



**Knowledge, attitudes
and practices pertaining
to menstrual hygiene
management in suburban
areas in the Dakar region:**

Case study of the departments
of Pikine and Guediawaye

July 2017

This study was commissioned by Speak Up Africa, a women-led strategic communications and advocacy organization dedicated to catalyzing African leadership, enabling policy change, and increasing awareness for sustainable development in Africa.

The study was conducted in the two departments where Speak Up Africa's MHM program operates, namely Pikine and Guédiawaye in the Dakar Region.

The research tools were developed, the research was conducted and the report was written by Baye Cheikh Touré, a consultant.



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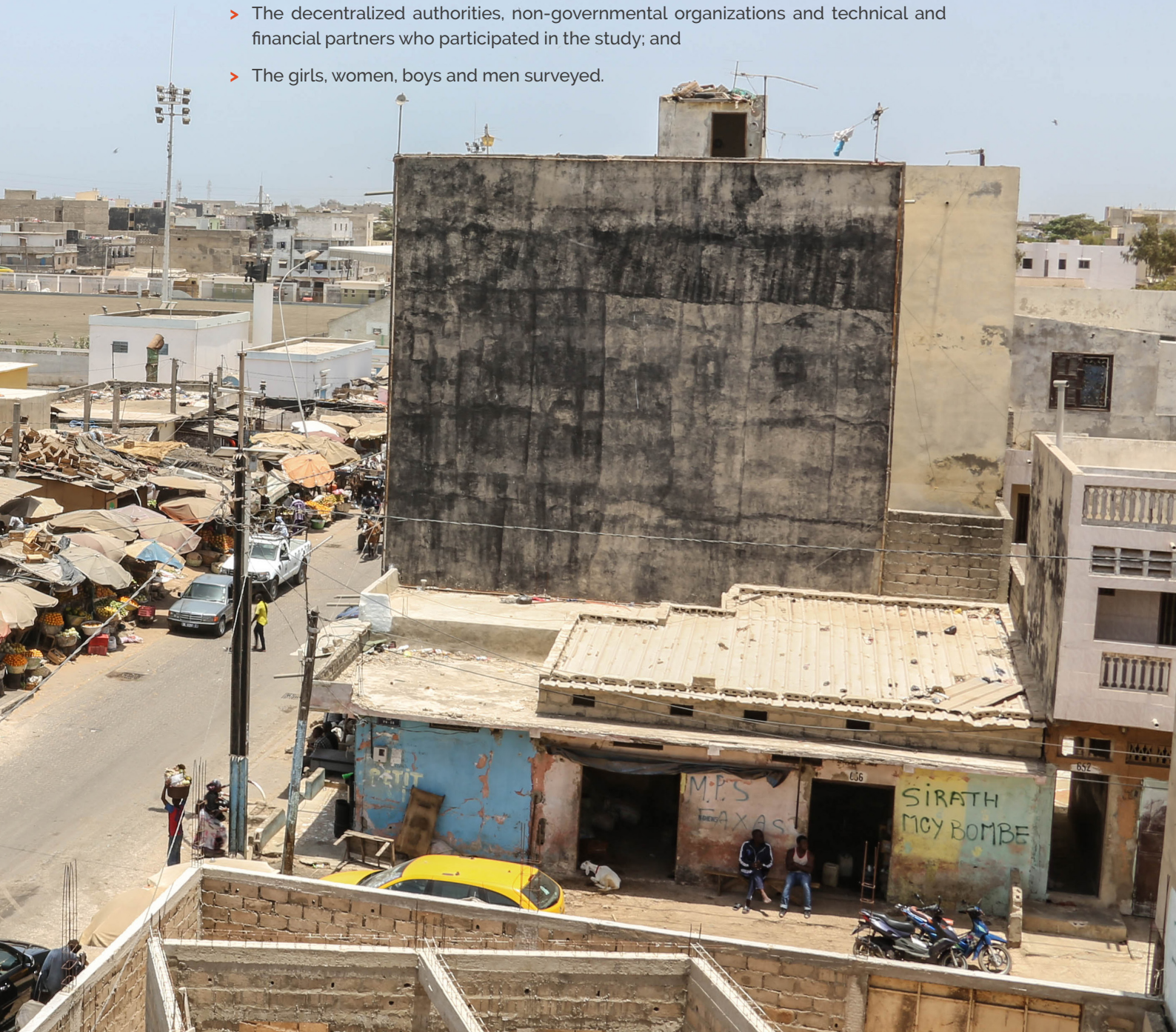


TABLE OF CONTENTS

LIST OF ACRONYMS AND ABBREVIATIONS	6
LIST OF TABLES	7
LIST OF GRAPHS	7
LIST OF PICTURES	9
EXECUTIVE SUMMARY	10
INTRODUCTION	17
CHAPTER 1: STUDY OBJECTIVES, METHODOLOGY AND AREA	18
1.1 Objectives	19
1.2 Methodology	20
1.2.1 Data-gathering tools	21
1.2.2 Recruitment and training of survey administrators	22
1.2.3 Sampling	22
1.2.4 Data use and processing	26
1.2.5 Difficulties encountered	27
1.3 Presentation of the study area	27
1.3.1 Department of Pikine	28
1.3.2 Department of Guédiawaye	31
CHAPTER 2: REVIEW OF THE LITERATURE ON MENSTRUAL HYGIENE MANAGEMENT IN WEST AND CENTRAL AFRICA	34
2.1 Research on Menstrual hygiene management in West and Central Africa	35
2.2 Evaluation of MHM mainstreaming in public policy in Senegal	39
CHAPTER 3: PROFILE OF THE RESPONDENTS	44
3.1 Demographic and economic profile of the respondents	45
3.1.1 Place of residence of the respondents	45
3.1.2 Distribution by gender	47
3.1.3 Age of the respondents	43
3.1.4 Marital status	48
3.1.5 Profession or work	49
3.2 Sociocultural profile	51
3.2.1 Level of education	51
3.2.2 Ethnic origin	52
3.2.3 Religion	52
CHAPTER 4: LEVEL OF KNOWLEDGE, SOURCES AND METHODS OF TRANSMISSION OF INFORMATION ON MENSTRUAL HYGIENE	54
4.1 Men's and women's levels of knowledge about menstruation	55
4.2 Men's and women's sources of information about menstruation	57
4.3 Method of transmission of information about menstrual hygiene	58

4.4 Evaluation of use of information and communication technologies to promote menstrual hygiene practices	59
4.5. MHM practice by generation	62
CHAPTER 5: KNOWLEDGE, ATTITUDES AND PRACTICES RELATING TO MENSTRUAL HYGIENE	63
5.1 Menarche or the first period	64
5.2 Types of protection used by girls and women	66
5.3 Hygiene during menstruation	68
5.4 Disposal of menstrual waste and health hazards	70
5.5 Management of pain and infections	72
5.6 Stress management relating to irregular cycles	74
5.7 Menstrual hygiene management in women with disabilities	75
5.7.1 Types of disabilities	76
5.7.2 Management of menstruation	76
5.7.3 Difficulties	77
5.7.4 Assistance	77
CHAPTER 6: SOCIOCULTURAL BELIEFS AND MANAGEMENT OF MENSTRUATION WITHIN THE COUPLE	78
6.1 Sociocultural beliefs surrounding periods	79
6.2 Management of menstruation within the couple	82
6.2.1 Means of informing the husband of the start of a period within the couple	82
6.2.2 Restrictions within the couple during menstruation	83
6.2.3 Arguments and clashes between husbands and wives during their period	83
6.2.4 Support provided by husbands for their wives during their periods	84
CHAPTER 7: MENSTRUAL HYGIENE MANAGEMENT IN PUBLIC PLACES	87
7.1 Evaluation of access to WASH infrastructure in schools	88
7.1.1 Bus station and markets	91
7.1.2 Workplaces (public and private offices)	93
7.1.3 Healthcare posts and centers	94
7.1.4 Homes	95
7.2 Impact on girls' and women's standard of living	97
7.2.1 School: impact on girls' academic performance and presence in school	97
7.2.2 Bus station and markets: impact on women's activities	99
7.2.3 Workplaces (public and private offices): impact on women's productivity	101
CONCLUSION	102
RECOMMENDATIONS	103
BIBLIOGRAPHY	105
APPENDICES	106

LIST OF ACRONYMS AND ABBREVIATIONS

AEMO	Action Educative en Milieu Ouvert (Non-Institutional Educational Action)
ANSD	Institut National de la Statistique et de la Démographie (National statistics and demographics agency)
BCC	Behavior Change Communication
CEM	Cours Élémentaire Moyen (Middle School)
CFA Franc	African Financial Community Franc
ECOWAS/CEDEAO	Economic Community of West African States
EIG	Economic Interest Group (GIE in French)
ESP	Emerging Senegal Plan
GHS	Gender, Hygiene and Sanitation
HIV	Human immunodeficiency virus
ICTs	Information and Communication Technologies
IEC	Information, Education and Communication
MHM	Menstrual Hygiene Management
NGO	Non-Governmental Organization
ONAS	Office National d'Assainissement du Sénégal (Senegal National Sanitation Office)
PAQPUD	Programme d'Assainissement des Quartiers péri-urbains de Dakar (sanitation program for the suburbs of Dakar)
PAQUET-EF	Programme d'Amélioration de la Qualité, de l'Équité et de la Transparence du Secteur de l'Éducation et de la Formation (Program for Quality, Equity, and Transparency Improvements in Education and Training)
PEPAM	National Drinking Water and Sewerage Programme for the Millennium
PNDS	Plan National de Développement Sanitaire (National Health Development Plan)
RGPHAE	(Recensement Général de la Population, de l'Habitat, de l'Agriculture et de l'Élevage) General Census of Population, Housing, Agriculture and Herding
SDE	Sénégalaise Des Eaux (the national water distribution company)
SNEEG	Stratégie Nationale pour l'Égalité et l'Équité de Genre (National Strategy for Gender Equity and Equality)
SNH	Service National d'Hygiène (National Hygiene Service)
SONES	Société Nationale des Eaux du Sénégal (Senegalese national water company)
SPSS	Statistical Package for the Social Sciences
STATA	Statistical Analysis Software
UCG	Solid waste coordination and management unit
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WAG	Women's Advancement Group
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WSSCC	Water Supply and Sanitation Collaborative Council

LIST OF TABLES

Table 1	Sample of respondents to the boys' and men's questionnaire	23
Table 2	Sample of respondents to the girls' and women's questionnaire	24
Table 3	Sample of focus groups	25
Table 4	Interview sample at local level	25
Table 5	Observation sample	26
Table 6	Studies conducted on MHM	37
Table 7	Meaning and origin of menses according to men	56
Table 8	Initiative of sharing information or knowledge about menses	58
Table 9	People with whom men shared information or knowledge	58
Table 10	People with whom women shared information or knowledge	59
Table 11	Difficulties reported by respondents with disabilities	77
Table 12	Social, religious, dietary and physical restrictions during menstruation	81
Table 13	How married female respondents informed their husbands about the start of their periods	84
Table 14	Indicators of availability and accessibility of WASH infrastructure in educational institutions	89
Table 15	Indicators of availability and accessibility of WASH infrastructure in homes	95
Table 16	Income lost by female market merchants and vendors during their periods	100

LIST OF GRAPHS

Graph 1	Distribution of respondents by department of residence	46
Graph 2	Distribution of respondents in the department of Guédiawaye by municipality of residence	46
Graph 3	Distribution of respondents in the department of Pikine by municipality of residence	46
Graph 4	Distribution by gender of the total sample	47
Graph 5	Distribution of girls and women by age range	48
Graph 6	Distribution of boys and men by age range	48
Graph 7	Female respondents by marital status	49
Graph 8	Male respondents by marital status	49
Graph 9	Occupations of female respondents	50
Graph 10	Occupations of male respondents	50
Graph 11	Distribution of female respondents by level of education	51
Graph 12	Distribution of male respondents by level of education	51

LIST OF GRAPHS

Graph 13	Distribution of female respondents by ethnic group	52
Graph 14	Distribution of male respondents by ethnic group	52
Graph 15	Distribution of men according to their religion	53
Graph 16	Distribution of women according to their religion	53
Graph 17	Early sources of information on menstruation according to the female respondents	57
Graph 18	People boys and men asked about menstruation	57
Graph 19	People girls and women asked about menstruation	58
Graph 20	Did the female respondents use ICTs to obtain information?	60
Graph 21	Information media used by female survey respondents to obtain information through ICTs	61
Graph 22	Distribution of female respondents who preferred to obtain information through ICTs	61
Graph 23	Information media favoured by female respondents	61
Graph 24	Women who had heard about menstruation before menarche	64
Graph 25	Girls' and women's reactions to menarche	65
Graph 26	Emotions experienced by girls and women upon menarche	65
Graph 27	Types of protection used by girls and women in suburban areas	66
Graph 28	Who provides you with sanitary protection? Answers of female respondents	66
Graph 29	Purchase price of sanitary pads according to female respondents	66
Graph 30	Hand washing before using feminine protection	68
Graph 31	Hand washing after using feminine protection	69
Graph 32	Frequency of daily changes of protection	69
Graph 33	Washing of genitals during menstruation	69
Graph 34	Practices of female respondents in case of menorrhagia	70
Graph 35	Methods of disposal of menstrual waste in the home	71
Graph 36	Methods of disposal of menstrual waste in schools/workplaces	71
Graph 37	Occupations of female respondents who experienced infections	73
Graph 38	Women's responses in case of infection	74
Graph 39	Women's responses with respect to pain management	74
Graph 40	People involved in stress management	75
Graph 41	Assistance provided by people involved in stress management	75
Graph 42	Social and religious restrictions	80
Graph 43	Dietary restrictions	80
Graph 44	Girls' school absences during their periods	98
Graph 45	Schoolgirls who confirmed that menstruation had an impact on their academic performance	98

LIST OF PICTURES

Picture 1	Disposal of waste water in the street in Djeddah Thiaroye Kao/Pikine	31
Picture 2	Public tap observed in Guinaw rail nord/Pikine	31
Picture 3	Septic tank observed in Médina Gounass/Guédiawaye	33
Picture 4	Water shortage during the hottest months in Yeumbeul sud / Pikine	86
Picture 5	Separate boys' and girls' toilets with a ramp at CEM APIX/Guinaw rail sud	90
Picture 6	Cups abandoned in the toilet in Lycée Seydina Limamoulaye/Guédiawaye	91
Picture 7	Due to the lack of toilets in the Aafia market, a child relieves himself in a field near the market/ Yeumbeul sud	92
Picture 8	Unsanitary toilets without doors at Wakhinane Nimzatt market	93
Picture 9	Manager of the toilets at Wakhinane Nimzatt market	93
Picture 10	Government administration toilets/ Yeumbeul Nord	94
Picture 11	Dilapidated household toilet observed in Guinaw rail nord	96
Picture 12	Clean toilets observed in Golf Sud	96
Picture 13	Non-standard trash can used to collect household waste in Djiddah Thiaroye Kao / Pikine	97
Picture 14	Trash can located more than 10 metres from the toilet observed at a secondary school in Limamoulaye/ Guédiawaye	99
Picture 15	Lack of a trash collection system in Aafia market: rubbish dumps near markets/ Yeumbeul sud	100
Picture 16	Ground fish vendor in Aafia market in Yeumbeul nord/Pikine	102

Executive summary

The issue of menstrual hygiene is an entry point that makes it possible to bring to light the gender-specific nature of women's and girls' needs in the areas of water, hygiene and sanitation. However, it unfortunately remains a taboo in many African countries, including Senegal. Data availability is limited and menstrual hygiene practices and behaviours are rarely, or never, documented. Recent studies on menstrual hygiene management (MHM) conducted in Senegal by WSSCC and UN WOMEN in 2014 and 2015 largely took place in rural areas. There is still very little data and information on MHM in urban and suburban areas. Thus, in order to better understand MHM in suburban areas, Speak Up Africa conducted an initial qualitative study in 2016 to gather key variables and indicators that define and explain girls' and women's behaviours, attitudes and practices during their period.

The present study was commissioned with a view to complementing the initial study by providing figures on the behaviours, attitudes and practices of girls and women living in suburban areas as well as boys' and men's perceptions regarding menstruation.

It was conducted in the departments of Pikine and Guédiawaye. The demographic weight of these two departments represented 50.7% ¹ of the total population of the Dakar region in 2013. This demographic weight has a significant impact on the challenges to be met in the areas of education, health, sanitation, hygiene and access to drinking water.

The overall objective of this study is to measure and analyse data on girls', women's and men's behaviours and practices in the face of difficulties and constraints pertaining to sanitation and menstrual hygiene management in the urban and suburban environments.

To gather the data, a mixed research method combining quantitative and qualitative approaches was used. The main data-gathering tools used were a documentary review, observation checklists for WASH facilities including picture-taking, an interview guide and two questionnaires: one for men and one for women.

A random sample was taken among girls and women aged 10 to 70 years, and boys and men aged 15 to 74 years. In all, 1670 people participated: 1339 girls and women and 331 boys and men.

1• ANSD 2013, Rapport sur la situation économique et sociale de la région de Dakar (2013 report on the economic and social situation of the Dakar region by the national statistics agency)

Data processing and analysis yielded the following findings:

Level of knowledge, sources and methods of transmission of information on MHM

- > The age of menarche was relatively well known in the suburban environment, however, the biological phenomenon of menstruation was a complete mystery to both genders: 9 out of 10 of the people surveyed were unaware of the source of menstruation and the reasons why it occurred. Women had elementary knowledge about menstruation. Most male respondents had no scientific information about menstruation at all. 65.22% of the men and boys surveyed stated that women could continue to have regular periods during pregnancy.
- > The family environment was still the principal source of information and knowledge about menstruation and menstrual hygiene in the suburban environment. The earliest information about menstruation came from mothers (37.25%), sisters (26.32%), female friends (22.18%) and grandmothers (7.83%). Boys and men received information from their girlfriends, wives and male friends, in respective proportions of 39.29%, 30.95% and 14.88%. In the suburban environment, because menstruation is a taboo, information sharing in schools and healthcare centers was limited. Thus, the model for transmission of information or knowledge about menstruation is that it travels from mothers or grandmothers to girls, who then share the information with their female friends or sisters. Boys and men with girlfriends or wives have easy access to information, which they share with their friends and perhaps with their sisters.
- > Menstruation is a taboo in the suburban environment, and initiatives aimed at sharing knowledge and information about MHM outside the family environment are rare. Indeed, 61.86% of female respondents had shared information on menstruation with their daughters, female friends, sisters, male friends or husbands, and 46.07% of male respondents had done so with their male friends, girlfriends or wives.
- > Despite a low rate of access to the Internet in Senegal (23.40%), the majority of girls and women (63.68%) preferred to receive information on MHM through ICTs. Their preferred channels were mainly social networks, particularly WhatsApp (26.13%), Facebook (22.42%), YouTube (14.14%) and Android applications (8.75%).

Knowledge, attitudes and practices relating to menstrual hygiene

- > The majority of girls and women (83.56%) were not adequately prepared to experience their first period with equanimity. As a result, female respondents experienced feelings of embarrassment (55.81%) and fear (40.34%) during menarche.
- > Sanitary pads were the main form of protection used by female respondents, representing 86.95% of the female sample. The reasons cited were comfort, simplicity, cost and method of use. Because 31.85% of the female respondents had no source of income, their sanitary pad purchases were paid for by their mothers (30.37%), husbands (18.43%) and sometimes their boyfriends (29.33%).
- > Minimum rules of hygiene, such as changing sanitary protection, washing hands with soap and water and washing the genitals were generally followed during menstruation.

However, none of the respondents mentioned how they washed their genital area or with what. Despite good hygiene practices, 21.89% of the women in the sample had experienced infections during menstruation.

