

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

STUDY



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

A report examining menstruation and its management from the perspective of women and girls in the Louga region of Senegal. These range from an inability to exercise their rights and access services due to the silence and stigma that surround menstruation, to poor menstrual hygiene practices and waste management.

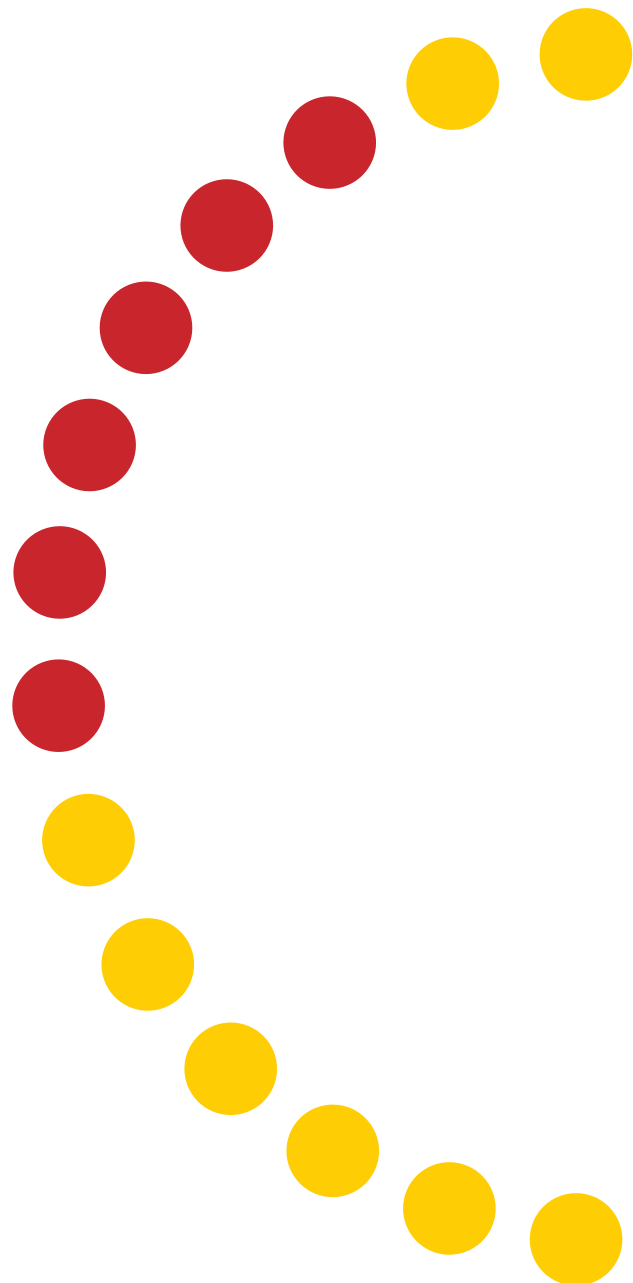


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LIST OF ACRONYMS

ANSD

Agence Nationale de la Statistique et de la Démographie
(National Statistics and Demographics Agency)

ESCR

Economic, Social and Cultural Rights

GHS

Gender, Hygiene and Sanitation

GSF

Global Sanitation Fund

MDG

Millennium Development Goals

MHM

Menstrual Hygiene Management

PEPAM

Programme d'Eau Potable et d'Assainissement du Millénaire
(Millennium Drinking Water and Sanitation Programme)

SNEEG

Stratégie Nationale pour l'Égalité et l'Équité de Genre
(National Gender Equality Strategy)

UNDP

United Nations Development Programme

UNESCO

United Nations Organization for Education, Science and Culture

UNFPA

United Nations Population Fund

UNICEF

United Nations Children's Fund

UN Women

United Nations entity for gender equality
and the empowerment of women

WSSCC

Water Supply and Sanitation Collaborative Council

FOREWORD

Hygiene and sanitation are development issues that have long been overlooked by governments. However, as a result of sustained advocacy efforts, they are at the very top of the global and national agenda today.

Senegal has a fairly progressive national strategy that aims to improve gender parity in political representation, healthcare and education, access to drinking water and sanitation facilities and maternal and infant mortality among other priorities. These issues have a critical role to play in efforts to improve living conditions and support the country's social and economic development. Development can only be achieved by meeting the needs and improving the well-being of the population as a whole: both men and women.

Women make up half of Senegal's population. Between the onset of puberty and menopause, women menstruate for around 3000 days. What impact does menstruation have on their personal and working lives? Do they have access to reliable information about menstrual hygiene? Can they rely on medical assistance if they need it? This report lifts the lid on an issue that remains hidden, unspoken and somewhat taboo in many African societies.

This report examines menstruation and menstrual hygiene management. Perspectives range from women's inability to exercise their rights and access services due to the silence and stigma that surround menstruation, to poor menstrual hygiene practices and waste management.

Menstrual hygiene is complex, bringing together interrelated issues of personal hygiene and sanitation, water supply, health, education, the environment and gender. The Government of Senegal, represented by the Ministry for Water and Sanitation and the Ministry for Women, fully support the aims and objectives of the "Gender, Hygiene and Sanitation" programme and the publication of this report, which we hope will inform future design, investment and decisions regarding hygiene and sanitation for women and girls in Senegal. We hope that it will inspire the region and the world as a whole.



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EXECUTIVE SUMMARY

On the ninth of March, 2014, UN Women and the Water Supply and Sanitation Council launched a three year Gender, Hygiene and Sanitation Programme in Senegal. The programme was launched in Louga by the Minister for Livestock and former Mayor of Louga, Ms Aminata Mbengue Ndiaye.

In June 2014, a survey was conducted in the Louga region of Senegal under the joint UN Women/WSSCC Gender, Hygiene and Sanitation programme, "Gender, Hygiene and Sanitation", along with a series of focus group discussions and individual informant interviews to gather qualitative data. The outcomes of this study provided important information about beliefs, knowledge and practices linked to menstruation in the region.

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



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

Key Findings:

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

The following is a snapshot of what the study found:

- Girls have **extremely limited information about why they menstruate and how to manage menstrual flows hygienically and safely**. Mothers and friends act as their main source of information. However, these mothers and friends often lack the necessary knowledge about biological changes as the body reaches puberty, the menstrual cycle, infection risks posed by poor practices, and the absorption, drying and material disposal options available to girls. All respondents were eager to discuss these matters in detail with the enumerators and facilitators. They recommended that healthcare practitioners and policymakers, teachers, educational clubs, hygiene promotion officers and social workers are trained in these issues and able to inform women and girls. This can ensure that adolescent girls are able to access correct, basic information before they have their first period. During the focus group sessions, the participants also asked a wide range of questions about sexual reproductive health and early pregnancy, further endorsing the need for better information.
- Most respondents reported drying menstrual cloths in secluded, private, **dark** locations. These **“hidden” practices and a lack of information are the main causes of infections related to poor menstrual hygiene management**.
- **Menstrual waste materials are regularly disposed of in latrines and toilets due to a lack of alternative waste disposal options** and a lack of knowledge about the consequences. This results in clogged, overflowing toilets and the waste is polluting the environment. The issue of how and where to dispose of menstrual waste does not appear anywhere – in education or health curricula.
- **Menstruation is often viewed as a sign of both maturity and adulthood**. Once they have had their first period, girls are viewed as *“big girls”* of potentially marriageable age. They take on greater responsibilities within their communities and, despite a legal age limit of 18 for marriage under Senegalese law, many girls are married before they reach this age. Early marriage significantly increases the risk of child pregnancy and repeated pregnancy without adequate birth spacing, and increases the risk of complications such as fistula.
- Due to a **lack of suitable spaces** and facilities for proper menstrual hygiene management, **women and girls are excluded from participating in cultural, educational, social and income-generating activities**. Most women and girls choose to change their menstrual hygiene materials in the home. It is also more convenient for women and girls to wash themselves and their materials at home, primarily due to a lack of suitable spaces and facilities outside the home. This, in turn, forces women and girls to limit their schooling and work activities for anything between four to eight days each month. Indeed, almost half of the respondents indicated that they rarely attended school while menstruating.



Women making the pledge during the MHM lab in Louga.

BACKGROUND

Information about the study area

The study was conducted in the Louga region, located in the north east of Senegal, approximately 200 km from the capital, Dakar. Louga is one of the 14 regions of Senegal. It covers an area of 24,889 sq. km and has a population of 835,325 people.¹ It is divided into three departments (Louga, Linguère and Kébémér), four communes, 11 districts, 48 rural communes and 2,632 villages. The region is home to 19 ethnic groups, although the vast majority of the population are from the Wolof and, to a lesser extent, Halpulaar groups.²

Education and vocational training data

In terms of education, the Louga region has seen significant progress over recent years, with major improvements in infrastructure, enrolment and staff. This progress has been driven by efforts undertaken as part of the Plan Décennal de l'Éducation et la Formation (PDEF – Ten-year Education and Training Plan). Despite these efforts, many education and training establishments are housed in temporary accommodation, as a result of alleged delays in construction work and a gap between demand and supply.

At primary level, enrolment figures are rising steadily, with 89,567 primary-age children in school in 2009, 49% of whom were girls. The private sector accounts for 6.78% of total student enrolment. The Gross Enrolment Ratio (GER) rose from 65.5% in 2007 to 70% in 2009, an average annual increase of 2.5%.³ However, this figure remains below the national GER, which stood at 91.1% in 2009. Significant progress has been made in terms of enrolment for *cours d'initiation* (CI – induction courses), with the overall figure standing at 98.5% (attendance of 100.6% for girls and 96.5% for boys). However, the completion rate remains relatively unchanged (42.5% in 2007, rising to 43% in 2009). Given that the stated objective for 2010 was 85%, it is unlikely that Senegal will achieve the MDG target for this indicator unless significant efforts are made to improve the situation.

Table 1 : Pupils enrolled in primary schools in 2008 and 2009⁴

IDEN	2008			2009		
	Total	Girls	% private sector	Total	Girls	% private sector
Kébémér	22,551	11,400	0.59%	23,833	11,711	0.57%
Linguère	22,093	11,632	1.71%	23,012	10,887	1.99%
Louga	44,396	20,864	17.54%	42,722	21,948	12.83%
Région	89,040	43,896	9.32%	89,567	44,546	6.78%

Drop-out rates are especially high in this region. Other than the Diourbel (31.9%), Matam (40.1%) and Kaolack (41.9%) regions, Louga has the lowest completion rate in the country (43% in 2009). The percentage of pupils repeating a year in primary school fell by 5.2% in 2009, compared with the 2008 figure. The fall was more marked among boys (7.8%) than girls (1.09%).

1 Data from the National Statistics and Demographics Agency, July 2014, available at: www.ansd.sn

2 Louga, Sénégal : Représentations autour de la migration auprès d'une communauté d'origine, research report from the 'Mémoires Audiovisuelles de la Migration Sénégalaise' project, Maggi/Sarr/Amadei, April 2008.

3 Plan Régional de Développement Intégré (Integrated Regional Development Plan) 2010-2015, Conseil Régional de Louga, 2010.

4 Source: Inspection d'Académie de Louga.

These educational problems are caused by a range of factors such as distance, high temperatures (between March and June in the Linguère department), a lack of latrines in schools, exodus, migratory livestock farming and even emigration. All of these factors have a negative impact on school attendance, and often explain high drop-out and failure rates in some areas.

At secondary level, enrolment trends are largely similar, although the GER figures stood at 21.7% for middle school and 8.7% for secondary school in 2009. The introduction of local schools has helped to slightly reduce the drop-out rate, especially among girls. A new sixth-form college has been built in Louga and is helping to keep girls in secondary education.

There is limited technical training provision in the region, with only a few facilities providing this type of training.

All three departments within the region have a “Centre d’Enseignement Technique Féminin” (Women’s Technical Training Centre). In total, there are 260 learners enrolled at these centres, 257 of whom are women. The centres offer three-year courses in catering, hairdressing and sewing.

Healthcare access data

In terms of healthcare, the region remains well short of the health coverage standards set by the World Health Organization (WHO). The Linguère department scores lowest. This may be due to the area’s low population density, as well as the dispersed nature of housing as compared to its large area.

In some remote rural areas of Linguère, the population appears to have no access to (modern) health services, and therefore has little alternative but to turn to traditional medicine.

In 2009, there were 424 healthcare personnel across all categories. There was a severe shortage of doctors, particularly specialists. Health treatment capacity in the region falls well short of the accepted WHO standards, with only 1 doctor per 63,946 inhabitants; 1 gynaecologist per 196,599 women of reproductive age; 1 paediatrician per 402,586 children under 12; 1 nurse per 10,658 inhabitants; and 1 midwife per 4,369 women of reproductive age.

