

*“When my mother came she realized that I was having my period. She discreetly took me into her bedroom; she took out a sanitary cloth and she explained to me how to use it. She also told me not to greet any boys anymore. That is why, as soon as a boy approached me I went away immediately, because she told me that if a boy touched my hand I would immediately fall pregnant. That is why I got married without knowing men.”* (FG, Bamoungoum)

Conversely, the chances of having one’s period would be reduced by any sexual activity before menarche.

*“When a woman has not yet started her periods, she should not run after men because as soon as he mounts you, all your chances of getting pregnant get smaller. The fact is, it is periods that determine if you are a woman yet or not. I also believe that sperm received by a girl who has not yet started her periods will destroy her. At the age of 15, most women have their periods; before this age women’s bodies have not yet reached maturity. Running after men at that age slows down women’s growth, and this could be what is behind the difficulty in having children.”* (FG, Kye-Ossi)

Other erroneous beliefs are worth noting:

- To menstruate is to be pregnant
- Periods should last five days, not three
- Sanitary cloths are harmful to health

*“They also told us that disposable sanitary cloths were bad for our health.”* (FG, Bamoungoum)

- Eating mackerel during menstruation makes the blood black
- Having sexual relations during menstruation can make them painful or shorten them and can take a women’s “chances” away
- One needs to avoid walking during periods, to avoid falling pregnant or contracting a disease

*“I gathered somewhere that when a woman is having her period, you have to ask her not to walk, as she could get ill or become pregnant.”* (FG, Bamoungoum)

- A girl can no longer greet a boy as soon as she starts her periods, because if she does, she will fall pregnant.

## Social representations of menstruation, socio-cultural and religious taboos

### Social representations

In general, in all locations, mothers sometimes, implicitly or explicitly, bid their daughters to silence once they know about the onset of periods. Advice is given in the utmost secrecy, reflecting strong determinism of silence and the forbidden.

According to respondents who belong to the Bamoungoum people, the names given to menstruation are generally metaphors with various positive or negative connotations, evidencing ambivalence. They are both desired and feared at the same time, made of promises and threats.

For other respondents, people who belong to Ntounmou, periods are also considered as a genuine “on” switch for women’s sexual and maternal lives. Popular imagery associates risk with all sexual activity before menarche, particularly with the risk of not being able to have children.

*“What we say is that when you start your periods, you need to wait 6 or 7 times, and then you can start going with men.<sup>29</sup> But if you have sex before your periods start you will have trouble giving birth (...). Yes, for me, all this is true, because this is what our ancestors left us.”* (Interview with a matriarch, Kye-Ossi)

Menstruation, then, is surrounded by multiple beliefs and social taboos that hinder communication about it. This is why, according to the women interviewed, men often find it uncomfortable to discuss this subject.

Cultural and religious beliefs are important determinants of communication about periods and related practices. These beliefs are mostly to do with the management of blood and sanitary protection and on the prohibitions that accompany menstruation.

### Management of blood and sanitary protection

Sanitary protection can be used for mystical purposes to harm women. In particular:

- Preventing the woman from conceiving
- Killing the woman
- Preventing the woman from getting married
- Deciding the woman’s fate
- Killing the child

These beliefs are common to all the cultural groups studied. Paradoxically, they sometimes work towards good menstrual hygiene management.

29 Editor’s note: Wait six or seven menstrual cycles before having any sexual activity with a man.

## Prohibitions linked to menstruation

Table 8

### Prohibitions linked to menstruation and justification

Prohibitions, restrictions and prescriptions	Explanation and testimonies
<b>Food</b>	
Do not cook any food containing pistachio (Fan people, Ntounmou people, Bassa people)	It will not cook <i>"I have a friend who told me that their grandmother always told them that there are dishes that a woman having her period must not cook, like those with pistachio or koki. I couldn't tell you why, because I've never tried to find out."</i>
Do not eat mackerel (Bamum people)	It turns the blood black
<b>Domestic   fishing   agriculture</b>	
Do not go out with fishermen (Fan people, Ntounmou people, Bassa people)	It will ruin the catch <i>"For us Ntounmou, a woman having her period does not go out with people fishing because that brings a risk of there being no fish. Before we go out, we always check if there is a woman among us having her period."</i>
Do not take sugar cane (Fan people, Ntounmou people, Bassa people)	
Do not go into fields of cucumbers, tomatoes or peppers. (Fan people, Ntounmou people, Bassa people)	It may make them rot
<ul style="list-style-type: none"> <li>- Do not pick fruit</li> <li>- Do not pick traditional remedies</li> <li>- Do not cook peppers</li> <li>- Do not go near trees bearing fruit</li> </ul>	<p>The trees may produce sour fruit or stop producing fruit at all <i>"I heard somewhere that a women having her period must not pick fruit, for fear that the tree may not fruit any more, or only produce sour fruit, and I don't know if it's true or not."</i></p> <p>Fear of reducing the curative effects of a traditional plant-based remedy <i>"You mustn't go near trees bearing fruit or in vegetable gardens when you have your period, because you run the risk of weakening or killing the produce from the garden. We respect this because it's what we were told when we younger."</i></p>
<b>Sexual</b>	
Do not have sexual relations (Fan people, Ntounmou people, Bassa people)	On hygiene grounds and for mystical reasons
Do not have sexual relations (Muslims)	Respect for a religious prescription
<b>Religious</b>	
Do not fast (Catholics)	Due to impurity
Do not approach the altar and do not sing (some Protestant denominations)	Due to impurity
Prohibition on praying and touching the Quran (Muslims)	Due to impurity
After periods, carry out the purification rituals prescribed by the Quran (Muslims)	Respect for a religious prescription

## First periods and knowledge about this subject

This section focuses more particularly on menarche and its singular, emotional and cognitive reality, and on study participants' knowledge about it.

### Menarche, knowledge and emotional experience

#### Age of menarche (total sample)

The results of the survey show a concentration of statistical indicators around the age of 13 years, while at both ends of the sample, 20 years marks the latest age for the onset of menstruation and 9 years the earliest (see table 9).

Table 9

Age of menarche (total sample)

	Mean	Median	Mode	Maximum	Minimum
Age of menarche	13	13	13	20	9

### School sample

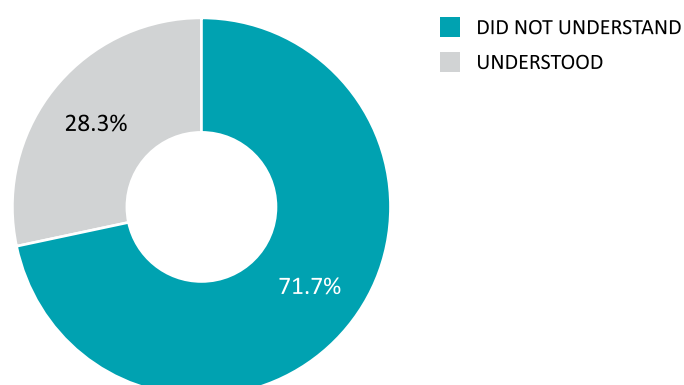
#### Awareness of menarche

As shown in chart 5, nearly 72% of girls attending school in Kye-Ossi and Bamoungoum did not know what the blood flow was when they had their first period.

Chart 5

Awareness of menarche

#### SCHOOL SAMPLE





## Emotional experience

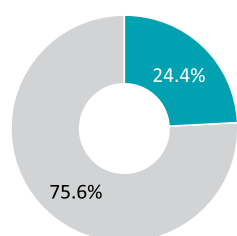
This lack of understanding caused them to feel fear and anxiety. Table 10 summarizes the data collected on menarche and its onset and the emotional impact of this event on the girls in the school sample.

**Table 10**  
Experience of menarche in the school sample

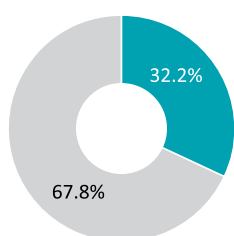
		Understood it was a period (%)	Emotional experience during menarche (%)				
		Yes	Fear/anxiety	Disgust	Glad/happy	Unhappy	Indifferent
Site	Kye-Ossi	24.4	65	0.8	12.1	9.6	12.5
	Bamoungoum	32.2	62.8	1.2	17.6	5.1	13.3
Age	Under 15	24.8	65.2	1.1	14.1	7.3	12.2
	15 years and over	38.9	59.8	0.8	17.3	7.1	15.0
Phase of schooling	Primary	19.7	78.1	1.6	1.6	6.3	12.5
	Secondary	29.6	61.7	0.9	16.9	7.4	13.0
Setting	Urban	26.2	62.2	1.0	15.2	7.8	13.9
	Rural	31.5	66.3	1.0	14.6	6.5	11.6
Total		28.3	62.5	1.0	14.6	7.1	12.6

### Understood it was a period

#### KYE-OSSI



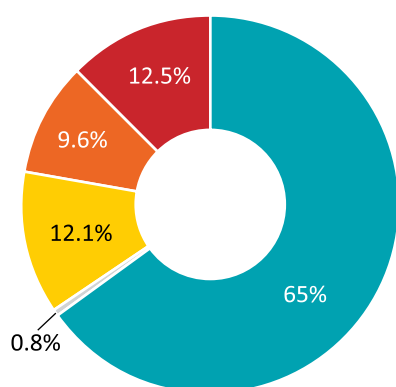
#### BAMOUNGOUN



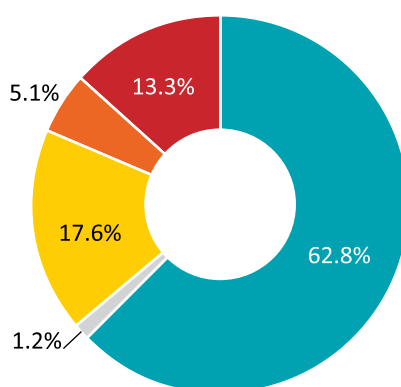
■ YES  
■ NO

### Emotional experience during periods

#### KYE-OSSI



#### BAMOUNGOUN



■ FEAR / ANXIETY  
■ DISGUST  
■ GLAD / HAPPY  
■ UNHAPPY  
■ INDIFFERENT

At the time of their first periods, barely more than a quarter (28.3%) of girls attending school knew that it was a period. This confirms the statements made by focus group members that they were mostly taken by surprise with their period and sometimes upset as they did not know what was happening to them.

*"I had my first period one month before my marriage. One morning I woke up wet; I went straight to my guardian's room to tell her about the situation. She told me that it was a sign of maturity in a woman and that the same thing had happened to her."*  
(FG, Kye-Ossi)

*"Yes, girls are told, but it all depends on the individual. When I had my period for the first time I was not surprised because I had older sisters who advised me. I even hid it from my mother the first months I had a period. It was my sister who told her, because I was so ashamed to talk to her about it. When she asked me about it, I told her that my sister was lying about my having periods. Because I didn't wash my underwear properly, she noticed bloodstains on it and it was then that I told her the truth. She then took me into her room to give me some cloths and explained to me how to put them on..."*  
(FG, Bamoungoum)

Even if the results from Bamoungoum seem better than those from Kye-Ossi, the fact remains that even in the Bamoungoum sample more than two thirds (67.8% of girls attending school) did not understand that the flow of blood was to do with periods.

When considering the phase of education, the results show that girls attending secondary school (29.6%) were more prepared for this event than those attending primary school (19.7%). Similarly, more girls living in rural areas (31.5%) understood that the bleeding was to do with periods than those in urban areas (26.2%).

Responses given on the emotional experience reveal a considerable predominance of fear and anxiety, in 62.5% of all those surveyed. Only 14.6% of the girls said they were happy, and 12.6 % indifferent.

### **The general sample**

More than half (52.5%) of the women and girls in this group said that they had understood that the first flows of blood marked the arrival of their periods. Nevertheless, this result, though better than in the school sample also reveals that nearly 49% had not understood what was going on.

If we look at the results compared to educational levels, more women and girls who attended secondary school (56.8%) said that they were ready for the arrival of their periods than those who had never been to school (53.3%) and those who only attended primary school (41.7%). Contrary to what was observed in girls attending school, more respondents in the urban setting (55%) than in the rural setting (43.6%) had understood that the blood came from menstruation.