- In the suburban environment, the trash collection system had an impact on the method of disposal of menstrual waste. In the home, menstrual waste was eliminated in trash cans (84.90% of respondents), while a small minority of women threw it in the street or into the sea. In public places (schools, markets, workplaces) menstrual waste was eliminated in toilets (14.32%) or trash cans (5.30%), while the remainder of the women (80.38%) preferred to take it home with them. The majority of respondents (78.73%) stated that they were unaware of the public health hazards linked to these methods of disposal of menstrual waste.
- Female respondents who had had irregular cycles made up 39.37% of the female sample. The great majority stated that they were unaware of the causes of irregular cycles, and therefore, when their cycle was off, they became anxious.
- Beliefs and taboos associated with menstruation had harmful consequences for the female respondents in their daily lives, and often impeded their fulfilment. The majority of female respondents (74.42%) were subjected to social, religious and food restrictions that could negatively impact their health, their activities and their relationships with their partners.
- According to female respondents, menstruation meant women could not cook, do laundry, pray or have sexual intercourse. All these prohibitions could lead to arguments within the couple, especially when one of the partners was ill-informed about menstruation. The way wives informed their husbands that their period had started was very often a bone of contention according to the majority of the husbands surveyed (67.57%), who did not wish to receive the information just before going to bed at night. Some husbands refused to share a bedroom (12.17%) or the marital bed (13.44%) with their wife during menstruation, as they considered her unclean. According to the testimony of some wives: "even when the marital bed is shared, some husbands avoid all physical contact with their wives and even go so far as to create borders with pillows or other objects on the bed." Sociocultural restrictions within the couple could cause conflicts and even endanger the marriage according to 27.72% of the wives surveyed.
- Furthermore, the majority of wives (53.70%) stated that they needed financial, moral and emotional support from their husbands during their periods. Wives who received no aid from their husbands during menstruation made up 46.3% of the total.

MHM in public places

The review of sector policy papers showed that menstrual hygiene management was absent from public policy papers in the health, education, sanitation, water supply and hygiene sectors in Senegal, although isolated actions were sometimes observed.

WASH infrastructure did not take account of women's specific needs during their periods

Observations of public infrastructure showed that the design and placing of WASH infrastructure did not take account of the specific needs of girls and women during their periods:

- > No sanitary facilities allowing menstruating women to wash, change with dignity and eliminate menstrual waste were observed. This observation applied to homes, schools, workplaces, healthcare centers, bus stations and markets: places with significant female presence. This situation had a serious impact on the living conditions of female respondents.
- > The lack of adequate facilities for MHM in schools had a significant impact on girls' school attendance and academic performance. 45.12% of the schoolgirls surveyed stated that they did not attend school regularly during their periods.
- > The lack of toilets, or presence of poorly maintained, unsanitary or inaccessible toilets at the different markets visited had a significant impact on the activities of the girls and women who worked there. All female merchants and vendors interviewed deplored the hardships they experienced managing their periods at the market. They could not change at the market and could not go all day with the same sanitary pad without changing it. Women vendors reported that they stayed home or worked half days during their periods. They estimated lost earnings at one to three days without doing business, corresponding to economic losses estimated at between 2000 CFA francs and 45,000 CFA francs according to the type of business they did.
- > In public and private offices, the lack of adequate MHM facilities led to productivity losses, since employees who had their period had to go change in nearby houses. Those who did not go to work reported that they missed an average of 2.5 days per month.
- > Women vendors at the "Baux maraichers" bus station stated that they had to go home to change, as there were virtually no houses around the bus station. Thus, during their period, they very often stayed home, which led to a substantial loss of earnings.

MHM and Disabilities

Girls and women with disabilities made up 1.26% of the female sample, and the vast majority (73.33%), were uncomfortable and embarrassed to discuss how they managed their periods and what difficulties they faced during menstruation with the survey administrators (who were women).

Based on reports from the various stakeholders we met in the field, the following recommendations can be made:

1. Sanitary facilities: the study showed a lack of sanitary facilities in public places and, where they did exist, they did not take account of MHM:

- Advocate for the construction of public and private sanitary facilities taking account of the specific needs of menstruating women;
- Increase the capacity of sanitary facilities tailored to the specific needs of women and girls in markets, bus stations and schools; and
- Equip school medical supplies with sanitary pads, painkillers and other hygiene products so schoolgirls do not have to go home every time they start a period at school.

2. Mainstreaming of MHM in public policies: analyses of public policy papers in the sectors concerned by MHM do not explicitly mention the specific needs of menstruating girls and women:

Increase the number of advocacy tools and actions to effectively mainstream MHM in public policies.

3. Lack of information about menstruation: the study findings revealed a lack of reliable information about menstruation and menstrual hygiene, leading to the spread of myths and beliefs about the subject:

- Ramp up awareness and training activities on MHM for communities, women's advancement organizations and youth groups (for men and women);
- Provide awareness and training for local authorities, associations, literacy trainers and community relays on MHM;
- Deconstruct myths and beliefs associated with menstruation through skits and videos on good and poor MHM practices;
- To promote MHM in schools: train pupils (boys and girls) on menstruation and menstrual hygiene and create MHM clubs, organize quiz games on MHM and award prizes to the top pupils;
- Train teachers and healthcare personnel on MHM;
- Train toilet managers in public places (markets, bus stations, etc.) on the specific needs of women during menstruation;
- Train workers at the public hygiene department on MHM so they include MHM in their IEC activities;

- Include a chapter on MHM & the couple in training modules;
 - include a chapter on management of irregular cycles in training modules; and
 - Include a chapter on the role of boys and men in MHM in training modules.
- 4. Promotion of MHM: ICTs can be tools to promote good menstrual hygiene practices and a better understanding of menstruation:**
- Develop an application on the menstrual cycle that includes the subject of menstrual hygiene management;
 - Develop platforms on the Internet and social media networks (Facebook, WhatsApp, YouTube) to reach girls, women and men with a certain level of education; and
 - Promote audiovisual programs on MHM themes.
- 5. Involve boys and men: male involvement will help make boys and men more sensitive to the specific needs of girls and women during their periods:**
- Raise awareness in boys and men and train them to understand the specific needs of girls and women during menstruation; and
 - Involve boys and men in interventions pertaining to MHM.
- 6. MHM and disabilities:**
- Include the need to assist girls and women with disabilities in awareness and training activities;
 - Include a chapter on MHM and disabilities in training programs and modules;
 - Train girls and women with disabilities on how to better manage their periods; and
 - To better identify the needs of persons with disabilities, conduct a targeted study with a relevant sample.



Introduction

Hygiene and sanitation have long been treated like poor relations in public policy. Although the right to water and sanitation was recognized in a resolution of the United Nations General Assembly in July 2010², access remains difficult for most of the population in many developing countries.

The issue of menstrual hygiene is an entry point that can shed light on women's and girls' gender-specific needs in the areas of water, hygiene and sanitation. However, it unfortunately remains a taboo in many African countries, including Senegal. Data availability is limited and menstrual hygiene practices and behaviours are rarely, or never, documented. Recent studies on MHM conducted in Senegal by WSSCC and UN Women in 2014 and 2015 largely took place in rural areas. Furthermore, studies conducted in Senegal and other African countries (Burkina Faso, Niger and Cameroon) have yielded little information about men's and boys' perceptions regarding MHM in the urban environment. There is still very little data and information on MHM in urban and suburban areas.

In order to better understand MHM in suburban areas, Speak Up Africa conducted an initial qualitative study in 2016 to gather key variables and indicators identifying and explaining girls' and women's behaviours, attitudes and practices during their period. This second study, based on a sample of 1670 people, complements the initial study by providing figures on the behaviours, attitudes and practices of girls and women living in suburban areas and the perceptions of boys and men regarding menstruation.

The findings of this study will be used to develop training, awareness and advocacy tools with a view to better taking account of the specific needs of women and girls in the areas of water, hygiene and sanitation.

2 In July 2010, the United Nations General Assembly adopted a resolution entitled "The Human Right to Water and Sanitation" in which it noted the importance of equal access to drinking water and sanitation, making such access an integral part of the realization of all human rights. <http://www.un.org/en/sections/issues-depth/water/index.html>*

CHAPTER 1

Study objectives, methodology and area



The overall objective of this study is to measure and analyse data on girls' and women's behaviours and practices as they deal with difficulties and constraints pertaining to sanitation and menstrual hygiene management in urban and suburban environments, with a view to identifying basic indicators for IEC and BCC implementation.

1. Objectives.

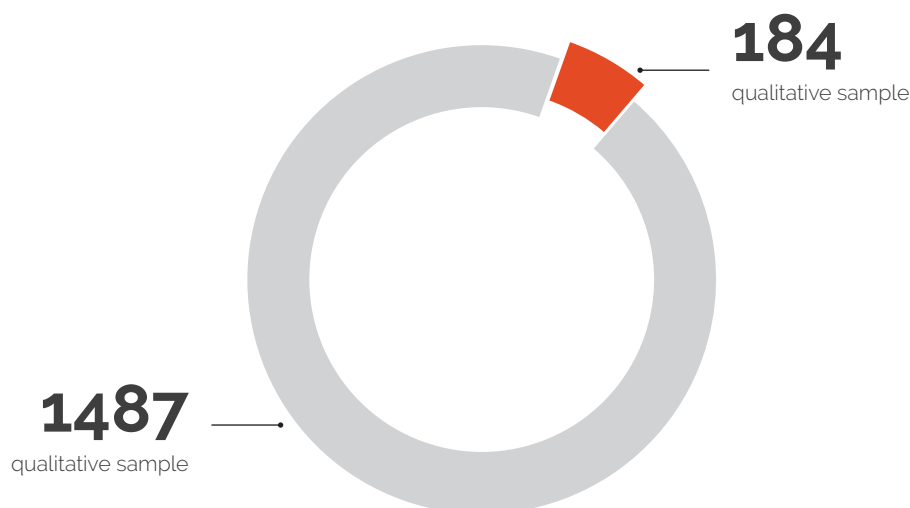
This study specifically aims to:

- > Inventory the behaviours and practices of girls and women with regard to menstrual hygiene management;
- > Describe and analyse the sources and methods of transmission of information on MHM;
- > Measure levels of knowledge and information among youths (M/F), men and women on MHM as well as on health hazards;
- > Analyse sociocultural beliefs pertaining to management of menstruation and pain management (identify traditional practices);
- > Identify opportunities, challenges and catalysts with a view to improving the management of menstruation in suburban areas;
- > Assess the use of information and communication technologies to promote menstrual management practices;
- > Gauge social risk by mentioning stress management for girls and mothers on the subject of irregular cycles, as well as tensions within couples during menstruation;
- > Assess the availability of WASH infrastructure in line with menstrual hygiene management in homes, schools, workplaces and other public places;
- > Assess gender mainstreaming in public policy papers and in the construction of public sanitary facilities;
- > Identify barriers to accessibility of public sanitary facilities (in schools, markets, workplaces, etc.);

- > Determine the level of use of sanitation facilities in schools and professional or informal workplaces during menstruation and outside of menstruation;
- > Determine the economic impact for women working in the informal sector;
- > Examine the relationship between absences due to menstruation and girls' academic performance;
- > Identify ways to improve WASH infrastructure in line with menstrual hygiene management;
- > Assess the difficulties experienced by persons with disabilities in relation to MHM; and
- > Draw up recommendations and guidelines to improve mainstreaming of MHM by the different stakeholders at the central, operational and community levels.

1.2. Methodology.

In the light of the study objectives, a mixed quantitative and qualitative research methodology was adopted for data collection. The study was conducted on a total of 1670 people: 1487 in the quantitative sample and 184 in the qualitative sample. The sample was relatively large and representative in terms of the relative number of close to 12% of the population of the departments of Pikine and Guédiawaye, which totals 1,458,379 inhabitants³. Four data gathering tools were developed: a documentary review, in situ observation checklists, an interview guide and a questionnaire.



³ ANSD, 2013: *Rapport sur la situation économique et sociale de la région de Dakar 2013* (2013 report on the economic and social situation of the Dakar region by the national statistics agency)

1.2.1. Data-gathering tools.

a- Documentary review

Studies conducted on MHM in Senegal and West and Central Africa were analysed. A review of current literature showed that very little knowledge was available in the area of menstrual hygiene. Public policy papers and project and program manuals in the health, education, environment, water supply and sanitation sectors were reviewed and analysed with a view to assessing mainstreaming of MHM in the documentation.

b- In situ observations

Observation checklists were designed to note the condition of WASH facilities in situ, in homes, schools, markets, healthcare centers, bus stations, and public and private offices. A number of interesting indicators were addressed.

- > Toilets reserved for pupils/teachers in schools
- > Existence of suitable toilets for girls and women in the various types of schools (elementary schools, middle schools and secondary schools), public places, workplaces, homes and healthcare centers.
- > Location of toilets (exposed, not exposed, privacy, etc.)
- > Types of toilets (tiled, with or without a roof, etc.)
- > Extent to which toilets were used by girls and women
- > Availability of water
- > Condition of the toilets
- > Existence of trash cans
- > Existence and types of menstrual hygiene products
- > Handwashing facilities
- > Access to WASH facilities
- > Methods of disposal of menstrual waste

c- Questionnaire

Two types of questionnaires were produced: one for girls and women and one for boys and men. The following themes were addressed in the questionnaires:

- > Socio-economic profiles of respondents
- > Level of knowledge, sources and methods of transmission of information on MHM
- > Knowledge, attitudes and practices relating to menstrual hygiene
- > Stress management relating to irregular cycles
- > Management of menstruation within the couple
- > Impact of inadequate WASH facilities on girls' and women's standard of living

- > Sociocultural beliefs about menstruation
- > Menstrual hygiene management and disability

d-Interview guides

Interview guides were developed to dig deeper and capture girls' and women's relevance and motivations regarding the behaviours, attitudes and practices they adopt during menstruation. Boys and men were also questioned on the subject of MHM. Central and decentralized authorities and technical and financial partners were also interviewed to gauge mainstreaming of MHM in their interventions. The interviews were rounded out with focus groups which provided an opportunity to compare information.

1.2.2 Recruitment and training of survey administrators.

The questionnaire was administered by female interviewers. The survey administrators were recruited based on their experience in data collection in the area of reproductive health, their level of education, and their age, which ranged from 25 to 35 years. They were chosen among the girls and women of the departments of Pikine and Guédiawaye who had taken training on MHM in the framework of the MHM training program developed by Speak Up Africa in Pikine and Guédiawaye. Fifteen survey administrators were recruited and trained on questionnaire administration techniques, questionnaire contents, the purpose and importance of the study and research ethics. The training lasted two days.

1.2.3. Sampling.

1-Quantitative data

Two samples were taken:

- > **A female sample:** drawn randomly from among the total female population of the departments of Pikine and Guédiawaye, pertaining to girls and women aged 10 to 70 years who had had at least one period. Women aged 50 to 70 were included in the sample in order to gather information about past practices and behaviours during menstruation. The majority of the sample was made up of girls and women aged 10 to 25 years, in line with the total female population in the study area.
- > **A male sample:** drawn randomly from among the total male population of the departments of Pikine and Guédiawaye, including boys and men aged 15 to 72 years. Men up to the age of 72 years were included in the sample in order to gather information about their experiences.

The target population of both genders was divided into strata on two levels: the department level and the municipal level.

- > **Level 1:** departments were chosen as the primary units of stratification. Quotas were applied in each primary unit proportionally to the demographic weight of each department. According to the ANSD (2013), the population of the department of Pikine represented three times that of Guédiawaye. This ratio was applied to the samples.

- > **Level 2:** within each department, a second stratification was carried out based on municipalities. In the department of Pikine, 14 municipalities were chosen out of 16, and 4 municipalities out of 5 were chosen in the department of Guédiawaye.

In all, the boys' and men's questionnaire was administered to 299 people, and 1187 girls and women answered the girls' and women's questionnaire.

Table 1: Sample of respondents to the boys' and men's questionnaire

DEPARTMENT OF GUÉDIAWAYE	
Municipalities surveyed	Total
Wakhinanimzatt	10
Ndiarème Limamoulaye	21
Médina Gounass	27
Golf	33
TOTAL sample Guédiawaye	91
DEPARTMENT OF PIKINE	
Municipalities surveyed	Total
Dalifort	10
Diamaguène/ SicapMbao	11
Thiaroye-sur-Mer	30
Guinaw Rail Nord	13
KeurMassar	29
Guinaw Rail Sud	16
TivaouaneDiacksao	10
Malika	18
Mbao	11
Yeumbeul Nord	14
YeumbeulSud	15
Pikine Est	09

DEPARTMENT OF PIKINE	
Municipalities surveyed	Total
Pikine Nord	11
PikineOuest	11
TOTAL sample Pikine	208
TOTAL SAMPLE	299

Table 2: Sample of respondents to the girls' and women's questionnaire

DEPARTMENT OF GUÉDIWAYE	
Municipalities surveyed	Total
Wakhinanimzatt	73
Ndiarème Limamoulaye	66
Médina Gounass	119
Golf	103
TOTAL sample Guédiawaye	361
DEPARTMENT OF PIKINE	
Municipalities surveyed	Total
Dalifort	41
Diamaguène/ SicapMbao	39
Thiaroye-sur-Mer	122
Guinaw Rail Nord	60
KeurMassar	143
Guinaw Rail Sud	69
TivaouaneDiacksao	48
Malika	16
Mbao	41
Yeumbeul Nord	14
YeumbeulSud	83
Pikine Est	43
Pikine Nord	53
PikineOuest	54

DEPARTMENT OF PIKINE	
Municipalities surveyed	Total
TOTAL sample Pikine	826
TOTAL SAMPLE	1187

2-Qualitative data

Quantitative data were complemented by the collection of qualitative information. Focus groups, an interview guide and observation checklists were the main tools for gathering qualitative information.

- > **Focus groups:** twelve focus groups were organized: in all, 84 people—specifically 17 men and 67 girls and women—participated.

Table 3 : Sample of focus groups

TARGETS	DEPARTMENTS	
	Pikine	Guédiawaye
Boys and men	02 focus groups	01 focus group
Girls and women	04 focus groups	02 focus groups
Pupils	02 focus groups	01 focus groups

- > **Interview guide or interviews conducted:** At the central level: 09 interviews were conducted in the following organizations: national hygiene department, Ministry of Health, Ministry of Women, Ministry of the Environment, Ministry of Education, Directorate of Sanitation, and ONAS.

At the local level, 91 interviews were conducted, and the following table shows the people surveyed:

Table 4: Interview sample at the local level

INTERVIEWS	DEPARTMENTS		TOTAL
	PIKINE	GUÉDIAWAYE	
In-depth interviews: girls and women	21	09	30
In-depth interviews: boys and men	07	03	10
Local elected representatives: all men	04	01	05
Delegates and managers of market toilets: all men	12	05	17
Markets: girls and women	05	02	07

INTERVIEWS	DÉPARTMENTS		TOTAL
	PIKINE	GUÉDIAWAYE	
Healthcare center: all women	03	00	03
Schools: men	02	01	05
Schools: women	01	01	03
Bus station: man	01	00	01
Septic tank emptier	02	01	03
Women's associations	02	01	03
Religious leaders (Islam)	01	00	01
Community relays: "bajen gox"	03	00	03
TOTAL			91

> **Observations:** homes, markets, schools, the bus station, healthcare centers and workplaces were the principal observation sites, and the number of observations is shown in the table below.

OBSERVATIONS	DÉPARTMENTS		TOTAL
	PIKINE	GUÉDIAWAYE	
Homes visited	07	05	12
Markets visited	05	03	08
Bus station visited	01	00	01
Healthcare centers visited	03	00	03
Schools visited	07	02	09
Workplaces visited (public and private offices)	05	02	07
TOTAL			40

1.2.4. Data use and processing.

- > Quantitative data:
 - An input mask was prepared and the data collected was entered into CS-PRO before being exported and processed in STATA software
 - Afterwards, data cleaning, tabulation and cross-correlation of the different variables was carried out using SPSS software
- > Qualitative data:
 - Discussions in focus groups and in-depth interviews were recorded and transcribed.
 - Qualitative data was analysed with a view to identifying themes that occurred several times in the data.

- After the transcription of the data, it was organized according to the principal research questions. They were coded and analysed according to the themes identified.

1.2.5. Difficulties encountered.

Overall, the research went well and the various targets we met with were cooperative and showed a real interest in MHM.

However, the unavailability of heads of projects and programs involving MHM was a major constraint for conducting interviews within the deadlines set in the study timetable, which delayed the collection of qualitative information. We were unable to interview all of the officials targeted by the study at the central level.

1.3. Presentation of the study area⁴.

The survey took place in the two departments where Speak Up Africa's MHM program operated: Pikine and Guédiawaye in the Dakar region. The demographic weight of these two departments represented 50.7% of the total population of the Dakar region in 2013. This demographic weight has a significant impact on the challenges to be met in the areas of education, health, sanitation, hygiene and access to drinking water.

> Water supply

Drinking water in the Dakar region is supplied by the Sénégalaise des eaux (SDE). Taps are the main household water delivery system. 65% of households have a tap in their home, 23.7% have one in their yard, and 8.2% use a public tap or standpipe.