The latest available maternal and child health data in the Louga region are from 2005. However, there has been a downward trend in the headline figures since 2005, when the mortality rate stood at 154 per 100,000 live births, compared with 377 per 100,000 live births in previous years.

In 2005, around 50% of births in Louga were assisted by qualified medical practitioners (mainly nurses and midwives). The national figure stood at 52%. In 2009, just over 55% of births involved medical assistance. Nevertheless, the slow pace of this increase means that the 2015 target (MDG) may not be met.

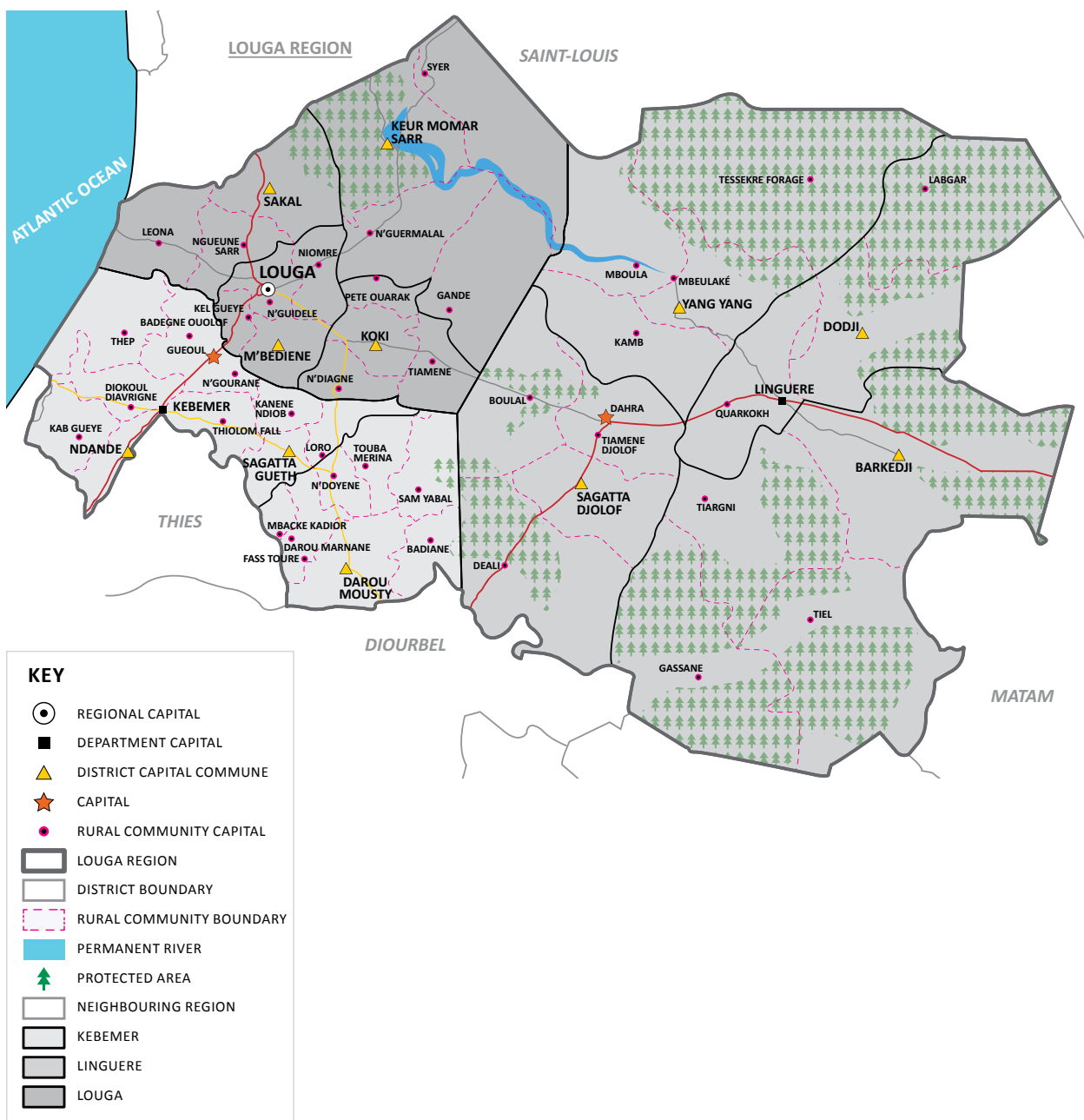
With regard to HIV and AIDS prevalence in the region, there is a slight imbalance in terms of information and knowledge about AIDS (96% of women informed, compared with 97.8% of men). This trend is reversed when it comes to prevention and avoidance, however, with 83.2% of women informed, compared with 73.4% of men. Senegal’s HIV and AIDS prevalence rate stands at around 0.7%. The overall HIV and AIDS prevalence rate in the region stands at 0.5% for men and women aged 15 to 49. Among people (15 to 24 years), the rate is 0.3%. The infection rate is higher among women than men in both age groups, standing at 0.7% for the 15-49 group and 0.5% for the 15-24 group. (Louga Integrated Regional Development Plan).

Data related to access to Water Sanitation and Hygiene

Water and sanitation access data show marked improvements in the Louga region in recent years. According to PEPAM, the State Coordinating mechanism for water and sanitation, Senegal has almost achieved its water-related MDGs, with 89.5% of the population having access to safe drinking water. However, the country is unlikely to achieve its sanitation target.⁵ According to PEPAM's annual review for 2014, 83.32% of the population in the Louga region has access to safe drinking water. Sanitation data are not disaggregated by region, but the national sanitation access figure stands at a mere 38.7%.

The Louga region introduced a Plan Directeur d'Assainissement (Sanitation Master Plan) in 1979. However, efforts have largely focused on access to safe drinking water, to the detriment of urban sanitation. Inadequate waste water and rainwater drainage and solid waste management have led to the development of unsanitary living conditions and hygiene problems in the region.

Administrative map of the Louga region⁶



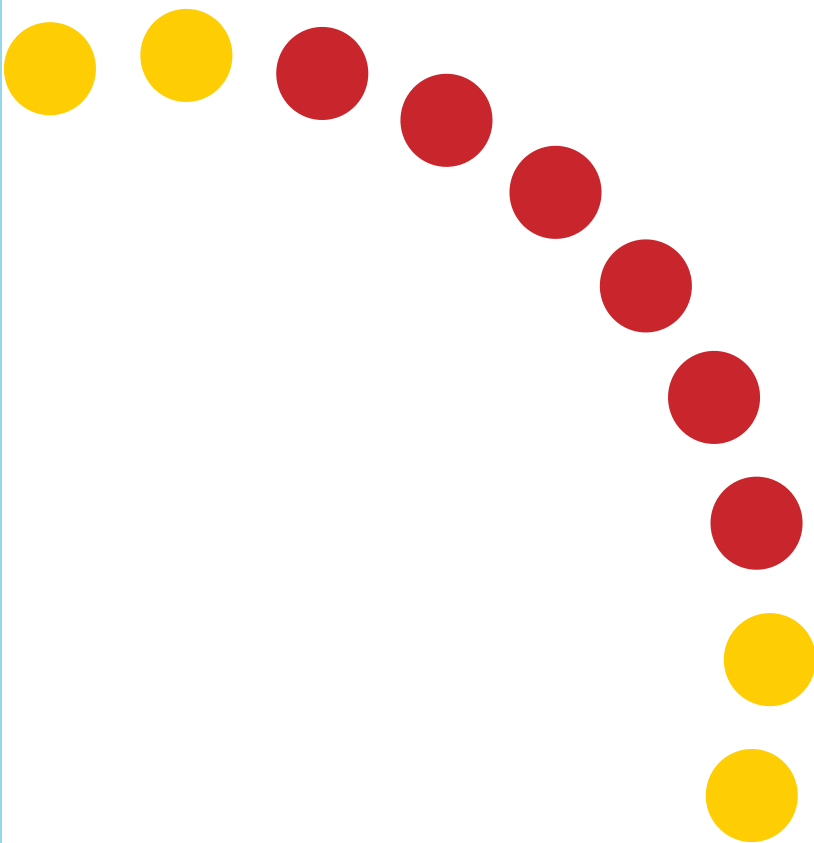
⁵ Programme Eau Assainissement du Millénaire (Pepam) www.pepam.gouv.sn/ensemble/index.php?rubr=vue

⁶ Source: Government of Senegal www.gouv.sn/Cartes

The region's only sanitation network is located in the commune of Louga, and only covers a small percentage of demand. Furthermore, it is incapable of draining waste water and rainwater effectively. The Louga sanitation network also has an extremely low usage rate, standing at around 25.8% (417 connections out of a possible 1,200 connections without extension). The vast majority of the regional capital's population is not connected to the network, and is therefore forced to adopt other strategies and alternative solutions.

Menstrual hygiene management is not mentioned in any national or regional policy documents in any sector. It is important to note, however, that Senegal has adopted a National Gender Equality and Equity Strategy. The aim of this strategy is to promote gender equality and equity by creating a favourable institutional, social, cultural, legal and economic environment. The strategy also seeks to promote the integration of gender issues into all development sectors and presents a real opportunity to development partners and programmes.

According to the National Economic and Social Development Strategy 2013-2017, Senegal's Gender Inequality Index stood at 0.566 in 2011, reflecting gender disparities between men and women. In addition, there are also disparities between regions, and between urban and rural areas. These disparities are reflected in unequal access to basic water and sanitation infrastructure, transport, electricity, agricultural water systems, etc. Gender inequality seems to be particularly severe for women living in rural areas with most women engaged in non-income-generating activities.



A Joint Programme to address a complicated problem

There is very little qualitative or quantitative data available on menstrual hygiene management in Africa, and in Senegal in particular. At regional level, there have been some recent studies on menstrual hygiene management in schools⁷, for example in Burkina Faso and Niger. It is much harder to find studies or research on how this affects women of all ages inside and outside schools, at the workplace and at home.

Menstrual hygiene management studies and interventions are easier to find in East Africa. Eritrea, Ethiopia, Kenya, Malawi, Rwanda and Tanzania have all been the subject of studies in this area. A number of small businesses have also been created to manufacture low-cost sanitary protection materials, such as Maka Pad in Uganda and SHE in Rwanda.⁸ A handful of studies have also been conducted in Ghana, Nigeria and Sierra Leone.⁹ The UNICEF study in Niger and Burkina Faso mentioned below¹⁰ is the only one of its kind to have been carried out in French-speaking Africa.

This study attempts to initiate an investigation into the perceptions, beliefs, practices and demands of women and girls in French speaking Africa, starting with Senegal.

As in many countries around the world where the subject is taboo, menstrual hygiene information is not regarded as important in either health or education establishments in Senegal. Yet women and girls account for more than 50% of WASH service users and also have *de facto* responsibility for managing water, hygiene and sanitation services. It is indeed strange that these services fail to articulate or meet the specific needs of half of the population that has regular periods and requires access to information, water, soap and detergent, washing facilities and menstrual waste management options. Women and girls are forced to manage silently, without anyone knowing and are ill equipped to do so. This natural, biological function is shrouded in shame and silence. It is against this background that the Gender, Hygiene and Sanitation programme emerged as a joint initiative between two United Nations agencies: UN Women and the Water Supply and Sanitation Collaborative Council (WSSCC).

The programme's overall aim is to accelerate the development of policies and practices that promote equality and the human right to water, hygiene and sanitation for women and girls in West and Central Africa. The programme focuses in particular on menstrual hygiene as an entry point to public policies, budgets and monitoring systems that better reflect the specific needs of women and girls different from those of men and boys. It aims to also improve practice on the ground so that facilities are more appropriately designed, constructed and maintained to respond to the needs of women and girls inside and outside the home.

This study has been conducted as part of the Joint Programme, and is based on the analysis of data collected in the Louga region, covering menstrual hygiene management knowledge and practices. It is also the first in a series of studies that will be conducted as part of the Joint Programme's research element, with a view to strengthening knowledge on this subject in West and Central Africa.

⁷ *Menstrual Hygiene in Schools in 2 Countries of Francophone West Africa: Burkina Faso and Niger Case Studies in 2013*, UNICEF 2013 – *WASH in Schools Empowers Girls' Education in Rural Cochabamba, Bolivia: An Assessment of Menstrual Hygiene Management in Schools*, UNICEF 2012. The latter of these studies is part of a series that will explore the challenges of menstrual hygiene management in Bolivia, as well as in the Philippines, Rwanda and Sierra Leone.