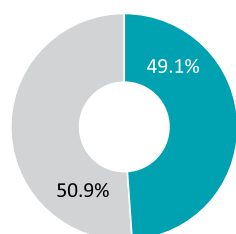
**Table 11**

Experience of menarche in the general sample

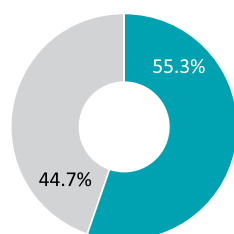
		Understood it was a period (%)	Emotional experience during menarche (%)				
		YES	Fear/anxiety	Disgust	Glad/happy	Unhappy	Indifferent
Site	Kye-Ossi	49.1	56.2	1.4	15.5	0.9	26.0
	Bamoungoum	55.3	46.4	1.0	10.1	3.9	38.6
Age	Under 15	51.0	51.5	1.5	17.6	3.7	25.7
	25-34 years	54.5	53.2	1.7	11.6	1.2	32.4
	35-67 years	48.7	49.1	0.0	8.9	2.7	39.3
Level of schooling	Never been to school	53.3	53.3	0.0	26.7	0.0	20.0
	Primary at most	41.7	49.2	1.5	12.3	3.1	33.8
	Secondary or more	56.8	52.3	1.1	12.5	2.1	32.0
Setting	Urban	55.0	49.4	1.6	15.6	1.9	31.6
	Rural	43.6	57.5	0.0	4.7	3.8	34.0
Status	Single	51.0	52.2	1.7	14.1	1.7	30.3
	Living with a spouse/partner	54.9	49.6	0.0	10.1	3.9	36.4
Total		52.2	51.4	1.2	12.9	2.3	32.2

#### Understood it was a period

##### KYE-OSSI



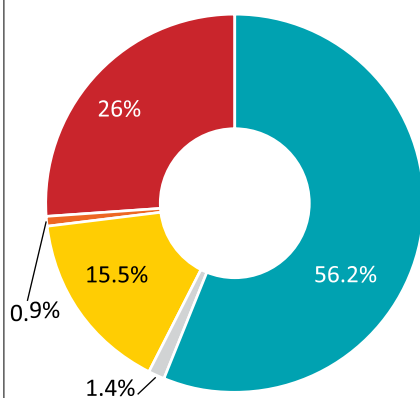
##### BAMOUNGOUNG



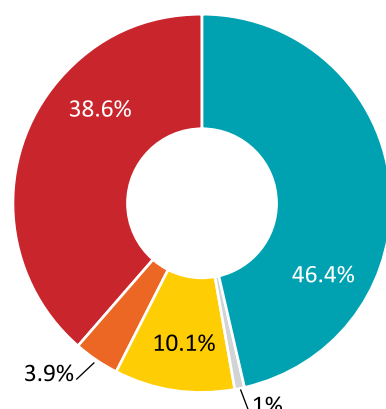
■ YES  
■ NO

#### Emotional experience during periods

##### KYE-OSSI



##### BAMOUNGOUNG



■ FEAR / ANXIETY  
■ DISGUST  
■ GLAD / HAPPY  
■ UNHAPPY  
■ INDIFFERENT

Moreover, the results show that their emotional reality is dominated by unpleasant emotions of anxiety (62.5%), discontent (7.1%) and disgust (1%), while 12.6% of the women and girls in this group were indifferent.

Some women and girls may be variously affected by the onset of menarche, depending on the location where it takes place. According to Ellis<sup>30</sup>, a large number of girls have not even been prepared by their mothers or teachers for the first onset of the menstrual flow, sometimes with disastrous results both to their bodily and mental health.

*"My periods started when I was in the field with my mother. Since I was ashamed I didn't say anything to my mother...when my mother realized that it was my period, she discreetly took me into her bedroom and took out a sanitary cloth and explained to me how to wear it. She also told me not to greet any boys anymore, because if I did I would fall pregnant straight away. That is why I got married without knowing men."*  
(FG, Bamoungoum)

Others had painful periods and only had little information in this regard.

Others thought they had an internal injury, making it difficult to manage this crucial moment in their lives as girls.

*"The first time I had my period (...) I thought I had been injured inside."* (FG, Kye-Ossi)

*"I woke up one morning with blood everywhere on my body and on the sheet. Not understanding what was going on, I started to cry. All in a panic, I went to see my mother to tell her about the situation as I thought that I was injured inside my belly."*  
(FG, Bamoungoum)

*"My periods started when I was aged 9 in the last but one year at primary school. One day I went to the toilets when I realized that blood was coming out. Thinking that I was injured, I went to tell my mother about it. It was then that she took me to the hospital where they told us that it was my period, because even my mother didn't know what it was."* (FG, Kye-Ossi)

These testimonies reveal that several girls voluntarily refused to talk about their periods with their mothers and showed how little discussion there was about sexuality and intimate hygiene in general.

Several participants experienced their first periods as attacks on their bodies, sometimes in spite of having been forewarned by their families.

### **Traditional and social modes of education on MHM**

There are no cultural models for the management of menstrual hygiene in the ethnic groups in the survey, apart from the Bamum people.

According to some respondents (Bamum), cultural practice is based on religious prescriptions. It consists of:

- Taking a shower
- Reciting verses from the Quran while washing private parts, then washing the left side of the body and finishing with the right side. Each part has to be washed three times.

However, practices for ablutions or bodily hygiene exist in every group, where the girl is often required to wash several times a day.

<sup>30</sup> Ellis, H. (2003) *Studies in the Psychology of Sex* New York, Random House.



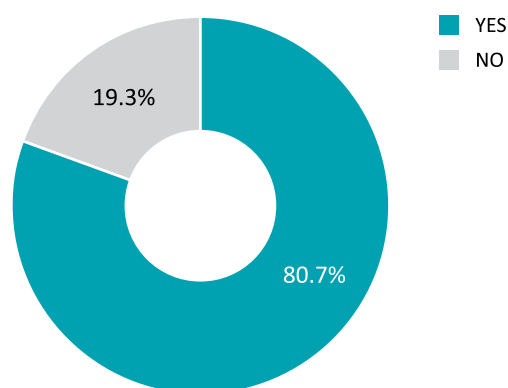
### Advance information about menstruation (total sample)

Chart 6 shows the proportion of women and girls who received information about menstruation before the arrival of their first periods.

Question: *Had you heard of periods before yours started?*

**Chart 6**  
Information before menarche

#### TOTAL SAMPLE



A large majority (80.7%) of respondents had some information on menstruation before their menarche. Nevertheless, as the results above show, this initial information did not spare them from difficulties when the time came to manage this first period, and in particular from the risk of psychological trauma.

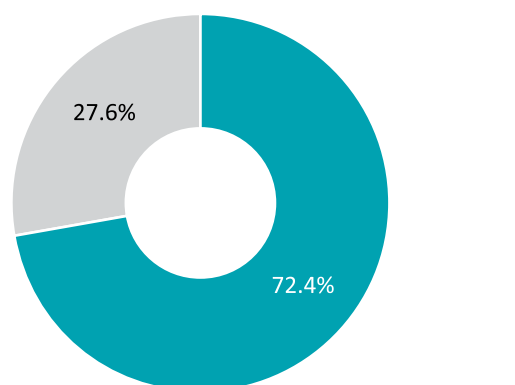
#### School sample

In the school sample, 81.6% said they had received information about periods before they had their first period. A higher number (84.8%) in the urban sample received information than in the rural one (76.8%).

On the other hand, 27.6% of the school sample who had heard about periods had not received any specific information or an explanation about them (see Chart 7).

**Chart 7**  
Information before menarche

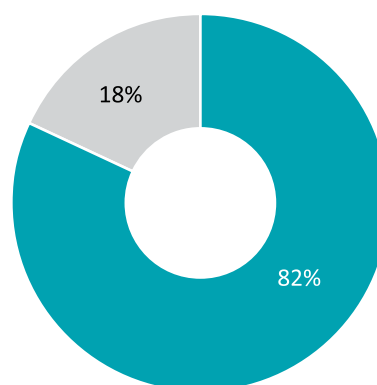
#### SCHOOL SAMPLE



- RESPONDENTS WHO HAVE HEARD ABOUT PERIODS AND HAVE RECEIVED AN EXPLANATION
- RESPONDENTS WHO HAVE HEARD ABOUT PERIODS BUT HAVE NOT RECEIVED AN EXPLANATION

**Chart 8**  
Explanations received about menstruation

#### GENERAL SAMPLE



- RESPONDENTS WHO HAVE HEARD ABOUT PERIODS AND HAVE RECEIVED AN EXPLANATION
- RESPONDENTS WHO HAVE HEARD ABOUT PERIODS BUT HAVE NOT RECEIVED AN EXPLANATION

## Sources of information about menstruation

### School sample

Table 12 shows that the mother/female guardian is the main source of initial information about periods. In fact, 32% of girls obtained their first information from her followed by sisters (29%) and teachers (22%), and others.

*Table 12*

Sources of information about menstruation (school sample)

	Mother/female guardian	Sister	Teacher	Other female family members (aunt, cousin, etc.)	Father/male guardian	Others
Source of first information about periods	32%	29%	22%	-	-	17%
Person to whom turned during periods	61%	22%	1%	12%	-	4%
Person with whom would most like to talk about periods	53.1	26.5%	0.2%	5.1%	-	13.5%
Person with whom would not like to talk about periods and associated problems	4%	-	-	(Uncle or other man in the family): 7%	36%	38% + Female friend(s) (15%)

After menarche, girls turn to different people for information: their mother/female guardian (61%), their sister (22%), and other female members of the family (12%), other confidants (4%) and teachers (1%).

With regard to the persons with whom they prefer to talk about periods, girls choose their mothers as their preferred confidante (53.1%), then their sisters (26.5%) and other female members of the family. For 36% and 38% of them respectively, their father/male guardians and other various acquaintances including female friends are persons with whom girls would not like to address these questions. Note that teachers, who are, nonetheless, the source of first information about periods for 22% of girls are not among preferred confidantes.

### The general sample

In this sample, as in the school sample, the main source of information about periods was mothers (40.5%) followed by older sisters (25.8%), male teachers and female friends (10% each), female teachers (8.2%), women family members (3.8%) and grandmothers (1.7%). (See Table 13)

Upon their first periods, the constellation of persons to whom they turned followed the same trends as for the school sample. Thus, their mothers came first (49%), followed by older sisters (16.5%) female family members (7.2%), female friends (7%), grandmother and fathers (2% and 1.6%), female teachers and male family members (both 0.5%).

Also, women and girls considered their mothers (76.4%) as their preferred confidantes or sources of information about menstruation, followed by their sisters (3.1%), grandmothers (1.1%), female friends (0.7%), female family members (1.3%) and teachers (0.4%).

### Confidant on the occasion of first period (total sample)

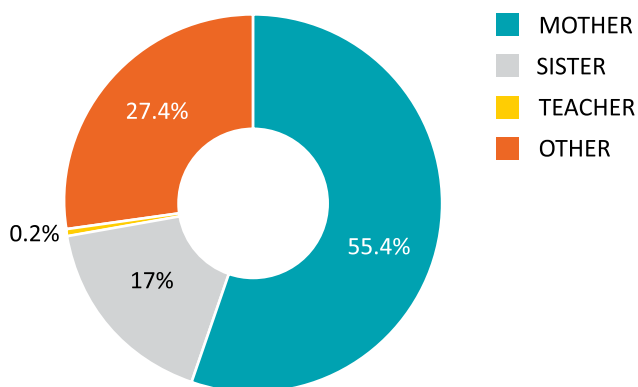
Taking the sample as a whole, it can be clearly seen that mothers are the people girls turned to at the onset of menarche (see Chart 9).

**Table 13**  
Sources of information about menstruation (general sample)

	Mother	Grandmother	Aunt or other female family member	Sister	Female friend(s)	Female teacher	Male teacher	Father	Uncle of other male family member	Others
Source of first information about periods	40.5%	1.7%	3.8%	25.8%	10%	8.2%	10%	-	-	-
Person spoken to on occurrence of first period	49%	2%	7.2%	16.5%	7%	0.5%	-	1.6%	0.9%	15.4%
Person best placed to give advice to the girl about periods	76.4%	1.1%	1.3%	3.1%	0.7%	0.4%	0.2%	0.2%	-	16.4%

**Chart 9**  
Identity of confidant at occurrence of first period

**TOTAL SAMPLE**



That said, the qualitative data reveal discomfort on the part of mothers to talk about periods. That is why they often limit themselves to cursory information about the nature of the blood or to basic recommendations on personal hygiene and sexual relations. Sometimes, this information comes with threats about breaking prohibitions.

The qualitative data confirm the predominance of mothers when talking about periods. But they also show that this information from mothers is often too skewed or even misguided, because it is guided by the desire to protect the girl from any unwanted pregnancies, which could compromise her future and dishonour the family.