> Sanitation

The government initiated the development of a national sanitation strategy with the participation of all stakeholders. This strategy emphasizes participatory approaches focusing on the demand for better sanitation coverage for the population. The body in charge of managing urban sanitation is the Senegal National Sanitation Office (ONAS). In the Dakar region, rapid progress was essentially due to campaigns for subsidized sewage system hookups and the sanitation program for the suburbs of Dakar (PAQPUD, 2002–2008). The latter was founded on the observation that collective sanitation was not a realistic or affordable solution for sanitation in the suburbs of the Dakar region. Indeed, this technological option is very expensive and expanding the system only increases operating expenses for ONAS. A decision was made to promote on-site and semi-collective sanitation through an awareness campaign and subsidies to reduce household contributions to costs.

The waste water network in the Dakar region comprises pumping stations, water treatment plants, hook-ups to collective sanitation systems, a fecal sludge treatment plant and retention ponds.

⁴ ANSD "Situation économique et sociale de la région de Dakar" (economic and social situation of the Dakar region by the national statistics agency) 2014

Most public schools in the Dakar region have toilets. The departments of Pikine and Guédiawaye are home to the largest number of public schools with toilets, at 98%.

The Government of Senegal has made considerable efforts to improve access to sanitation, and the Dakar region has the highest rates in the country. However, much remains to be done in this area to satisfy the needs of the suburban population.

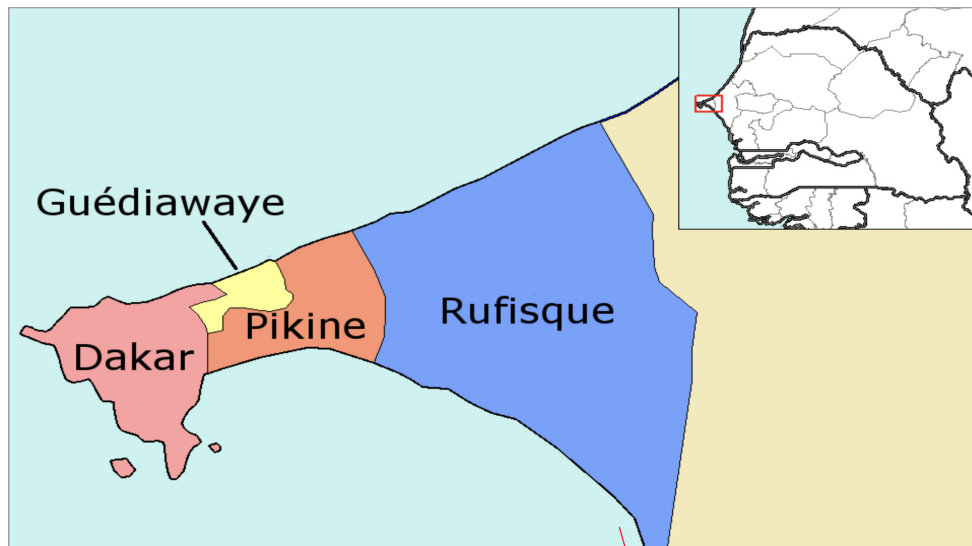
> Education

In the Dakar region, the literacy rate⁵ was 61.9% in 2014 (ANSD). The most common language of literacy was French, at (56.3%), distantly followed by Arabic, with 9.5%, and Wolof (2.5%). The percentage of people who knew how to read and write in other local languages (Fulani, Serer, Mandingo, Jola, Soninke, etc.) was marginal (10.4%). In addition, men stood out due to their higher literacy rate: 69%, compared to 54.8% for women. Significant disparities in literacy rates were apparent according to gender and department.

> Public health and hygiene

Compared to other regions, Dakar is the region with the best sanitary infrastructure. It is subdivided into 10 districts: 4 in the department of Dakar, 1 in the department of Guédiawaye, 3 in the department of Pikine and 2 in the department of Rufisque. In addition to these districts, in 2014, the region was equipped with a regional supply pharmacy, a regional public hygiene unit, healthcare posts and centers, etc. In the area of health, in addition to public institutions, the private sector also played a major role in the regional system.

Découpage départemental de la région de Dakar



Source : googlemap

⁵ According to UNESCO, "a person is literate who can with understanding both read and write a short simple statement on his everyday life" (UNESCO, 1958). The indicator that measures the literacy rate for the population aged 15 years and older is the literacy rate representing the ratio of the number of people who know how to read and write in any language to the total population concerned.

Public hygiene was protected by the Dakar regional public hygiene unit, which belongs to the national hygiene service (SNH) supervised by the Ministry of Health. Home visits and IEC activities are the principal services provided to households by the hygiene service.

1.3.1. Department of Pikine.

Founded in April 1952, the City of Pikine is a suburban conurbation located in the heart of the Dakar region. The history of Pikine is inseparable from the history of the restructuring of Dakar in the framework of its urban development projects, with the creation of suburbs populated by evictees from the downtown area and rural migrants seeking employment.

The department of Pikine is one of the three administrative districts in the region of Dakar created by decree no. 83.1128 of October 29, 1983. Pikine covers a surface area of 95 km², representing 17% of the territory of the Dakar region. The department's demographic weight is estimated at 37.54% of the region of Dakar. Pikine became a municipality through decree no. 83-1129 of October 29, 1983. With act no. 96-06 of 22 March 1996 and decree no. 96-745 of August 30, 1996, it obtained the status of a city, with 16 municipalities. Due to rural exodus the population grew very rapidly, reaching nearly one million inhabitants today. In 2013, the RGPHE estimated the population of Pikine at 1,170,791 inhabitants, placing it in the top ranking in demographic terms among the 45 departments of Senegal. This overpopulation causes many other issues, such as sanitation and access to clean drinking water. Pikine is mainly built on the Niayes area, which, from a hydrological standpoint, is swampy with a topography characterized by stable dunes of various shapes, some in group formations, some isolated, which are often surrounded by flats. Accordingly, it faces enormous problems owing to its environment and living conditions.

The associative dynamic is highly developed; there are more than 1600 youth associations⁶ WAGs and EIGs in the department, working to further the development of their area.

Women and youths make up the most vulnerable strata of the population in the department, and they work in trade and crafts in the informal sector. According to the local authorities in Pikine, the vast majority of these disadvantaged populations make their living in that economic system. Certain municipalities in the department showed a significant amount of destitution in the population, with the attendant insecurity (muggings, drugs, prostitution), the development of a "popular" economy and massive youth unemployment.

> Water supply

In the department of Pikine, 87.1% of households have a tap (either inside the home or in their yard), 10.7% use a public tap or standpipe, and 2.2% of households get their water from pump wells or protected or unprotected wells.

It should be noted that access to clean drinking water has been achieved overall in the department, according to an SDE official. However, the majority of the female respondents complained of the unavailability of water in households during the hottest months.

> Sanitation

The type of facilities used by the households was indicative of the overall hygiene and sanitation conditions in the department. Despite efforts made to combat open defecation,

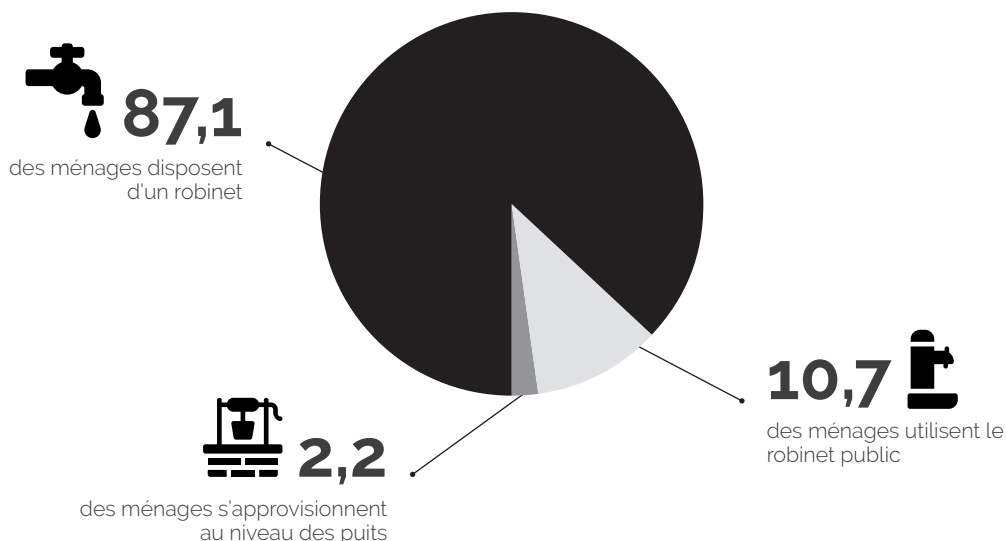
6• Interview conducted with the President of the confederation of associations of Pikine

the practice existed in 0.7% of households in the department of Pikine in 2014. In the department of Pikine (ANSD, 2014), flush toilets with septic tanks were considered the most common type of facility, accounting for nearly 71.4% of households. Toilets equipped with a pit and connected to the sewage system were used by nearly 11.4% of households, and toilets with a covered or uncovered pit were used by 15.7% of households.

The waste water disposal system was limited throughout the department.

> Education

Overall, the literacy rate was 56% in the department of Pikine in 2014. The illiterate population was higher among women than among men. The department of Pikine also had the lowest school enrolment rate, at 72%. The difference in enrolment rates by gender is particularly marked in the department of Pikine (78.4% compared to 65.1% for women).



> Public health and hygiene

The department of Pikine has the largest share of healthcare centers, with 37%. The department's healthcare infrastructure, compared to the size of its population, yields coverage indicators far exceeding the mandatory WHO standards of 1 hospital per 150,000 inhabitants, 1 healthcare center pour 50,000 inhabitants and 1 health post per 10,000 inhabitants.

In the area of public hygiene, the most significant breaches noted in the homes involved the lack of standard trash cans, non-compliant liquid waste disposal systems, throwing out of waste water and lack of sweeping.

Picture 1 : Disposal of waste water in the street in Djeddah Thiaroye Kao/Pikine



Picture 2 : Public tap observed in Guinaw rail nord/Pikine

1.3.2. Department of Guédiawaye.

The department of Guédiawaye is located on the northwestern coastal fringe of the Dakar region, bordered in the north by the ocean, to the east and south by the City of Pikine, and to the west by the City of Dakar. It extends 3.9 km from north to south and 7.5 km from east to west and covers a surface area of approximately 15 km² out of the 550 occupied by the Dakar region. Its total population is 329,658 (ANSD, RGPHAE 2013). As an administrative unit, the City of Guédiawaye was created in 1990 by act 90-36, and became a City in 1996. In 2002, it became a department in addition to its status as a city. In 2014, after part III of decentralization, the five municipalities making up Guédiawaye (Golf Sud, Médina Gounass, Ndiarème Limamoulaye, Sam Notaire, Wakhinane Nimzatt) became full-fledged municipalities and, together, made up the new City of Guédiawaye.

Demographic pressure is very high in Guédiawaye, to the point where there is virtually no available living space. The population density is 25,000 inhabitants per km². The lack of land reserves makes certain initiatives difficult, particularly solving the problem of flooding and public sanitation. Despite the efforts made in terms of sanitation, it was observed that there was no collective waste water disposal system, and the population had created an autonomous, individual system with latrines equipped with more or less watertight pits and sumps when they did not directly discharge waste water into the street.

Demand for subsidized hook-ups is very high in the city. In some neighbourhoods and municipalities, poverty and unemployment levels are high. The local authorities are aware of the precarious living conditions affecting women and youths, and are taking appropriate action to reverse the trend.

> Water supply

In the department of Guédiawaye, 95.9% of households have a tap (either inside the home or in their yard), 3.1% use a public tap or standpipe, and 0.7% of households get their water from pump wells or protected or unprotected wells.

It should be noted that access to clean drinking water has been achieved overall in the department, according to an SDE official. However, according to female respondents, water availability is an issue in households during the hottest months.

> Sanitation

Open defecation was also practiced by 0.6% of households in the department of Guédiawaye in 2014. According to the ANSD report on the RGPHAE census of the region of Dakar in 2014, in the department of Guédiawaye, flush toilets with septic tanks were considered the most common type of facility, accounting for nearly 61.8% of households. Toilets equipped with a pit and connected to the sewage system were used by nearly 26% of households, and toilets with a covered or uncovered pit were used by 11.3% of households.

Waste water disposal is an issue in some municipalities in the department.

> Education

The percentage of people 15 years and older who knew how to read and write represented 47% of the population of the department of Guédiawaye. The literacy rate is higher in men than in women. The school enrolment rate in the department stood at 75% in 2014. However, women (82%) were less educated than men (69.6%).

> **Public health and hygiene**

The department of Guédiawaye is very poorly served in terms of healthcare infrastructure with less than 4% of the region's healthcare personnel and 6.8% of the regional population. WHO standards were not met in the department of Guédiawaye in 2014.

In the area of public hygiene, the lack of standard trash cans, non-compliant liquid waste disposal systems, throwing out of waste water and failure to sweep were the main breaches identified by public hygiene officials.



Picture 3 : Septic tank observed in Médina Gounass/Guédiawaye

CHAPTER 2

Review of the literature on menstrual hygiene management in West and Central Africa



In this chapter, we will analyse reports of MHM studies conducted in West and Central Africa. Studies published on the Internet and studies unavailable on the Internet but accessed through our research will be explored in part one of this chapter, while the second part will focus on an analysis of MHM mainstreaming in public policy papers and manuals in Senegal.

1. Research on Menstrual hygiene management in West and Central Africa.

In all, 7 research reports were written on MHM in four West and Central African countries, 5 of which were published on the Internet, while 2 others were not yet publicly available at the time of our study. A number of different MHM themes were addressed by the studies. The themes, which focused on women's knowledge and information—beliefs and myths—sociocultural restrictions—silence surrounding menstruation—WASH infrastructure and public policy, could be found in all of the studies conducted and their results all converged towards the same conclusion.

> Lack of knowledge and information about menstruation

All studies showed that girls and women had very little knowledge and information about menstruation. The study by UN WOMEN and WSSCC in Louga revealed that girls and women had limited information about the biological changes involved in menstruation or the various options available to them for safe and hygienic management of menstruation. Mothers and female friends were their primary sources of information. However, in their environment, these informants were not always armed with knowledge about biological changes, the menstrual cycle, infection due to poor practices, the options available to girls in terms of choices of absorbent materials, and how to dry and dispose of such materials. A study conducted in Niger (UN Women and WSSCC, 2016) mentioned that basic knowledge about menstruation was limited to the length of the period and the age at which the first

period was experienced. Neither nomad or sedentary girls or women were able to explain why women had periods. Nor did they have knowledge of the relationship between the menstrual cycle and reproductive health. The lack of information and knowledge was more often observed in rural environments. The study in Cameroon (UN Women and WSSCC, 2015) noted that the majority (82%) of girls and women in the Kyé-Ossi and Bamoungoum regions had low levels of knowledge about menstruation.

> Silence about menstruation has a strong impact on the lack of information and knowledge about menstruation

Menstruation is a subject shrouded in secrecy in the Kyé-Ossi and Bamoungoum regions (UN Women and WSSCC, Cameroon). The study by Speak Up Africa (Pikine and Guédiawaye, 2016) mentioned silence in the family environment (mothers, sisters, friends) which remains the locus of sharing of knowledge and information about menstruation. All of the studies revealed that menstruation was rarely discussed in school, as healthcare staff was rarely asked about periods. Early information about menstruation was provided by mothers. This indicated that the knowledge and information exchanged within families was rarely assessed against the scientific knowledge and information available in schools or healthcare centers, and thus that the lack of information and knowledge about menstruation was maintained by the silence of girls and women outside the family environment.

> The behaviours and attitudes of girls and women during their periods are guided by myths and beliefs associated with menstruation

There are numerous myths and beliefs associated with menstruation. The UNICEF study in Burkina Faso and Niger (2013) reveals that menstruating women are often considered "dirty". During their period, their mobility is reduced and they are isolated. According to the study by UN Women and WSSCC in Niger, menstruation is a taboo subject, deeply marked by beliefs and myths. Because it is considered unclean, menstrual blood is managed discretely. Cloths are washed and dried in secret and shadow, without direct contact with sunlight. Sanitary pads are washed before they are thrown away. All of the studies mentioned the negative impact of beliefs on girls' and women's behaviours and attitudes during menstruation.

> Food, sexual, cultural and religious restrictions are due to myths and beliefs associated with menstruation

Beliefs associated with menstruation influence girls and women so that they follow food, sexual, cultural and religious restrictions, thereby slowing down their activities. All of the studies mentioned that girls and women gave up praying, having sexual relations, consuming certain foods (lemon, bissap, coffee, etc.), or participating in income-generating activities and cultural events.

> WASH infrastructure is not well adapted to the needs of menstruating women

Observations conducted by the different studies clearly stated that sanitary facilities in homes, schools, markets and other public places failed to take account of the specific needs of menstruating women. This situation has an impact on women's daily lives. The UNICEF study in Niger (2015) noted that nearly 40% of the girls interviewed said that they missed school at least once a month during their period. The UN Women and WSSCC

study in Kédougou (2015) confirmed this, with a rate of 40%. Working women cut back their activities by 56% in the Kédougou region (UN Women and WSSCC, Kédougou).

> MHM is not included in public policy papers, which is why WASH facilities are not sensitive to MHM

If sanitary facilities do not take account of MHM, it is because MHM is not explicitly mentioned in public policy papers or manuals in the sanitation, hygiene, water supply, environment and education sectors. All of the studies conducted in Senegal, Cameroon and Niger that included a focus on reviewing public policy papers and manuals stated that MHM was absent.

The specific findings of each study are presented in the table below (Table 6).

Table 6 : Studies conducted on MHM

Title of study report	Commissioned by	Country	Publication on the Internet	Specific findings
Gestion de l'hygiène menstruelle : comportements et pratiques dans la région de Louga, Sénégal (Menstrual hygiene management: behaviours and practices in the Louga region, Senegal)	UN Women & WSSCC, 2014	Senegal	Published	<ul style="list-style-type: none"> Menstruation is often thought of as a sign of maturity and adulthood. Girls who have their first periods are thought of as "big girls" who are potentially old enough to be married. They acquire more responsibilities in their communities and, despite the existence of a law in Senegal that sets the legal age of marriage for women at 18 years, a large number of girls are still married before that age. Early marriage significantly increases the risk of early pregnancies and diseases such as fistulas. It is therefore important to deconstruct the idea that a girl's first period is a sign of maturity (readiness for marriage), and to include the event in the normal growth curve of adolescence.
Gestion de l'hygiène menstruelle : comportements et pratiques dans la région de Louga, Sénégal (Menstrual hygiene management: behaviours and practices in the Louga region, Senegal)	UN Women & WSSCC, 2015	Senegal	Published	<ul style="list-style-type: none"> Poor menstrual hygiene management can cause infections and negatively impact reproductive health. 90% of the girls and women interviewed in Kédougou were victims of female genital mutilation. Nearly a quarter of them had already experienced infections during menstruation, thereby explaining the link between this practice and increased vulnerability to infections.

Title of study report	Commissioned by	Country	Publication on the Internet	Specific findings
Gestion de l'hygiène menstruelle : expérience de populations nomades et sédentaires du Niger (Menstrual hygiene management: the experience of nomad and sedentary populations in Niger)	UN Women & WSSCC, 2016	Niger	Published	<ul style="list-style-type: none"> • Poor MHM practices are more commonly observed in nomadic women (98%) compared to sedentary women (49%). • In all of the regions surveyed, the percentage of women with poor menstrual hygiene was higher than 50%. • Men and boys had little information, little interest, and were less likely to help women and girls in coping with their periods.
Gestion de l'hygiène menstruelle : comportement et pratique à Kyé-Ossi et Bamoungoum, Cameroun (Menstrual hygiene management: behaviours and practices in Kyé-Ossi and Bamoungoum, Cameroon)	UN Women & WSSCC, 2015	Cameroon	Published	<ul style="list-style-type: none"> • The study stressed that there were no major differences between schooled and unschooled girls in terms of access to information and menstrual hygiene practices.
L'hygiène menstruelle dans les écoles de deux pays francophones d'Afrique de l'Ouest : Burkina Faso et Niger (Menstrual hygiene in schools in 2 countries of Francophone West Africa: Burkina Faso and Niger)	UNICEF, 2013	Burkina Faso and Niger	Published	<ul style="list-style-type: none"> • The study stated that there were no modules on menstrual hygiene management available in Burkina Faso or Niger. All girls, teachers and education officials approved of teaching menstrual hygiene management in school. • Menstruation affected girls' participation and performance in school. The majority of girls were shy or nervous in school during their periods and participated less due to feelings of shame, fatigue or pain. Psycho-social support for menstruating girls was lacking in schools.
La gestion de l'hygiène menstruelle dans les écoles du Niger (Menstrual hygiene management in schools in Niger)	UNICEF, 2015	Niger	Unpublished	<ul style="list-style-type: none"> • The study revealed that pupils and teachers approved of the inclusion of MHM in school curricula. • The study showed that girls stayed home from school for a few days during their periods. Menstruation presented a significant risk of dropouts.