⁸ *Menstrual Hygiene in Schools in 2 Countries of Francophone West Africa: Burkina Faso and Niger Case Studies in 2013*, UNICEF 2013.

⁹ *Ibid.*

¹⁰ *Ibid.*



OBJECTIVES

The overall aim of the study is to assess menstrual hygiene management behaviour and practices and to analyse their impact on the living conditions of women and girls in the Louga region.

More specifically, the study sought to:

- Collect information about cultural and social practices connected with menstrual hygiene management;
- Conduct a situation analysis in the Louga region;
- Gather information about perceptions of menstruation among the population;
- Identify examples of best practice in terms of effective menstrual hygiene;
- Produce clear actionable recommendations for policy-makers.



Some WSSCC materials used during the lab: the fold out book "as we grow up", the menstrual wheel and beads to make MHM bracelets

METHODOLOGY

Data collection and analysis methods

Both quantitative and qualitative data were collected and analysed to understand prevailing menstrual hygiene management behaviour and practices, in the Louga region. The data was collected in conjunction with a menstrual hygiene management lab erected in a busy location at the centre of the suburb.¹¹ The aim was twofold – i) to raise awareness of the issues and ii) to understand public perceptions and demand around menstrual hygiene management.

In addition to the focus group sessions held at the Menstrual Hygiene Menstruation (MHM) Lab, a three-day house to house survey was conducted in each of the three administrative departments of the Louga region (Kébémér, Linguère and Louga).

Quantitative data

The Joint Programme team prepared a questionnaire based on a version tested in India in 2012 by WSSCC¹² and adapted to the situation in Senegal. This questionnaire was then translated into French. Once the questionnaire had been approved, a web application was developed. The application is connected to an online database, which provided the statistics used in this report.

The questionnaire was administered via an application on tablet PCs. WSSCC also provided menstrual hygiene management and MHM Lab operations training to the researchers and coordinators.¹³ A total of 14 researchers received training covering menstrual hygiene management, the questionnaire and the use of tablet PCs.

The researchers played an important role in the data collection process, and were selected on the basis of their subject expertise and professional qualifications. They came from different regions of Senegal, and from different ethnic groups, ensuring that they were able to interact with those respondents who spoke in languages other than French. Women-only researchers were chosen to ensure that the girls and women questioned feel as comfortable as possible, and to encourage them to talk openly about a subject that remains taboo. The survey was written in French and administered in local languages for non-literate respondents.

Each participant participated in an individual interview before attending the MHM Lab, to prevent any undue bias or influence arising from their newly acquired information and knowledge.

Qualitative data

Data was collected during focus group sessions in the MHM Lab, comprising women and girls from the Louga department. During these sessions, the participants discussed their knowledge of menstrual hygiene management and their practices in this area.

A series of observations were made and photographs taken to analyse the existing infrastructure and facilities, both in public spaces and in the home.

A literature review was also conducted, focusing on the perceptions linked to menstruation and their impact on the living conditions of women and girls in the region.

¹¹ The MHM Laboratory is a dedicated facility where women and girls come to learn about and discuss the three pillars of menstrual hygiene management. In this instance, the MHM Lab was set up in a tent and visited by girls and women.

¹² WSSCC began its work on MHM in India in 2011 with a view to reaffirming the human right to water and sanitation, particularly among the most vulnerable population groups. The three-pillar approach is also designed to show how failure to consider menstrual hygiene management constitutes an infringement of human rights.

¹³ WSSCC's approach to this issue is based on three pillars: breaking the silence, managing menstruation hygienically and safely, and safe reuse and disposal solutions. It is essential that the people collecting the data fully understand these three dimensions, and they are therefore covered in detail in the initial training programme.

Sampling method

The survey was conducted over a period of three days, and across the three departments in the Louga region:

- 316 girls and women in the Louga department
- 173 girls and women in the Linguère department
- 127 girls and women in the Kébémér department.

A further 75 girls were questioned in the village of Dielerlou Syll.

In total, 359 women and girls from the Louga department, aged between 13 and 65, participated in the focus group sessions and face-to-face interviews. These were held in the dedicated MHM Lab, located in the public square in the town of Louga.

All of the information collected was fed into an online database, which also contains the statistics used in this report. A total of 556 responses were collected using tablet PCs.

The team of researchers and facilitators during the MHM lab shared their views and findings during interactions with participants in a separate activity report that also informed this study.

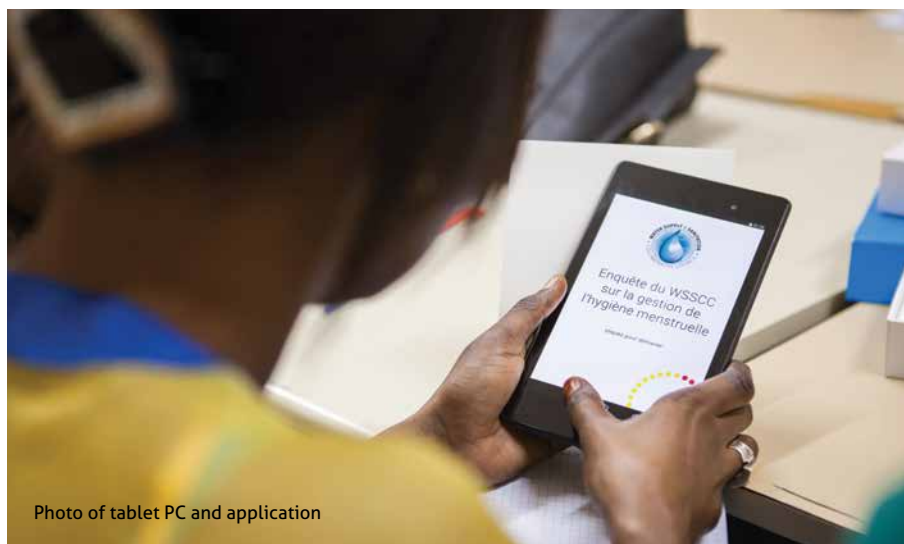


Photo of tablet PC and application

Limitations of the study

This is a qualitative, non-exhaustive study based on data collected from the MHM Lab in Louga. The participants were women and girls aged between 11 and 65. Men and boys were deliberately excluded from the study. As such, it focuses exclusively on the perspectives of women. This is a key limitation.

This study did not involve any in-depth research into administrative, education or healthcare infrastructure. Instead, statistical data, interviews and field visits were used to gain a snapshot of existing facilities.

A further study will be carried out in a more remote rural environment in Kédougou, to gather data and information that, combined with this report, will be more representative of the Senegalese population as a whole.



Girl making a bracelet representing her menstrual cycle

OUTCOMES OF THE STUDY

Menstruation: a taboo subject

Although menstruation is now considered an everyday subject in the developed world, it has long been a taboo topic surrounded by stigma. The 1694 edition of the dictionary of the Académie Française defines “menstrues” (from the Latin “mensis”, meaning “month”) as follows: “purgations that women experience each month”. The word “purgations”, meanwhile, is defined as: “an illness that afflicts women each month, for this reason only ever expressed in the plural form. Blood-letting should be avoided during these purgations.”¹⁴

Menstruation remains a taboo subject in many societies and is associated with concepts such as femininity, fertility, maturity, adulthood and uncleanness. These views are widely held in the Louga region of Senegal. Menstruation is represented in a variety of different ways, including through language, popular tales and stories, music and the arts. These elements form an important part of education, particularly in Africa. Traditional education in Africa relies on a range of different techniques, such as stories, fear and rites of passage.¹⁵ In this report, we will see how fear is used to warn girls against unwanted pregnancy and/or sexual violence.

To gain a better understanding of the issues, we need to go back to the origins of menstruation. Numerous cultures have traditional myths that seek to explain why girls and women menstruate. “In many of these myths, menstruation is seen as a form of punishment against women. The Bambara people, for example, believe that women bleed because they have sinned. This “punishment” aspect explains why menstruation is a taboo subject.”¹⁶ (Translation from French). This view is still widely held, particularly in the area covered by this study. One of the participants attending the MHM Lab admitted that “menstruation is seen as an act of punishment. The language that people use to talk about menstruation is almost entirely negative.” (Translation from French).



14 L'adolescente et ses menstruations. Vécu et représentations à travers le temps et les cultures. Enquête auprès de quinze adolescentes. Thesis, Doctorate in Medicine, Annaïg Mainguet, Faculty of Medicine, University of Nantes, 2006.

15 L'éducation traditionnelle en Afrique et ses valeurs fondamentales, Dr A. S. Mungala, 1982.

16 L'adolescente et ses menstruations. Vécu et représentations à travers le temps et les cultures. Enquête auprès de quinze adolescentes. Thesis, Doctorate in Medicine, Annaïg Mainguet, Faculty of Medicine, University of Nantes, 2006.

Menstrual blood: a symbol of “uncleanliness”

The Wolof people are the majority ethnic group in Louga, and Wolof is the most commonly spoken language in the region, and in Senegal as a whole. During their period, girls use the Wolof terms “*sétouma*” (meaning “I am unclean”) or “*da may foteu*” (meaning “I am washing”, referring to the washing of sanitary materials).

Box 1 – Participant profiles

The surveys and focus group sessions involved pre-pubescent girls, adolescent girls, young mothers, mothers and in some cases menopausal women. The majority of the survey respondents were aged between 14 and 30.

More than 69% of the respondents stated that they were not married. Around 8% of those who were married were aged between 14 and 19, confirming that early marriage is practised in the region.

Figure 1
Respondents' age

ALL DEPARTMENTS

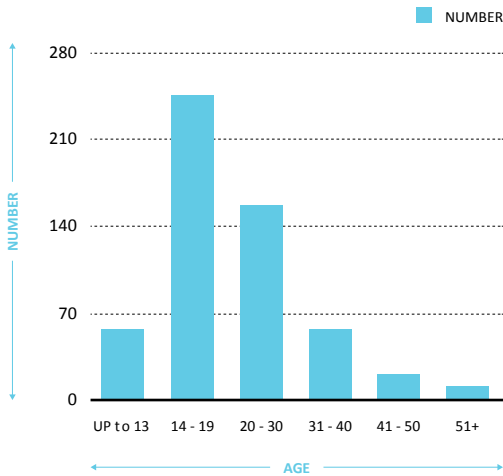
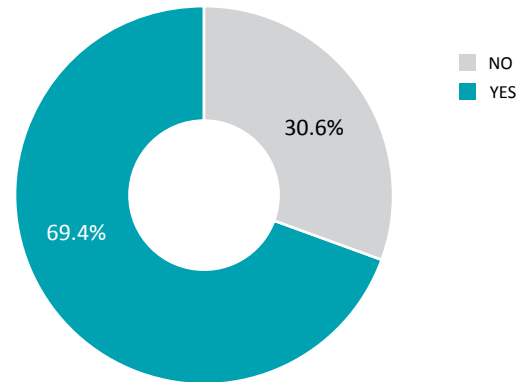


Figure 2
Marital status

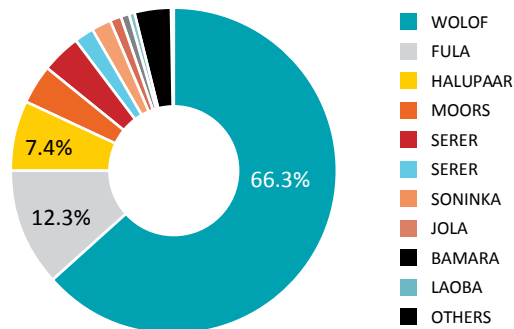
ALL DEPARTMENTS



The interviews covered people belonging to different ethnic groups living in the region. Wolof is the dominant group (66.2%), followed by Fula (12.2%) and Halpulaar (7.4%). The remaining respondents were divided between smaller ethnic groups: Moors, Serer, Bambara, Soninke and mixed-race Moors.

Figure 3
Ethnic groups

ALL DEPARTMENTS



Uncleanliness is a recurring theme across many ethnic groups, and is a source of various superstitions. The Jola people believe that menstruation is hazardous to men, and that men should distance themselves from women during their period. Men must not see menstrual blood, and women are expected to keep menstrual blood away from men at all times. Under some customary laws, women are explicitly excluded from society while menstruating.