*“She (my mother) also forbade me to play with boys. I didn’t understand what that meant, as most of my friends were boys. My mother became aware of my concern and to this day she has still not wanted to explain to me exactly what she meant by ‘not playing with boys any more’. It was when I grew up that I understood what it meant.”*  
(FG, Bamoungoum)

### Information on managing menstruation

This study mainly focused on practical information provided by that are related to the management of menstruation.

For the sample overall, some eight out of ten (81%) said that they had received advice on what to do.

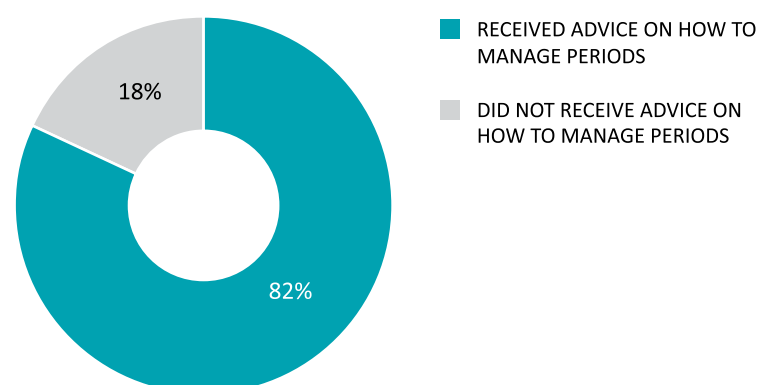
#### School sample

Chart 10 shows that the vast majority of girls attending school (82%) said that they had been given advice on what they had to do during their periods, thus confirming considerable access to information.

**Chart 10**

Information on how to behave during periods

#### SCHOOL SAMPLE

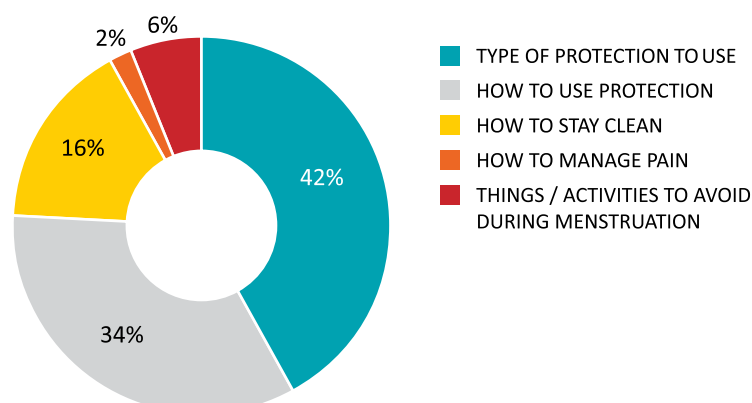


Additional questions were asked to define the nature of the information received (see Chart 11).

**Chart 11**

Nature of information received on what to do during menstruation

#### SCHOOL SAMPLE





Five precise themes emerge:

- The nature of the sanitary protection to use (42%)
- The way in which sanitary protection should be used (34%)
- The precautions to take to keep clean (16%)
- What (activities, for example) to avoid during menstruation (6%)
- How to deal with pain (2%)

These results suggest that the more information is precise and specific, the less it is shared, in particular on the management of menstrual hygiene and certain difficulties that arise during periods.

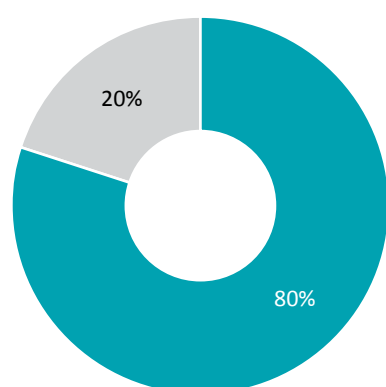
### The general sample

Chart 12 shows that, as with the school sample, more than three quarters (79.3%) of the women and girls in this sample said that they had been given information on what to do during their periods. The figure is even higher than the school sample.

Chart 13 shows the type of information received.

**Chart 12**  
 Information on how to manage periods

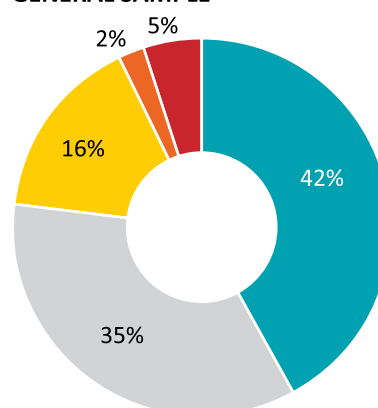
#### GENERAL SAMPLE



- RECEIVED ADVICE ABOUT WHAT TO DO
- DID NOT RECEIVE ADVICE ABOUT WHAT TO DO

**Chart 13**  
 Type of information received on how to manage periods

#### GENERAL SAMPLE



- TYPE OF PROTECTION
- HOW TO USE PROTECTION
- HOW TO STAY CLEAN
- HOW TO MANAGE PAIN
- THINGS / ACTIVITIES TO AVOID DURING MENSTRUATION

Overall, it was found that some of the results of the variables studied are slightly lower in this sample than in the school sample, but follow the same trends.

### Perceptions on menstrual reality

This section measures the level of information on hormonal determinism in women's and girls' menstrual reality. For this, respondents were asked to answer the question, why do girls and women have periods?

The results show that nearly 40% of the total sample do not know why women have periods.

The detail of the results gathered in the school sample is in Table 14.

*Table 14*

Reasons stated for why women have periods (school sample)

		Puberty / biological maturity (ability to have children)	Reason related to hormones	Sin	Don't know
Site	Kye-Ossi	54.4	0.0	0.8	44.8
	Bamoungoum	66.3	0.4	0.0	33.3
Age	Under 15	59.1	0.3	0.3	40.4
	15 years and older	64.1	0.0	0.8	35.2
Educational level	Primary	50.8	0.0	0.0	49.2
	Secondary	61.8	0.2	0.5	37.6
Type of setting	Urban	57.9	0.3	0.3	41.4
	Rural	64.0	0.0	0.5	35.5
Total		58.3	0.2	0.4	37.7

In Bamoungoum, 66.3% of girls in this group knew that periods were related to female puberty, against 54.4% in Kye-Ossi. The results also show that the level of information increases with age and level of schooling without the difference becoming significant. On the other hand, there is a difference in proportion between subjects in the rural area (64%) and those in the urban setting (57.9%) even if this difference is not statistically significant ( $p>0.05$ ).

### Knowledge of the menstrual cycle

By information on the menstrual cycle, we mean knowledge of what the menstrual cycle is and knowledge of one's own cycle. In the entire sample, fewer than half the subjects (47.7%) said that they knew what the menstrual cycle was. Detailed analysis reveals that this figure hides other, more complex, realities.

## School sample

Table 15

Knowledge of the menstrual cycle (school sample)

		Heard of the menstrual cycle (%)	Subject's menstrual cycle (%)		
		Yes	Regular	Irregular	Don't know
Site	Kye-Ossi	32.5	33.3	28.4	38.3
	Bamoungoum	37.3	34.4	17.7	47.9
Age	Under 15	34.3	31.8	22.5	45.7
	15 years and older	36.9	39.6	22.9	37.5
Educational level	Primary	12.1	37.5	25.0	37.5
	Secondary	38.3	33.7	22.5	43.8
Type of setting	Urban	37.1	33.9	25.9	40.2
	Rural	31.7	33.8	16.9	49.2
Total		35	33.9	22.6	43.5

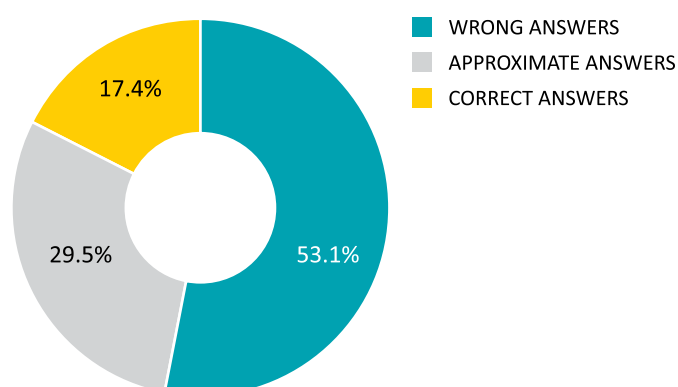
In girls attending school, the results reveal that there are gaps in knowledge of the menstrual cycle (see Table 15). Just one third of subjects think they know what a menstrual cycle is (35%). A significant difference can be seen especially as a function of level of education ( $p=1 \times 10^{-4}$ ). Indeed, only 12.1% of primary school girls who have started their periods said they knew what a menstrual cycle was, against 38.3% for secondary girls. This shows that the issue is not well addressed in school, especially in the primary classes. Of those who said they knew what a menstrual cycle was, 43.5% did not know their own cycle, 33.9% had a regular cycle, and 22.6% an irregular cycle.

When the girls who said they knew what a menstrual cycle is were asked to explain their understanding, their answers reflect a quite different reality. Only 17.4% of subjects who said they knew gave a correct response, whereas 53.1% gave incorrect answers and 29.5% gave approximate answers (see Chart 14).

Chart 14

Understanding of the menstrual cycle

### SCHOOL SAMPLE



### General sample

Table 16 summarizes results gathered from women and girls in the general sample.

**Table 16**  
Knowledge of the menstrual cycle (general sample)

		Heard of the menstrual cycle (%)	Subject's menstrual cycle (%)		
		Yes	Regular	Irregular	Don't know
Site	Kye-Ossi	55.9	43.2	48.0	8.8
	Bamoungoum	69.3	58.9	34.8	6.4
Age	Under 25	65.0	47.3	44.1	8.6
	25-34 years	66.1	52.3	41.4	6.3
	35 years and older	53.8	58.3	35.0	6.7
Educational level	Never been to school	25.0	33.3	0	66.7
	Primary at most	36.6	41.3	39.1	19.6
	Secondary or more	76.3	53.9	41.9	4.1
Type of setting	Urban	67.7	49.1	43.5	7.4
	Rural	46.8	62.0	30.0	8.0
Status	Single	60.3	50.0	41.0	9.0
	Living with a spouse/partner	67.4	54.5	40.9	4.5
Total		62.5	51.5	41.0	7.5

In this group, the proportion of those saying that they knew what a menstrual cycle is, was higher than in the school group, almost double, from 35% to 62.5%.

The detailed results show that this declared knowledge is significantly ( $p=0.004$ ) higher in Bamoungoum (54.3%) than in Kye-Ossi (45.7%), in 25-34 year olds (43.3%) than in under 25 year olds (33.8%) and over 35 year olds (22.9 %), and in urban settings (81.3%) than in rural settings (18.7%). It should also be noted that the level of knowledge follows the level of studies almost symmetrically: 1.4% of subjects who had not been to school, 17.6% of subjects in primary education and 80.9% of subjects in secondary education said that they knew what the menstrual cycle is.



## Products used during menstruation

### Overview of different types of sanitary protection

**Sanitary pads** are the single-use cloths sold commercially and produced industrially. In Cameroon, these cloths are imported. The choice is very limited, especially in rural areas.

**Reusable sanitary pads** cover several types of product:

- **Reusable handmade sanitary pads** most often produced and sold locally by private entrepreneurs.
- **Reusable sanitary cloths** made by the women themselves from pieces of cloth (cotton, linen, wax fabric or synthetic) that they wash before reusing.

**Other types of protection** include cotton wool, rags, sponges, nappies, old clothes, ash, etc.

Household incomes and local beliefs are among the factors that influence the choice of sanitary protection.

### Preferred protection (total sample)

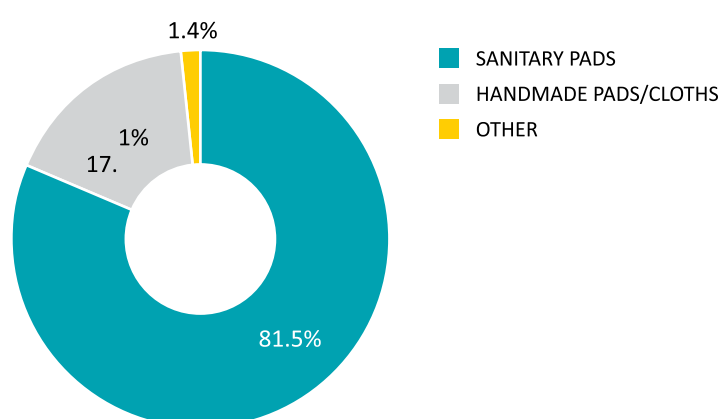
The user's income and her level of information/education significantly influence the choice of materials. It should also be noted that women can interchange between sanitary pads, cloths and other sanitary protection depending on their accessibility and financial resources.