Title of study report	Commissioned by	Country	Publication on the Internet	Specific findings
Etude CAP sur la GHM en zones périurbaines des départements de Guédiawaye et Pikine (KAP study on MHM in suburban areas in the departments of Pikine and Guédiawaye)	Speak Up Africa, 2016	Senegal	Unpublished	<ul style="list-style-type: none"> The family remained the principal environment where matters relating to MHM were discussed. Men and boys were excluded from such discussions. The study noted that, at the community level, there was no framework for discussion and awareness-raising regarding management of menstruation and the health risks that could arise: infections, sterility, etc.

2. Evaluation of MHM mainstreaming in public policy in Senegal.

The evaluation of MHM mainstreaming in public policy consisted of examining sector policy papers in the areas of water, sanitation, hygiene, health, education and gender. The papers were analysed and the officials in charge of implementing public policy at local and national levels were interviewed. The documentation and activities of the joint "Gender, Hygiene and Sanitation" program on MHM implemented in Senegal by UN Women and WSSCC were also analysed.

> Emerging Senegal Plan

In February 2014, the government of Senegal adopted a new development plan to speed its progress towards emergence. The plan, known as the "Plan Sénégal émergent" (Emerging Senegal Plan, or ESP, in English), constituted a new reference in terms of medium- and long-term economic and social policy. The document explicitly provides for gender integration in public policy. Chapter 3, Focus 3 of the ESP states that: "The ESP uses an integrated approach to take account of the needs, rights and contributions of women. The strategic goal in this area consists of empowering and promoting women and girls by building the capacities of local authorities and institutions, mainstreaming gender in public policy, improving the legal system for the protection of women and girls, and reinforcing women's leadership and entrepreneurial skills with a view to inclusive growth."

> National Strategy for Gender Equity and Equality (SNEEG) 2016-2026

Senegal has formulated a Stratégie d'équité et d'égalité de genre, or national strategy for gender equity and equality, piloted by the Ministry of Women, Family and Children. Even though MHM does not appear in the strategy, mainstreaming of gender-specific needs is an essential component of the SNEEG.

> National Health Development Plan (PNDS 2009-2018)

The Plan National de Développement Sanitaire (PNDS 2009-2018, or National Health Development Plan) is the baseline document for all health sector stakeholders. It is based on a vision of Senegal in which all individuals, households and communities enjoy universal

access, with no form of exclusion, to quality healthcare services. Even though the PNDS does not mention MHM, menstruation can be viewed as a component of reproductive health, which is covered by health services.

> Program for Quality, Equity, and Transparency Improvements in Education and Training (PAQUET) 2013-2025

The Programme d'amélioration de la qualité, de l'équité et de la transparence du secteur de l'éducation et de la formation (PAQUET, or Program for Quality, Equity, and Transparency Improvements in Education and Training) is the framework for the implementation of Senegal's education policy for the 2013-2025 period. The program explicitly cites gender policy. In addition, equity and parity are included among the goals to be achieved. However, MHM does not appear in the program.

> National Drinking Water and Sewerage Programme for the Millennium (PEPAM)

As stated in Senegal's sector policy statement on water and sanitation in urban and rural environments, the National Drinking Water and Sewerage Programme for the Millennium (PEPAM) is the program framework for all interventions implemented in Senegal in the area of drinking water and sanitation in urban or rural areas. It is through this program that the Senegalese government intends to meet its goals in terms of access to clean drinking water and sanitation. MHM does not appear in the sector policy statement and sanitation strategy. However, the documents are in the process of being revised and, pursuant to advocacy conducted by the joint program and the clear will of PEPAM and the Sanitation Directorate, MHM will be mainstreamed in the new sector policy statement and sanitation strategy, according to a report by a Sanitation Directorate official:



"...in June 2016 a multisectoral workshop was held with a view to revising sector policy papers, and notably the sector policy statement on water and sanitation, the national sanitation strategy and the policy documents of other sectors such as health, hygiene and education. During the workshop, officials from each sector presented their draft revised policy papers. The Sanitation Directorate and PEPAM mainstreamed MHM coverage in their draft revised sector policy paper on water and sanitation as well as in the national sanitation strategy.."



> Hygiene Code

Act no. 83-71 of July 5, 1983, on the hygiene code, includes provisions defining rules of hygiene for residences and rules of hygiene for public roads. This law sets forth the missions assigned to the national hygiene department.

It does not explicitly mention menstrual hygiene. It is important to note that, at the time of this study, the hygiene code was still undergoing revision and, according to a hygiene department official:



“The draft revision of the hygiene code includes issues pertaining to MHM. I think that we can address MHM in our IEC activities, through our discussion workshops and interviews.”



> The Environmental Code

Chapter III of the environmental code of Senegal, which focuses on waste disposal, generally addresses the management of all categories of waste. Although it does not mention the management of menstrual waste, it can be imagined that such waste should be included in the category of household waste. It should be noted that MHM activities were conducted in the framework of the joint program, as witnessed by an official from the Ministry of the Environment and Sustainable Development:



“I just came from a technical workshop organized by the joint program in Saly (July 2017) where brainstorming was conducted on menstrual waste management and disposal. We worked with our Kenyan counterparts.”



> The Joint Program on “Gender, Hygiene and Sanitation” (GHS)

The joint program on «Gender, Hygiene and Sanitation» was developed by two partner organizations, UN Women and WSSCC. This joint strategic action combined the technical skills and expertise of two institutions with different, yet complementary, mandates, towards the common goal of making women’s voices heard and contributing to the realization of their rights. The program was implemented over a 3-year period (May 2014 to September 2017) by UN Women and WSSCC in Senegal, Niger and Cameroon, in the framework of the strategic programs of UN Women and WSSCC, as well as those of the Governments of Senegal, Niger and Cameroon in the areas of water supply and sanitation.

The goal of the joint program is to fast-track policies and practices promoting equity and the human right to water, hygiene and sanitation for women and girls in West and Central Africa. The program aimed to inform and improve public policy to include the specific needs of women and girls with regard to the issue of menstrual hygiene.

The joint program began its activities in Senegal with capacity-building sessions, followed by research and advocacy aimed at the public authorities with a view to mainstreaming MHM in public policy. In Senegal, the program conducted MHM training workshops for department heads and decision-makers in the following sectors: health, hygiene, sanitation, education and the environment. Various communities, NGOs and associations also received training sessions on MHM. The program continued its activities in Senegal with two studies focusing on MHM, the first of which was conducted in the Louga region in 2014 and the second in the Kédougou region in 2015. The findings of these studies were published and shared with all stakeholders in the abovementioned sectors. The joint

program completed its activities with advocacy for the integration of MHM in public policy. As for the effective inclusion of MHM in public policy papers, a consultant from the joint program made the following statement:

In 2015, a partnership agreement was ratified between the joint program, PEPAM and the Sanitation Directorate on the issue of WASH infrastructure coverage of MHM, with a view to reflecting on infrastructure design that would take account of MHM needs. A consultant was recruited for this purpose to lead all activities towards obtaining a functional prototype of a facility design for schools that takes account of MHM. The facility prototype is available and has been shared with all concerned stakeholders since February 2017. The design is currently being validated by all concerned stakeholders.

At the time when this study was conducted, the MHM-sensitive school sanitation facility design was in the process of being validated and public policy papers on hygiene, water supply, the environment and education were in the process of being revised.



“In June 2016, UN Women and WSSCC, in collaboration with LUXDEV, organized a multisectoral workshop with a view to revising sector policy papers and manuals and identifying opportunities for mainstreaming MHM in public policy papers and project manuals, as well as in the programs of the sanitation, water supply, hygiene, education and environment sectors. At the outcome of the workshop, a multisectoral platform was set up to enable stakeholders to work in synergy to mainstream MHM in public policy papers. During the workshop, officials from the Sanitation Directorate, PEPAM and the national hygiene service had already identified avenues for mainstreaming MHM coverage in their draft revised sector policy papers and project manuals.”



Lesson learned:

In Senegal, the government is developing a prototype sanitation facility design to mainstream MHM in schools.



CHAPTER 3



Profile of the respondents



The characteristics of the people targeted by the survey took account of their place of residence, gender, level of education, age, marital status, professional activity, religion and ethnic origins in order to highlight the links between the different categories and their behaviours, attitudes and practices pertaining to menstrual hygiene management.

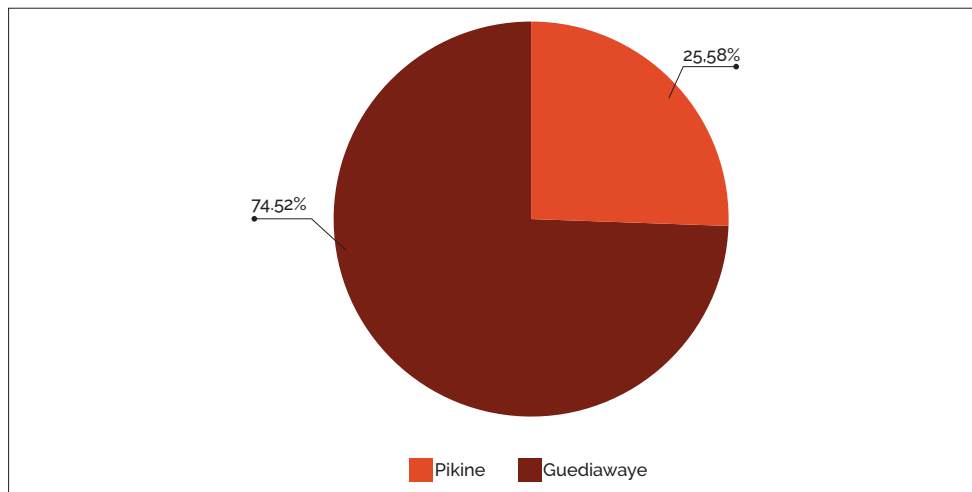
1. Demographic and economic profile of the respondents.

1.1. Place of residence of the respondents.

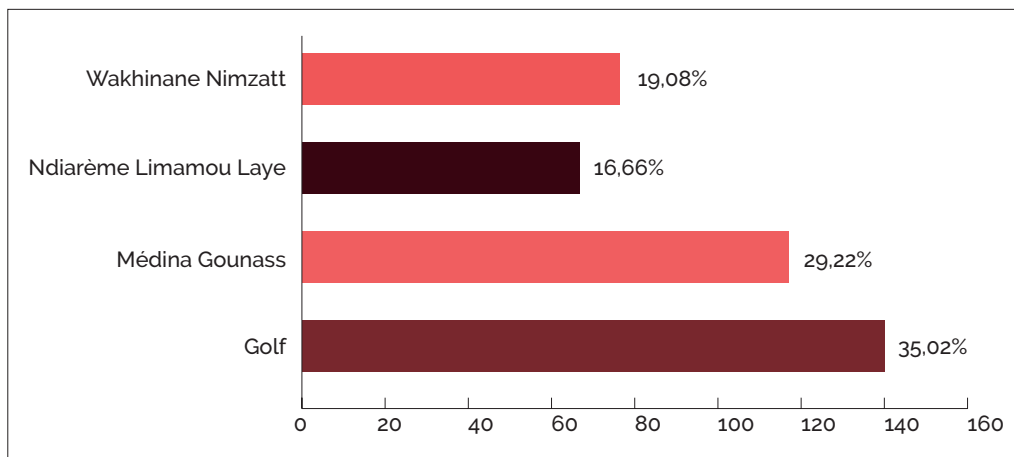
The study sample was drawn in proportion to the demographic weight of each department; the department of Pikine (1,170,791 inhabitants) had three times the population of Guédiawaye (329,658 inhabitants) (ANSD, 2013). Hence the proportion of 74.42% (Graph 1) of survey respondents living in the department of Pikine.

In each department, municipalities were targeted according to criteria based on social, demographic and economic contrasts; thus, in Guédiawaye, those contrasts were reflected by the municipalities of Médina Gounass and Golf, as well as Ndiarème Limamoulaye and Wakhinane Nimzatt (Graph 2). In the department of Pikine, blocks of contrasts were identified between the municipality of Keur Massar and the municipalities of Yeumbeul sud, Yeumbeul nord and Malika, the municipalities of Pikine Nord, Pikine Ouest, Pikine Est, and the municipalities of Guinaw rail sud, Guinaw rail nord, Djidah Thiaroye Kao, the municipalities of Mbao, Diamaguène Sicap Mbao and the municipalities of Dalifort, Thiaroye-Sur-Mer and Tivaouane Diacksao (Graph 3).

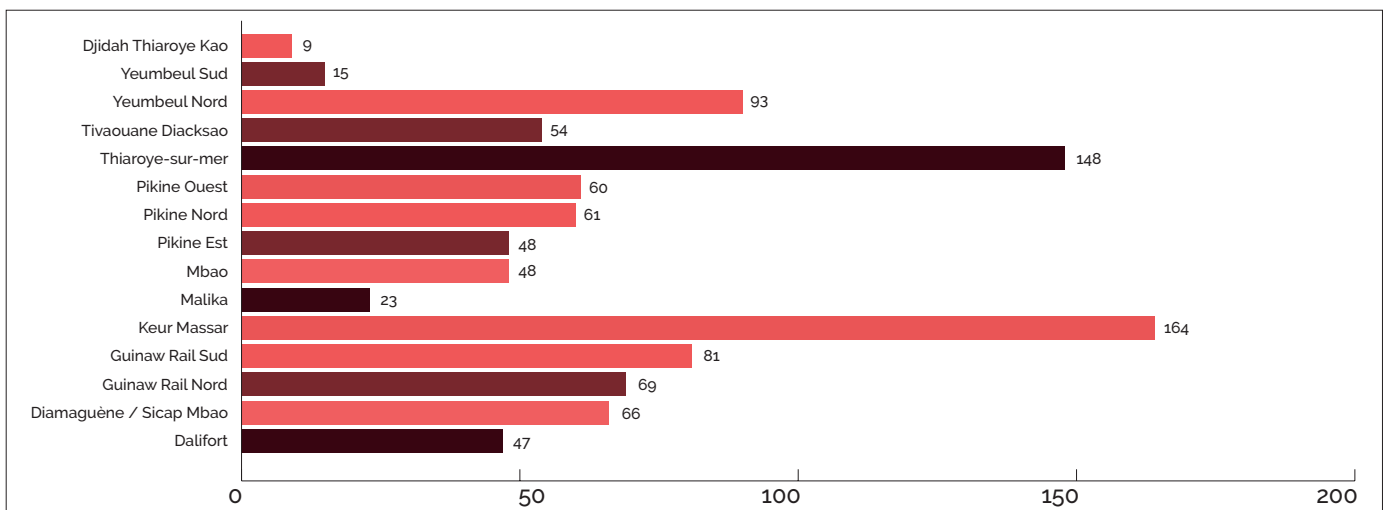
Graph 1: Distribution of respondents by department of residence



Graphique 2 : Distribution of respondents in the department of Guédiawaye by municipality of residence



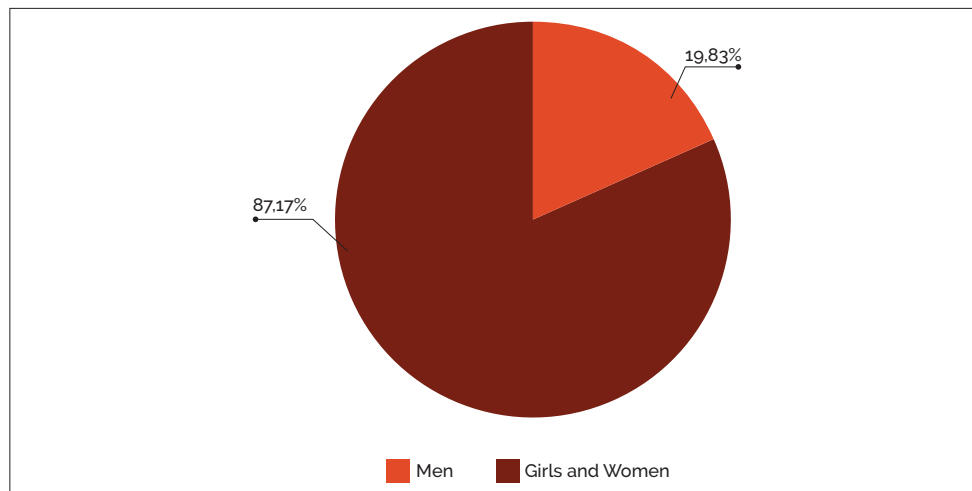
Graph 3 : Distribution of respondents in the department of Pikine by municipality of residence



1.2. Distribution by gender.

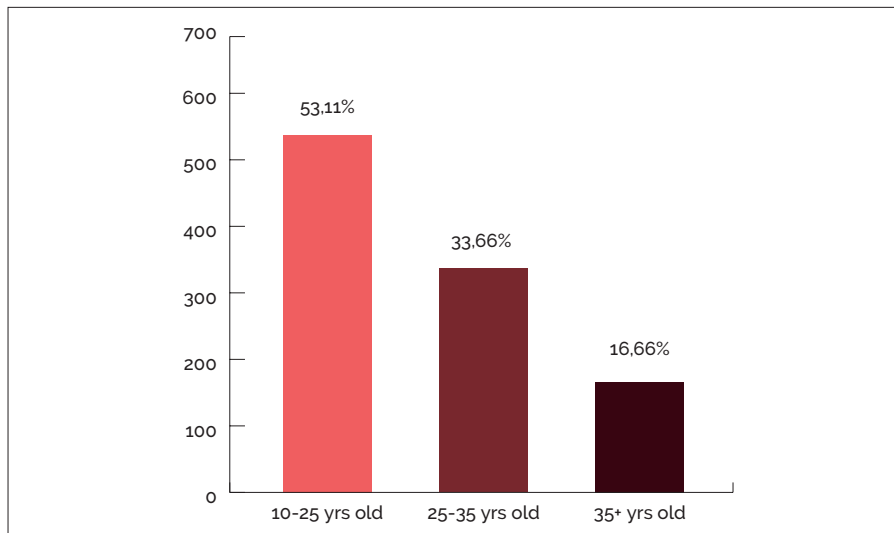
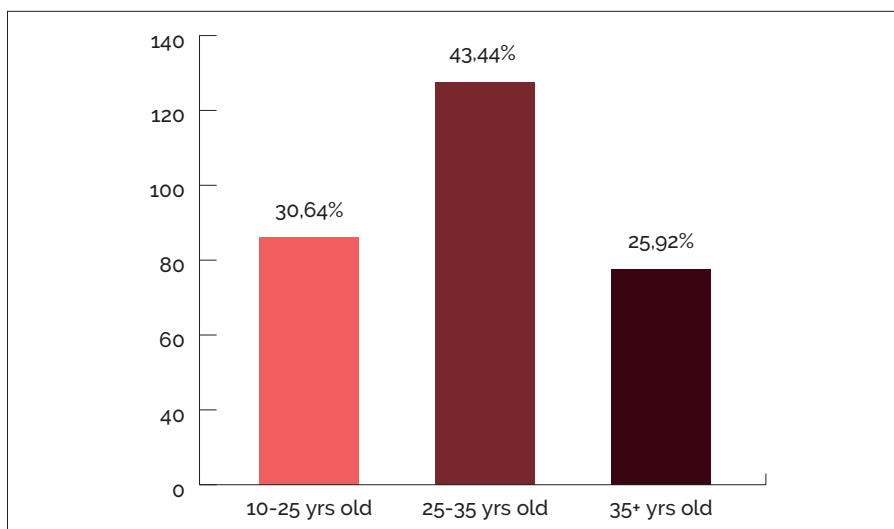
Boys and men represented 19.83% of the sample, while girls and women made up 80.17% of the respondents (Graph 4). The predominance of the female gender was due to the fact that the study chiefly targeted girls and women living in suburban areas.

Graph 4 : Distribution by gender of the total sample



1.3. Age of the respondents.

The distribution of the respondents by age range showed a 53.71% predominance of young women aged 10-25 years. Women aged 25-35 years represented 33.66% of the female sample, and those aged 35 years or over represented 16.66% of that sample (Graph 5). The male sample (Graph 6) showed a preponderance (43.44%) of men old enough to be married and men in couples, aged 25-35 years. Boys and young adults represented 30.64% and men aged 35 years or over made up 25.92%. Overall, young people predominated in both samples, reflecting the age pyramids in the departments of Pikine and Guédiawaye, which present a very wide base and a narrow peak, typical of younger populations. The phenomenon of rural exodus, or migration of young people from inland regions to Pikine and Guédiawaye in hopes of finding work, increases the youth population in the suburbs (ANSD, 2014).

