Menstruation and Menstrual Hygiene among Women and Young Females in Rural Eastern Nigeria

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Abstract
This study was undertaken to ascertain the perceptions, practices and experiences of rural women and young females on issues regarding menstruation and menstrual hygiene. A qualitative study on menstrual issues of adult women and men, young females and males, and girls was conducted in the remote rural villages of eastern Nigerian. The final sample consisted of 163 focus group participants, made up of adult women and men, young females and males and girls of age range between 13-45 years. The major finding from this study showed that discussions on menstruation and menstrual hygiene in the rural villages remain very sensitive, secretive and surrounded with negative attitudes of social taboos. Their knowledge regarding cleanliness/hygiene of the body, domestic and environment seems adequate. But practice of drying menstrual cloth is not satisfactory. Also, fathers/husbands support in this issue is virtually non-existent. An urgent change in beliefs and negative attitudes toward menstruation and menstrual hygiene need to be attained. To achieve this, appropriate methods and strategies should be set in place to educate and empower women, and girls to adopt necessary life skills that will have positive influence on their lifestyle.

Key words: Menstruation, menstrual hygiene and rural.

Introduction
Menstruation is a phenomenon unique to females. It is a normal natural process that occurs in all healthy adult women and girls of reproductive age. Simply stated, menstruation is like a house cleaning. Each month a woman’s body lines her uterus with rich bed of blood vessels, glands and cells in anticipation of new life. The ovaries sprout a harvest of eggs and then pop out the best one for conception. When the egg does not meet a sperm, the womb must shed its lining and start anew. During a menstrual period, a woman/girl bleeds from her uterus via the vagina.

For most women and girls it occurs once a month. Girls can begin to menstruate at anytime between eight and eighteen years of age. The pattern and extent of bleeding during menses and its associated pains vary among different women and girls. For example, the number of days of bleeding (3 – 7 days), the periodicity of bleeding cycles (28 – 36 days) the amount of bleeding, and its associations with pains or other features like nausea or vomiting vary among individuals and even within an individual. In other words a woman’s period may not be the same every month, and it may not be as the same as
Menstrual bleeding can be light, moderate or heavy, and the length of the period also vary. All these make such monthly episodes of bleeding individually unique for every woman/girl. A woman in her lifetime will have approximately 500 periods with blood loss between 50ml and 200ml (Adhikari, Kadel, Dungel, & Mandel, 2007).

Women have menstruated since the beginning of human existence. Today as we understand that a woman’s period is a natural part of the female reproductive cycle. Such knowledge about the female body and its reproductive cycles, however, has not always been available – least of all to women. For generations, women have been taught that menstruation is ‘Shameful’ translating into widely held beliefs that menstrual blood is dirty and unhygienic.

The menstrual hygiene deals with a woman’s special health care needs and requirements during her monthly menstruation or menstrual cycles. These areas of special concern include choosing the best “period protection” or feminine hygiene products, how often and when to change her feminine hygiene products, bathing, care for vulva and vagina, as well as the supposed benefits of vaginal clearing at the end of each menstrual period.

In Nigeria, especially in the rural villages exist the ‘culture of silence’ and shame on issues relating to sexuality and menstruation. Members in these villages are conditioned to hide everything related to their private lives and public discussions on these are taboos. Menstruation and its hygiene are rarely discussed openly at homes or in schools in rural villages. In most families it is often treated with great secrecy and embarrassment. This is clearly attributed to cultural restrictions, preventing sufficient information from reaching women and young girls. The traditional culture and negative attitudes of village members has also strong impact on the discussion of menstruation and menstrual hygiene practices. Studies by Mandeh 1994, Abioye-Kuteyi 2000 reported that parents especially mothers do not educate their daughters about various age of its onset, its duration and healthy practices during menstruation. Due to this, the girls are not motivated to take the event lightly. The inadequate knowledge, misconception and wrong ideas lead to undue fear, anxiety and undesirable attitudes in the minds of the young girls. They often seek information from their peers, friends, or siblings who themselves do not possess adequate information on menstruation and menstrual hygiene.