More than eight out of ten women and girls surveyed used sanitary pads (81.5%), while 17.1% of the sample used reusable sanitary cloths. The rest of the sample (1.4%) used other types of protection (see Chart 15).

*Chart 15*

#### Types of sanitary protection used

##### TOTAL SAMPLE



### Sanitary protection used by members of the school sample

Table 17 shows that disposable sanitary pads are the most used form of protection (over 84.7% of the sample), followed by handmade sanitary cloths, rags, diapers and old clothes.

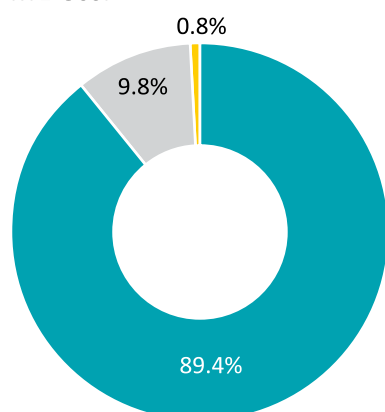
More girls in Kye-Ossi use sanitary pads (89.4%) than in Bamoungoum (80.0%). There is also a notable difference between sanitary pad use in urban (88.7%) and rural settings (78.5%). Additionally, there is a notable difference in sanitary pad use in secondary schools (86%) versus primary (75.8%).

It should also be noted that qualitative data suggest a combined use of commercial pads and handmade sanitary pads, depending on the financial resources available during menstruation.

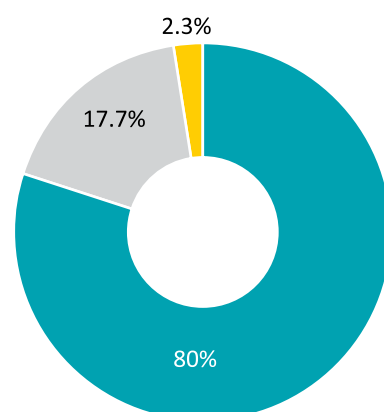
**Table 17**  
Types of sanitary protection used by school sample

		Type of protection used (%)		
		Sanitary pads	Handmade sanitary pads cloths	Other protection
Site	Kye-Ossi	89.4	9.8	0.8
	Bamoungoum	80.0	17.7	2.3
Age	Under 15	84.7	13.5	1.8
	15 years and older	84.6	14.6	0.8
Educational level	Primary	75.8	16.7	7.6
	Secondary	86.0	13.4	0.7
Type of setting	Urban	88.7	10.3	1.0
	Rural	78.5	19.0	2.4
Total		84.7	13.8	1.6

**KYE-OSSI**



**BAMOUNGOM**



■ SANITARY PADS  
■ HANDMADE PADS/CLOTHS  
■ OTHER

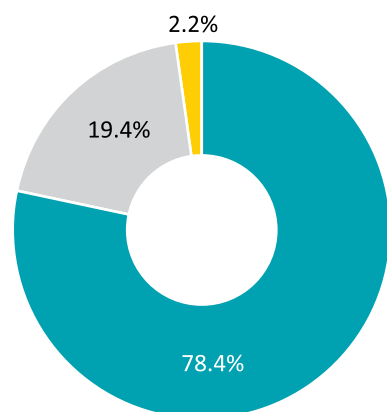
### Sanitary protection used by the general sample

As shown in Table 18, 78% of women and girls in this sample said they used sanitary pads, against 20.9% who used reusable handmade sanitary pads and 1.1% who said they used other protection. The results also reveal that the use of sanitary pads decreases with age. Thus, younger people use sanitary pads more than older people. In addition, the use of sanitary pads increases with the level of studies. Finally, 83.5% of subjects in urban areas use sanitary pads, against 61.3% in rural areas.

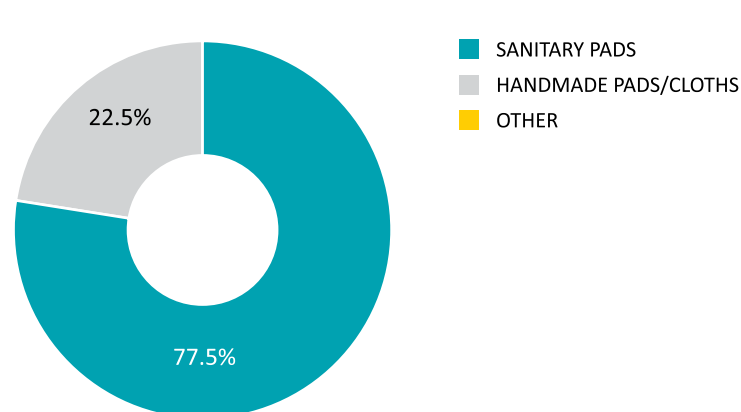
**Table 18**  
Types of protection used by general sample

		Type of protection used (%)		
		Sanitary pads	Handmade sanitary pads cloths	Other protection
Site	Kyé-ossi	78.4	19.4	2.2
	Bamoungoum	77.5	22.5	0.0
Age	Under 25	86.7	11.9	1.4
	25-34 years	82.8	16.1	1.1
	35 years and older	59.0	40.2	0.9
Educational level	Never been to school	50.0	50.0	0
	Primary at most	63.4	35.8	0.7
	Secondary or more	86.1	12.5	1.4
Type of setting	Urban	83.5	15.0	1.5
	Rural	61.3	38.7	0.0
Status	Single	76.1	22.9	1.0
	Living with a spouse/partner	82.2	16.3	1.5
Total		78	20.9	1.1

**KYE-OSSI**



**BAMOUNGOUN**



■ SANITARY PADS  
■ HANDMADE PADS/CLOTHS  
■ OTHER

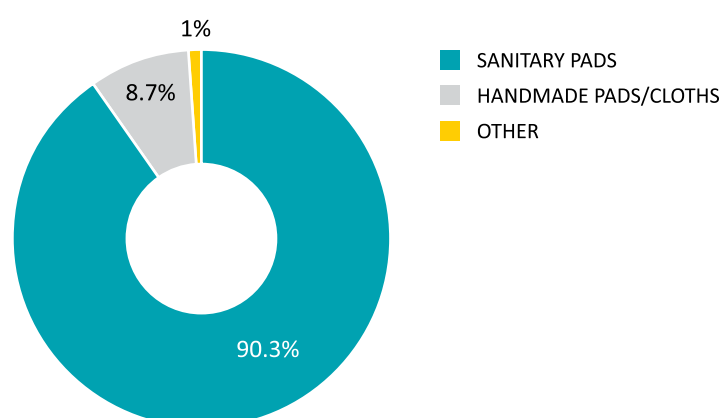
### School sample

#### – Preferred sanitary protection

Chart 16 shows that subjects in the school sample mostly prefer disposable sanitary pads (90.3%). Of these, 8.7%, say that they prefer reusable handmade sanitary pads, which are considered less expensive but need particular hygiene routines for washing and drying.

**Chart 16**  
Preferred types of sanitary protection

#### SCHOOL SAMPLE



#### – Selection criteria

Disposable sanitary pads are preferred by 46.6% of the sample for reasons of comfort and cleanliness (comfortable/convenient and less messy). These are followed by the perceived quality of the product (particularly the absorption capacity (16.5%) and ease of use (9%), out of respect for the advice and recommendations of elders (they are what mothers, sisters etc. choose 16.2%) and other reasons (11.5%).

The top criteria when choosing washable protection are, firstly, financial reasons (50%) followed by beliefs about or lack of knowledge of disposable pads – one of the conventional wisdoms is that they cause disease – (18%), perceived comfort/cleanliness (14%), habits inherited from parents and elders (7%), absorption capacity (7%) and others (4%).

#### – Hygienic care of washable protection

The results shown in Table 19 reveal that 86.7% of girls attending school and using reusable protection say that they wash it after use. Of these, only 23.6% dry it in the sun. The majority dry it in their homes: in the toilet, the bedroom or another discreet place in the house. The reasons given are: modesty (73.6%), hygiene (10.3%), fear of evil practices on menstrual blood (9.1%) and convenience (4.6%).

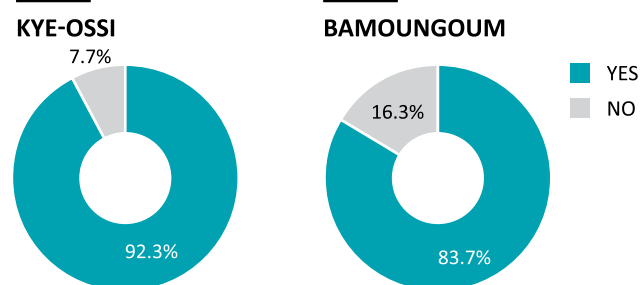


**Table 19**

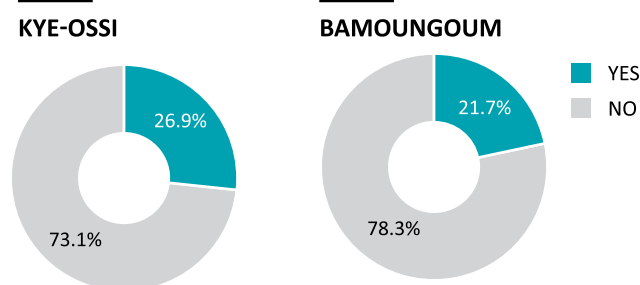
Hygienic care of reusable handmade sanitary protection (school sample)

		Washes cloth with soap/ detergent (%)	Dries washed cloth in the sun (%)	Has good reasons for not drying cloth in the sun (%)
		Yes	Yes	Yes
Site	Kye-Ossi	92.3	26.9	84.2
	Bamoungoum	83.7	21.7	75.8
Age	Under 15	89.1	22.2	82.9
	15 years and older	80.0	27.8	63.6
Education level	Primary	92.9	35.7	77.8
	Secondary	85.2	20.7	79.1
Type of setting	Urban	90.9	21.9	79.2
	Rural	83.3	25.0	78.6
Total		86.7	23.6	78.8

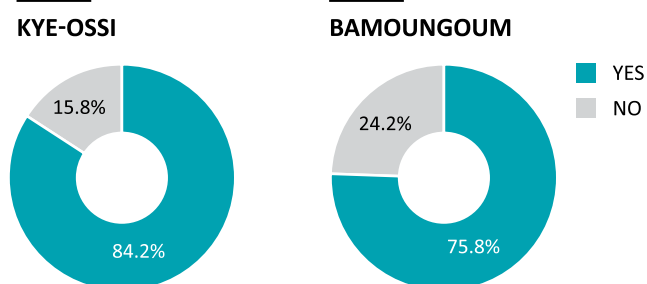
#### Washes cloth with soap/detergent



#### Dries washed cloth in the sun



#### Has good reasons for not drying cloth in the sun



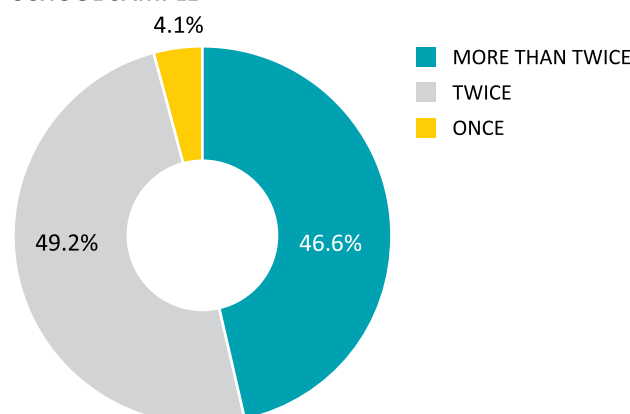
### How often sanitary protection is changed

Changing sanitary protection is an important hygiene measure during periods.

*Chart 17*

Number of times a day sanitary protection is changed

SCHOOL SAMPLE



As shown in Chart 17, more than 95% of girls attending school say that they change their sanitary protection at least twice a day: 48.5% say they change twice and 46% say they change more than twice a day. The remaining 4.1% say they change their protection once a day.

Those with heavy periods change three times a day; those with lighter periods change once or twice a day. In every case, the advice is always to carefully wash sanitary protection before reusing it or throwing it away. The type of protection used often depends on the girl's resources or location when her period starts.