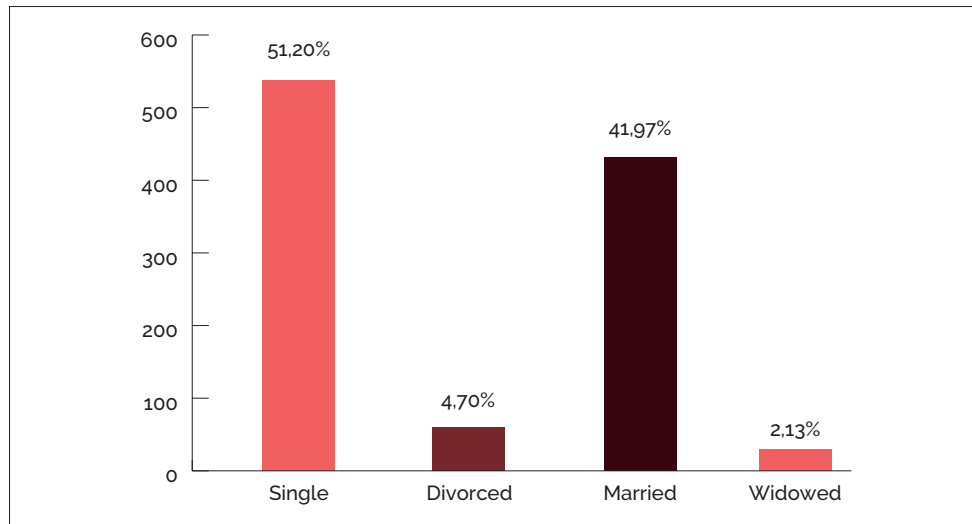
Graph 5 : Distribution of girls and women by age range**Graph 6 :** Distribution of boys and men by age range

1.4. Marital status.

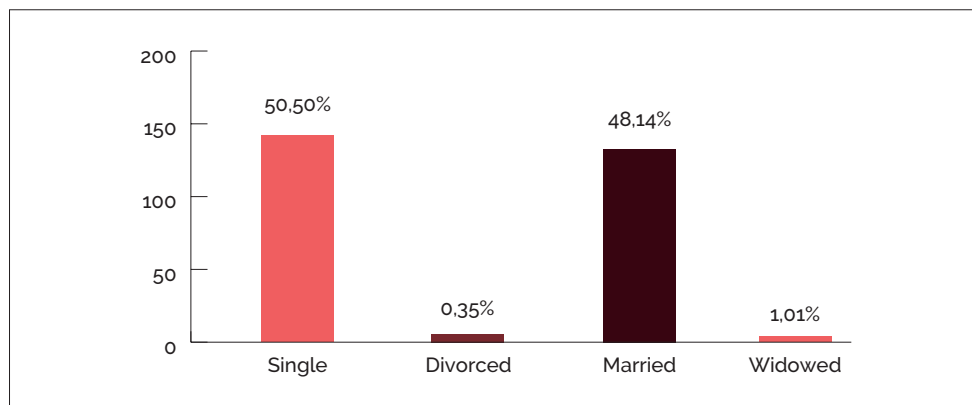
In both the male and female samples (Graphs 7 and 8), single people predominated, at 50.50% among the men and 51.20% among female respondents. These figures present a snapshot of the marriage rate in the Dakar region, where 51% of the female population over the age of 10 years is single and 53% of the male population is unmarried (ANSD; Dakar region census of 2013).

Divorce and widowhood rates are lower in men than in women; this is explained by polygamy, remarriage and the age gap between spouses which makes women more likely to be widowed since they marry older men.

Graph 7 : Female respondents by marital status



Graph 8 : Male respondents by marital status



1.5. Profession or work activities.

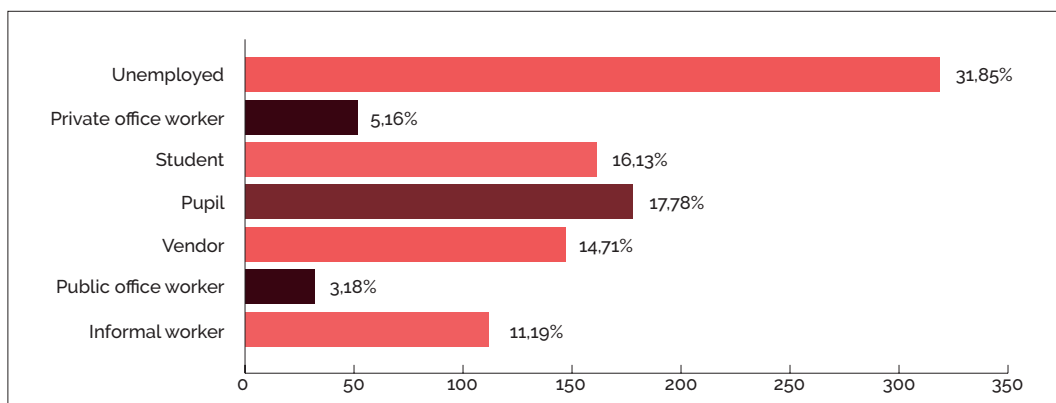
If pupils and students are considered “economically inactive”, then out of the total female sample (Graph 9) it was revealed that 65.76% of the female respondents had no regular work. Their main occupations were household chores and petty trade in certain streets of Guédiawaye and Pikine. Among the women who did work (34.24%), only 8.34% had a salaried position in a public or private office, while the remaining 25.90% of the female respondents worked as vendors or did other informal work in public places (markets, bus stations, schools, etc.).

On the other hand, the male sample (Graph 10) showed that a majority (77%) of the men worked, either in the informal sector (44.82%) or in public or private offices (32.18%). It should be noted that among the men surveyed, only 6.52% did not work at all.

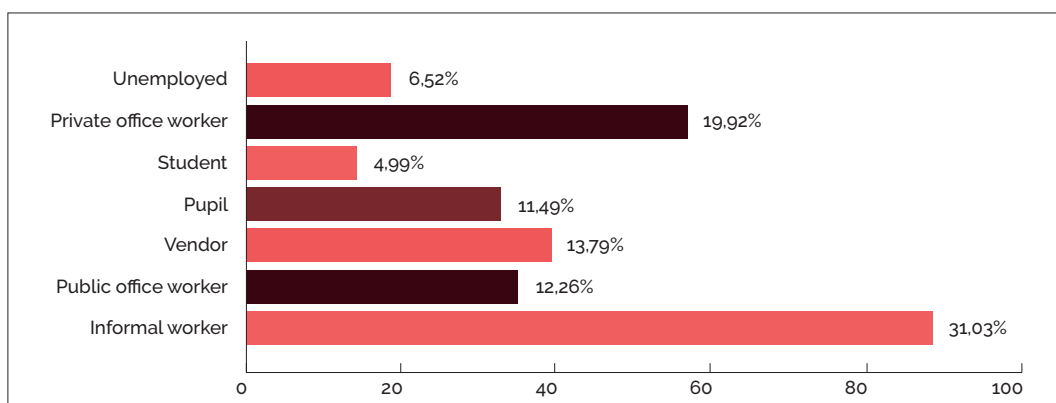
As illustrated by the study by Cabral ⁷, the employment rate among young women was lower than the rate among young men, at every age. Women were "less" likely to engage in economic activity than men, with a rate of "33 percent" compared to "54 percent" in men.

Overall, it was noted that a low percentage of women were employed, which was due to the social status of women, who are economically dependent and traditionally confined to reproductive roles with no decision-making power. The search for work depends on the status of women and their role in the household, and this contributes to their disadvantage on the job market. In suburban areas, women with no education or professional qualifications often do informal work that requires very low levels of investment and working capital, due to the lack of financing tailored to their social status.

Graph 9: Occupations of female respondents



Graph 10: Occupations of male respondents



⁷ Cabral, J.F., 2013, *Etude Diagnostique sur l'emploi des jeunes au Sénégal, Initiative conjointe pour l'emploi des jeunes en Afrique, interim report*

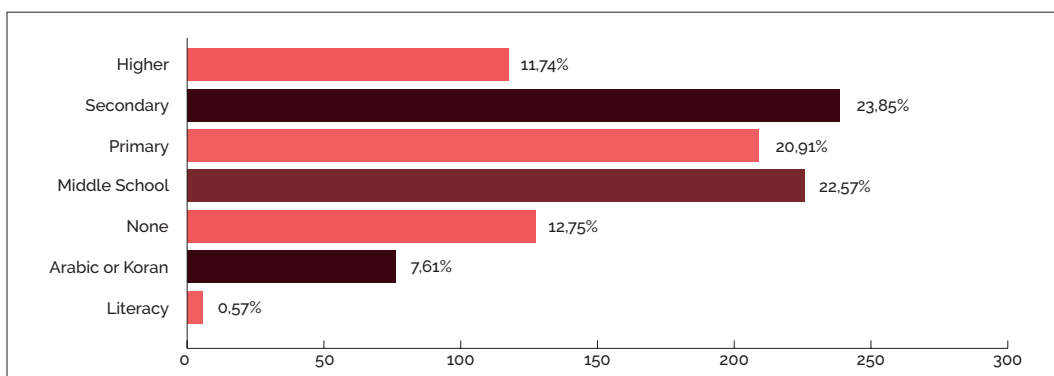
2. Sociocultural profile.

2.1. Level of education.

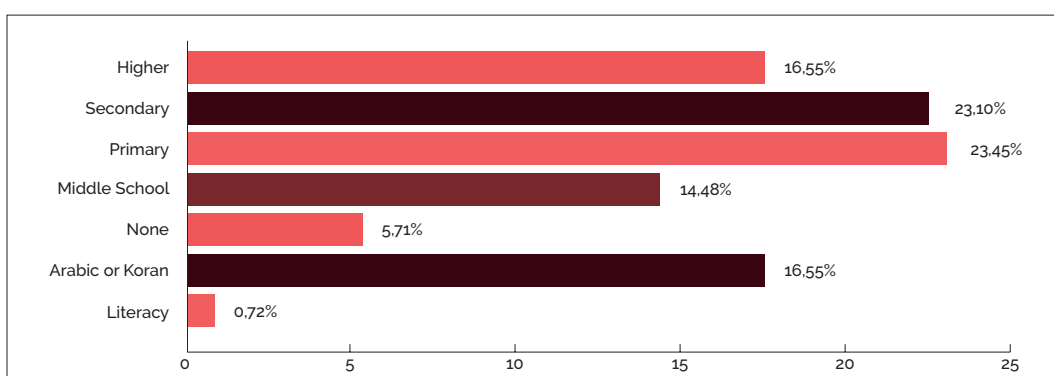
In the female sample, the level of education was relatively low since the majority of female respondents (56.23%) had reached middle school (CEM). Women who had reached higher education represented 11.74% of the total, whereas 12.75% had received no formal education. The level of education was higher in the male sample; male respondents who had no education represented only 5.17% of the sample, while those who had reached higher education made up 16.55%. Religious education was more commonly observed among men (16.55%) than women (7.61%).

It is important to note that the low level of education in girls and women compared to men can be explained by the rate of enrolment of each gender in the departments of Pikine (78.4% compared to 65.1% for women) and Guédiawaye (82% compared to 69.6% for women). The gap in men's favour in levels of education begins to widen in the first year of middle school and continues on to the higher education level (ANSD, 2013).

Graph 11: Distribution of female respondents by level of education



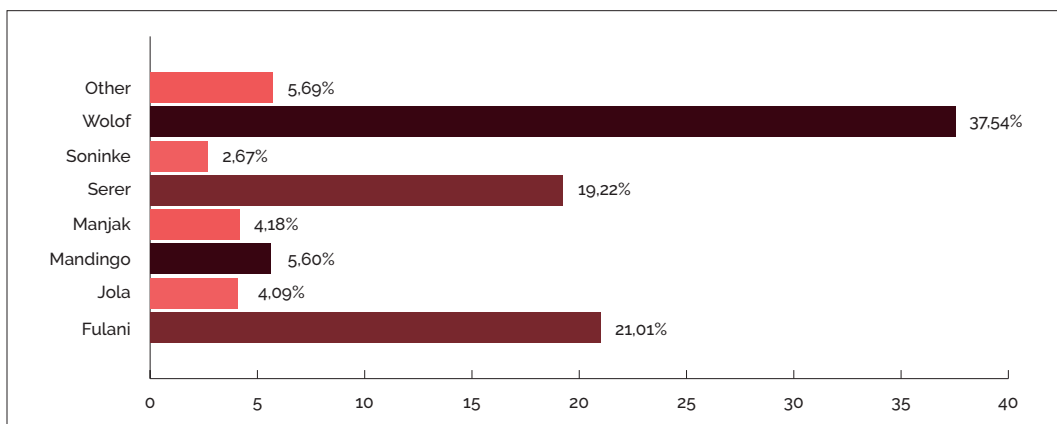
Graph 12: Distribution of male respondents by level of education



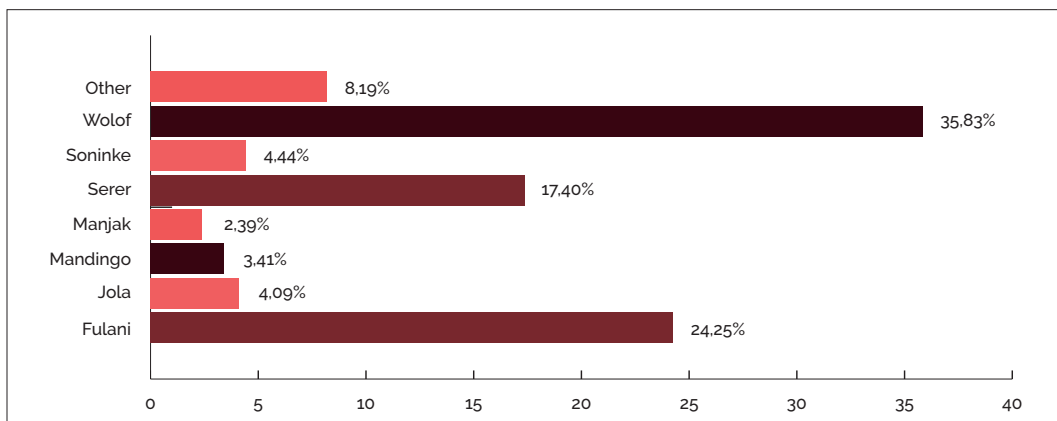
2.2. Ethnic origin.

Data on both sexes shows the predominance of three ethnic groups (Wolof, Fulani and Serer) that comprise 77.77% of female respondents and 77.48% of male respondents. The Soninke, Manjak, Mandingo, Jola, Balanta and Mankagn as well as a few foreign ethnic groups from the sub-region (Susu, Bambara, Koroboro, and Fulani from the Republic of Guinea) comprise the minority ethnic groups representing less than 23% of the male and female samples.

Graph 13 : Distribution of female respondents by ethnic group



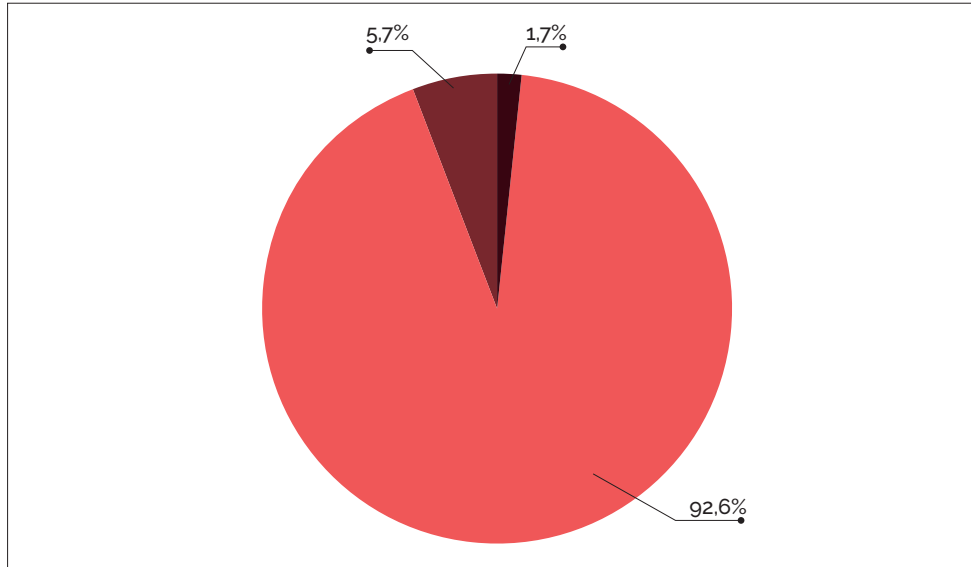
Graph 14: Distribution of male respondents by ethnic group



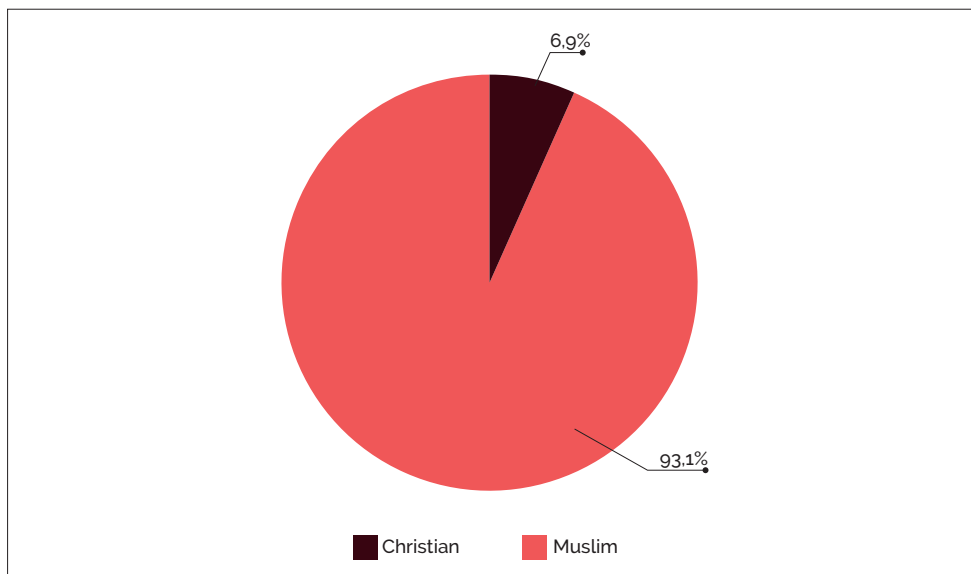
2.3 Religion.

The majority of respondents of both sexes were of the Muslim faith: 92.6% of men and 93.1% of women. Christian men and women represented respectively 5.7% and 6.9%. These figures reflect the religious makeup of Senegal, where Muslims represent more than 90% of the population.

Graph 15: Distribution of men according to their religion



Graph 16: Distribution of women according to their religion



CHAPITRE 4

Level of knowledge, sources and methods of transmission of information on menstrual hygiene

1. Men's and women's levels of knowledge about menstruation.

According to the studies⁸ conducted in Kédougou and Louga (WSSCC and UN Women, 2015, 2014), the age of menarche⁹ was relatively well known in suburban areas. Indeed, 84.62% of girls and women and 78.45% of men surveyed answered either that girls had their first period between the ages of 11 and 14 years or between the ages of 15 and 18 years. On the other hand, the biological phenomenon of menstruation was a complete mystery to both sexes, since 9 out of ten 10 respondents answered that menstruation was "blood that comes from the vagina". The lack of knowledge about menstruation was dominant in the male sample, as, when asked whether a pregnant woman could have regular periods during pregnancy, nearly 7 out of 10 male respondents (65.22%) answered yes. The female sample revealed women's ignorance of menstrual biology, as they gave the same answer as the men (22.12%).

Despite relatively high levels of education compared to those of respondents in previous studies conducted in Senegal and Niger¹⁰, this study came to the same conclusion, namely that girls, women, boys and men in suburban areas lacked sufficient knowledge about menstrual hygiene. This implies that the lack of knowledge about menstruation may be due to factors other than the low level of schooling indicated in most previous studies. In the present case, sources and methods of transmission of knowledge and information about menstruation in the different communities, which were not particularly accurate or reliable, was the main reason for the lack of information on the topic. Female respondents made do with the knowledge and information they acquired in the family environment and, due to the taboo surrounding menstruation, they never crosschecked the reliability of the available information. Thus, the need for knowledge and information continues to be expressed by both sexes in the suburban area: 91.64% of female respondents and 86.48% of male respondents expressed a desire for more information and knowledge about menstruation and menstrual hygiene.