All these, plus lack of flow of accurate and sufficient information regarding menstruation led to superstitious perceptions and beliefs about it in most rural communities. The implications of all these has continued to place girls in a state of confusion over their bodies and health, and for some women and young girls, lack of knowledge in combination with shame has lead them to contracting diseases and some to even death.

The last decade in Nigeria has seen a widening of the sanitation issues that include environmental health in both urban and semi-urban areas. Most of
These environmental health initiatives have an overall objective of reducing disease. Priority areas include, water supply and sanitation, waste management, vector and infection control, and improved hygiene health facilities. Despite all the obvious synergy between many of these specific areas, mentioned above, menstruation, menstrual hygiene and management seem absent especially in the rural areas. The paucity of research on menstruation and menstrual hygiene issues in remote rural areas of the country, points to a glaring need for investigation. This motivated the UNICEF Zone. A Field in Nigeria to sponsor a project, conducted to promote the menstrual hygiene and management among women and young girls / females in rural Villages of Eastern Nigeria.

This article reports on the perception around menstruation and menstrual hygiene issues, related social practices, health related issues, kinds of materials used, the availability and affordability of materials, issues related to disposal of used materials and the role of husbands/fathers regarding menstruation.

Materials and Methods
Two rural village communities (Ukpata and Umuluokpa) were chosen from the UNICEF Zone A Field, Eastern Nigeria. They were chosen areas because they consist parts of UNICEF Zone A Field, Eastern Nigeria. Secondary, they are in the very remote rural areas with no access to good roads, water, electricity and other facilities. Thirdly, these areas have been relatively unexplored by public health researchers.

A five day intensive workshop was conducted for forty water environment and sanitation community officials (20 males and 20 females drawn from ten states (Abia, Akwa Ibom, Anambra, Bayelsa, Benue, Ebonyi, Enugu, Imo, Cross River and River) of the South east of Nigeria that make up UNICEF Zone A Field. They were trained in Focus Group Discussion techniques and also knowledge on issues on menstruation and menstrual hygiene was imparted on them.

Earlier visits to the village communities of the study areas were performed by UNICEF Zone A Field Officials. Informal interviews with adult men and women, young males and females were conducted. This was to explore relevant details, questions and appropriate vocabulary and terms used locally for menstruation and other reproductive health problems. The interviews provided the background materials, and the framework for conducting the focus group discussion (FGD). The choice of focus groups for qualitative study was because the interactions of different respondents from divergent areas would usually provide a revealing source of data in respect to issues on menstruation.

With the help of this, a pre-structured FGD schedule was developed by the participants during the training workshop. This was scrutinized by two coordinators of the project and three officials of Water, Environment and
Sanitation Unit of UNICEF Zone A Field. All imputes were made to one final FGD Guide that served the two different communities of the study areas. The FGD guide had details on:

- Perception on cleanliness and menstrual hygiene, issues.
- Onset of menstruation in girls;
- Health related issues on menstruation;
- Availability and affordability of menstrual materials;
- Disposal of menstrual materials / cloth;
- Social practices on menstruation and
- Roles of husbands / fathers on menstrual issues.

The workshop participants were divided into two teams, representing each with a project coordinator and two UNICEF Zone A Field Officials. With the supervision of the coordinators in each team, roles were assigned to participants. These were role-played during the workshop sessions to get insight into the terms to be used. In each team for each rural village under study, five FGDS were held. For this study, one hundred and sixty three (163) Focus group participants comprising forty-one adult married women of 40 years and above, forty-four adult married men of 40 years and above; forty-one young married females between 19-30 years; nineteen young married males between 25-38 years; and eighteen school girls between 13-19 years were involved.