### Personal hygiene, physical pain and emotion during periods

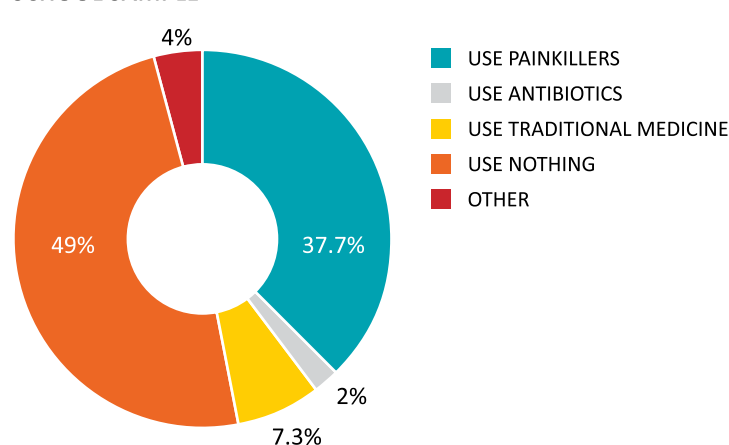
A total of 96.3% of girls attending school said that they washed at least twice a day during their periods. Nearly two thirds (60.6%) of them said that they felt pain during their periods, especially in the lower abdomen, and 22.5% said they suffered from emotional problems such as bad moods, stress, fatigue and a lack of self-confidence, plus the feeling of unpleasant body odours (refer to table 20).

To manage menstrual pain, the survey noted the use of modern and traditional medications, often self-medicated, while the majority adopt a stoic attitude and put up with the pain.

*Chart 18*

Management of menstrual pain

SCHOOL SAMPLE



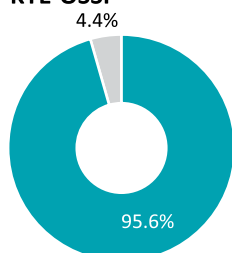
**Table 20**

Personal hygiene during menstruation and associated problems (school sample)

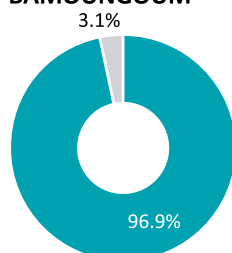
		Washes at least twice a day (%)	Physical pain (%)	Emotion (%)
		Yes	Yes	Yes
Site	Kye-Ossi	95.6	69.4	25.0
	Bamoungoum	96.9	51.9	22.1
Age	Under 15	95.5	60.3	24.6
	15 years and older	98.4	61.5	20.3
Education level	Primary	95.5	56.1	23.4
	Secondary	96.4	61.2	23.5
Type of setting	Urban	96.1	64.8	25.6
	Rural	96.6	54.1	20.4
Total		96.3	60.6	23.5

#### Washes at least twice a day

##### KYE-OSSI



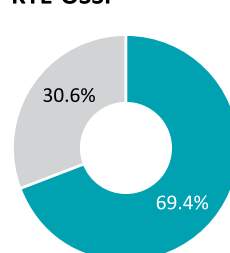
##### BAMOUNGOU



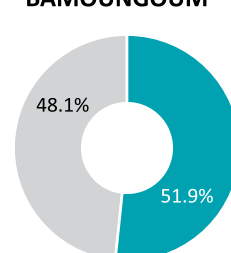
■ YES  
■ NO

#### Physical pain

##### KYE-OSSI



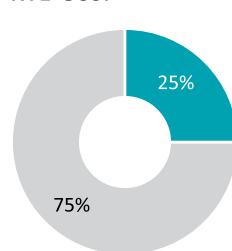
##### BAMOUNGOU



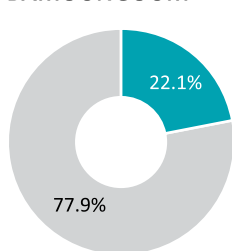
■ YES  
■ NO

#### Emotional problems

##### KYE-OSSI



##### BAMOUNGOU



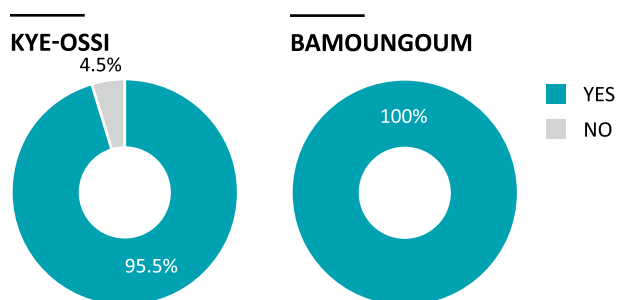
■ YES  
■ NO

Table 21

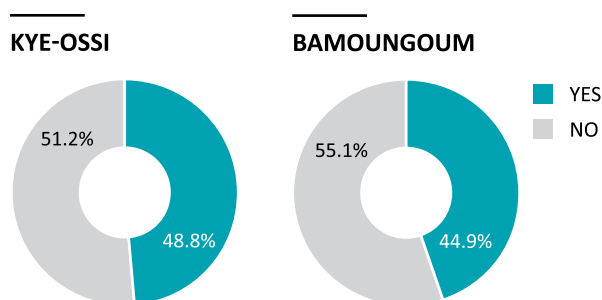
Hygiene and preferred sanitary protection (general sample)

		Washes cloth used during period with soap/detergent	Dries washed cloth in the sun	Preferred sanitary protection	
		Yes	Yes	Sanitary pads	Reusable sanitary protection
Site	Kyé-ossi	95.5	48.8	88.5	11.5
	Bamoungoum	100.0	44.9	88.9	11.1
Age	Under 25	100.0	44.4	93.7	6.3
	25-34 years	100.0	42.9	91.1	8.9
	35-67 years	95.7	50.0	78.4	21.6
Education level	Never been to school	87.5	25.0	81.3	18.8
	Primary at most	97.9	51.1	78.9	21.1
	Secondary or more	100.0	45.9	93.5	6.5
Type of setting	Urban	98.0	44.0	91.3	8.7
	Rural	97.6	50.0	80.7	19.3
Status	Single	100.0	49.3	86.4	13.6
	Living with a spouse/partner	90.9	38.1	94.1	5.9
Total		97.8	46.7	88.7	11.3

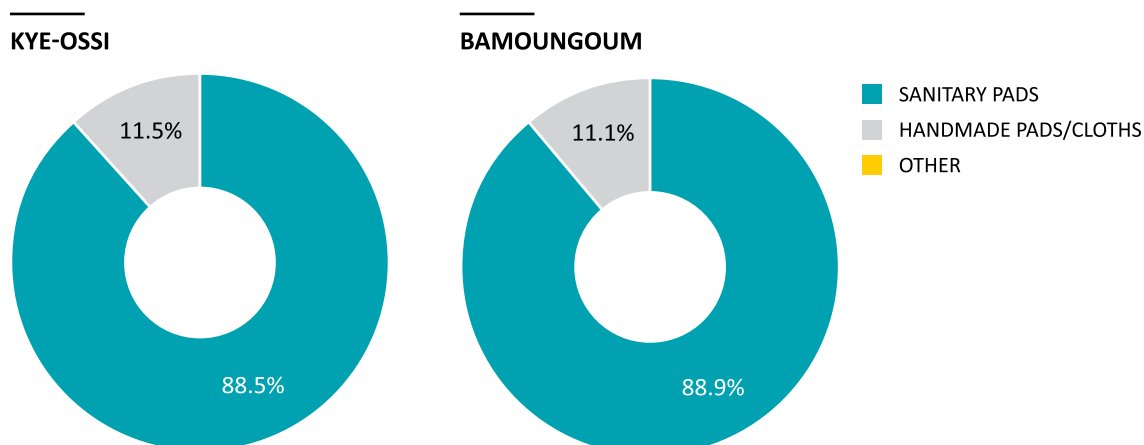
## Washes cloth used with soap/detergent



## Dries washed cloth in the sun



## Preferred sanitary protection



## Responses of women and girls - from the general sample

### Preferred sanitary protection

Table 21 shows that, as with the school sample, but to a slightly lower extent, the women and girls in this sample prefer disposable sanitary pads (88.7%) to reusable sanitary pads (11.3%). Of those using reusable sanitary pads, 97.8% of them say that they wash them. On the other hand, fewer than half of them (46.7%) dry them in the sun.

### Selection criteria

Ease of use is cited as the most common reason for using disposable sanitary pads, followed by the comfort and practicality of the material (20%), the fact they are less messy to use (20%) and the highly-absorbent nature of the material (10%).

With regard to reusable sanitary pads, cost and comfort are top reasons for their use at 30.7% followed by the fact that they are less messy (19%).

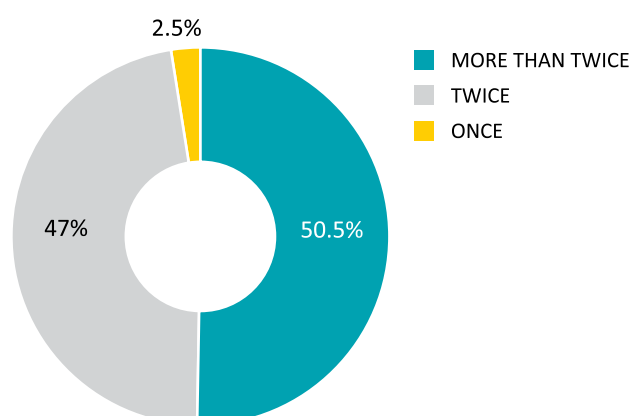
### Number of times a day sanitary protection is changed

As with the school group, a very large majority (97.5%) of women and girls in the general group said they changed their sanitary protection several times a day. Only 2.5% said they changed protection once a day, against 47% who changed twice and 50.5% who changed more than twice.

Chart 19

Number of times a day sanitary protection is changed

#### GENERAL SAMPLE



Women and girls in this sample change their sanitary protection very often. Those with heavy periods change three times a day; those with lighter periods change once or twice a day. In every case, the advice given by mothers and women family members is always to carefully wash sanitary protection before reusing it or throwing it away. The type of protection used often depends on resources and on the place where the woman or girl is when her period starts.



### Personal hygiene, pain and emotional problems during periods

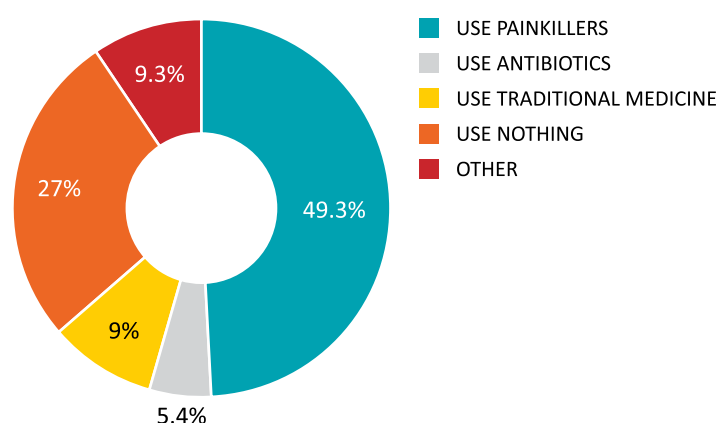
The results are close to those of the school group. Thus, nearly all the women (97.3%) said they washed at least twice a day during their periods. In addition, 36.9% said they suffered menstrual pain, while 18.9% said they had suffered from it in the past. Finally, 37.8% said they suffered from emotional problems during their periods.

The results on how they managed their pain indicated a greater incidence of the use of pain killers, antibiotics and traditional medicines than among the school group and, to a certain extent, resignation on the part of women who decide to do nothing and to put up with the pain (see Chart 20).

Chart 20

#### Management of menstrual pain

##### GENERAL SAMPLE



### Menstrual Hygiene Management, girls experience: participation at school and performance

The question of participation in learning activities at school during menstrual periods was analysed for the school group. It was a case, above all, of knowing if periods had an impact on participation in education and, therefore, potentially on pupils' performance.

Due to the constraints and discomfort associated with menstruation and based on a review of scientific literature, it was assumed that girls' presence and participation in school could be adversely affected compared with boys. This would have a negative impact on girls' schooling and further increase educational inequalities related to gender.

The study made it possible to operationalize this variable by targeting the precise moments when absences were recorded for girls on school rolls. The results obtained show that periods have a significant cumulative impact on the dynamic of adolescents' schooling.

#### School attendance during menstruation

The results show that the great majority (95.9%) of girls continue to attend school during their periods (see Table 22). However, the numerous inconveniences caused by their periods affect their full participation in learning activities.