8• Studies conducted in the Louga and Kédougou regions in the framework of the joint WSSCC and UN Women program: <http://menstrualhygieneday.org/wp-content/uploads/2016/12/UN-Women-GHM-Comportements-et-Pratiques-Louga-S%C3%A9n%C3%A9gal.pdf> - <http://menstrualhygieneday.org/wp-content/uploads/2016/12/UN-Women-GHM-Comportements-et-Pratiques-K%C3%A9dougou-S%C3%A9n%C3%A9gal.pdf>

9• First menstrual period

10• Study conducted in Niger in the framework of the joint WSSCC and UN Women program: <http://www.communityledtotalsanitation.org/resource/gestion-de-hygiene-menstruelle-experience-de-populations-nomades-et-sedentaires-du-niger>

Table 7: Meaning and origin of menses according to men

Meaning and origin of menses	Frequency of responses as a %
"Blood coming out of the vagina"	82.63%
"I don't know"	7.12%
"Eggs falling every month"	
"White discharge"	
"A system that allows you to have children"	
"God's business"	
"Blood and white liquid coming out of your lower abdomen"	
"Secretion of dead eggs"	
"Blood that comes from a woman's uterus"	
"Unclean blood coming out of a woman's genitals"	
"Blood coming from the place urine comes from"	
"It's a woman's gift"	
"From the apple Eve ate"	
"The release of an oocyte in the ovary"	
"Blood that comes from the cervix"	
"The pain that women feel during ovulation"	
"Blood that comes from a woman's belly"	
"Becoming a woman to be able to give birth"	
"Clump of blood coming out of the vagina"	
"Bleeding that makes a girl or woman uncomfortable"	
"A necessary illness in women"	
"The woman is ready for marriage"	

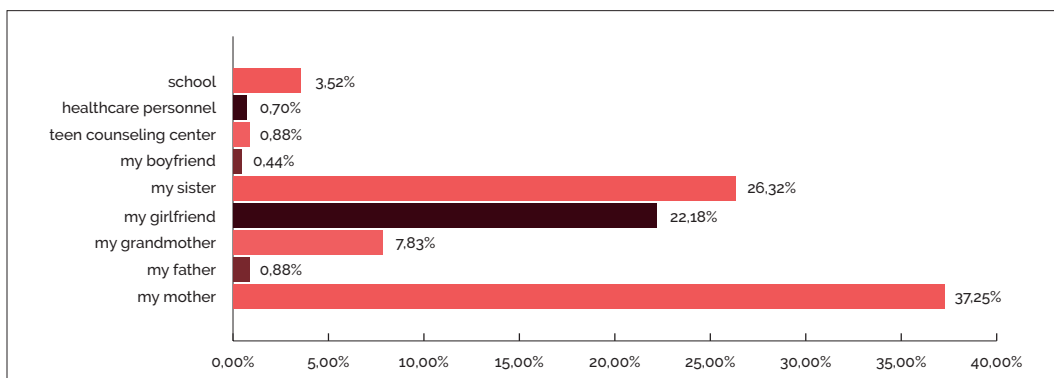
**Lesson learned:**

Insufficient knowledge on the subject of menstrual hygiene in girls, women, boys and men in suburban areas.

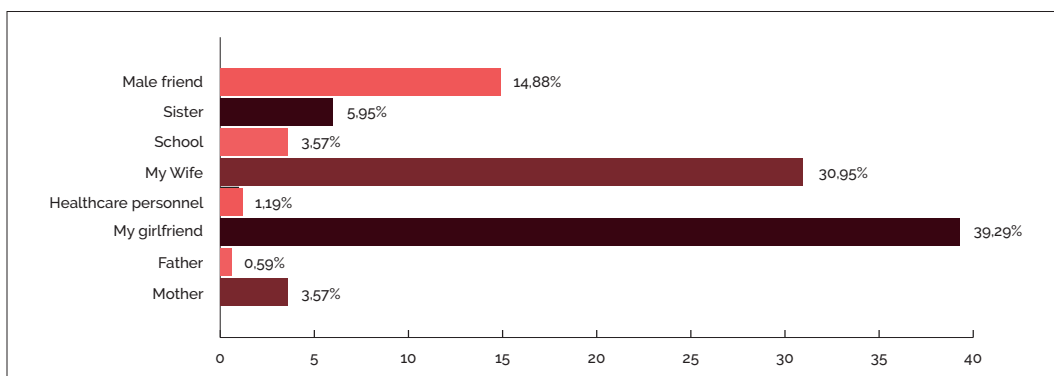
2. Men’s and women’s sources of information about menstruation.

For both sexes, the family environment remains the principal source of information and knowledge about menstrual hygiene in the suburban environment. The earliest information about menstruation comes from mothers for 37.25% of female respondents, while sisters, female friends and grandmothers were respectively cited by 26.32%, 22.18% and 7.83%, which shows that they have an important role in the family system for providing knowledge about menstruation. Girlfriends, wives and male friends were the main sources of information about menstruation for boys and men, cited by respectively 39.29%, 30.95% and 14.88% of male survey respondents. When they had questions about menstruation, 38.37%, 24.51% and 19.88% of female respondents respectively asked their mothers, female friends and sisters. In response to the question “have you ever asked anyone about menstruation?” nearly half of the respondents of both sexes answered “no”, which bears witness to the fact that menstrual hygiene is a taboo in suburban areas.

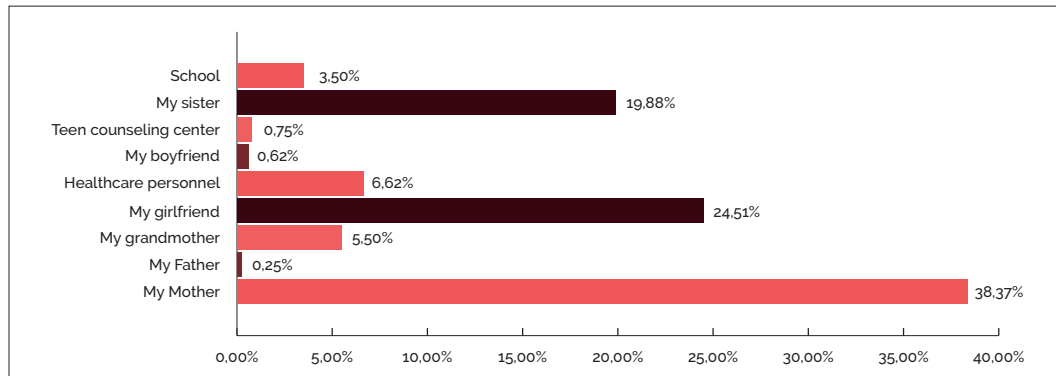
Graph 17: Early sources of information on menstruation according to female respondents



Graph 18: People boys and men asked about menstruation



Graph 19: People girls and women asked about menstruation



3. Method of transmission of information about menstrual hygiene.

While the family environment is the main source of information and knowledge about menstruation, it is also the principal framework in which information is shared about menses. Thus, 61.86% of female respondents and 46.07% of male respondents reported that they had taken the initiative of sharing information or knowledge about menses. Boys and men naturally shared their information with their wives, friends, sisters and girlfriends, respectively in the following proportions: 36.19%, 35.24%, 12.38% and 7.62% of respondents. Respectively 41.80%; 22.80%; 15.56%; 11.64%; 3.92%; 2.14% and 2.02% of female respondents reported that they had shared their knowledge or information on menses with their female friends, sisters, mothers, daughters, boyfriends, husbands and grandmothers.

Information or knowledge about menstruation was passed on from mothers or grandmothers to girls who then shared the information with their female friends or sisters. Boys and men respectively received information from their girlfriends and wives and shared it with their friends of either sex and their sisters.

Table 8: Initiative of sharing information or knowledge about menses

Answers	Frequency as a %	
	Boys and men	Girls and women
YES	46.07	61.86
NO	53.93	38.14

Table 9: People with whom men shared information or knowledge

People	My mother	My wife	My father	My sister	My girlfriend	My male friend
Frequency as a %	5.71	36.19	2.86	12.38	7.62	35.24

Table 10: People with whom women shared information or knowledge

People	Frequency as a %
Mother	15,56
Father	0,12
Grandmother	2,02
Female friend	41,80
Daughter	11,64
Boyfriend	3,92
Younger sister	21,38
Husband	2,14
Older sister	1,42



Lesson learned:

Information or knowledge about menstruation is passed on from mothers or grandmothers to girls who then share the information with their female friends and sisters.

4. Evaluation of use of information and communication technologies to promote menstrual hygiene practices.

In the suburban environment, the vast majority of the female respondents (80.91%) did not use ICTs¹¹ (information and communication technologies) to obtain information about menstrual hygiene. It should be noted that this figure is representative of the rate of access to the Internet in Senegal, which is in the area of 23.40% according to a study conducted in 54 African countries by Internet Live Stats in 2016.

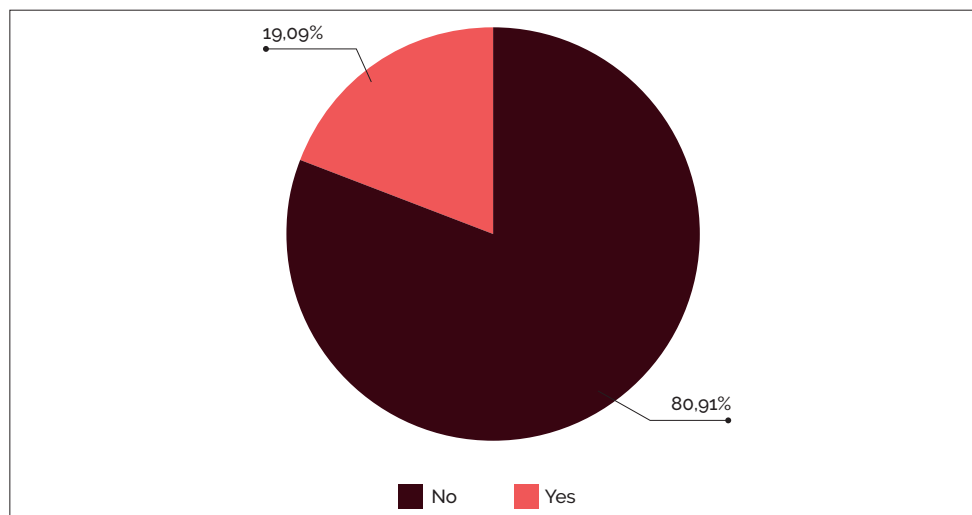
Girls, who were more familiar with ICTs than their mothers, reported that they were unaware that information about menses was available on the Internet and, despite the many themes on reproductive health that could be found on social networks and audiovisual programs, they noted that menstrual hygiene issues were virtually absent from the debates.

However, those who used ICTs to obtain information about menstrual hygiene made up 19.09% of the sample, they included female respondents who had attended primary,

¹¹• Internet search engines, social networks and radio and television programs

secondary or higher education. The principal media used to obtain information were: Internet search engines (Google, Yahoo, Wikipedia), Facebook, WhatsApp, YouTube, audiovisual programs and applications, respectively cited by 28.57%, 16.03%, 13.70%, 12.54%, 13.99% and 6.12% of the female respondents. It should be noted that applications such as "Mon Calendrier"¹² and "Cycle BEADS"¹³ are very commonly used by young women; these applications help young women keep track of their menstrual cycle, but do not provide any formal advice or information on: menstrual hygiene, the biology of menstruation, intimate hygiene, management of infections & pain, how to use feminine protection or waste disposal. Among the female survey respondents who used ICTs as a source of information, 92.48% had never taken the initiative of sharing their information through ICTs. Despite the low level of use of ICTs to obtain information on the subject of menstrual hygiene, the majority (63.68%) of the female respondents said they preferred to receive information through ICTs. Due to their accessibility and ease of use, female respondents preferred the following information media: WhatsApp (26.13%), Facebook (22.42%), publications on the Internet (13.80%), YouTube (14.14%), and applications (8.75%). It should be noted that female respondents who had reached secondary school or higher education preferred search engines and YouTube, while those with lower levels of education (primary school, middle school) preferred to seek information through Facebook, WhatsApp and dedicated menstrual hygiene applications. Those who had studied in Arabic or not at all chose Facebook and WhatsApp, as well as audiovisual programs.

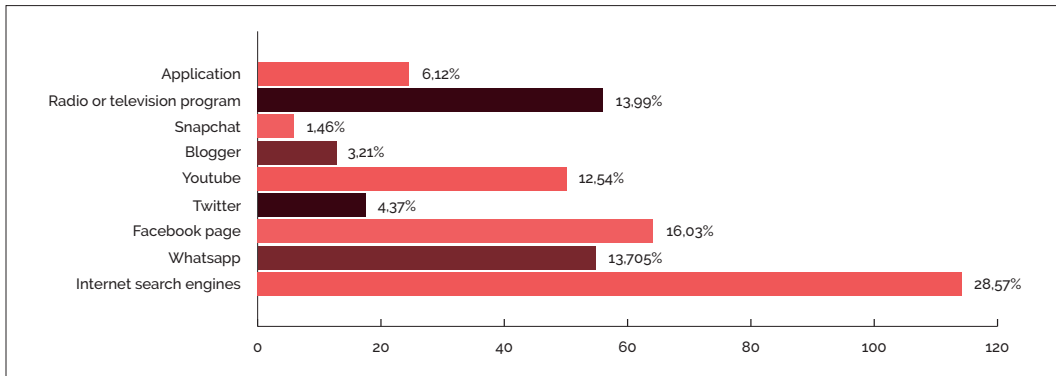
Graph 20: Did the female respondents use ICTs to obtain information?



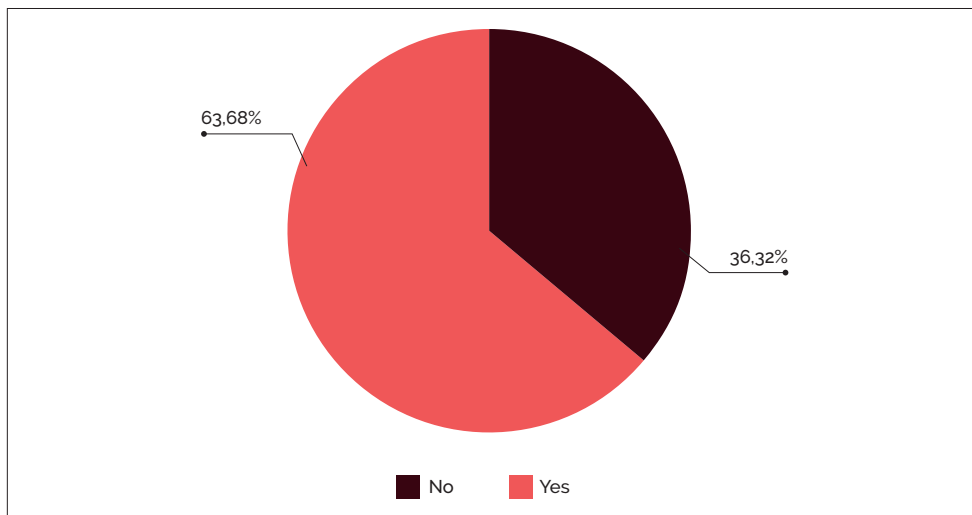
12• An application that allows girls or women to plan or avoid pregnancy simply and effectively.

13• An application that allows girls or women to plan or avoid pregnancy simply and effectively

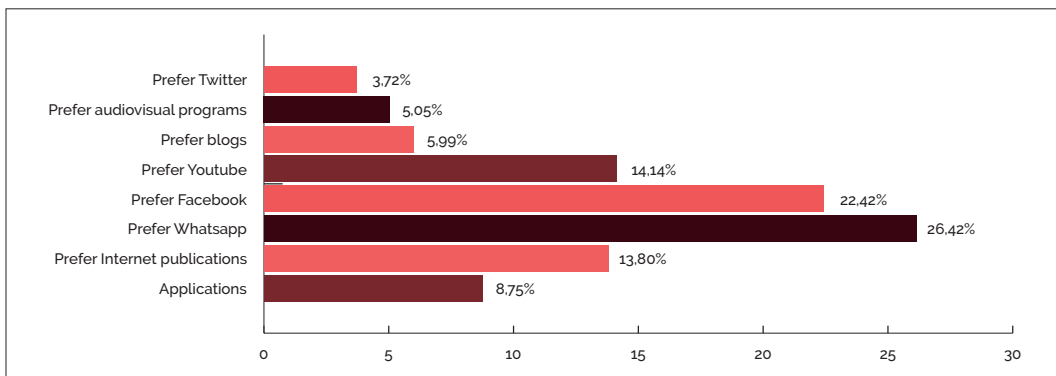
Graph 21: Information media used by female survey respondents to obtain information through ICTs



Graph 22: Distribution of female survey respondents who preferred to obtain information through ICTs



Graph 23: Information media favoured by the female respondents





Lessons learned:

Applications on the menstrual cycle did not provide information about menstrual hygiene. Despite the low level of use of ICTs to obtain information about menstrual hygiene, the majority (63.68%) of the girls and female respondents preferred to seek information through ICTs.

5. MHM Practice by Generation.

> **Older women:** information and practices.

The study gathered information about past practices from older women. The level of information and knowledge found in older women (45 years or older) was virtually the same as that of girls and younger women. Information and knowledge about periods was transmitted by older women to younger women and the secrecy surrounding menstruation limits girls' curiosity with regard to seeking other information on the subject outside the family circle.

The data show that sociocultural beliefs have not fundamentally changed, although the use of pieces of cloth as feminine protection has been abandoned by the vast majority of young girls.

Women of advanced age used fabric as feminine protection since, in their youth, sanitary pads were rare and difficult to access. It should be noted that, since information and practices were handed down from mothers or grandmothers to girls, girls did not follow their parent's advice on using fabric as feminine protection because using sanitary pads was more convenient.

> **Older men.**

Older men and boys had virtually the same sources of information about menstruation (spouses or girlfriends). Thus, the level of information and knowledge of these two categories of people regarding menstruation was quasi identical.



Lesson learned:

Information and knowledge about menstruation in suburban areas have not changed significantly over the generations.

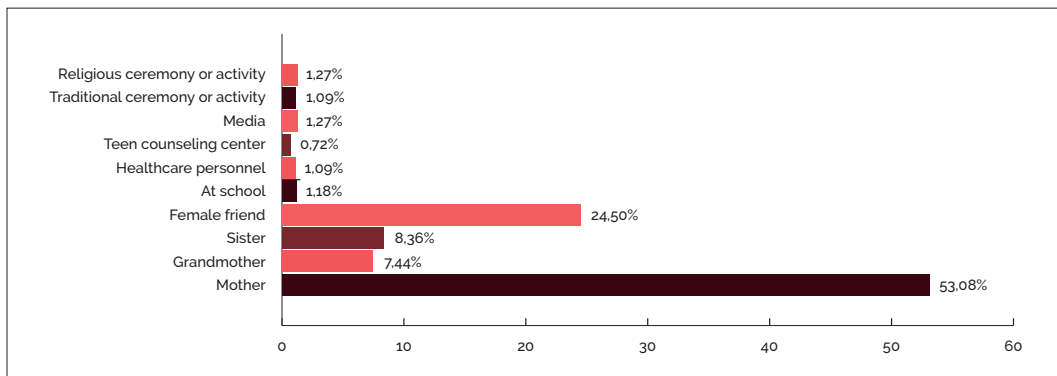
CHAPTER 5

Knowledge, attitudes and practices relating to menstrual hygiene

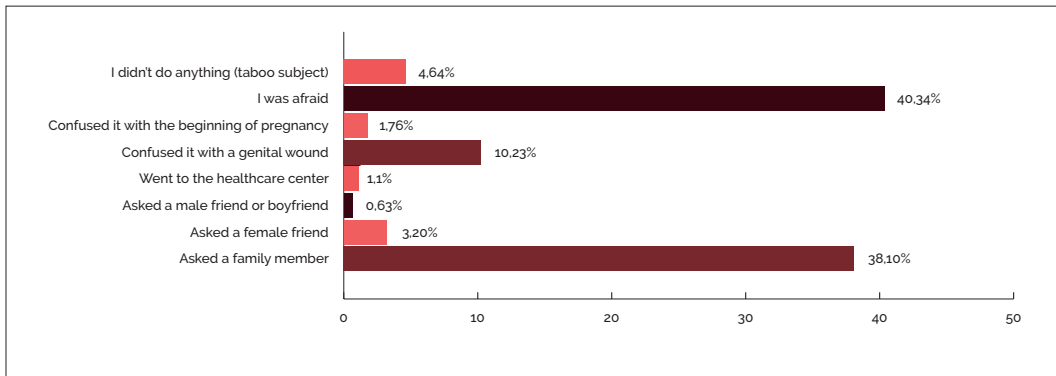
1. Menarche or the first period.