According to other studies conducted in the region, “there was a generally accepted rule in Central Africa that women should keep their distance during their period. They were banned from the marital bed, from preparing food, from engaging in productive work such as forging and brewing, and from a range of potentially hazardous activities such as hunting, fishing and war. Furthermore, menstrual blood was associated with black magic and was viewed as a poison. It was viewed as extremely dangerous to have contact with, and even be close to, women during their periods.”¹⁷

As Louga is located in a semi-urban area, certain traditional rituals are not as commonplace as elsewhere. However, the majority of the women questioned, stated that they washed their sanitary pads to ward off evil spells indicating that menstrual blood is still widely associated with superstition such as black magic. The widespread belief that an evil eye can cast a spell on used menstrual material thereby causing infertility, is widely held.

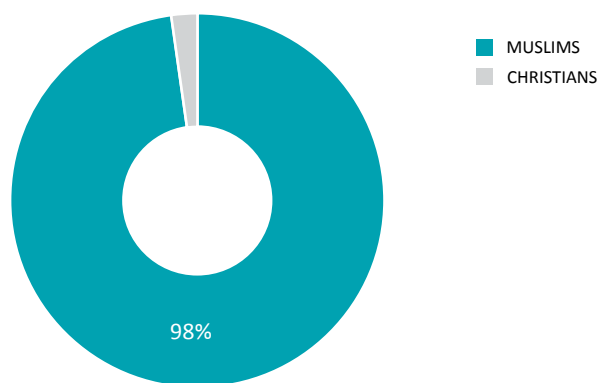
The majority of the respondents stated that they were Muslims, while the remaining minority were Christian.

The majority of the Muslim respondents (98%) stated that they performed purification rituals. Muslim women stop praying five times a day while menstruating, and resume this prayer ritual once their period has ended. They also perform the ritual bath of purification at the end of their period.

In certain cultures, girls must undergo rites of passage when they have their first period. No such rites were observed or reported in Louga.

Figure 4
Religion

ALL DEPARTMENTS



¹⁷ *Liquides sexuels féminins et rapports sociaux en Afrique Centrale*, Edouard Vincke, 1991.

Knowledge and feelings of girls experiencing their first period

Understanding of menstruation and knowledge of the subject

As a taboo subject, menstruation is always associated with feelings of fear and shame. It is a difficult subject to address both in the home and in external settings such as at school (see Box 2). Moreover, it is a subject that girls and women cannot discuss with men.

By the time they had their first period, a large number of respondents had been exposed to some information about menstruation. In response to the question, “Had you already heard about menstruation when you had your first period?”, 69% of the respondents said they had already received information, while 31% said that they had received no information. There is a marked difference in access to information between departments. In Linguère, the most rural of the three departments, the majority of respondents (55.3%) had received no information prior to their first period.

Figure 5
Availability of information before the first period in the three departments

ALL DEPARTMENTS

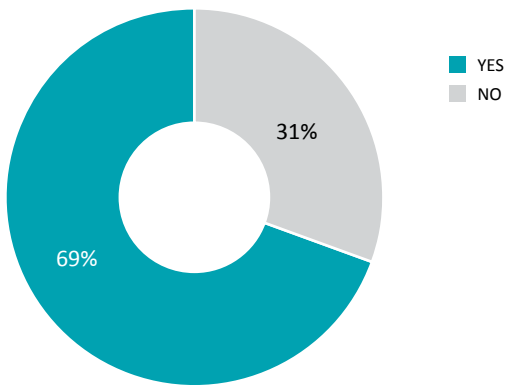
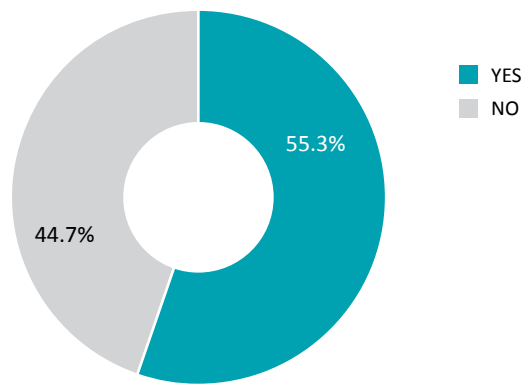
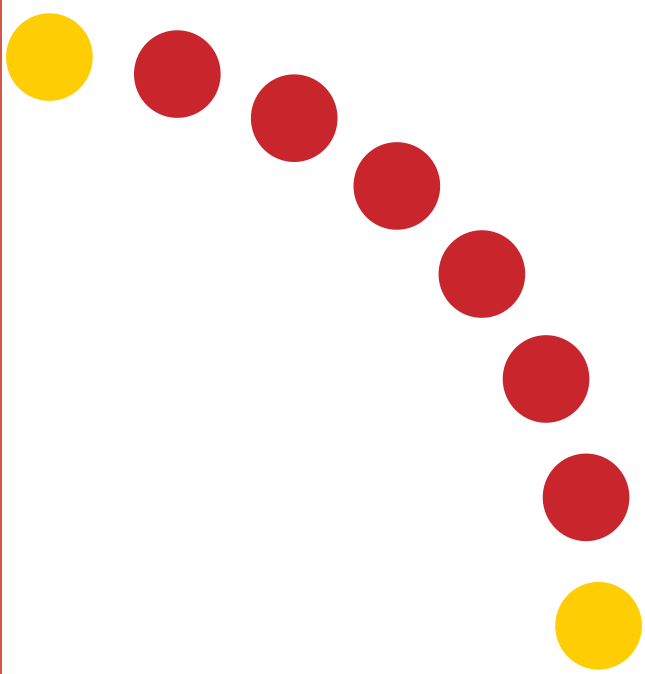


Figure 6
Availability of information before the first period in the Linguère department

LINGUÈRE VILLAGE



Around 30% of respondents aged 14-19 answered “no” to this question, compared with more than 40% of those aged 50 and above. Among those respondents currently in education, only 5.6% stated that they had received information about menstruation at school.



Box 2 – Participant profiles
Education

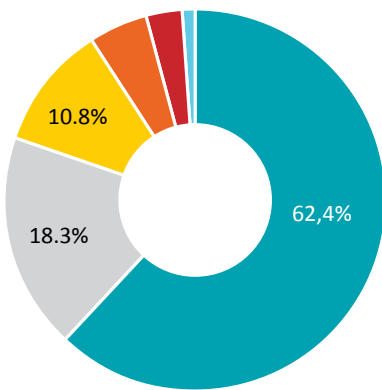
The educational attainment level of the respondents reflects national statistics on the gross enrolment ratio among girls in the region, which stands at 30%.¹⁸

In total, 26.5% of respondents left school at primary level, 38.3% completed secondary education, and 6.7% reached college level. The remainder had followed a vocational course, attended a Koranic school or received no formal education. Both Koranic schools and vocational courses remain popular forms of education (approximately 20% in total).

Similarly, 9.1% of the respondents stated that they had received no formal education. This figure is higher among those respondents living further from Louga, reaching 18.3% in the Linguère department.

Figure 7
Educational attainment

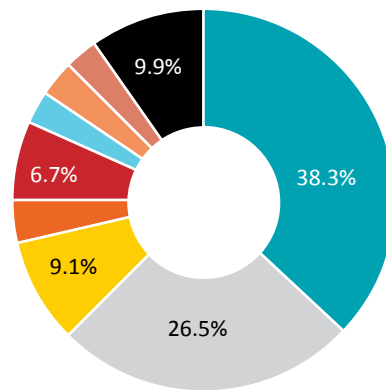
LINGUÈRE VILLAGE



- TRADITIONAL SCHOOL, SIXTH FORM LEVEL
- NO FORMAL EDUCATION
- TRADITIONAL SCHOOL, PRIMARY LEVEL
- UNIVERSITY, DEGREE LEVEL
- KORANIC SCHOOL, NOVICE LEVEL
- KORANIC SCHOOL, INTERMEDIATE LEVEL

Figure 8
Educational attainment

ALL DEPARTMENTS



- TRADITIONAL SCHOOL, SIXTH FORM LEVEL
- TRADITIONAL SCHOOL, PRIMARY LEVEL
- NO FORMAL EDUCATION
- UNIVERSITY, DEGREE LEVEL
- SECONDARY SCHOOL LEVEL
- KORANIC SCHOOL, NOVICE LEVEL
- KORANIC SCHOOL, INTERMEDIATE LEVEL
- FRANCO-ARAB SCHOOL, PRIMARY LEVEL
- OTHER

Those respondents who had knowledge about the menstrual cycle had obtained this knowledge from a friend or a close relative (*often their mother*). Only one participant stated that she had received information about the subject at Koranic school, and a few others at traditional school (around 12). This may explain the strong demand for information, tools and training on the subject.

The Louga results also show that girls tend to go to the same person for advice when they have their first period, with all of the respondents stating that they have received advice from their mother, friend or elder sister. Some of the main forms of advice and comments that they receive are:

“You’re a big girl now”, “You need to watch out for boys”, “Be careful, if a man touches you, you could fall pregnant”, etc.

A close relative or friend was the main source of information in response to the following questions: “Before you had your first period, who/where did you get information about menstruation from?” and “After you had your first period, who/where did you get information about menstruation from?” The close relative or friend provided this information in 90% of cases: 87.2% before the first period, and 85.6% after the first period.

¹⁸ Data from the Senegal National Statistics and Demographics Agency, July 2014, www.ansd.sn

It is important to note that mothers and friends are not necessarily reliable sources of information. Mothers and friends help girls manage their periods with basic information on materials and coping strategies. They are unable however to counsel their wards about the physiological changes, emotional aspects, premenstrual syndrome and dysmenorrhoea. One girl questioned at the MHM Lab stated that *“I always have stomach pains before my period. My mother says that these pains will disappear once I become a mother.”* (Translation from French).

It is therefore particularly concerning that so few of the respondents had received information from school before their first period (5.2%), and even fewer from healthcare professionals after their first period (0.9%).

It is also a topic that receives very little coverage in the media or the wider world. According to one of the MHM Lab participants, menstruation is viewed as *“women’s business”* and men never refer to it.

Figure 9
Sources of information before the first period

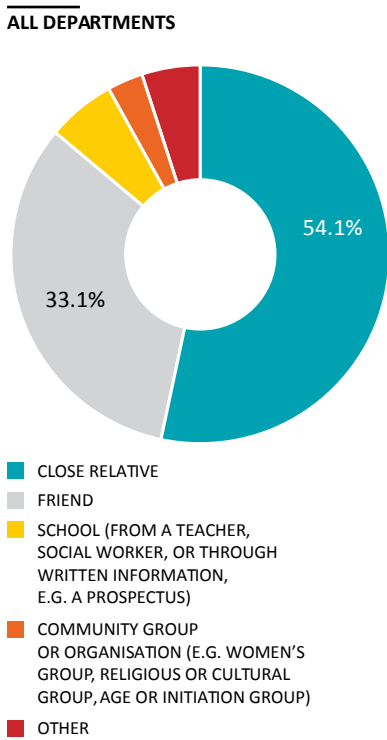
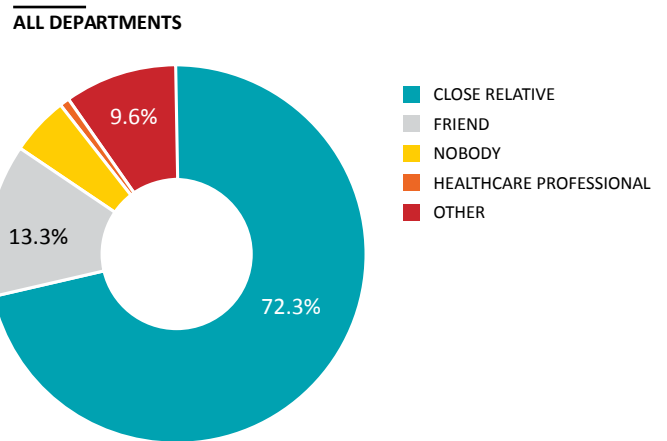


Figure 10
Sources of information after the first period



Girls’ feelings and information obtained after the first period

The majority of the girls and women questioned were embarrassed to talk about menstruation and reported that they usually try to hide the fact that they are menstruating.

“I don’t want other people to know that I’m on my period. I try to behave normally and hide it as much as I can” reported a focus group participant. (Translation from French).

The focus group data demonstrated that, in general, the people informed when a girl has her first period help her to use the right materials to absorb the blood. They then turn their attention to washing, with a particular focus on cleaning the material used to absorb the blood. The phenomenon is generally assigned a name:

- *“da may foteu”* (I’m washing)
- *“sétouma”* (I’m unclean)
- *“diouliwouma”* (I’m not praying).

These expressions reveal the practices, beliefs and restrictions that apply during this period, whereby periods are associated with impurity.