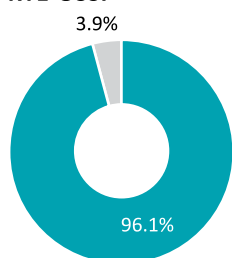
**Table 22**

Personal hygiene during menstruation and associated problems (school sample)

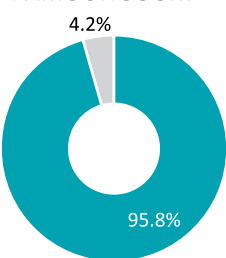
		Generally goes to school (%)	Has left school early (%)	Has missed a lesson (%)	Does not participate as much in lessons (%)
		Yes	Yes	Yes	Yes
Site	Kye-Ossi	96.1	16.9	23.2	31.6
	Bamoungoum	95.8	6.9	9.2	19.6
Age	Under 15	95.6	10.4	13.8	26.0
	15 years and older	96.9	16.2	23.1	24.0
Education level	Primary	95.5	15.2	13.6	34.8
	Secondary	96.0	11.4	16.5	24.2
Type of setting	Urban	96.8	12.9	16.8	23.4
	Rural	94.6	10.2	15.1	28.8
Total		95.9	11.9	16.1	25.5

#### Generally goes to school during periods

##### KYE-OSSI



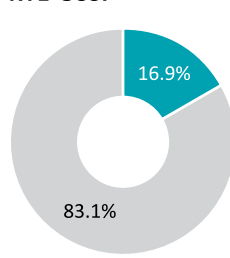
##### BAMOUNGOU



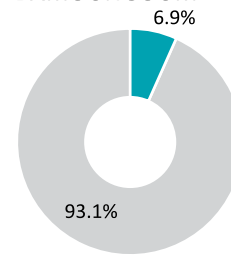
YES  
NO

#### Has left school early because of periods

##### KYE-OSSI



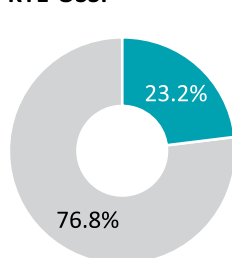
##### BAMOUNGOU



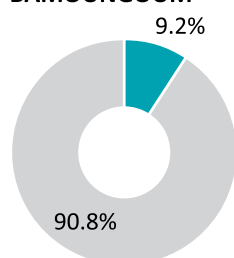
YES  
NO

#### Has missed a lesson

##### KYE-OSSI



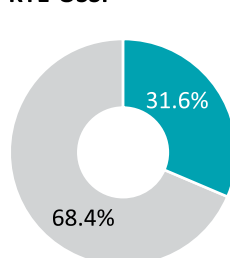
##### BAMOUNGOU



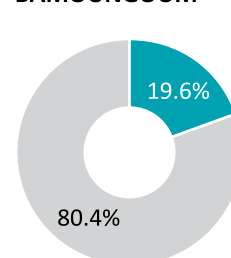
YES  
NO

#### Does not participate as much in lessons

##### KYE-OSSI



##### BAMOUNGOU



YES  
NO

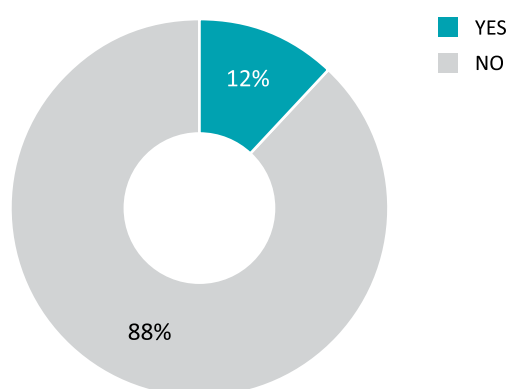
### Participation in learning activities during menstruation

More than one girl in ten (12 %) was unable to complete a day's lessons because of her period (see Chart 21). It should be noted that this is not a one-off phenomenon among these respondents, since in the course of the school year preceding the survey, the girls in question said that they had to interrupt their day at school three times on average ( $X=3$ ), with extreme cases reaching nine times, in other words, practically every month of the school year.

*Question: Has it ever happened that you have not been able to complete a day at school because of your period?*

**Chart 21**  
Interrupted school days due to periods

SCHOOL SAMPLE

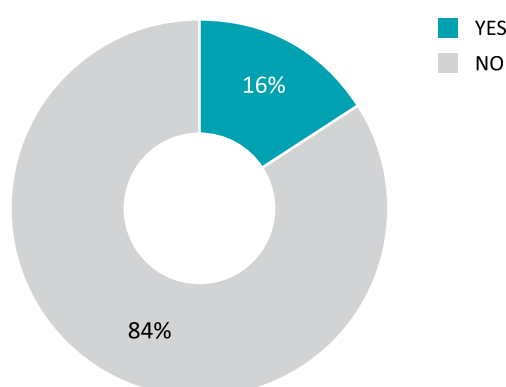


These girls, therefore, have to either cut their day at school short during their periods or leave the classroom early to manage them. This latter observation is credited by the fact that 16% of them said that they were absent from class because of their periods (see Chart 22). The impact can also be qualitative. In fact, even when in class, participation in the lesson can be reduced due to discomfort caused by periods: one girl in four (25%) said that during her period, she did not take as part in lessons as much as usual.

*Question: Have you ever had to miss a lesson due to your period?*

**Chart 22**  
Absence from school because of periods

SCHOOL SAMPLE



Girls' education seems to be clearly more affected in Kye-Ossi than in Bamoungoum with regard to all factors: interruption of a day at school, absence, or reduced participation in lessons. For each of these three factors, a statistically significant difference can be observed that highlights greater vulnerability in this regard on the part of the girls attending school in Kye-Ossi.

## Knowledge and experience of members of the general sample on absences from school during periods

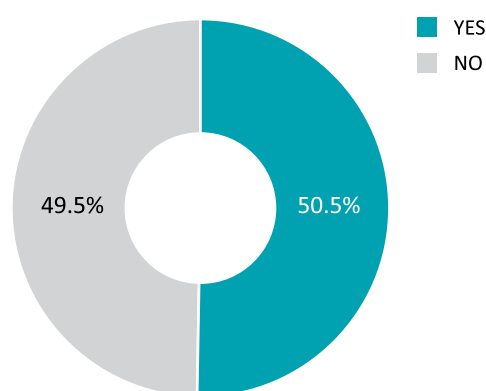
Information drawn from women and girls in the general sample is similar to those of the school group.

*Question: Do you know of any cases when a girl missed a day at school because of her period?*

**Chart 23**

Knowing of a case of absence from lessons when having a period

PREVIOUSLY SCHOOLED  
FROM TOTAL SAMPLE

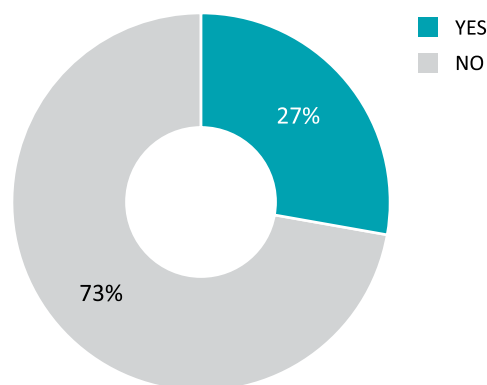


*Question: Personally, has it ever happened to you that you have not finished a day at school or not gone to school at all, because of your period?*

**Chart 24**

Day at school cut short because of period

PREVIOUSLY SCHOOLED  
FROM TOTAL SAMPLE



Charts 23 and 24 confirm that absence from school and interrupted school days due to periods is not a new phenomenon and neither is it a practice confined to the school pupils surveyed. The women and girls in the general group remember these phenomena from their own school days. This shows that it is a long-standing social phenomenon.

## Teaching about puberty and MHM at school

Interviews with administrative officials at ministerial level showed that MHM as a curriculum item was not part of any programme. Nevertheless, teaching on natural sciences, child care and life and earth sciences does include a number of issues related to MHM.

### Teaching received

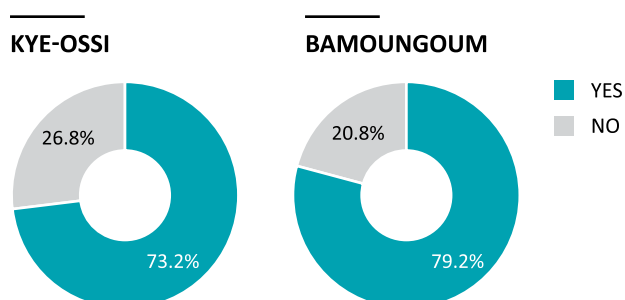
It was noted that more than three quarters of the girls (76.3%) had received lessons on the physiological and bodily changes that occur during puberty (see Table 25). The proportion of those who had received teaching on hygiene during menstruation is also high (64%). It was further noted that the discrepancy between data for primary phase and secondary pupils is not large, which means that girls attending school in both phases of education had been able to benefit from information on menstruation or on puberty as part of the curriculum.

Even if the data is encouraging, it is important to remember that only 28.3% of girls attending school knew what was happening to them when they got their first period. Therefore, the content and relevance of the lessons received might be reconsidered. Furthermore, the feeling of fear and anxiety which is predominant is a proof of their unpreparedness.

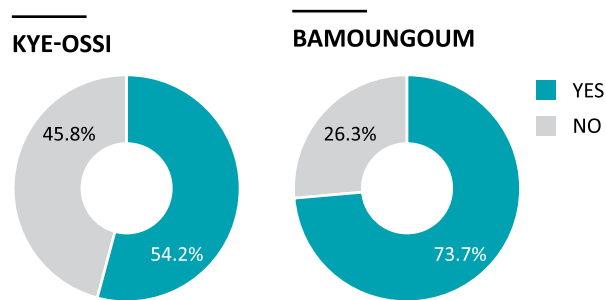
**Table 23**  
Teaching on physical changes and menstrual hygiene at school

		Does your school teach pupils about issues related to bodily changes during adolescence? (%)	Does your school teach how to take care of your health and hygiene during periods? (%)
		Yes	Yes
Site	Kye-Ossi	73.2	54.2
	Bamoungoum	79.2	73.7
Age	Under 15	76.8	64.1
	15 years and older	74.6	63.8
Education level	Primary	78.8	69.2
	Secondary	75.9	63.3
Type of setting	Urban	77.0	60.4
	Rural	75.1	69.6
Total		76.3	64.1

Does your school teach pupils about issues related to physical changes during adolescence?



Does your school teach how to take care of your health and hygiene during periods?



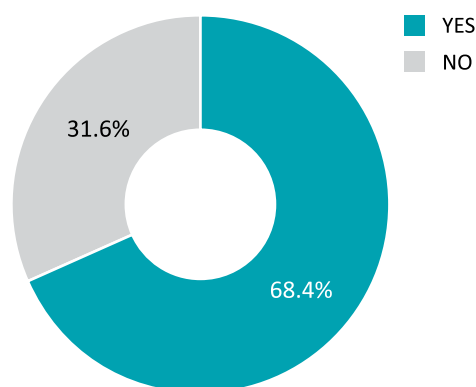


Teaching about puberty and menstrual hygiene could be delivered as part of extra-curricular activities, in particular in clubs for girls only. That explains why the study looked at the existence of such clubs, in particular health clubs (see Chart 26). The responses indicate that there are clubs in three out of four cases (73.2%) and that health clubs are quite common (68.4%). Even so, clubs for girls only are rare: only 7.2% of cases, as in Chart 27.

Question: Is there a health club in your school?

Chart 25

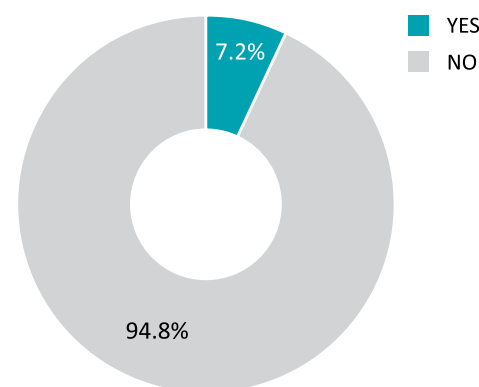
Existence of health clubs in schools



Question: Are there clubs just for girls in your school?

Chart 26

Existence of girls-only clubs in schools



### Attitudes of peers during menstruation

According to the girls surveyed, pupils do not change their attitudes to them during their periods.

However, when others are aware that someone has their period, there is an attitude of mocking and sometimes taunting, even going as far as excluding people: *"They say that they don't feel comfortable and that I have to withdraw myself at this time."*

### Limitations during menstruation

The study showed that 77% of pupils impose limitations on themselves when they are having their periods. In the analysis, these include: 58% do not take part in sporting or recreational activities such as running, playing handball or leaving the classroom. Furthermore, 10.7% avoid the company of boys, including talking and chatting (15%) or carrying out household activities (10.7%).

### Women and girls productivity during menstruation (general sample)

In order to assess women and girls' productivity during menstruation, the study relied on the general sample which counts the highest number of women and girls in the labour force. The women and girls in this sample experience moments of inactivity or reduced activity during their periods. This reduction in activity affects 22% of respondents as a whole.