Various emotions were experienced during menarche and a feeling of discomfort was noted by 55.81% of the girls and women surveyed. On the other hand, only 4.45% of female respondents answered that they were happy because it was proof of their fertility. Upon menarche, the majority of respondents (56.97%) did not immediately share the information because they were afraid (40.34%), believed it was a sign of the beginning of pregnancy (1.76%) or thought they had an injury to their genitals (10.23%), or did nothing (4.64%). The girls and women who did share the information made up 43.03% of the sample. It should be noted that the family circle was the primary space within which the information was shared, followed by female friends, healthcare personnel and classmates. In addition, since 83.56% of female respondents answered that they had heard of periods before menarche, the emotions they experienced during their first period showed that the information they had received about menstruation was not reassuring, as attested by the following testimonial from a schoolgirl in a focus group in Yeumbeul sud: "I was 12 years old and I was in grade 6. One day after class, I found my mother in her bedroom. She asked me to sit down and said, Seynabou a day will come when you will see blood coming out of your genitals, when it happens, tell me and I will give you money to buy cotton from the shop and you will put the cotton between your genitals and your underpants to keep the blood from staining your underthings and your clothes. Honestly, I didn't understand what my mother was trying to tell me and I didn't have time to ask questions because I was hungry, so I rushed into the kitchen and the opened refrigerator to get something to eat. Two days later, I wondered about a lot of things, such as why blood would be coming out of my genitals. Where did the blood come from? What did it mean? Was it a disease? Would my urine turn into blood? What was cotton? And what would I do if the blood came when my mother wasn't there? I could not leave my questions unanswered so, a week later, I went to my mother in the kitchen to ask her the questions and she said we would talk about it another time. My questions stayed unanswered up until the day I had my first period."

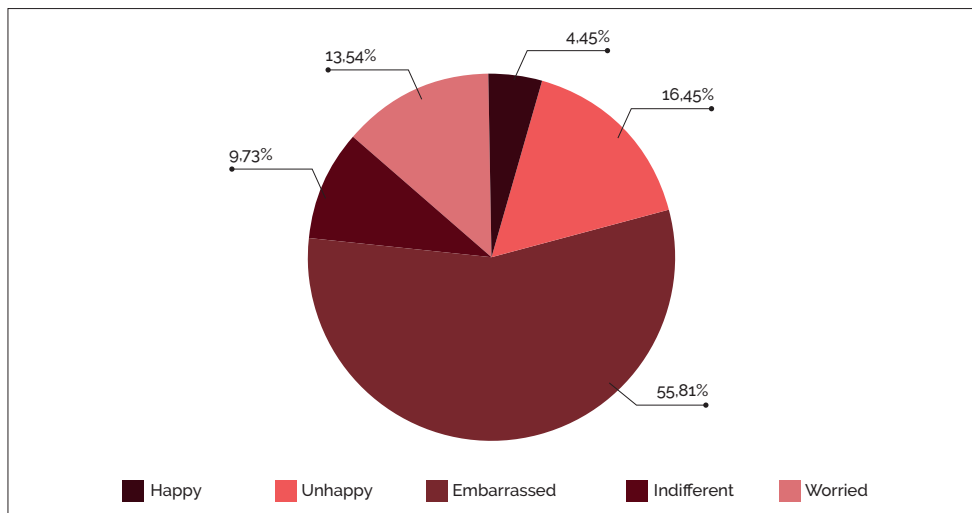
Graph 24: Women who had heard about menstruation before menarche



Graph 25: Girls' and women's reactions to menarche



Graph 26: Emotions experienced by girls and women upon menarche



Lesson learned:

The family environment was the primary space where information on menstruation was shared.

2. Types of protection used by girls and women.

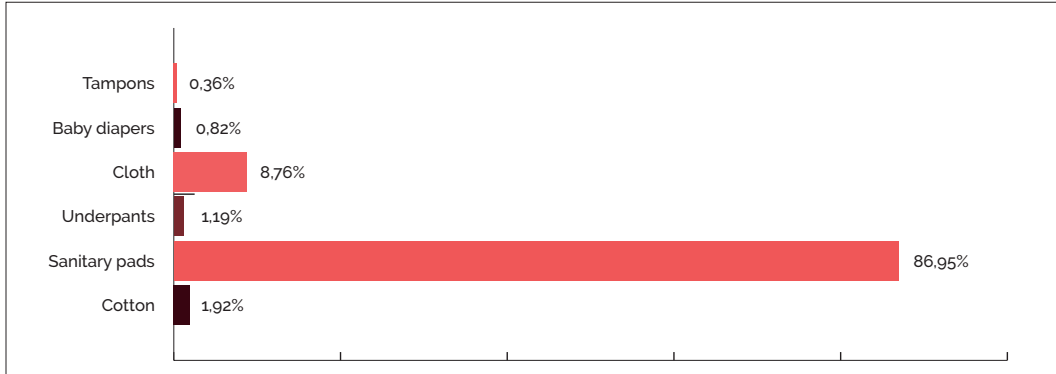
Sanitary pads were the main form of feminine protection used by the female respondents, making up a proportion of 86.95%. Their comfort, simplicity, cost and ease of use were the reasons cited by the female respondents for their preference of sanitary pads over other forms of protection. Sanitary pads are sold in neighbourhood shops, markets, bus stations and pharmacies. Graph 27 shows a ranking of sanitary pads by price; the categories whose prices range between 300 and 500 CFA F (76.15% of female respondents) were in the greatest demand on the market, not because they were better quality or offered more advantages than others, but quite simply because the income level of the majority of the female respondents was low and more in phase with these cheap ranges of sanitary pads manufactured in Asian countries for the African market.

It should be recalled that 31.85% of the female respondents were not involved in any income-generating activities, and girls' sanitary pads were paid for by their mothers (30.37% of female respondents) while women's were paid for by their husbands (18.43% of female respondents). Girls and women who paid for their own sanitary pads (40.97% of those surveyed) included women with salaried employment and those who earned income in the informal sector. It should be noted that 64.75% of the girls and women had never sought to obtain information on the quality, composition or origin of the sanitary pads they used. A minority of the female respondents (35.25%) reported that they had sought information on the quality of the sanitary pads they used and often asked the vendors¹⁴ but were only answered with a sales pitch.

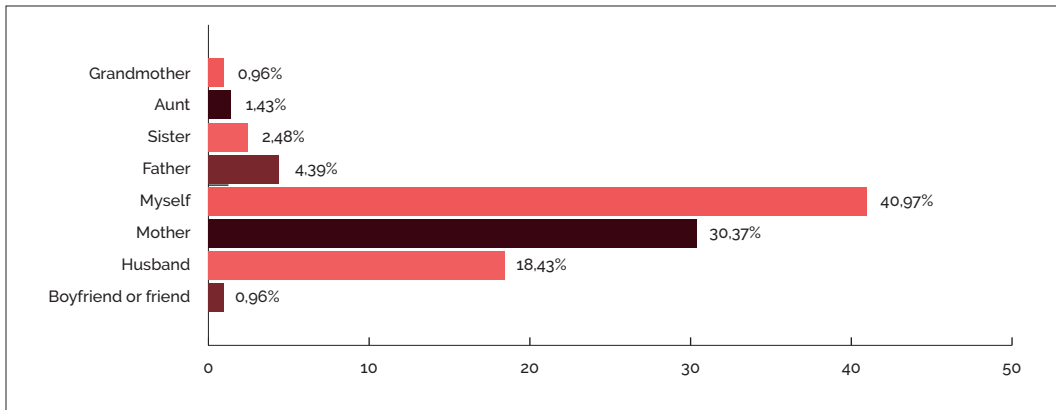
Reusable protection (underpants or cloths) were used by 9.95% of the female respondents. Underpants were used by girls (1.19% of female respondents) in circumstances where they did not have access to sanitary pads due to a lack of financial resources. Cloths were mainly used by premenopausal women (8.76% of female respondents), a time of life when some women have a particularly heavy flow, and they felt that pieces of cloth absorbed blood better than sanitary pads. Women who used methods of contraception that could cause a heavier flow also preferred cloths to sanitary pads. Furthermore, due to beliefs and myths about cloth, some women had stuck to cloth as their method of protection ever since menarche.

14• Boys and men who are street vendors in markets or bus stations.

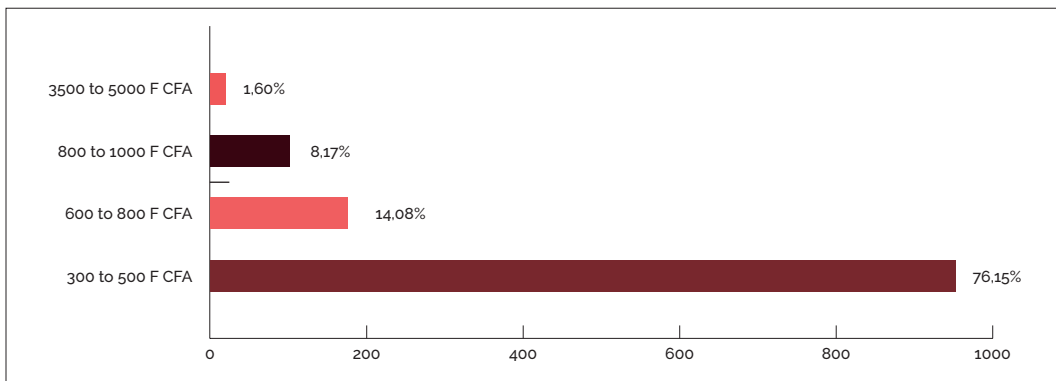
Graph 27: Types of protection used by girls and women in suburban areas



Graph 28: Who provides you with sanitary protection? Female respondents' answers:



Graph 29: Purchase price of sanitary pads according to female respondents:



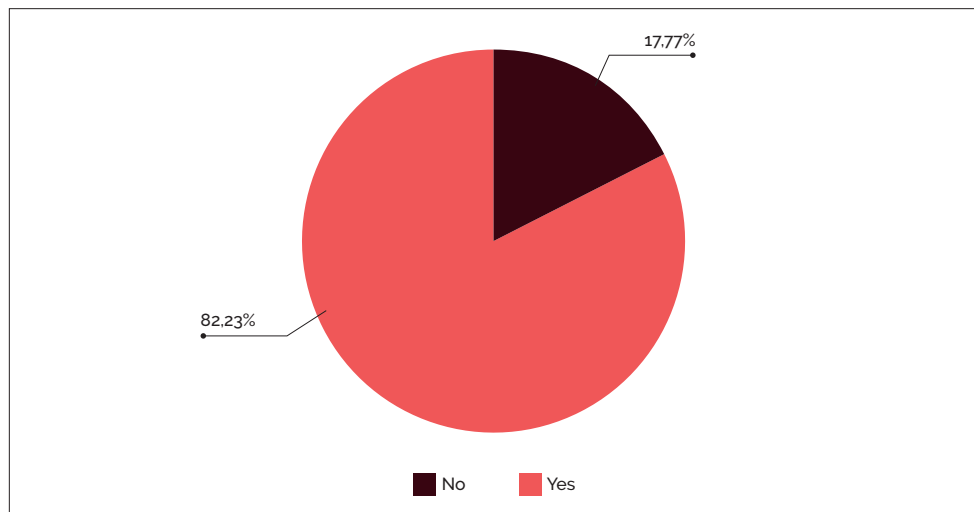
Lesson learned:

Sanitary pads were the main form of sanitary protection used by 86.95% of the girls and women surveyed.

3. Hygiene during menstruation.

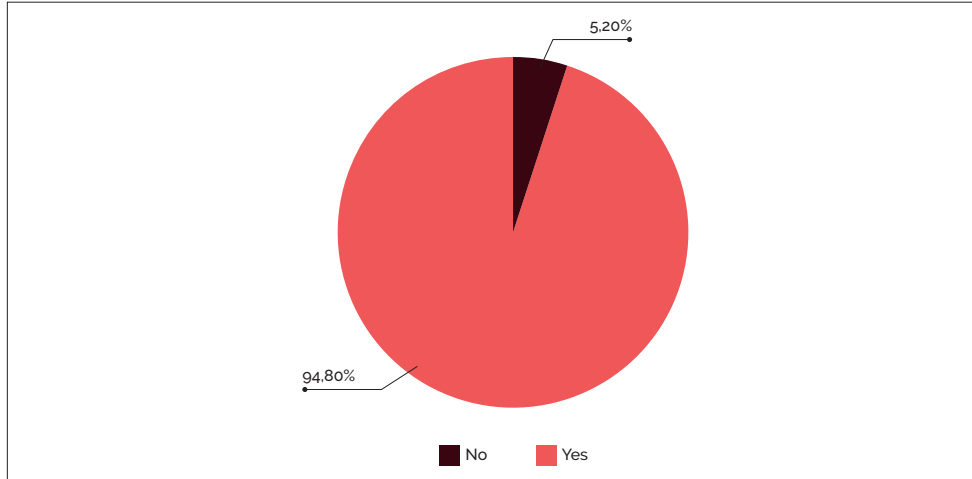
Good hygiene practices were reported: the majority of the female respondents (more than 80%) reported that they washed their hands with soap and water before and after using feminine protection; 77.40% of female respondents stated that they changed their feminine protection at least three times a day. Washing the genitals during menstruation was a common practice among female respondents, representing 94.5% of the sample, however, the majority of the female respondents did not mention how they washed their genitals or with what. In case of menorrhagia¹⁵, the majority (66.90%) of the girls and women interviewed reported that they consulted healthcare personnel, however, a small minority of the female respondents simply doubled up their sanitary pads or used baby diapers, which were more absorbent than sanitary pads. Menorrhagia was observed in women respondents over 40 years old and in young women who had used poor quality family planning whose side effects included heavy menstrual flow.

Graph 30: Hand washing before using feminine protection

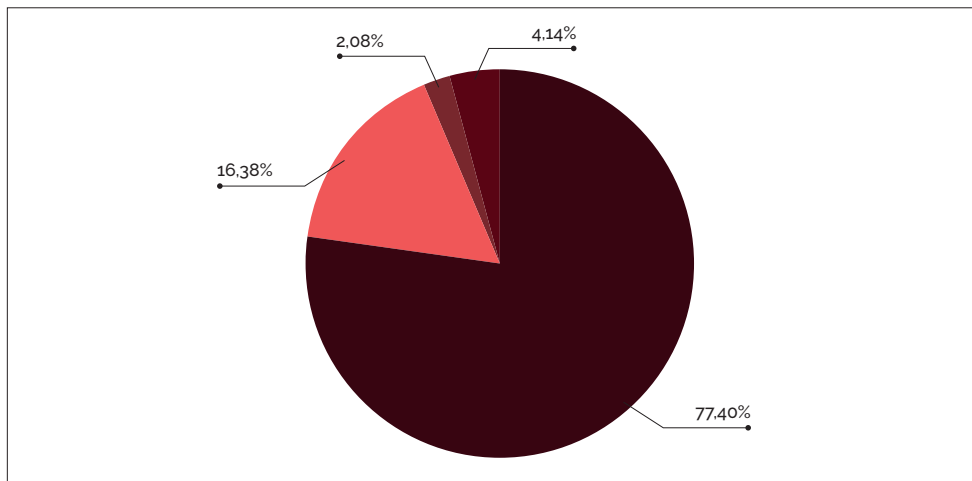


¹⁵ Heavy menstrual bleeding

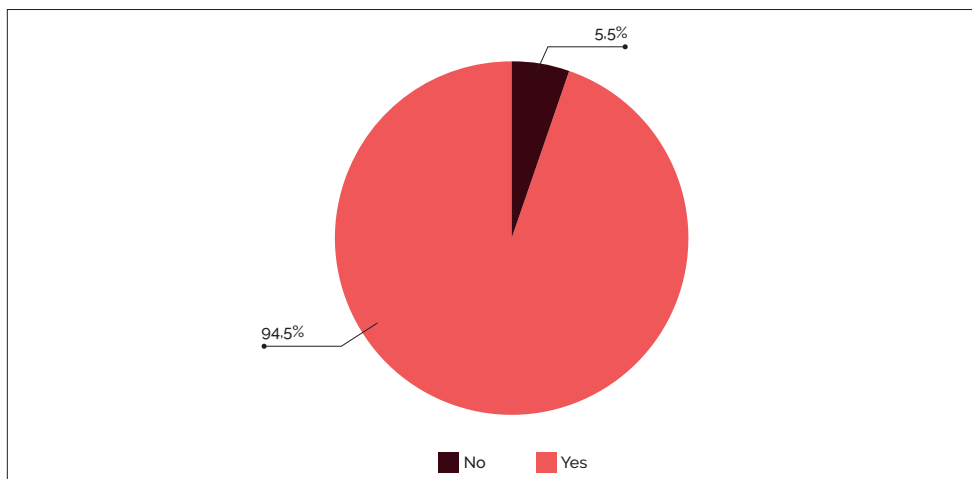
Graph 31: Hand washing after using feminine protection



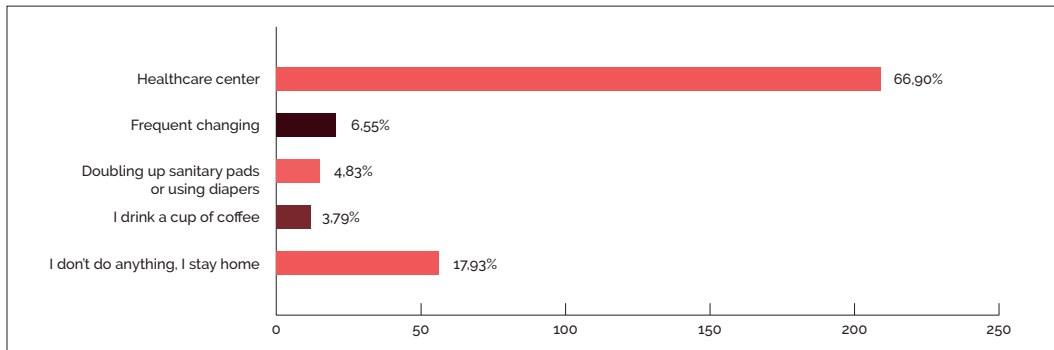
Graph 32: Frequency of daily changes of protection



Graph 33: Washing of genitals during menstruation



Graph 34: Practices of female respondents in case of menorrhagia



4. Disposal of menstrual waste and health hazards.

On October 15, 2015¹⁶, the Senegalese government decided to entrust the management of urban solid waste in the Dakar region to UCG. To cover the whole of the Dakar region, the surface technicians working for UCG collect household waste and refuse from public places 6 days a week¹⁷. It should be noted that waste collection does not cover certain difficult-to-access areas of the suburbs of Pikine and Guédiawaye. However, the lack of environmental culture in the population did not help the surface technicians in their waste collection work.

To facilitate better waste management, the population should sort their refuse: separating household waste from non-household waste, chemical waste from biochemical waste, and household waste from rubble. The lack of standard trash cans for the population also did not make trash collection easier. The barrels used as trash cans in suburban households, often left uncovered and knocked over by stray animals, did not help trash collectors do a good job. Also, scrap dealers, known as "Bujuman" in Wolof, who often take trash bins, create serious safety issues.

Poor management of household waste within the home can cause public health issues. Food residue in household waste can attract certain microorganisms (viruses, fungi, bacteria, etc.), rats – which are plague vectors – dogs and other carnivores which can spread rabies. Household waste is the main breeding ground for various insects such as flies, cockroaches and mosquitoes, which are vectors of diseases such as diarrhea, cholera, malaria, etc. It should also be noted that HIV/AIDS can potentially be transmitted

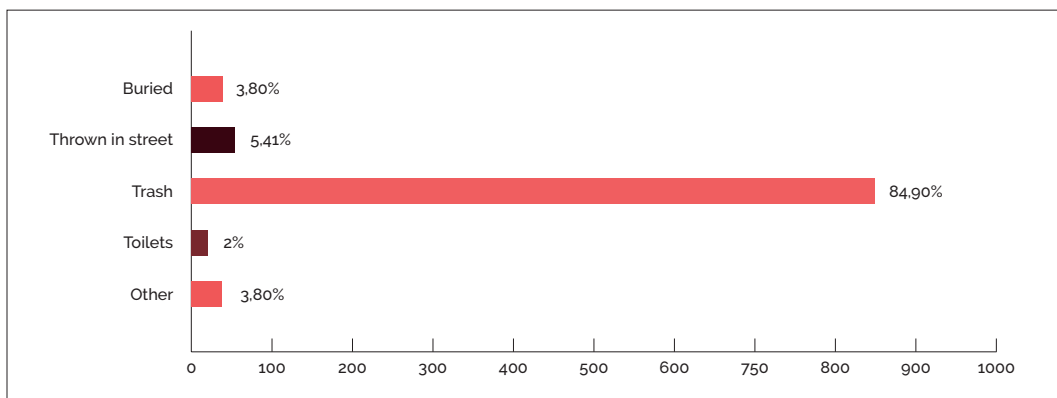
¹⁶ Interview with an official from UCG

¹⁷ This system of household waste collection with a frequency of 6 days per week is known as "fréquence F6" in French.