Table 1: Focus Groups Distribution in the Study Areas Participants

<table>
<thead>
<tr>
<th>Study Areas</th>
<th>Adult Women</th>
<th>Young Females</th>
<th>School Girls</th>
<th>Adult Men</th>
<th>Young males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Village A</td>
<td>Set 1 11</td>
<td>Set 1 10</td>
<td>8</td>
<td>Set 1 11</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Set 2 10</td>
<td>Set 2 10</td>
<td></td>
<td>Set 2 11</td>
<td></td>
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<tr>
<td>Village B</td>
<td>Set 1 10</td>
<td>Set 1 11</td>
<td>10</td>
<td>Set 1 11</td>
<td>9</td>
</tr>
<tr>
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<td>Set 2 10</td>
<td>Set 2 10</td>
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<td>Set 2 11</td>
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<tr>
<td>Total</td>
<td>41</td>
<td>41</td>
<td>18</td>
<td>44</td>
<td>19</td>
</tr>
<tr>
<td>Grand Total</td>
<td>163</td>
<td>Focus Group</td>
<td>Participants</td>
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</tbody>
</table>

In each FGD group were 8-11 participants and met for not less than an hour. All the FGDS in the study areas were tape recorded; extensive notes and verbatim responses were taken during sessions. All these took place in the common ground of village squares and monthly meeting of age - group centre.

At the end of the sessions the two teams from the two study areas returned to the workshop venue. Each of the FGD was transcribed and analyzed immediately with the help of the project coordinators and UNICEF Officials.

Major Findings and Discussions
From the lead questions through the probe questions and the subsequent prods the researchers had organized the focus group content into eight themes. The
Meaning of Cleanliness and Hygiene
Most of the adult women, young females and girls in the study areas, were aware of what cleanliness is but focused mainly on environmental and domestic cleanliness. As one participant described it, “Cleanliness is sweeping of the house inside and outside clean, washing dirty plates, pots and clothes clean.” When the question probed further about the body, another responded, “Oh, we wash our body daily, morning and evening with soap and water, use chewing stick to clean our teeth comb and plait the hair, cut finger and toe nails, wear clean clothes and dress well.”

When further questioned whether in a certain time of the month a particular part of the body is given special attention in terms of cleaning. There was a unanimous silence for a while, before an older woman broke the silence saying “…every woman in the village knows that she has to wash her ‘private part’ (genitals) with soap and water daily to avoid bad odor, especially during the time of her ‘flower (menses).’” Findings from FGD with these women showed that they have knowledge of domestic and personal hygiene, but lacked the confidence to discuss how they take care of their genitals especially at that particular time they are menstruating. The unanimous silence exhibited clearly that ‘culture of silence’ when menstruation and genitals are pronounced. This indicates that female body and menstruation have been sites of social taboos, secrecy and shame. In other words, it is not meant to be discussed openly. On the other hand, when adult men and young males were asked about cleanliness, they barely mentioned the domestic and environmental hygiene. They focused on their selves, body cleanliness and again carefully avoided mentioning the genital areas. But when probed further with cleanliness of the genital areas, one of the male participants stated “Is part of our body, and is already known that it has to be taken care of. Besides you don’t just call it out like that. It has a special, slang in our dialect. We call it with caution not when women or young girls are around.”

Another male participant stated “But women do take care of their private parts (genitals) when they are menstruating, if not they will be smelling and their men will go out-side to look for other women.”
You men did not mention the domestic and environmental cleanliness, why not? A male participant vibrantly answered, “Is very obvious, women around here do both inside house and outside cleaning. Is not for the men. Is the woman’s job and we have our own, which is to farm, provide food and protect our families”

Menstruation is still an awkward subject to talk, about with adult women and men, young females and males in these rural areas. A similar study (Adhikari, Kadel, Dhungel and Mandal, 2007) conducted in Nepal, showed that many girls felt uncomfortable talking about menstruation and issues like cleanliness to go with it is not subject to be discussed openly.