The women and girls in this sample also drew up a list of activities that they refrain from doing during menstruation:

- Prohibitions related to sexuality (no sex, do not sleep in the same bed as husband): 54%
- Prohibitions related to household, sports and recreational activities (cooking, going to the field, doing difficult jobs, sports, going to the night club or the market, etc.): 29%
- Prohibitions related to food (no sweets, do not drink water, no mackerel, no sugar cane, no red fruit, etc.): 8.3%
- Other (praying/using the Bible, being near a fire, chatting, etc.): 6.2%



# MHM-FRIENDLY INFRASTRUCTURE

This chapter focuses on the infrastructure in school settings and public places, in particular whether it offers conditions to support better MHM.

## School infrastructure

### School settings: existence of a private space to change

Some three pupils out of four said that their establishment had a place where a girl could go to change her sanitary protection. This was usually the toilets, or a place behind the classroom, or the surrounding bush, for girls to change during their periods.

The analysis also focused on the specifics of the space available. It appears that most spaces are used by both boys and girls. Only 23% of existing spaces are separated for boys and girls, more commonly found in Bamoungoum than in Kye-Ossi ( $p=1 \times 10^{-3}$ ). Table 23 provides a quantitative picture of the situation that targeted interventions could improve.

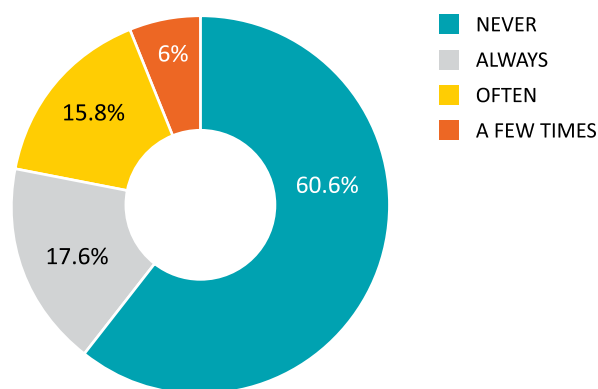
### Handwashing

Examination of the data shows that 83.9% of establishments visited had a water point that pupils could use for hand-washing, including when they have changed their sanitary protection. This indicates the proximity of the handwashing point to the toilets. Handwashing facilities are more common in Bamoungoum than in Kye-Ossi and more often found in secondary establishments than in primary schools. In nearly three quarters of cases (73.9%) the facility consisted of a tap; other facilities included a fixed well (3.5%), a bucket of water (9.3%) or were not specified (11.6%). Chart 25 shows the availability of soap near hand-washing facilities.

*Question: Is there any soap available there? (near handwashing facility)*

Chart 27

Availability of soap near handwashing facility



The data show that in more than 60% of cases there is no soap available and that it is only “always” available in fewer than two cases out of ten (17.6%).



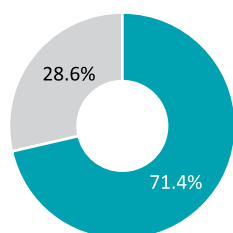
**Table 24**

Availability of MHM-friendly infrastructure

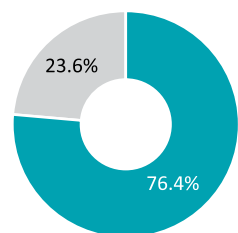
		Is there a place at school where you can change your sanitary protection? (%)	Is there a place for girls only where you can change your clothes or sanitary protection? (%)	In your school, can you wash your hands after changing your sanitary protection? (%)
		Yes	Yes	Yes
Site	Kye-Ossi	71.4	2.8	74.1
	Bamoungoum	76.4	43.7	93.4
Age	Under 15	70.7	17.2	82.0
	15 years and older	83.6	41.7	89.2
Education level	Primary	72.7	7.6	57.6
	Secondary	74.1	25.7	87.7
Type of setting	Urban	68.7	9.9	81.6
	Rural	81.8	43.3	87.3
Ensemble		73.9	23.3	83.9

Is there a place at school where you can change your sanitary protection?

KYE-OSSI



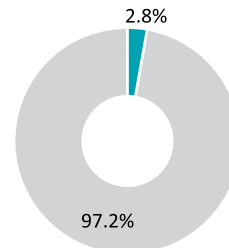
BAMOUNGOUM



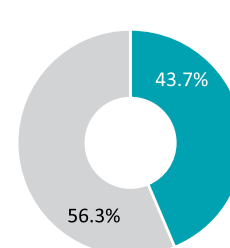
YES  
NO

Is there a place for girls only where you can change your clothes or sanitary protection?

KYE-OSSI



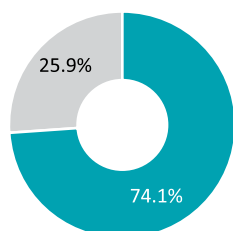
BAMOUNGOUM



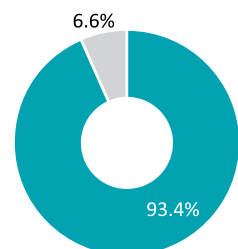
YES  
NO

In your school, can you wash your hands after changing your sanitary protection?

KYE-OSSI



BAMOUNGOUM



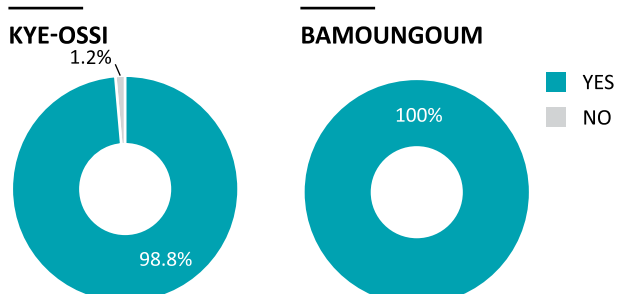
YES  
NO

Table 25

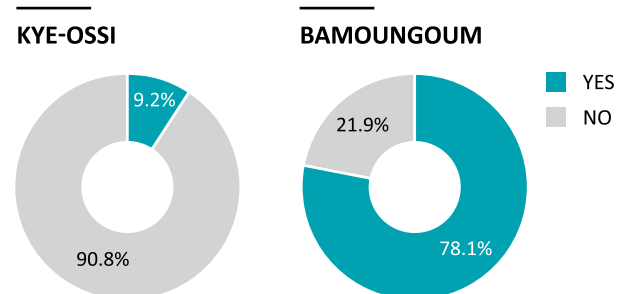
## Availability of gender-specific latrines in educational settings

		Are there latrines for pupils in your school? (%)	Are these latrines separate for boys and girls? (%)	Are they available and clean at this moment? (%)	Do the latrines have doors? (%)
		Yes	Yes	Yes	Yes
Site	Kye-Ossi	98.8	9.2	20.6	80.8
	Bamoungoum	100.0	78.1	58.1	82.6
Type of setting	Urban	99.4	31.2	24.4	84.3
	Rural	99.5	64.0	62.7	77.7
Total		99.4	44.2	39.6	81.7

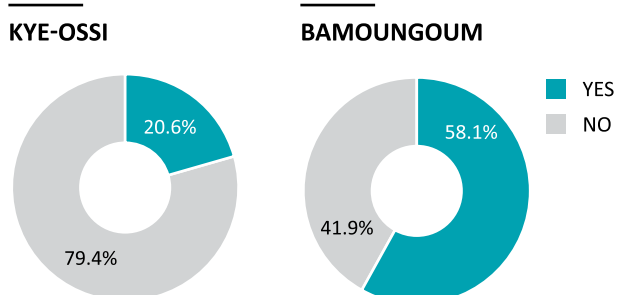
## Are there latrines for pupils in your school?



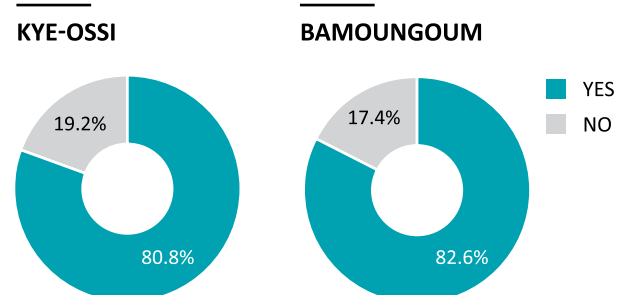
## Are these latrines separate for boys and girls?



## Are they available and clean at this moment?



## Do the latrines have doors?





### Availability of latrines in schools and gender-sensitivity

The availability of latrines in schools enhances the experience of pupils in the school and helps ensure they stay in school. In places visited, access to latrines is not an issue, the majority of schools have some sort of latrine facility. It is more a question of the function, cleanliness and maintenance of the facility.

As Table 25 shows, while almost every school has latrines, not all latrines have doors. In addition, the likelihood of latrines being used is questionable when data on cleanliness are taken into account. Only 39.6% of latrines were considered clean from the pupils' point of view. When the study team visited, just four out of ten latrines were in working order.

The contrast between the two research sites is worth noting. In Kye-Ossi, only 20.6% of latrines were in working order, compared with 58% in Bamoungoum, a statistically significant difference. Figures for latrines that are separated for boys and girls (an index for assessing gender-sensitivity) show even greater disparities: fewer than 10% of latrines in Kye-Ossi were separated for boys and girls, compared with 58% in Bamoungoum. Field visits confirmed this reality. Thus, at the time of observation, only the Kye-Ossi bilingual high school was equipped with separate facilities for boys and girls.

Figures for the separation of latrines between staff and pupils, and between male and female staff reveal further differences between Kye-Ossi and Bamoungoum, with 55%, and 74% for the former and 21.4% and 68.4% for the latter.

Finally, while 68% of latrines had a water point where pupils could wash their hands, only 25% of these water points had soap (45% in Bamoungoum and 4.8 % in Kye-Ossi). During the visits it was noted that all the water points are located outside the latrines.

The adaptation of latrines for people with disabilities, which also raises gender concerns, was not explored in the questionnaires. Field observations reveal, however, that this dimension was not taken into account in the construction of existing infrastructure. Designs do not have any special access ramp or means of ensuring access by people with reduced mobility.

31 MINEDUB, 2013, *ibid.*

## Infrastructure in public places

The women and girls in the general sample were asked to say if their place of work or the public places they frequented had infrastructure capable of meeting their specific needs when they were menstruating. Many took this to be such infrastructure as toilets and, therefore, replied by referring to the existence of toilets and public toilets.

64% of the women and girls did not have toilets in the public places they frequented. In Kye-Ossi, there are toilets at the market place and on the main road in the town. Some participants in the study stated that there were only two public toilets in the whole locality.

Above and beyond the availability of public toilets is the issue of their upkeep, maintenance and working order. To address this, the authorities in the town of Kye-Ossi have employed a cleaner for the market toilets.

Responses to the question of how women manage their periods in the workplace when there are no appropriate public facilities, include:

- Calls on neighbours or relatives / goes out to the fields / finds a place: 30.1%
- Quickly returns home: 26.4%
- Copes (finds a solution on the job, discreetly asks for help): 22.6%
- Other: 20.7%

The two responses “copes” and “others” account for more than 40% of answers. They demonstrate the creativity women demonstrate in the face of a lack of appropriate spaces in which to manage their periods.

The most common problems faced by women relating to the management of their menstrual hygiene in public places are:

1. Non-functional public toilets (no water, toilet paper or soap): 33%
2. Stains (dirt): 22%
3. An absence of public toilets (nowhere to change): 17.5%
4. Physical discomforts related to periods (itching, pain): 16.4%
5. Others: 10%

# MENSTRUAL HYGIENE MANAGEMENT AND RESPECT FOR THE ENVIRONMENT

Menstrual hygiene management and the impact on the environment of the disposal of used sanitary products was also considered in this study. This section provides an overview of the data collected for all samples, followed by more specific analysis of school versus general sample group and location.

## Disposal of used sanitary protection (total sample)

In the vast majority of cases, used sanitary products are thrown away. Nearly nine out of ten pupils (96.6%) throw their used sanitary protection away directly, while only 12.5% wash it and less than 1% burn it (see Chart 29). Both disposable cloths and washable pads were washed. Qualitative data show that because of cultural beliefs, some girls wash disposable cloths before throwing them away.

In schools, the toilets, whether latrines, pit latrines or flushing toilets, were the preferred places for pupils to dispose of used sanitary protection. Whether thrown down flushing toilets or in the bush, the fields, the rivers or creeks, sanitary protection poses environmental risks, from blocked pipes, physical pollution and potential related diseases.