Most of the girls who had not received information or education stated that they were scared when their first period arrived. Two kinds of responses were noted. The first was that the girl tried to hide the fact that she was on her period and told nobody about it, at least during the first two days. The second was that the girl went straight to a close relative (normally her mother in this region) to ask for help.

None of the women and girls questioned stated that they had received information about the biological processes behind menstruation, or about the hormonal changes that occur in both girls and boys during adolescence. Coordinators at the MHM Lab observed a general lack of knowledge about the menstrual cycle. Several girls requested more information about the age at which the first period occurs.

Beliefs, myths and social and religious norms in the region

The beliefs, myths and social and religious norms surrounding menstruation appear with the onset of a girl's first period. In general, it is the older women in the family who instruct the girls about how to behave and act during menstruation.

Beliefs and myths

During the focus group sessions at the MHM Lab, several participants talked about the widely held belief in Wolof culture that women and girls must refrain from weaving during menstruation.

The vast majority of the respondents washed their sanitary pads before disposal, so that their blood could not be used to cast an evil spell leading to infertility or difficulties during childbirth. In this belief system, menstrual blood must be carefully managed and must not be exposed to public view.

Social norms leading to the exclusion of women

Menstrual blood is considered unclean. As a result, women and girls are generally excluded from certain domestic activities during menstruation – a practice that emerges as soon as a girl has her first period. There are also those who believe women and girls cannot make butter or cheese during their periods as the menstrual blood does not allow the milk to ferment properly. The same applies to mayonnaise, which apparently cannot be prepared by a woman or girl who is menstruating.

During the group sessions, the participants revealed several other forms of exclusion based on myths and taboos.

These included:

- Women and girls having to use separate toilets while menstruating, because menstrual blood brings bad luck.
- Certain groups of women and girls using fabric rather than sanitary pads because sanitary pads cause infertility.
- Girls counting the holes in a couscoussier (appliance used to make couscous) when they get their first period to limit the number of days in the month that they will be on their period.

Religious norms

The main religious norms encountered relate to Muslim women. Most of the women and girls interviewed refrain from various religious activities during menstruation, such as prayer, fasting, touching the Koran or entering a mosque. Others avoid certain so-called "sacred" locations, from which women and girls are generally barred before or during menstruation out of fear.

Menstrual management

Principal menstrual management materials

Some 69.8% of the respondents stated that they used sanitary pads for menstrual hygiene management. The amount of money that women and girls spend on these materials seems to depend on two factors: household budget and market prices. Women and girls adapt their practices according to these factors. Several respondents stated that they alternate between fabric and sanitary pads, particularly during times of financial hardship, generally favouring the less expensive option (fabric or sanitary cotton).

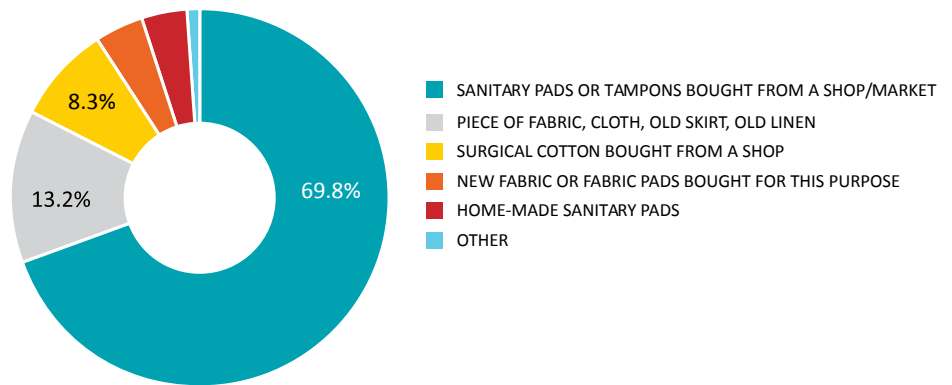
Other types of material used include pieces of fabric or recycled clothing (13.2%), cotton purchased from a shop (8.3%), or home-made sanitary pads (4%).

Other practices also exist. Some girls indicated that they used multiple pairs of pants, disposable liners, dark-coloured or black fabric, or new fabric. Some participants did not always know what material or fabric they used.

The researchers observed that the adolescent girls questioned were generally embarrassed about this subject and preferred to say that they used sanitary pads rather than fabric.¹⁹ Sanitary pads are seen as reliable and “modern”, and adolescent girls tend to view fabric as “old-fashioned” and less reliable than sanitary pads.

None of the girls or women questioned in the region stated that they used harmful material such as ash, sand or sawdust to absorb their menstrual blood.

Figure 11
Material used
ALL DEPARTMENTS



¹⁹ See Researchers' Report, available from the Joint Programme team on request.

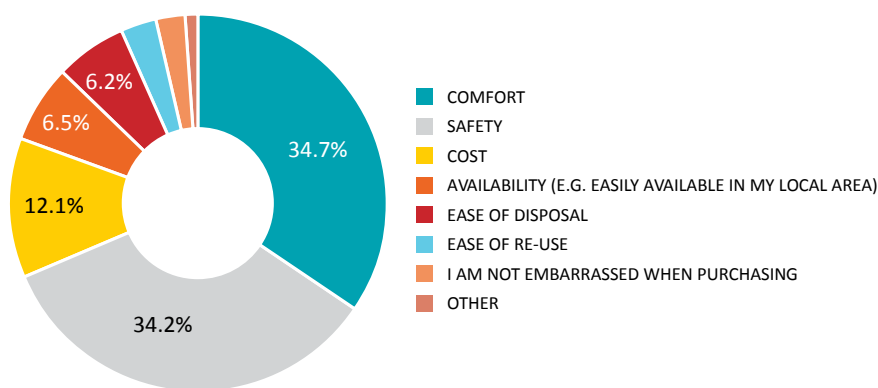
Reasons behind the choice of MHM material

The two most common reasons why women choose sanitary pads are comfort and safety. Across the three departments, 34.7% of respondents stated that they chose sanitary pads for comfort reasons, and 34.2% for safety. Cost was the third most common criterion (12.1%). Focus on safety is partly driven by the high number of counterfeit brands (including pads brands) in the region.

The other criteria were as follows: availability (6.5%), ease of disposal (6.2%), ease of reuse (3%) and a lack of embarrassment²⁰ when purchasing (2.3%).

Figure 12
Material selection criteria

ALL DEPARTMENTS



Hygiene during menstruation

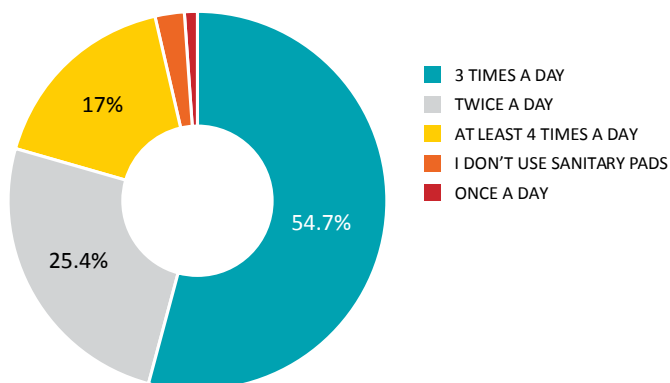
The survey data revealed adequate menstrual hygiene practices overall, with shortcomings in terms of drying sanitary material.

a) Sanitary material replacement frequency

The results indicate that blood absorption materials are changed on a regular basis, with girls and women replacing their material several times each day, depending on blood flow levels. Overall, 54.7% of respondents changed their material at least three times a day, 25.4% changed it at least twice a day and 17% changed it at least four times a day. The results also show that women tend to replace their blood absorption material on a regular basis after giving birth, with 80.1% replacing their material between two and four times a day.

Figure 13
Sanitary material replacement frequency in the region

ALL DEPARTMENTS



²⁰ Only a handful of girls stated that they were embarrassed when buying sanitary pads in shops. It is important to note that most of the shops where these products are available are run by men.

b) Personal hygiene

The overwhelming majority of respondents (99.1%) stated that they showered daily during their period. Most of the respondents also indicated that they washed their hands with soap after handling menstrual blood.

Figure 14
Bathing frequency during menstruation

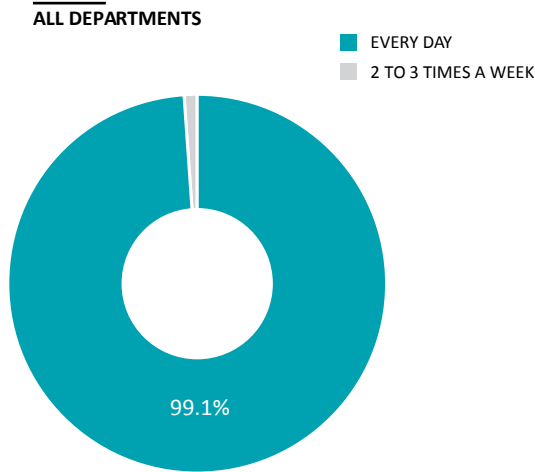
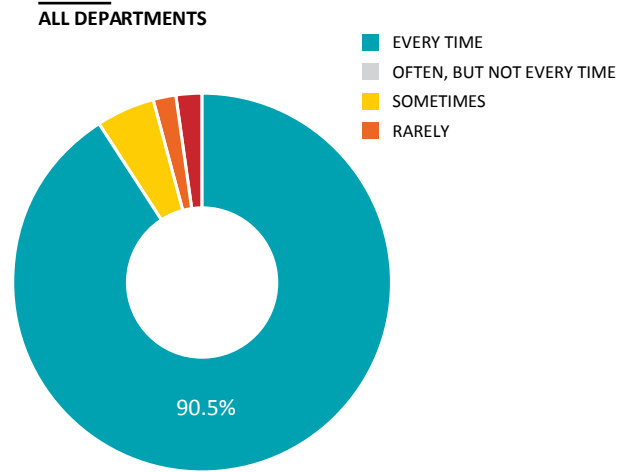


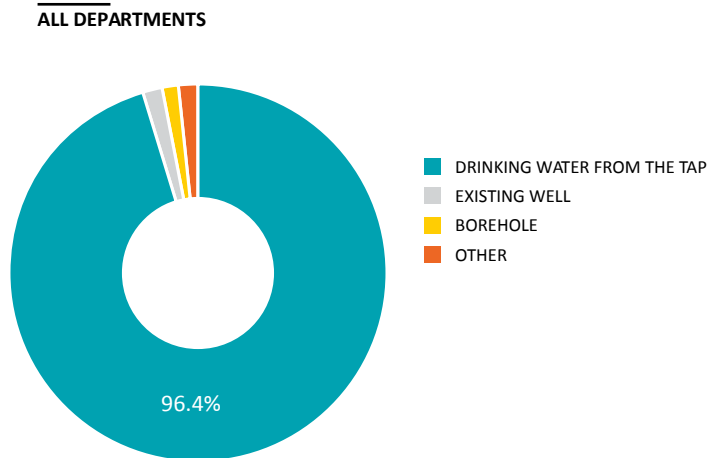
Figure 15
Frequency of handwashing with soap after changing sanitary material



c) Washing of private parts and sanitary material

Effective practices were observed in terms of the washing of private parts. More than 96% of respondents stated that they had access to a source of drinking water, which they used to wash their sanitary material.

Figure 16
Source of water



The respondents generally washed their sanitary material at home, as shown in the results below. This was normally done in the same place where they changed their material. More than 93% of respondents stated that they washed their material in the bathroom at home. The only women who indicated that they washed their material at work were those employed as domestic workers, who often spend several days at a time at their employer’s premises without returning home.

Among the respondents, only 1.1% changed their material wherever they were located, 1.7% at work and 0.4% at school.²¹

²¹ Data aggregated under “Other”.