Onset of Menstruation in Girls
Received information from FGDs with adult women and married young females about onset of menstruation in girls showed that their own mothers were uneducated to express their views on menstruation to their daughters. However, women in these rural communities have their own ways in communicating the onset of menstruation in girls. In some families, there is secret rejoicing of a girl maturing to womanhood. Special food is prepared for her and the rest are words of warnings like this said a woman “be careful, stay away from boys and men. If they touch you, you will become pregnant.”

This is rather harsh, scary and usually in a warning tone with false information. Mothers should simply go through discussion with loving and caring tone and present positively the scientific facts or at least basic facts of menstruation and menstrual hygiene. Further in-depth discussions with these women revealed that they know less and are mostly imparting traditional practices and handing on to their daughters what they have been taught by their own mothers. One woman stated “my mother told me that we should never question and should quietly accept menstruation as part of that life that goes with the female body and is natural.”

Another said “We believe that it is important to tell our daughters about menstruation but we don’t know much. Frankly speaking, we will like to learn more about it and pass it on to our daughters. Some of us also believe that schools should provide information about the biological aspect”. Another woman stated “mothers may want their daughters to have concrete knowledge about menstruation and menstrual hygiene but we are not well equipped to provide it due to some of our cultural practices surrounding it”.

Further findings from discussions especially from the younger married women showed that mothers would want to normalize issues relating to sexuality and menstruation and present them positively. The only problem facing them is that
between awareness of the cultures’ distaste for menstruation and the modern aspects of menstruation.

Young school girl said “When I get married and have daughters, I will have intimate friendly relations with them. I will never distance myself from my daughters as my mother did to me and my sisters putting us in the hands of nature. Matters of such importance like menstruation and sex, I will discuss with my daughters. These days’ primary school girls of 10 years are already menstruating”. From the perspective of the adult men and even young males on this issue, a clear chorus agreement was revealed when one of them stated, “When a girl starts her menses, she should consult her mother since her mother has undergone such process. She is in a better position to educate her daughter”.

Another adult male stated “Mothers are closer to their children and relate often time with them. In our tradition, is not a man’s job but that of a woman. It is a secret and not discussed openly like that. Mothers even feel very shy to discuss such things with their daughters. We better leave it to nature to take care of its own thing”. This is an evidence of ignorance on both the women and men of these rural communities. 21st century men and women should share the same view and play major roles as mothers and fathers on issues related to menstruation.

Health Related Issues on Menstruation

Throughout the FGDs the issue of what health problems women face during menstruation, typically there was no hesitancy in their responses. The most salient dominants are: cramps, general tiredness of the body; abdominal pains, headache and fever. Majority of the adult women, young females and girls experience one or two of these symptoms but they do not affect their normal daily activities. Such comment like this indicates that women do not consider their bodies weakened during menses. An adult female said ----- you know menstruation often causes physical discomfort to most women. This varies from mild to serious. Is hell for me two days before my menses, until it comes out and stops. I cry with pains and everyone in the village knows this. They said that I am possessed by the evil spirit”. Another female responded, I bleed seriously for more than ten days, sick and pale but I did not tell anybody because I felt dirty, smelling and ashamed. When I felt worst, I ran to the herbalist for treatment”. Evidence from discussions from the women showed that during menstruation, women suffer one or two symptoms. For majority, these symptoms do not deprive them from their normal daily activities, and neither are they restricted or forbidding to certain foods. They also lack the knowledge that their bodies can be weakened during menstruation. In this way, such foods as cassava, vegetables, meat, fish, fruits and eggs will help replenish their feelings of tiredness and add to their overall nutrition.
Findings from the FGDs showed that almost all the adult women, young females and girls used cloth material (rag) for menstruation. Their major reasons are that it has always existed in our communities; we are used to it; we can’t afford to buy the napkin pad because it is expensive and above all, they are rarely sold in the village communities. The next absorbent used is toilet tissue, which very few girls admitted using, since they don’t have enough water to wash the cloth material during menses.