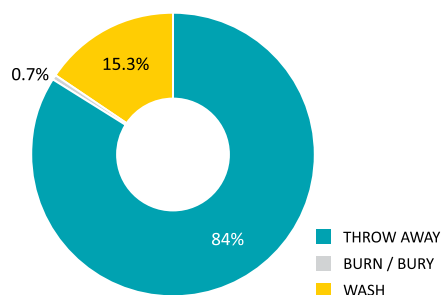
Trends were identical for the women and girls in the general sample: 88.4% threw their used sanitary protection away. Very few burned or buried it (0.7%) and 10.9% washed it.

The results in Chart 32 show the same types of environmental risk as for the school group.

Question: What do you do with your sanitary protection after you have used it?

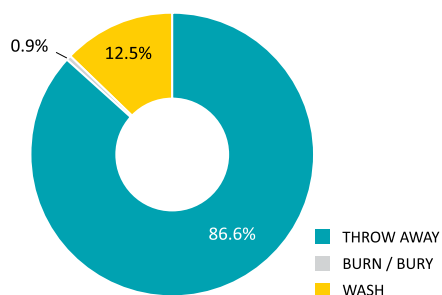
**Chart 28**  
Management of used  
sanitary protection

**TOTAL SAMPLE**



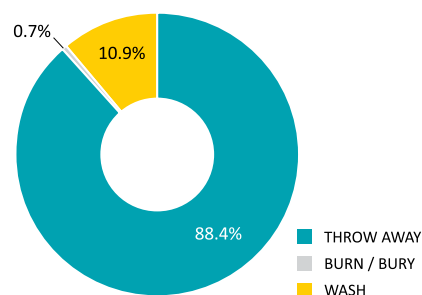
**Chart 29**  
Management of used  
sanitary protection

**SCHOOL SAMPLE**



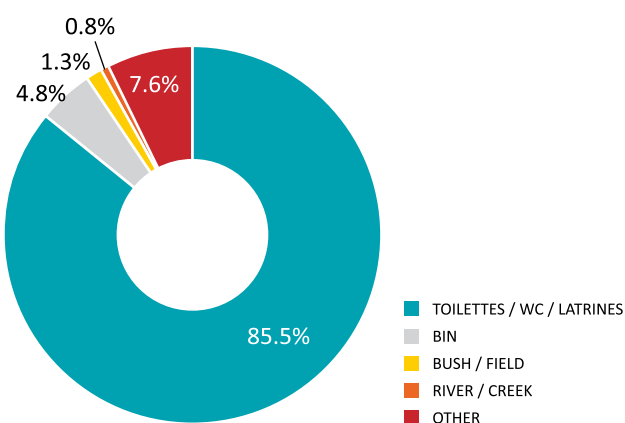
**Chart 30**  
Management of used  
sanitary protection

**GENERAL SAMPLE**



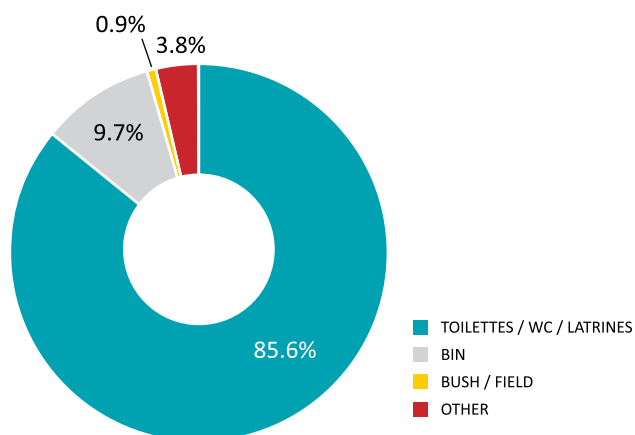
**Chart 31**  
Disposal methods of used sanitary protection

**SCHOOL SAMPLE**



**Chart 32**  
Disposal methods of used sanitary protection

**GENERAL SAMPLE**



## The influence of beliefs on the method of disposal of sanitary protection

The quantitative data tell us that the choice of method of disposal of sanitary protection is not neutral, in both girls attending school and the women and girls in the general sample. The information collected shows that choices are influenced by perceptions of menstrual blood, on the one hand, and to its mystical use on the other, as well as to the management of women's intimacy.

### Perceived value of menstrual blood

In all the cultural groups interviewed, menstrual blood is valued as a symbol of feminine life force. For the women and girls interviewed, a woman who does not menstruate is not a woman.

*"When a girl has her period, her cloths must not be thrown away just anywhere. Indeed, they always tell us that the life of your family and your own life depend on this because a woman's whole life is "inside"; a woman's whole life comes down to the fact that she has her periods because it is her periods that mean she can have children, conceive and marry, because behind periods you can be prevented from marrying." (FG, Kye-Ossi)*

### Menstrual blood, beliefs and the environment

According to the survey responses, the high value placed on menstrual blood also explains the use to which it can be put, particularly by malevolent powers. Hence the necessity not to throw sanitary protection just anywhere, as it is soaked in blood. This belief too is widely shared among all the cultural groups interviewed.

*"For us Yambassa, a woman must not expose her sanitary cloths or her knickers because these are things we jealously guard. Even in the family, you need to hide them because even your mother's sister could take them and do you harm or make your life impossible. Here where we are talking now, it was my paternal family that made my life impossible. That is to say, they make sure that you do not find a husband, they take away all your opportunities." (FG, Kye-Ossi)*

*"With washable sanitary protection, you have to soak it for a long time in water and then rinse it several times before drying it out of view that is, behind the house, and cover it with a loincloth or towel to hide it. Because bad people can take it and do harm; our mothers always told us never to wash it with bleach (because bleach is dangerous). You have to just use salt to wash it." (FG, Bamoungoum)*

Obviously, these beliefs lead to specific hygiene practices.

*"We bury it in the ground; we dig the ground and bury it in there. One day, I saw a girl throw her soiled cloth into another person's field. I asked her to remove it immediately, saying that if she didn't I would put it on the road so that everyone would see it and make fun of her. The girl in question then took it back. I explained to her that what she had just done was dangerous because a person of questionable character could take it and do something bad with it, such as stop her conceiving." (FG, Bamoungoum)*



### Management of menstrual blood and women's privacy

According to the respondents, in some ethnic groups, the desire to manage sanitary protection is also hampered by concerns related to women's privacy. Thus, throwing it in the bin means betraying the sense of privacy linked to it.

Participants to the study declare it is not advised to dry the material in the sun, because that would expose it to the view of all, some people even, paradoxically, seeing in this a risk of skin eruptions.

*"With regard to washable pads, I wash and dry them in the toilet or in the bedroom, out of sight. I don't like drying my cloth (loincloth) in the sun because this gives me spots or itching. And on top of that, someone could take it and do something bad to you."*  
(FG, Kye-Ossi)

In short, it is socio-cultural concerns that count for most in the eyes of the women and girls who took part in the survey, even if they have an unintended environmental impact.



Women washing clothes in Kye-Ossi.





# RECOMMENDATIONS

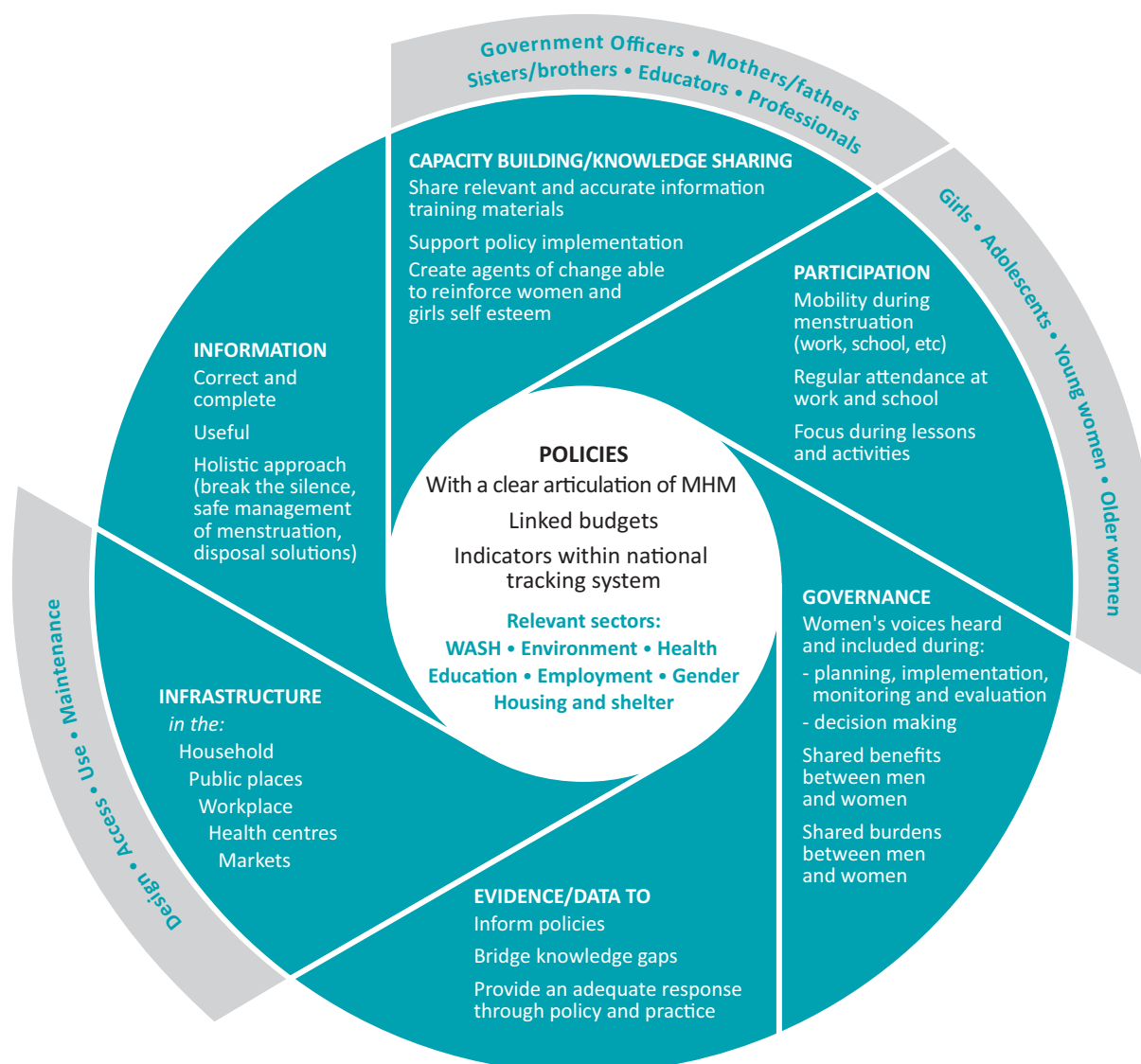
Ensuring safe and dignified menstrual hygiene management unlocks multiple benefits. Women and girls who are better informed can participate fully in society and the economy, leading fuller lives in terms of school, play, work and leisure.

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.





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- Joint Programme on Gender, Hygiene and Sanitation team
- All staff at UN Women West and Central Africa Regional Office and at WSSCC (Geneva).

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## UN WOMEN

In July 2010, the United Nations General Assembly created UN Women, the United Nations Entity for Gender Equality and the Empowerment of Women.

The main roles of UN Women are:

- To support inter-governmental bodies, such as the Commission on the Status of Women, in their formulation of policies, global standards and norms.
- To help Member States to implement these standards, standing ready to provide suitable technical and financial support to those countries that request it, and to forge effective partnerships with civil society.
- To lead and coordinate the UN system's work on gender equality as well as promote accountability, including through regular monitoring of system-wide progress.

Grounded in the vision of equality enshrined in the UN Charter, UN Women, among other issues, works for the:

- Elimination of discrimination against women and girls;
- Empowerment of women; and
- Achievement of equality between women and men as partners and beneficiaries of development, human rights, humanitarian action and peace and security.

## THE WATER SUPPLY & SANITATION COLLABORATIVE COUNCIL (WSSCC)

The Water Supply & Sanitation Collaborative Council (WSSCC) is an organization composed of members and partners whose mission is to save people's lives and improve their living conditions. To do this, it strengthens collaboration between sectoral organizations and the specialists who are striving to facilitate access to sanitation for 2.5 billion people and to drinking water for 748 million people.

Through its work, the WSSCC contributes to the more general goals of the elimination of poverty, and the improvement of health and the environment, equality between men and women and long-term economic and social development. The WSSCC supports coalitions in twenty countries and has members in more than 160 countries. Its secretariat, based in Geneva, operates under the auspices of the United Nations Office for Project Services (UNOPS).







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