Figure 17
Preferred location for changing sanitary material

ALL DEPARTMENTS

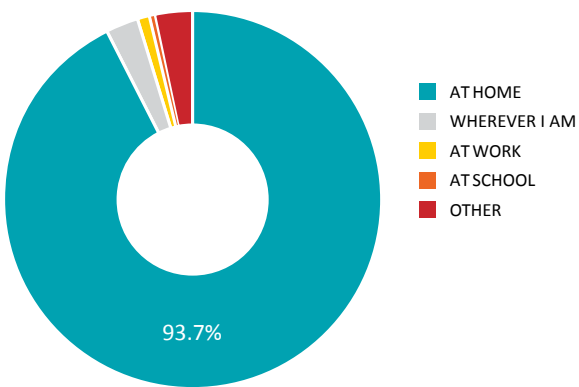
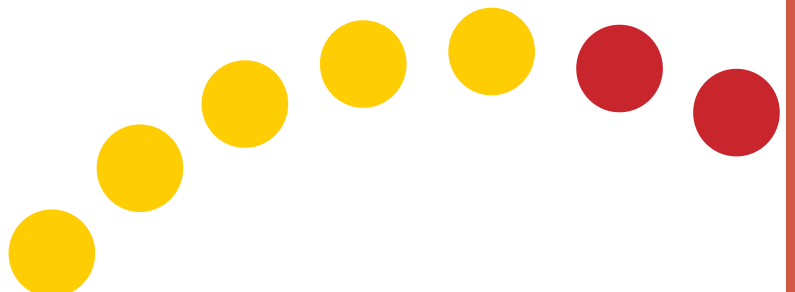
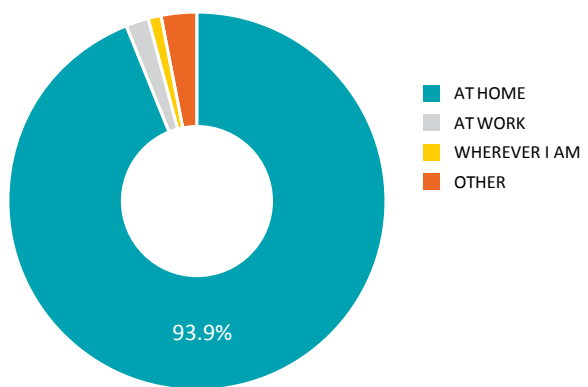


Figure 18
Location for washing sanitary material

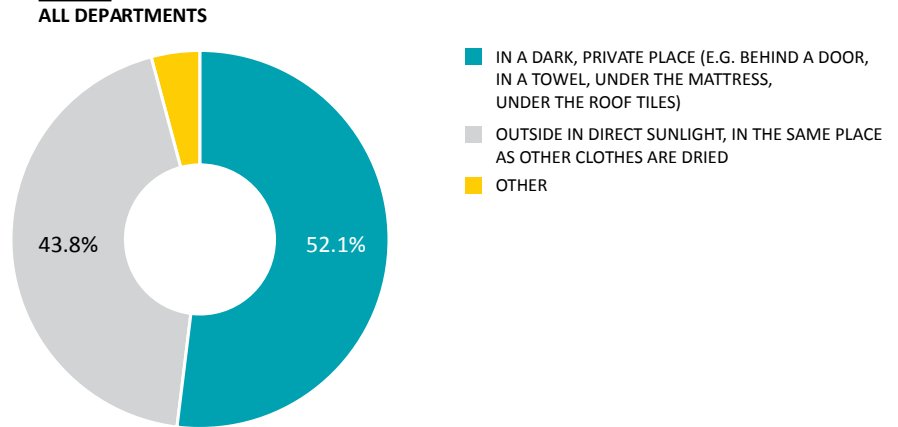
ALL DEPARTMENTS



d) Drying of sanitary material

Shortcomings were identified with regard to the drying of sanitary material. The data show that, once washed, the material is mainly dried in a damp dark location such as toilets, bedrooms, in tiled rooms or under pillows (52.1% of respondents). Respondents displayed poor awareness of the importance of drying materials in direct sunlight to avoid the risk of infection.

Figure 19
Location for drying sanitary material



Panoramic view of the Masse Massaer Niane 1 school

Menstrual Hygiene Management among vulnerable groups

The in-depth interviews revealed that individuals with motor disabilities have difficulty accessing sanitation facilities. Public toilets with narrow door frames make it impossible for wheelchair or crutch users to use these facilities and the access routes to toilets often involve wet or dirty floors. This situation is further aggravated where women have to share toilets with men.

Difficulty of toilet access for disabled people causes particular hardship during menstruation. The nine disabled women interviewed confirmed that they were unable to manage their menstruation with privacy, and that as a result all members of their family knew when they were menstruating. Some of them stated that they were unable to wash their material with their own hands, and that they lacked the resources to buy sanitary pads. Furthermore, they were unable to reach the clothes line to hang up their fabric and clothing after washing, often hiding their washed sanitary pads under the bed as a result.

“My sisters manage their periods with privacy. But not me. When I’m on my period, the whole household knows about it (men and women). I creep around the house, often leaking blood or losing my sanitary towel altogether. We don’t have an indoor toilet, and I have to share a toilet with other members of my family. The toilet is difficult to access and is often wet, exposing me to dirt and germs.” Woman with motor disability, Louga department. (Translation from French).

These problems are aggravated further when the family does not have its own toilet. Some disabled women living in poor, out-of-town neighbourhoods have neither a fixed toilet nor access to water at home. They can sometimes go for two days without washing. In some cases, there may be a temporary shelter which serves as a toilet. These women tend not to use these shelters while menstruating to avoid leaving traces of blood behind.

“I live in Madina Salam, an out-of-town neighbourhood with no water or fixed toilets. When we need the toilet, we have to use a temporary shelter with a straw door. There’s no septic tank, just a bed of sand. During my period, I avoid using this toilet because I don’t want to leave any traces of blood behind. I go to visit my relatives in the Santhiaba neighbourhood every couple of days, so I can wash and change. I tend not to do much while I’m on my period. I don’t beg. I feel embarrassed and uncomfortable.” Interviewee with a visual impairment. (Translation from French).



Disabled woman travelling in a cart, with her wheelchair on the back

Women with visual impairments sometimes find it difficult to know when their periods start. Unlike the women with motor disabilities, some of whom were trained hairdressers and had a meagre source of income, all of the visually impaired women interviewed were beggars. Each morning, they go to the market, install themselves outside a mosque or find another place in town to beg. They are unable to go home to change during their period. One of the visually impaired women questioned was unable to tell whether her sanitary material was clean or dirty, or whether her clothing was stained with blood. She found it deeply embarrassing to have to ask a non-visually impaired person to check for her.

Disabled people cannot live fully independent lives in Senegal. They require assistance, and those who do not live with their mothers face genuine hardship during their periods.

The disabled women questioned stated that they changed their material at least twice a day. Some of them asked their mother or daughter to help them. Those who do live with their close family have to seek help from their carer. All of the disabled respondents stated that they had meagre income, and were unable to afford more than one pack of sanitary pads per cycle. Some mentioned the use of foam from mattresses to manage their menstruation.

Of the nine disabled women interviewed, only four continued to attend to their daily business during their period. The others preferred to stay at home.

Menstrual waste management

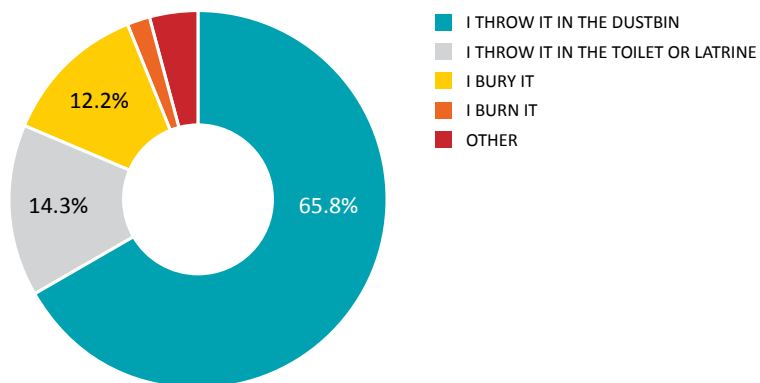
While 65.8% of the women questioned stated that they disposed of their used material in the dustbin, 14.3% said that they threw it in the toilet or latrine. A further 5.3% disposed of it in septic tanks or elsewhere, 2.5% burned it, and 12.2% buried it.

All interviewees and participants stated that waste management was a wider issue that affected the region as a whole so that not just menstrual waste but all waste was haphazardly disposed with no systems in place. Waste collection, management and disposal are matters of particular concern in this area, with household waste management in general proving especially problematic.

The various menstrual waste management options were discussed at the MHM Lab, covering management in the home, in public places, at work and at school.

Figure 20
Menstrual waste disposal

ALL DEPARTMENTS





Pupils' toilets at the Masse Massaer Niane 1 school



IMPACT OF MENSTRUATION ON THE LIVING CONDITIONS OF WOMEN AND GIRLS

Menstruation and adulthood

With the onset of 'menarche' or the first period, a girl is considered an adult and suitable for marriage. Early marriage is practised in several ethnic groups in Senegal. In 2010, around 25% of women aged 15-19 in Senegal were married.²² In this study, conducted in the Louga region in northern Senegal, 7.3% of the girls aged 14-19 questioned stated that they were married. One of the women who attended the MHM Lab stated that *"in our society, once a girl has had her first period she is ready to marry"*. (Translation from French).

A recent study conducted in France revealed that *"adolescent girls (French girls questioned) do not see menstruation as a major milestone on the path to adulthood, but rather as a commonplace event in a more global process. (...) Rather than a sign of femininity, menstruation seems (in their view) to be a sign of good health."*²³ Through access to the right information, girls are able to understand – before the onset of their first period – that the phenomenon is a natural, biological process that should not cause the fear or concern observed among the respondents in this study. Furthermore, it should not be viewed as the transition from adolescence to adulthood.

It is important to mention the legal position surrounding age and marriage. Article 16, point 1 of the Universal Declaration of Human Rights states that *"Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution."* Point 2 states that *"Marriage shall be entered into only with the free and full consent of the intending spouses."* The Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages reaffirms this principle. Article 1 states that *"No marriage shall be legally entered into without the full and free consent of both parties, such consent to be expressed by them in person after due publicity and in the presence of the authority competent to solemnize the marriage and of witnesses, as prescribed by law."* In Senegal, the law has recently been changed, raising the age of consent to marriage for girls from 16 to 18.

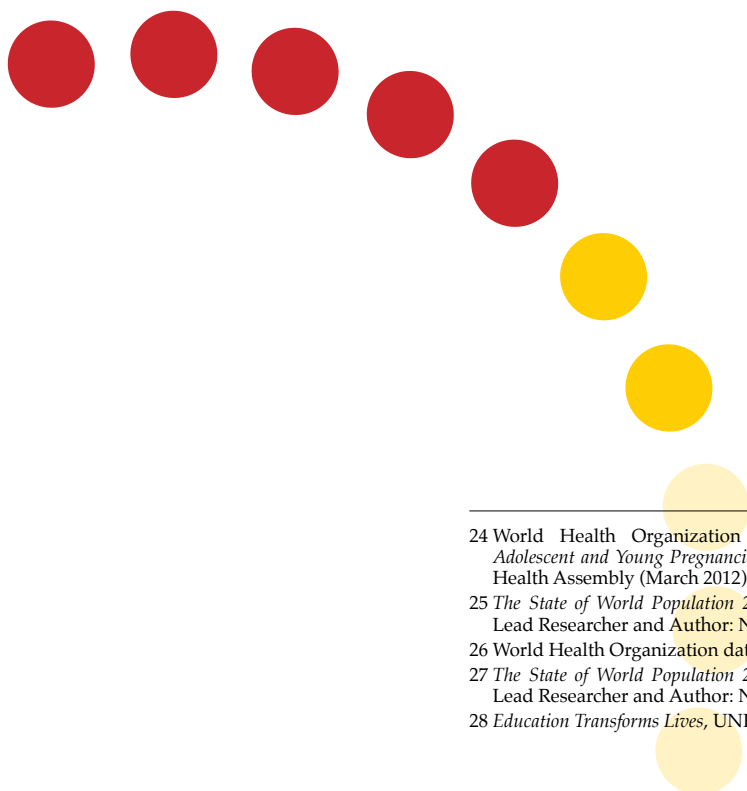
²² *Mapping Early Marriage in West Africa: a Scan of Trends, Interventions, What Works, Best Practices and the Way Forward*, Judith-Ann Walker, September 2013.

²³ *L'adolescente et des menstruations. Vécu et représentations à travers le temps et les cultures. Enquête auprès de quinze adolescentes*. Thesis, Doctorate in Medicine, Annaïg Mainguet, Faculty of Medicine, University of Nantes, 2006.