One of the women told the group that she never used pad in her life except when she visited her daughter in the big city. When her menses started she was forced to use pad. It was very awkward as she walked with it. “Never will I use that thing (pad) again. I prefer my simple cloth.”

Another woman stated thus ------modern time or not, cotton cloth is still better than napkin pad. Most women here use it, change 2 – 3 times daily when it is wet, wash, dry and reuse for up to one year. We don’t have to worry about staining our wrappers. To us they are inexpensive, affordable, simple and comfortable.”

Overall findings showed that most women, young females and girls in both rural communities use old cloth torn from cotton wrapper as menstrual absorbent, as there is no cost involvement. This finding is in line with Singh (2006), and study conducted in Nigeria by Abioye-Kuteyi (2000) indicating that over 66.3% of girls use unsanitary materials as menstrual absorbent.

Further investigation on the hygiene issue linked to washing, drying and disposal of the menstrual cloth showed the following:

- Majority of the women change their menstrual cloth on the average of 2-3 times daily;
- Bath their bodies twice daily morning and evening before bed to avoid odor.
- Wash secretly the soaked menstrual cloth with soap either in the streams; or hidden bathrooms outside.
- Drying of the menstrual cloth is very secretive, mostly inside in the dark, corners or another cloth covering it, or under the beds. But never outside where eyes may see it.
- After each menstrual period, the material cloths are washed, dried and stored in a secret place known only to them.
- Disposal of menstrual cloths are mainly pit latrine, burying deep in the soil and rarely by burning.

Traditional restrictions require that these menstrual cloths should be secret; hence the women dry them indoors or another cloth covering them when being dried outside. These clothed never dry completely. Drying them in damp and
One vibrant woman stood up and pleaded to speak on behalf of all the women, married and single in the village community. She stated ------ the truth is that we have yet to realize that there is nothing particularly unsanitary about menstruation in a woman. Its views being unclean, dirty, filthy, shameful, smelly, secretive in its processes (washing, drying and disposal of menstrual cloths) will always remain with us today and tomorrow.”

This comment indicates that menstrual issues in the rural, villages will not be resolved in a hurry because it is strongly tied to culturally reinforced negative attitudes. Rather, a gradual process through collective communication between specialists/experts and community members are needed. Evidence also indicates that most of the women in the rural Eastern Nigeria re-use their menstrual cloth. This is a sharp contrast to previous evidence (Garg et al 2001; Singh 2006) in a study, conducted with women in rural India, where reuse of the material cloth was considered a dirty thing. A kind of disease ---- all types of germs are discharged from inside and when reused again may get many illnesses. The divergent views of these rural women in two different countries on issue of reusing menstrual cloth-pad are quite notable.

The FGDs also focused on the importance of cleanliness and hygiene during menstrual periods. Findings showed that most women indicated: to prevent odor, germs, infections, discomfort and stains on cloths. One of the female participated said, “if you do not observe good menstrual hygiene, chances are that you will be smelling and your husband will not want to sex with you. He will start chasing other women outside and you will develop high blood pressure and low self-esteem”. Thus the routine life of women generally in these rural communities is to maintain high menstrual hygiene practices in order to retain their husbands’ attention at home.

Related Social Practices on Menstruation and Menstrual Hygiene

Almost all adult men and women, young males and females stated that discussing menstruation and its surrounding issues is very sensitive and uncomfortable. One adult man said “is a taboo to talk about it and worse of when women and girls are around”. 

A woman stated “you see -------- talking about menstruation and sexuality issues has never been a point of discussion in our culture down here. This is because it is associated with blood that smells, dirty filthy and comes out from the unseen area of a woman”.

Tidew and bacteria. When stored between infected with insects. When used repeatedly it causes rashes that lead to more severe health problems such as infections.
misconceptions associated with menstruation follows:

- Should not cook for the “titled” (Chief) husband during menses;
- Should not get near the yam barn
- Should not touch a growing pepper plant, if not - would wither.
- Should not touch any juju (Charm) if not the charm will be ineffective.
- Should not cross certain streams and village shrines.
- Should not attend church service, and if at all allowed, should worship outside the church premises.

