

MENSTRUAL HYGIENE MANAGEMENT AND FEMALE GENITAL MUTILATION: CASE STUDIES IN SENEGAL



EXECUTIVE SUMMARY

The research that is the focus of this paper is a pioneering study: it explores the links between menstrual hygiene management and female genital mutilation, for the first time. Under the WSSCC/UN Women Joint Programme on Gender, Hygiene and Sanitation in West and Central Africa, a research team from the IFORD Institute conducted work in 2017 to elucidate this link in the regions of Kédougou, Kolda, Matam and Sédhiou, in Senegal. The general goal was to find out if female genital mutilation had any impact on menstrual hygiene management. Therefore, a comparative assessment was conducted on knowledge, attitudes and practices in the management of menstrual hygiene in women who had undergone female genital mutilation and other women who had not.



The study showed that the social and religious representations developed around menstruation led to a significant feeling of fear and embarrassment in mutilated women. Women in this group are more stigmatized or isolated during their periods; seven per cent more of them (than non-mutilated women) go into voluntary isolation or are isolated by other members of their families during this time. Moreover, these women experience more menstruation-related health problems: vaginal infections, abdominal pain, fever, headaches, etc. More than a quarter of them (27 per cent) say that problems related to their hygiene management have had a negative influence on their sexual and reproductive health.

The study identified the needs of mutilated and non-mutilated women; surveyed male knowledge and perceptions of menstrual hygiene management; and carried out an inventory and condition report on hygiene infrastructure in public spaces and homes.

This guidance note summarizes the results of the study. It may be used as a tool to help integrate menstrual hygiene management into public policies and national or local development strategies.

INTRODUCTION

Periods are still considered a taboo subject in many African societies, even though they are an important and natural part of female biology. Girls and women who are having their periods are often considered to be “unclean” or “impure” and are frequently obliged to undergo forced isolation, reduced mobility, food restrictions and even bans on undertaking certain activities.

Menstrual hygiene management relates to all of the strategies used by women during their menstrual periods. It is, therefore, about the way in which women keep clean and healthy during their periods and how they acquire, use and dispose of products that absorb the blood (House et al., 2012). Good menstrual hygiene management is a key to better health for women and girls.

It must be recognized that this is an issue that is little addressed in public policies or in research on the water, sanitation and hygiene (WASH) or health and education sectors.

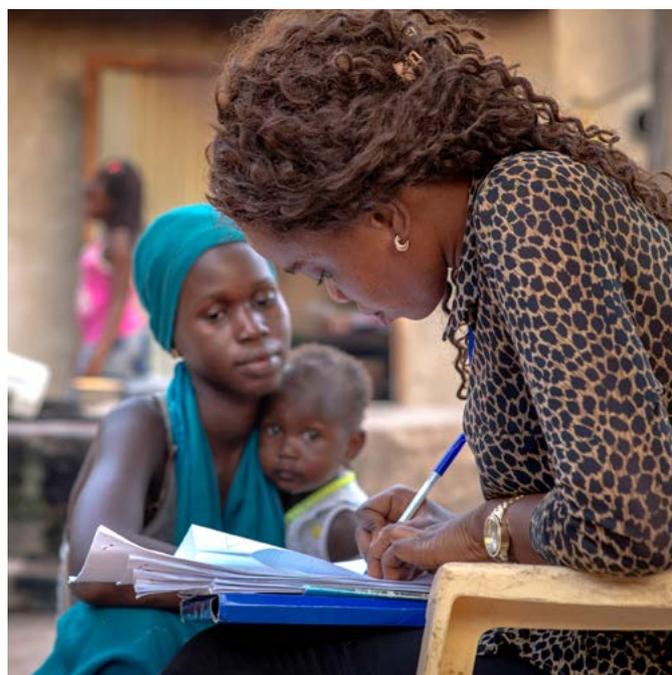
As a result, there are few qualitative or quantitative data on the management of menstrual hygiene in sub-Saharan Africa.

The only studies available on Senegal are those carried out by WSSCC and UN Women in Louga and Kédougou, which remain the reference works on this issue.

The Kédougou study had revealed a high number of cases of female genital mutilation in the region and nearly one quarter of respondents had suffered infections during their periods. With the goal of providing broader knowledge of menstrual hygiene management in this group (mutilated girls and women), another study was conducted in the regions of Kédougou, Kolda, Matam and Sédhiou, in Senegal. These regions were chosen on account of their high genital mutilation rates.

METHODOLOGY

Data was collected from regional and local authorities and populations, using a mixed research method that combined quantitative and qualitative approaches. The target populations were women and girls aged from 12 to 49 years and men aged 15 to 59 years, living in the regions of Sédhiou, Matam, Kédougou and Kolda. A total of 1250 people took part in the study (500 mutilated women, 500 non-mutilated women and 250 men).