Early marriage poses a significant risk as it is often associated with early pregnancy. According to the World Health Organization, the highest rates of early marriage occur in sub-Saharan Africa, and the highest rates of sexual activity are found among adolescent girls in a stable relationship (marriage or common-law union).²⁴ Fertility is closely associated with the social status of women, particularly in West and Central Africa. Loss of fertility can often lead to a loss of social status. According to a recent study by UNFPA, however, pregnancy and childbirth often have a negative impact on a girl's health, education, potential income and future, leading to a greater risk of poverty, exclusion and powerlessness.²⁵ They also lead to an increased risk of fistula. Obstetric fistula is a medical condition in which a hole (fistula) develops between the pelvic and genital cavities following a difficult childbirth. Estimates suggest that there are more than two million women living with untreated obstetric fistulas in sub-Saharan Africa – a condition that leads to permanent incontinence, shame and social discrimination.²⁶

Efforts to foster a better understanding of menstruation and the various stages of adolescence may help to reduce early marriage. This is especially true given that one of the primary causes (among other economic and social considerations) of early marriage – a phenomenon that has a profound and harmful impact on the girl's present and future life – is the belief that a girl becomes a woman once she has her first period. Much work remains to be done in terms of raising awareness on these issues in the region. Still birth and newborn death rates are 50% higher among children born to adolescent mothers than among those born to mothers aged 20-29. Approximately one million children born to adolescent mothers fail to reach their first birthday.²⁷

Once a girl is viewed as an adult or pre-adult, she may drop out of school, start work, get married and start having children. She may also begin to take on household duties and play a more important role within the community. These factors pose a risk both to the girl and to her future children. Every day, more than 800 women die from diseases caused by a lack of hygiene and sanitation. Educated women have a better chance of avoiding these risks, by adopting simple, inexpensive hygiene practices, reacting to symptoms, and ensuring that they are assisted by qualified personnel during childbirth. They are also in a better position to protect their children from infant mortality, preserve their own health and improve their nutrition.²⁸



²⁴ World Health Organization www.who.int/mediacentre/factsheets/fs364/en/ and *Early Marriages, Adolescent and Young Pregnancies*, Report by the Secretariat, World Health Organization, Sixty-Fifth World Health Assembly (March 2012). http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_13-en.pdf?ua=1

²⁵ *The State of World Population 2013: Motherhood in Childhood, Facing the Challenge of Adolescent Pregnancy*, Lead Researcher and Author: Nancy Williamson PhD, UNFPA 2013.

²⁶ World Health Organization data, available at: www.who.int

²⁷ *The State of World Population 2013: Motherhood in Childhood, Facing the Challenge of Adolescent Pregnancy*, Lead Researcher and Author: Nancy Williamson PhD, UNFPA 2013.

²⁸ *Education Transforms Lives*, UNESCO 2013.

Menstruation and participation in daily activities

The data collected indicate that during menstruation 36% of respondents stay away from school and 68% stay away from work. This situation is aggravated in the Kébémér department. The continued application of these practices has a negative impact on the empowerment of women. Under article 2, point d) of the Convention on the Elimination of All Forms of Discrimination against Women, States undertake to “refrain from engaging in any act or practice of discrimination against women and to ensure that public authorities and institutions shall act in conformity with this obligation.” Article 5, point a) states that “States Parties shall take all appropriate measures [...] to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women.”

The International Covenant on Economic, Social and Cultural Rights²⁹ clearly affirms the right to work, the right to an adequate standard of living, the right to mental and physical health, the right to education, the right to take part in cultural life, the right to enjoy the benefits of scientific progress and its applications, etc. Under article 7, point b), the States Parties to the Covenant recognise “the right of everyone to the enjoyment of just and favourable conditions of work which ensure, in particular [...] safe and healthy working conditions.” There is therefore a set of normative instruments designed to eliminate discrimination towards women and to ensure that they participate fully in economic, social and cultural life. How does this play out in reality, however?

Physical limitations and spaces for menstrual management

Many girls and women state that they experience pain during menstruation, including headaches, stomach pains, painful breasts, joint pain, etc. This pain, caused by hormonal changes, is often suffered in silence in societies where menstruation is surrounded by taboo. Girls and women also struggle to maintain proper hygiene without access to water and sanitation facilities. As indicated above, women and girls living in Louga feel the need to change their sanitary material up to four times a day. They also need a space where they can wash before disposing of their material.

Many of the women who use sanitary pads conform to the widespread practice of washing their single-use sanitary pads before disposal. They require just as much water as those women who use sanitary cloths, if not more.

All of the girls and women questioned stated that they had soap at home, but that soap was not always available in public buildings.



²⁹ It is important to note that the States Parties to the Covenant undertake to ensure the equal right of men and women to the enjoyment of all economic, social and cultural rights set forth in the Covenant.

What constitutes an appropriate place to change and wash in private?

According to the respondents, this should be:

- A dedicated, safe, private space, i.e. a place where they cannot be interrupted by another person and especially not by a man or boy. All of the young women and girls questioned indicated that men should not be aware when they are menstruating, including the men in their family.
- A place where they can go without shame.
- A clean and dry place.
- A place where they can wash away their menstrual blood with water and wash their hands with soap.
- A place where they can dispose their waste safely, hygienically and without shame.

The impact of poor conditions in public buildings on women's and girls' participation

None of the schools visited in the study had toilets equipped with soap. In some schools, girls and boys shared the same toilets. Furthermore, none of the school toilets has a dustbin or other container for menstrual waste disposal. There was no washing facility or dedicated room with a clothes bin or clothes line in any of the girls' toilets. Similarly, many girls stay out of school altogether during their period, for fear that they will be unable to change or wash, or to avoid leaving blood stains in the toilets so that their peers will know they are menstruating. One of the MHM Lab participants stated that, *"I wrap up the towel and put it in my bag. Then, once I get home, I wash it before disposing it off. I'm afraid that people will see me or that it will smell. I hurry home as quickly as I can."* (Translation from French).

Toilet cleaning also poses a major problem. Although schools often accommodate several hundred pupils, the toilets are rarely cleaned at regular intervals. Cleanliness is an important factor that determines whether or not pupils use these facilities. Many girls at school or university admit that they "avoid" the public toilets on site because they are unhygienic. Instead, they prefer not to change their material nor use the toilet while they are at school or university.

It is also important to note that water supply stoppages are a regular occurrence in the region. This phenomenon hinders safe hygiene practices and leads to additional feelings of anxiety among girls (fear of stained clothing, being unable to change, etc.). As a result, several girls said that they found it hard to concentrate at school during their period, thereby impacting their educational performance. This confirms the results of previous studies on this subject.³⁰

³⁰ See the UNICEF study on menstrual hygiene in Burkina Faso and Niger.

Furthermore, while this study did not look at health care facilities, many of the facilities in the region fail to meet the minimum hygiene requirements set out in World Health Organization standards. Similarly, according to PEPAM several public facilities (at markets, bus stations and other public spaces) are not cleaned properly and remain largely unused due to their poor state of cleanliness.³¹ As well as building facilities, it is also important to schedule regular and effective maintenance and cleaning, or these facilities will simply remain dirty or unused.

In Louga, women also refrain from engaging in the following activities during their period:

- Work
- Sports and cultural activities
- Certain group activities.

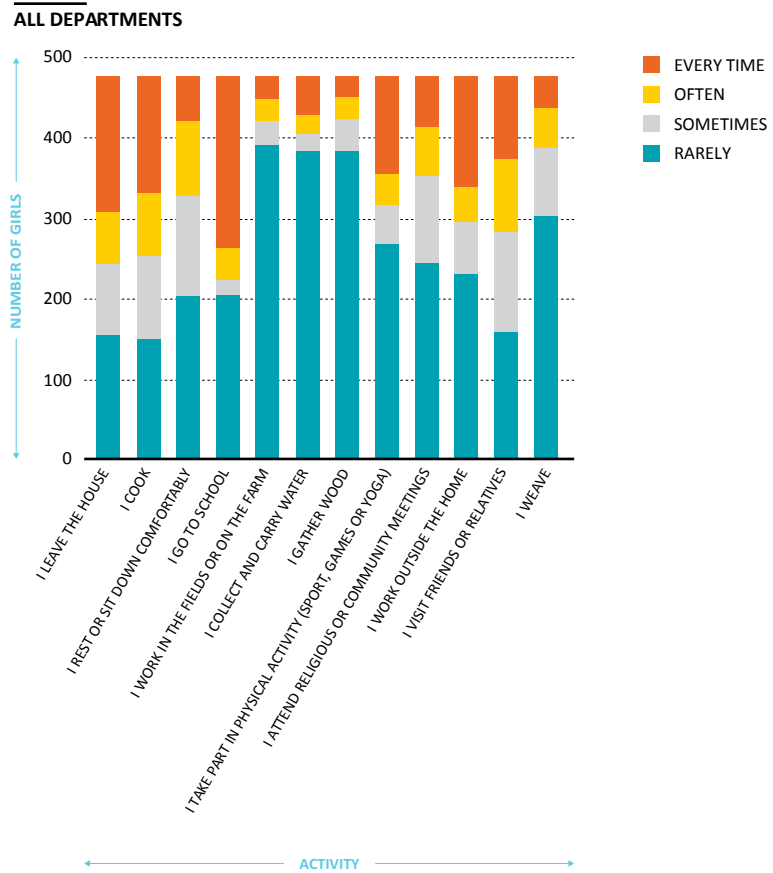
The reasons given are always the same, i.e. the fear that they will be unable to change if needed, the unavailability of menstrual blood absorption materials, social norms that lead to their exclusion, and the lack of a suitable space to manage their menstruation and dispose of waste.



Teachers' toilets at the Masse Massaer Niane 3 school

³¹ Interview with Mr Amadou Diallo, Pepam Coordinator.

Figure 21
Participation in educational, cultural, social and economic activities³² during menstruation



Only 21 girls in the Linguère department stated that they always went to school during their period. The majority attended “sometimes”, and others went to school “often”. Only one person indicated that she always went to work outside the home during her period.

The data in the table indicate that 36% of respondents rarely go to school, and 68% rarely work in the fields, collect water or gather wood. This situation is aggravated in the Kébémér department. However, women and girls are not prevented from cooking or leaving the house during their period.

³² The following activities were listed: leaving the house, cooking, resting or remaining seated comfortably, working in the fields, collecting and carrying water, gathering wood, physical activity, religious meetings, working outside the home, visiting friends and weaving.

Figure 22
Participation in educational, cultural, social and economic activities during menstruation

DATA FROM THE LINGUÈRE VILLAGE

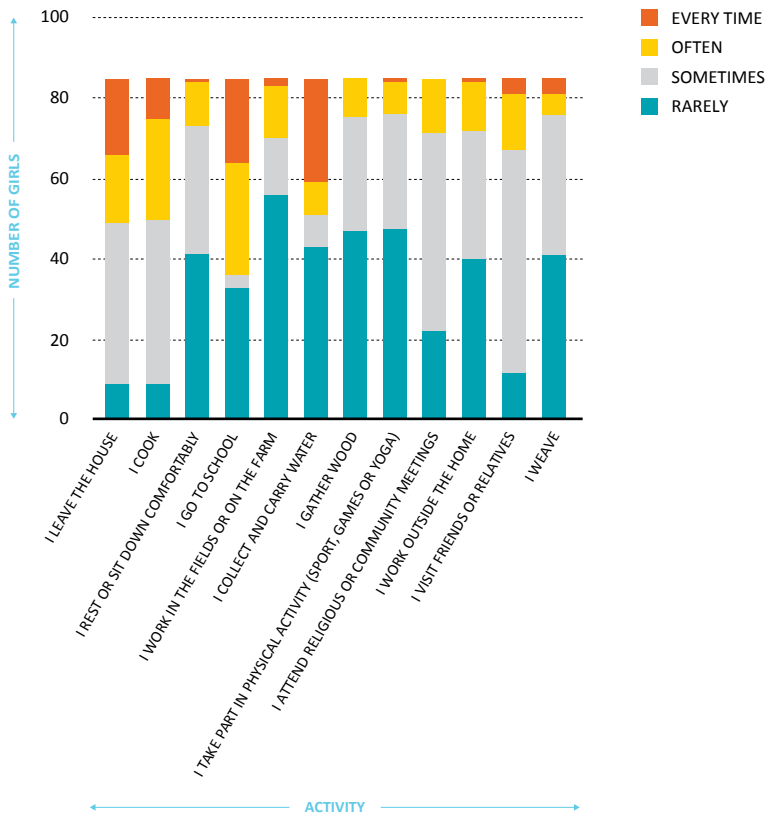
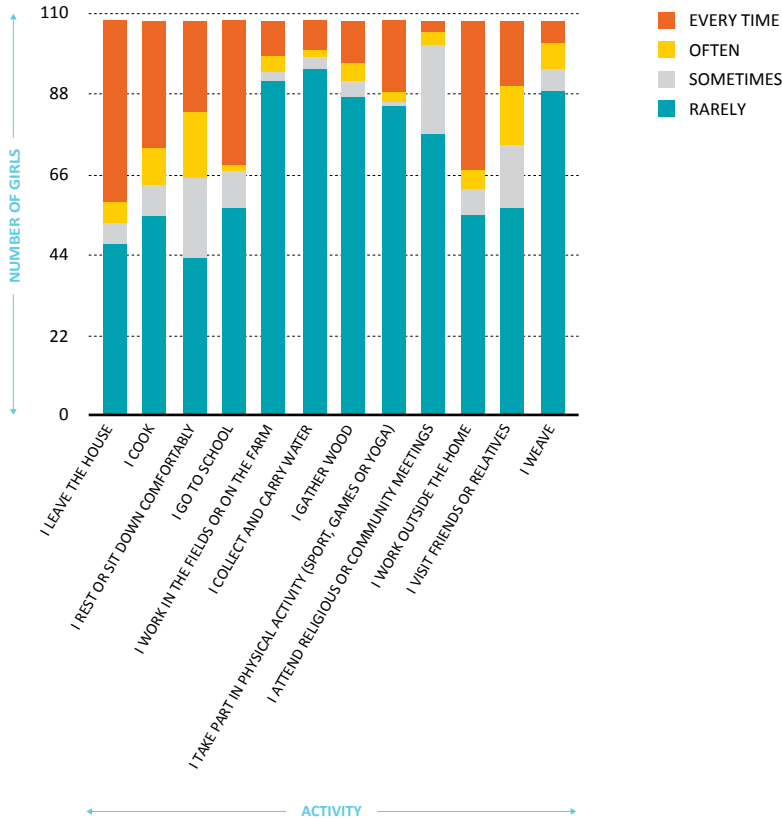