This is peculiar to only the celestial church. Other Christian domination like Catholics, Anglicans, Methodists etc have no such restrictions on women menstruating.

Findings from this study showed that most men and women in these rural areas still cling closely to these social taboos tied to menstruation issues. When the women were asked if they did the contrary to these myths, they reacted in surprise and embarrassments. One woman shouted “Not me -0-0-0- and I will not be the one to start it”.

It can be clearly seen that the traditional/cultural taboos surrounding menstrual issues impose unnecessary restrictions on the women and young females. This could disrupt their normal activities and worse of imposing the feeling of shame and low self-esteem. The belief that menstruation is unclean enhances a woman’s feeling of low esteem and shame.

Role of Men/ Fathers on Menstruation Issues
From FGDs, views expressed by the women showed that most men / fathers don’t discuss menstrual issues with their wives and daughters. A mother said “my husband expects me to look after my daughters. This will tell you the extent of support I receive from him. He does not provide the money for menstrual materials and other things. My story is not different form most women here”. There was a chorus yes from the women to support her. Another shouted from behind “Our husbands don’t look at us. No special attention is paid to their wives in terms of money, food materials and workload. They only give us five days free from sex”.

Findings from the men / fathers showed that culture restricts them from discussing menstrual issues. A, father said this ----for Christ’s sake we don’t discuss this thing with our wives and daughters. Is purely a woman’s job as she herself has undergone such process. Is it too hard to understand”? Another male participant state ----- “if a woman does not want to play her role as a mother and expects the man to take up her responsibilities, especially
All these comments indicate strongly that those menstrual issues in rural families/villages of eastern Nigeria have never been a point of discussion. It is purely women’s issues and they alone should discuss it with their daughters. As such support from fathers/husbands in this regard is virtually non-existent. Study by Koffe & Rierdan (1995) showed that many girls felt uncomfortable talking about menstruation with fathers, wanting them to be supportive but silent. Others believed that fathers should be excluded completely. This finding is in line with the findings from men and women of rural setting in eastern Nigeria.

Summary and Conclusion
This study revealed that discussions about menstruation and menstrual hygiene in the rural area setting of eastern Nigeria remains very sensitive, secretive and surrounded with negative attitudes of social taboos tied to it. The lack of appropriate and sufficient information about menstruation and menstrual hygiene can be attributed to cultural/topic of menstruation being inappropriate for discussions. This problem unfortunately is yet to be tackled properly and seriously in terms of its health and social impact on the region. For this to be achieved, a change in beliefs and attitudes need to be attained to ensure optimal behavior and thereby prompting of a healthy menstrual life styles and practices. Also reducing shame, taboo and some of the negative social practices surrounding menstruation may be an important step towards increasing women’s openness to talk about it. In normal village settings like the areas of this study, a gradual day to day process through collective reflection and communication between community members should be set up. In this aspect, everyone has a role to play; men, women, age – grade associations, young girls and boys, health educators/providers, non-governmental organizations, faith – based organizations, primary and post Primary school teachers, priests, traditional rulers and researchers. Appropriate methods and strategies should be set in place to empower and educate women and young females to adopt necessary life skills that have positive influence on their life styles as regards menstruation and menstrual hygiene. Since almost all the adult women, young females and girls preferred to use cloth material as menstrual absorbent and are unwilling to change to any other thing if given an alternative (e.g. pad napkins) it then becomes very necessary to educate them properly on the importance of drying the menstrual cloth under the sun or open air to avoid infections.

In addition, at the community level, fathers/husbands support is virtually non-existence in the rural villages. They should also be educated on their own roles on issues regarding menstruation and menstrual hygiene.
Acknowledgement

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Reference