There were two levels of analysis of the quantitative data. At the descriptive level, flat sorting was used to find a distribution (as a percentage) of the different study variables, while Chi-square tests were used to establish the relationships between mutilation and the different dependent variables. At the (multivariate) explanatory level, a binomial logistic regression was used to evaluate the effect of mutilation on the dependent variables: knowledge of the length of the menstrual cycle, types of protection used during last period and the occurrence of health problems during menstruation. The significance level set for this study was 5 per cent. In addition, 10 face-to-face interviews and 8 focus group discussions were held with mutilated and non-mutilated women, men and stakeholders involved in issues of genital mutilation and menstrual hygiene management (NGO workers, cutters, health workers, WASH sector actors, traditional practitioners, and community and religious leaders). The qualitative data obtained were subjected to content and then thematic analyses.

1250
INTERVIEWEES

500 mutilated women

500 non-mutilated women

250 men

FINDINGS

This study yielded significant results. It shows in particular that:

- » Whether mutilated or not, women's understanding of menstruation is good, particularly the reasons why periods occur, the normal duration of periods, the length of the menstrual cycle and the health consequences of poor menstrual hygiene. This finding applies to all the areas of the study except Sédhiou, where knowledge of menstruation is not as good. Furthermore, the study shows that apart from the age of menarche, men know little about menstruation, especially in the regions of Sédhiou and Matam.
- » Periods are a taboo subject in a Senegalese society that is strongly marked by beliefs, myths and religious and community prohibitions that influence the management of menstrual hygiene. Whether women are mutilated or not and regardless of their region of residence, menstrual blood is considered "an impurity, dirt, an evil substance" which is consequently managed with great discretion.
- » The social and religious representations developed around menstruation lead to feelings of fear and embarrassment among women, and especially among mutilated women. This feeling is experienced more among women in the Kolda region. This leads women to dry their hygienic protection inside the toilet, that is, in a private space.
- » Disposable or single-use sanitary towels are the most-used type of protection during periods. In rural areas and partly in urban ones, women also use reusable fabric protection because they consider this to be "safe and hygienic". Reusable sanitary protection is generally washed using soap or salt. But many women (13 per cent of mutilated women and 21 per cent of non-mutilated women) use cold water taken from unprotected wells. In addition, 19 per cent of mutilated women and 6 per cent of non-mutilated women think that sanitary protection is expensive to buy.
- » Overall, 27 per cent of girls and women said the bad practices had a negative effect on their sexual and reproductive health. Indeed, several health problems related to the mishandling of sanitary towels are more frequent in mutilated women than in those who are not. These include vaginal infections, lower abdominal pain, abdominal pain, fever, headaches, etc. Faced with these difficulties, women mostly self-medicate.
- » Girls and women said that poor management of menstrual hygiene had negative consequences on their daily activities, be these household tasks or income generating activities.
- » There are insufficient or non-existent WASH facilities in public spaces, including schools, markets and places of work. When they do exist several girls and women surveyed said that these facilities did not provide an appropriate setting for personal hygiene when they had their periods, due either to their lack of cleanliness or their insecurity.
- » In schools, the lack of WASH infrastructure can affect education: 56 per cent of girls surveyed said that they had already missed school during their menstrual periods. Some teachers questioned in the course of interviews said that periods were a cause of school abandonment and loss.
- » Periods have a psychological impact on women. In addition, mutilated women are more subject to stigmatization or isolation during their periods. The proportion of women who are or have been isolated from other members of the family during their periods is 7 percentage points higher for mutilated women than it is for non-mutilated women. These mutilated women live in environments where taboos and beliefs around periods are stronger and they are, therefore, more frequently the victims of them. In the same environment, however, mutilated and non-mutilated women experience the same treatment.

CONCLUSION

Regarding the link between mutilation and menstrual hygiene management, the study shows that mutilated women have less appropriate knowledge in this area than non-mutilated women. Furthermore, they use disposable or single-use sanitary protection more than non-mutilated women do; education plays an important role in sanitary protection choice. Finally, mutilated women are at a higher risk than non-mutilated women of health problems during their periods.



RECOMMENDATIONS

Further to the study, the following recommendations were made :

- » Intensify campaigns to raise women's awareness of menstrual hygiene management, especially in the region of Sédhiou, where levels of knowledge are lower
- » Include menstrual hygiene in campaigns against female genital mutilation and early marriage, and emphasise the risks to women, particularly in terms of their health and sex lives
- » Conduct awareness-raising campaigns with girls in schools, in communities and local authorities, and with men, especially in the regions of Sédhiou and Matam
- » Strengthen the construction of separate latrines in educational establishments and public places, and install a water supply network
- » Facilitate pupils' emergency access to sanitary protection
- » Develop modules on menstrual hygiene management in the secondary and higher education curriculums
- » Conduct advocacy for improved access to sanitary protection
- » Strengthen scientific evidence-based advocacy to promote the integration of menstrual hygiene management into public policies and national or local development strategies
- » Strengthen action-research activities to inform policy makers and practitioners in the fields of education, health, water, hygiene and sanitation, and the environment.

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INFORMATION ON THE PROGRAMME

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



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

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

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