Figure 23
Participation in educational, cultural, social and economic activities during menstruation

DATA FROM THE KÉBÉMÉR VILLAGE



RECOMMENDATIONS

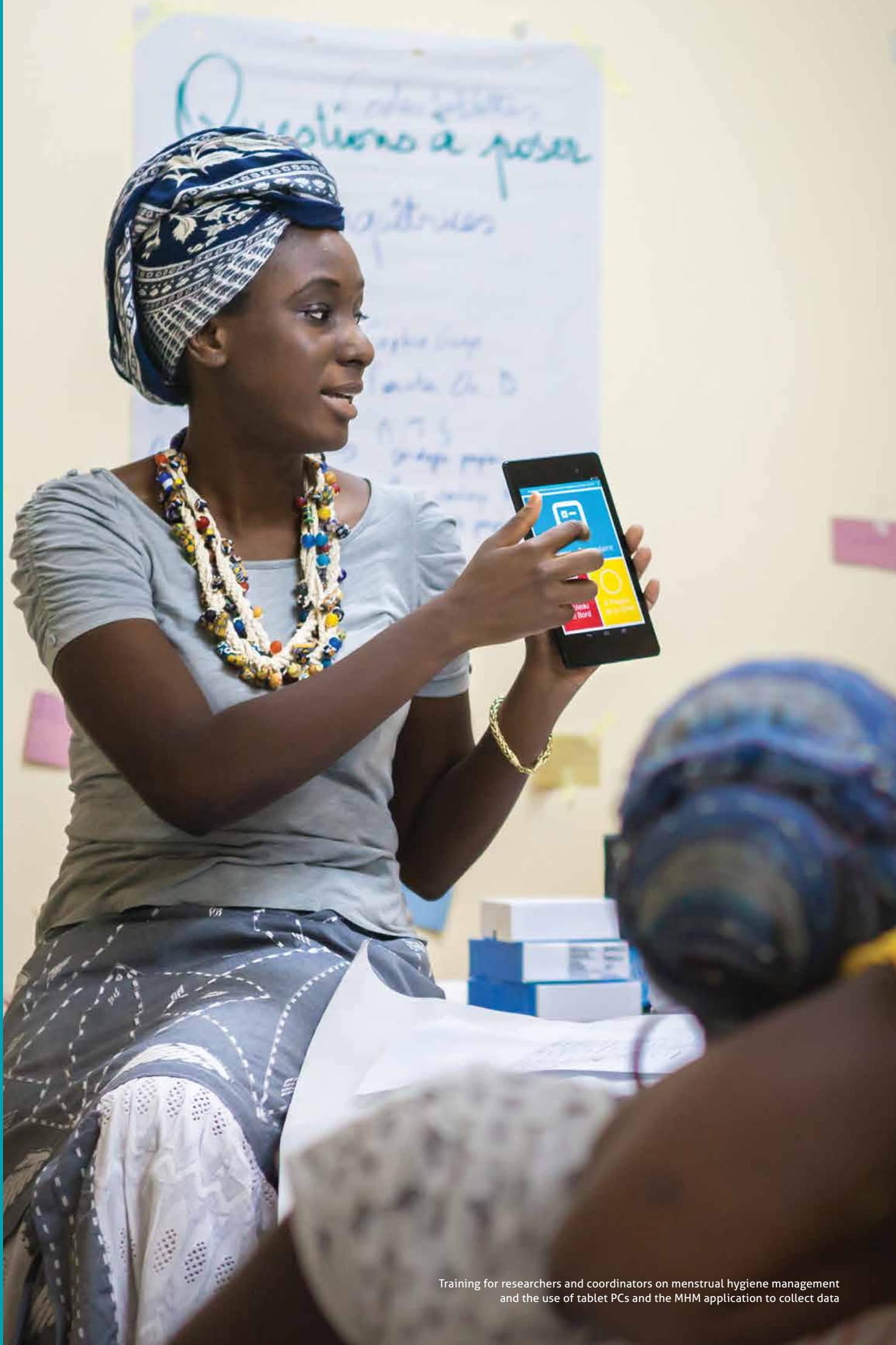
The following recommendations are based on the outcomes of this study. They aim to eliminate all forms of discrimination against women, and social norms surrounding menstruation that infringe and/or harm the physical integrity and human rights of women and girls. Women's right to water and sanitation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

- **Break the silence that surrounds menstruation** and make it a culturally acceptable topic that women and girls can discuss openly with their families, with boys and men and in society in general. This will help to overturn the restrictions that women and girls currently face, which are linked primarily to a lack of knowledge and certain belief-based practices. Once these taboos are lifted, women and girls will be able to discuss menstrual hygiene openly and without fear within the family, and girls who have had their first period will no longer be treated as adults or pre-adults, but instead as adolescents going through a normal phase of their development.
- **Advocate for change**, addressing menstrual hygiene issues within communities, in the media and with decision-makers and opinion-leaders.
- Improve and disseminate **materials** to support the teaching of menstrual hygiene management and train stakeholders to deliver their own training programmes. These manuals must be tailored to local requirements, to ensure that they are truly relevant and reflect local needs. However, experience has shown that manuals alone cannot provide a detailed understanding of this topic. Efforts will therefore also need to focus on:
 - **Building the capacities of teachers and educators**, to ensure that they are able to address menstrual hygiene management with their pupils without fear or embarrassment, and to make them understand that menstruation is a natural biological process that women and girls need to manage. In turn, pupils will come to realise that this is a normal part of adolescence, a time during which both boys and girls experience external and internal changes to their bodies.
 - **Including menstrual hygiene management in education policies**, to ensure that this topic is taught to all girls, that girls are not stigmatised, and that menstruation does not lead to reduced participation and performance at school.
 - **Building the capacities of certain healthcare professionals**, to ensure that they are able to address this topic with their patients and with girls and women in particular. This will ensure that women and girls receive accurate information, and are able to pass this information on to others. The menstrual cycle must also be explained more effectively.
- Including menstrual hygiene in **disease prevention policies**, to limit the risk of infections caused by poor menstrual hygiene management.
- Building the capacities of programme implementation officials working in the WASH, education, health and environment sectors, to ensure that infrastructure design matters are properly considered.
- Continuing advocacy efforts with decision-makers (ministers, members of parliament) to call for **dedicated MHM policies and ring-fenced budgets**. These dedicated budgets will ensure that the policies are implemented effectively.



Young girl holding the menstrual cycle wheel (the back of the wheel features an oath that young girls take to break the silence surrounding menstruation)

- Developing sector-specific indicators to monitor and evaluate policies and budget allocations, including gender-specific data and regional statistics.
- Increasing the participation of women and girls in discussions and decisions on matters that affect their lives.



Training for researchers and coordinators on menstrual hygiene management and the use of tablet PCs and the MHM application to collect data

CONCLUSION

There are persistent myths, taboos and social norms surrounding menstruation. Menstrual blood is still considered impure. Some women and girls are excluded, or exclude themselves, from social, educational, cultural and income-generating activities. Some are forced to use separate toilets. They do not pray during this time.

This study on menstrual hygiene management behaviour and practices covered all categories of females in the Louga region, i.e. girls and women in both rural and urban areas, educated women (from primary to university level), non-literate women, girls in Koranic schools and *daaras*, pre-pubescent women, pubescent women, girls, women of reproductive age and menopausal women. The majority of the respondents stated that they were Muslims.

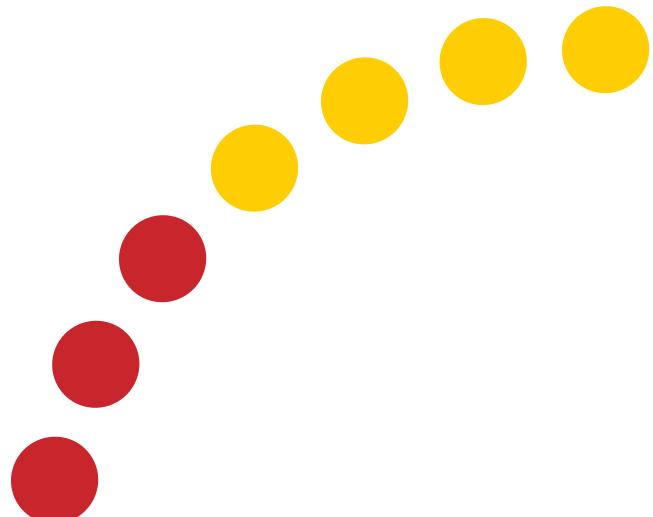
The study revealed examples of both good and poor menstrual hygiene management practices and behaviour. In terms of good practices, the study revealed that most women and girls shower at least once a day and change their sanitary materials three or four times a day during their period. They wash their hands with soap after changing and wash their pads in the bathroom at home. The data indicated that drinking-water was available in homes.

However, the study also revealed numerous poor practices related to beliefs and taboos surrounding menstruation. Girls and women tend to use unsuitable absorption materials to hide their period from their family and peers. This practice often leads to infections. They avoid drying their absorption materials outdoors and prefer to hide them in damp or dark places. Incorrectly dried fabrics can house germs and microbes, and again lead to infections. They also try to dispose of their menstrual waste in secret, often causing environmental harm.

In Louga, the majority of the respondents stated that they use sanitary pads to manage their periods. Due to their beliefs and superstitions, they wash these pads before disposing of them. As a result, they require just as much water as those women who use cloth if not more.

Many of the respondents do not go to school or to work during their period due to a lack of WASH facilities and services. The topic is not covered in the media, and is absent from school curricula. This makes it difficult to determine the availability of water, soap, disposal facilities and appropriate menstrual hygiene management spaces.

This study reflects a desire to give greater exposure to the question of menstruation, and to ensure that it is given full consideration by policy-makers. This will deliver greater respect for the human rights of women, promote their well-being, and improve the lives of the communities in which they live. Decision-makers, practitioners and professionals across the water, sanitation and hygiene (WASH), women's rights, health, education and environment sectors have a responsibility to help break the silence surrounding menstrual hygiene management.



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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 hold the UN system accountable for its own commitments on gender equality, including 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.

WATER SUPPLY AND SANITATION COLLABORATIVE COUNCIL (WSSCC)

The Water Supply and Sanitation Collaborative Council (WSSCC) is a global multi-stakeholder partnership and membership organization that works to save lives and improve livelihoods. It does so by enhancing collaboration among sector agencies and professionals who are working to improve access for the 2.5 billion people without safe sanitation and the 748 million people without clean drinking water.

Through its work, WSSCC contributes to the broader goals of poverty eradication, health and environmental improvement, gender equality and long-term social and economic development. WSSCC supports coalitions in around 20 countries, members in more than 160 countries, and a Geneva-based Secretariat hosted by the United Nations Office for Project Services (UNOPS).



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