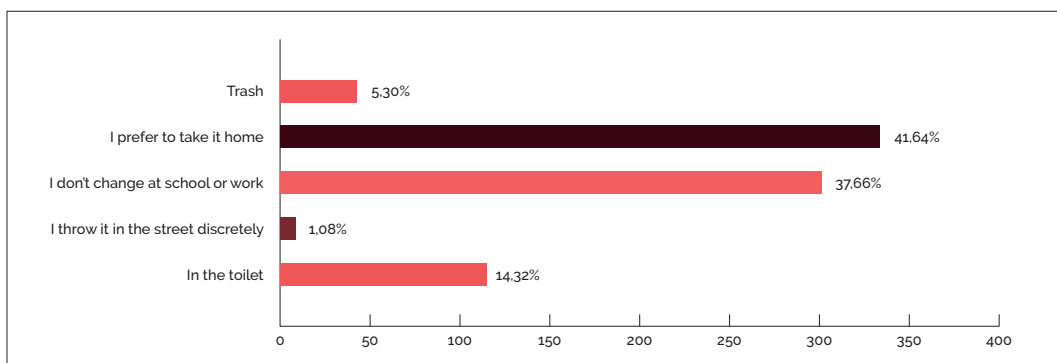
though contaminated biomedical waste¹⁸ in trash cans (needles, syringes, cotton balls, etc.). Burning of household waste causes emissions of organic pollutants (inhalable particles) that are harmful to the health of the population. Burying waste can also pollute groundwater.

In the suburban environment, the trash collection system had an impact on the method of disposal of menstrual waste. In the home, menstrual waste was disposed of in the trash (84.90% of female respondents). Throwing menstrual waste in the street was practiced by 5.41% of female respondents, while 3.80% burned it, kept it or threw it into the sea. In public places (schools, workplaces), the majority of the female respondents disposed of menstrual waste in the toilet (14.32%) or in the trash (5.30%) while the remainder took it home. It should be noted that 78.73% of female respondents reported that they were unaware of the public health hazards linked to disposal of menstrual waste. Regarding the health risks that could be faced by women during their periods, 52.63% of the female respondents said they were aware of them and took steps to reduce the risk of irritations and infections.

Graph 35: Methods of disposal of menstrual waste in the home



Graph 36: Methods of disposal of menstrual waste in schools/workplaces



¹⁸ Interview with an official from UCG.



Lesson learned:

In the suburban environment, the trash collection system has an impact on the method of disposal of menstrual waste.

5. Management of pain and infections.

Female respondents who had had infections during their periods made up 21.89% of the sample. It should be recalled that good hygiene practices were reported by 80% of the female respondents, and the rate of infection observed corresponds to the percentage of girls and women who had poor menstrual hygiene. This shows that there is a strong correlation between poor hygiene practices and the risk of infection during menstruation. The lack of information about how to wash the privates during menstruation, the lack and insufficiency of MHM-sensitive sanitary facilities in public places (markets, bus stations, schools, and public and private offices) are, among other factors, the principal reasons for the infections experienced by the female respondents.

Infections during menstruation were more commonly seen in female respondents who worked in the informal sector or in trade, were employed in public or private offices or were students. This bears witness to the impact of the difficulties girls and women reported (see chapter) in managing their periods in public places (markets, bus stations, schools, public and private offices) due to the lack of MHM-sensitive sanitary facilities.

As for washing of the private parts after changing feminine protection, among the female respondents who did not do so, more than half had experienced infections, while more than a third of the female respondents who did it had also experienced infections.

In case of infections, healthcare personnel were the preferred contact of 75.38% of the female respondents. It should be noted that the girls and women surveyed in suburban areas did not bring up the subject of their periods with healthcare personnel unless they had infections, an irregular cycle or menorrhagia. Painful periods were reported by 57.58% of the respondents. To calm their pain, the majority of respondents reported that they took painkillers (60.88%), while others took a traditional potion¹⁹ (7.89%), or hot coffee (4.26%). The following testimonial provides detailed information about the risks of infection linked to poor menstrual hygiene.

¹⁹ African therapy based on leaves and roots to reduce or eliminate the pain experienced by girls and women during menstruation



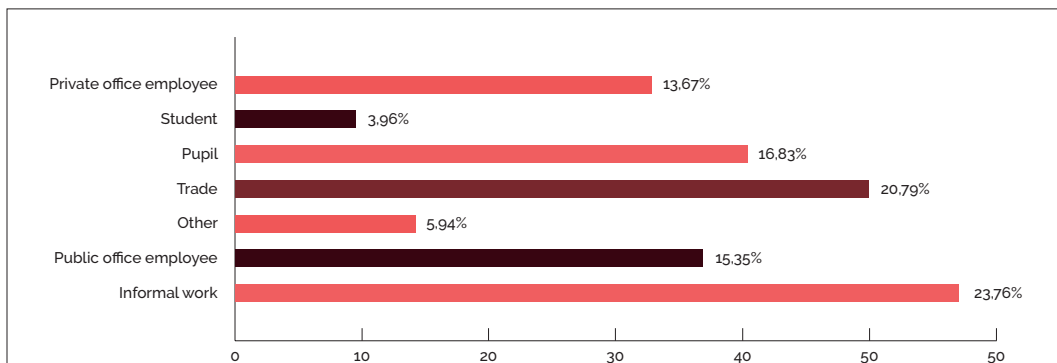
“... there was a girl who had just left the toilet, she was not married, but she had infections, you could say she may not have been clean at all, her hygiene wasn't the best, so for women like that, we always have to (...) I mean, they need explanations about how to manage their menstrual period, because during their period they can have an infection if they use a towel that wasn't properly cleaned, or that wasn't properly dried or if they use a sanitary pad for a long time, eh, with the girl, because normally we are supposed to change pads regularly, once, three times a day, four times, it all depends on the lady's flow. But if you wear the same pad all day long, or all day and the next day, too, it is not good, because as I told you earlier, blood is a culture medium, and where there is blood, there are germs, which spread on the clothes where the blood is and that is not good!

This is manifested by unpleasant or foul-smelling discharge, or discharge that changes colour, because there is normal discharge in women, but if the colour changes, and it starts to turn yellowish or greenish, or darker colours, it shows that the woman has an infection or if it's itchy, if the genitals are itchy, all of those things show that the woman has an infection or the blood... Normally the blood should be red, but if it turns chocolate or blackish that implies that the woman has an infection, there are germs in the blood that turn the blood dark brown or black! ”



(A.D, 52 years old, State Midwife, Keur Massar/Pikine/ Speak Up Africa study, 2016)

Graph 37: Occupations of female respondents who experienced infections



Lesson learned:

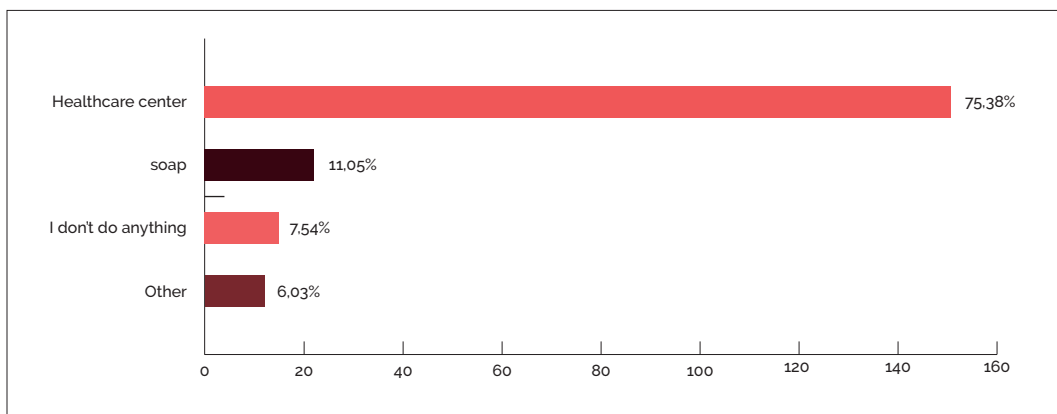
The lack or insufficiency of MHM-sensitive sanitary facilities in public places (markets, schools, bus stations, and public and private offices) is one of the main causes of infections reported by girls and women during their periods.



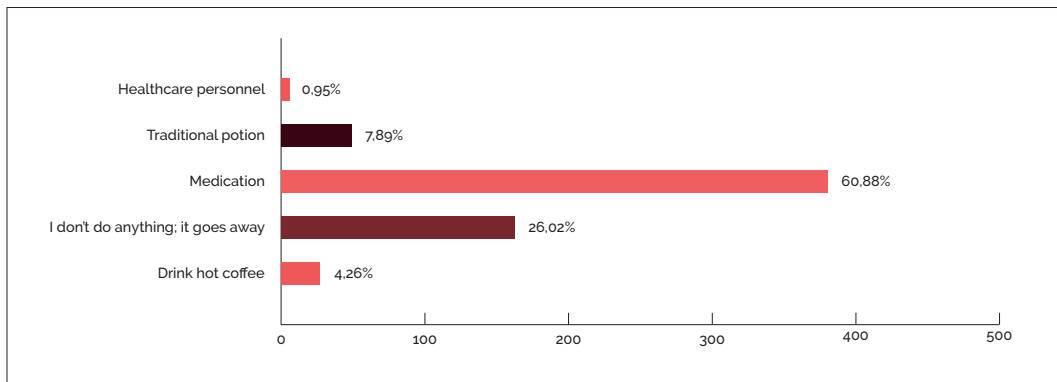
Lesson learned:

Unawareness of the need to wash the private parts during menstruation is a cause of infection among more than half (50%) of the girls and women surveyed.

Graph 38: Women's responses in case of infection



Graph 39: Women's responses with respect to pain management

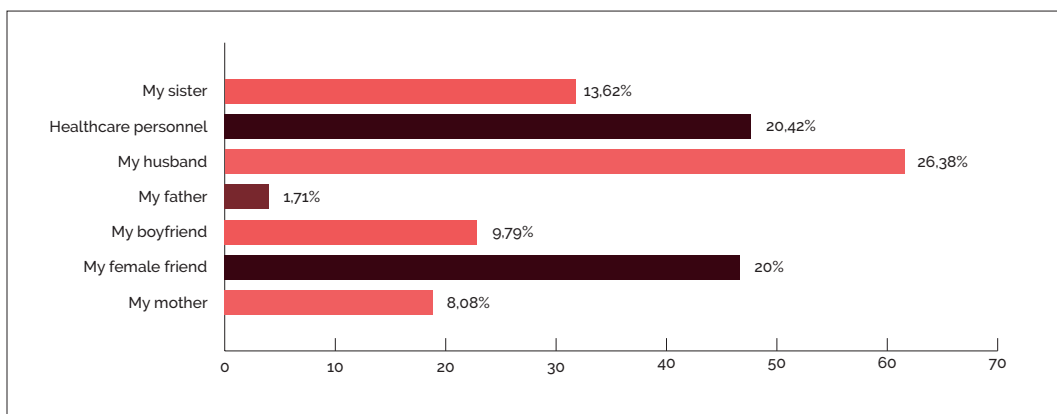


6. Stress management relating to irregular cycles

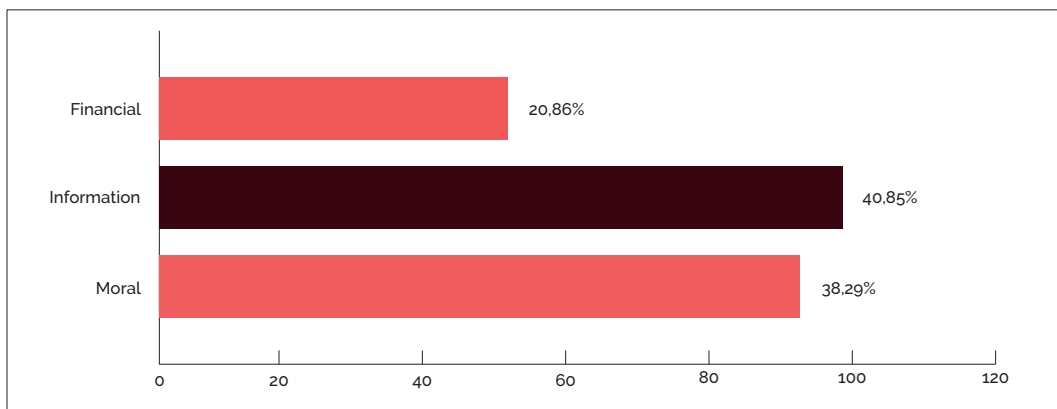
Respondents who had had irregular cycles represented 39.37% of the female sample. The great majority reported that they were unaware of the origin or causes of irregular cycles, while a small minority of the female respondents thought that irregular cycles occurred

when a woman was nearing menopause, in times of stress, when a woman was physically weak or in case of poor family planning. Due to their ignorance of the origins and causes of irregular cycles, most of the female respondents (84.37%) experienced stress when their cycles were off. Their primary interlocutors to help them better manage their stress were their husbands (26.36%), healthcare personnel (20.42%) and female friends (20%). In case of an irregular cycle, girls and women turned to these people for information (40.85% of respondents), moral support (38.29%) and financial support (20.86%). It is important to note that respondents who experienced irregular cycles consulted healthcare personnel to obtain information and restart their periods with pills or shots. A minority of respondents reported that they preferred to handle their stress alone.

Graph 40: People involved in stress management



Graph 41: Assistance provided by people involved in stress management



7. Menstrual hygiene management in women with disabilities.

Girls and women with disabilities made up 1.26% of all female respondents, and the vast majority, namely 73.33%, showed feelings of discomfort and shame when addressing the following questions with the survey administrators: How do you handle your periods? Do you have difficulties during menstruation? If so, what difficulties? Are you assisted by someone at school, at home, at work during your periods? Among the female respondents with disabilities, only 26.67% agreed to share their practices with the survey administrators.

7.1. Types of disabilities.

The respondents mainly suffered from two types of disabilities: motor disabilities of the upper or lower limbs or visual impairments. The majority of the respondents reported that they begged in the streets and public places of Pikine and Guédiawaye, although a small minority worked in petty trade or processing of agricultural produce. They got around using a wheelchair or crutches in the case of lower limb motor disabilities or using a stick in the case of visual impairment.

7.2. Management of menstruation.

Female respondents with disabilities stated that they preferred sanitary pads, even though they did not absorb menstrual blood very well in the heat, since, when they opted for sanitary pads, they did not have to wash and dry cloths. Most of them reported that they changed once during the day. Menstruation was a hindrance to their work and impeded their movements because it obliged them to stay at home when they lacked assistance outside the home. Thus, they reported that their income dropped during their periods as witnessed by a woman named M.S. during a focus group in Guédiawaye.



"I lost my husband 7 years ago (in 2010). I come from Thiangaye. In 2014, I left my village with my eldest daughter, aged 11, to come to Dakar to work or beg. Every morning I sit near the Golf pharmacy or at the roundabout known as "rond point case bi" to beg. I take in an average of 4000 CFA francs every day. When I have my period, it is my daughter who helps me change, washes my underthings, etc. I don't leave home at all during my period, because I would have no place to change and go on with my business. My period lasts five to seven days, and I prefer to stay home, which means a significant loss for me; you can do the math, for someone who takes in 4000 CFA francs per day."



7.3. Difficulties.

Female respondents with disabilities reported that they faced the following difficulties:

Table 11: Difficulties reported by respondents with disabilities

Types of disabilities	Difficulties reported
Motor disability affecting the lower limbs	<ul style="list-style-type: none"> > Access to toilets (no ramp, danger of falling) > Risk of dirtying their clothing if protection slips > Frequent infections due to a lack of assistance > Mental and emotional suffering when an assistant is unavailable > Lack of financial means to purchase sanitary pads
Motor disability affecting the upper limbs	<ul style="list-style-type: none"> > Frequent infections due to a lack of assistance (intimate hygiene) > Permanent need for assistance which is unavailable during menstruation > Mental and emotional suffering when an assistant is unavailable > Lack of financial means to purchase sanitary pads
Visual impairment	<ul style="list-style-type: none"> > Frequent infections due to a lack of assistance > Mental and emotional suffering when an assistant is unavailable > Lack of financial means to purchase sanitary pads

7.4. Assistance.

Outside of the home or the family environment, they received no assistance during their periods. Within the family, they were assisted by their brothers, fathers, sisters and mothers. The men provided financial aid for the purchase of sanitary pads, and the women provided both financial and physical support by assisting them when they wanted to change and clean themselves.



Lesson learned:

Menstruation is a hindrance to the work of persons with disabilities and impedes their movements because it obliges them to stay at home due to the lack of assistance outside the home.

CHAPTER 6

Sociocultural beliefs and management of menstruation within the couple

1. Sociocultural beliefs surrounding periods.

Beliefs and taboos surrounding menstruation have harmful consequences for the female respondents in their daily lives, and are often an obstacle to their fulfilment. From the time of menarche, girls and women are exposed to social, religious and dietary restrictions. Indeed, 74.42% of the female respondents reported that they were subject to social and religious restrictions. 35.97% were forbidden by their community to eat certain foods, and 24.19% of the female sample was also forbidden by their community to carry out certain activities during menstruation. A girl interviewed in Médina Gounass confirmed these prohibitions in the following testimonial :

All of these restrictions combined to limit girls' and women's activities during menstruation. They were not allowed to go to the mosque or church, pray, fast or attend religious ceremonies (thiant, dahira) or cultural events (baptism, marriage, etc.). They were also subject to dietary restrictions and could not carry out certain activities. Indeed, according to female respondents, drinks such as lemonade and bissap²⁰ were not consumed, and they were not allowed to cook meals or do laundry during their period.

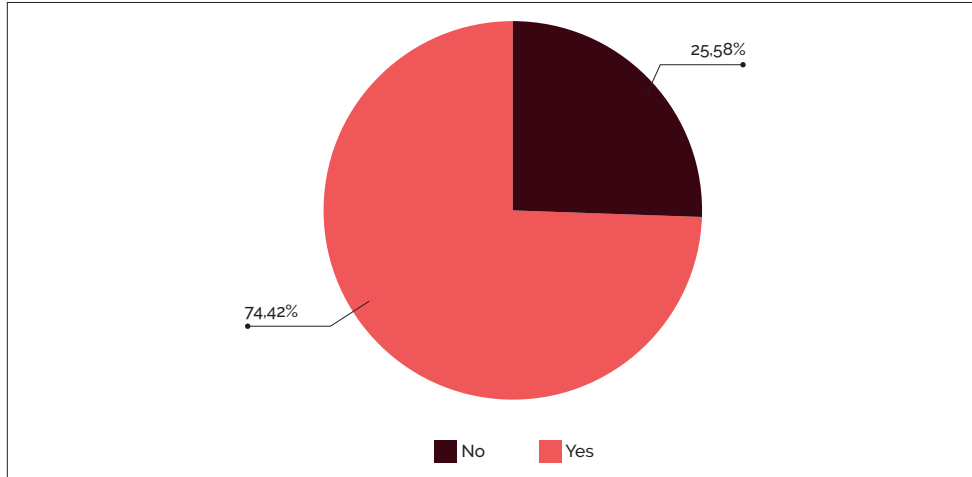


“A girl from the Jola ethnic group whom we met at Médina Gounass told us that in the Jola culture, a woman having her menstrual period could not cook. Girls and boys could not use the same toilets. However, in Dakar, where there are space issues, certain practices tended to fall out of use. There were rituals to protect boys. Boys put African mahogany bark in water reservoirs to protect themselves. She said it was a mystical secret. (...) Our grandparents used to tell us that men shouldn't see the blood but they didn't tell us why and we were afraid to ask in case we got punished. Our upbringing didn't allow us to discuss these sorts of issues with our parents or grandparents.”



**Testimonial gathered in 2016,
Speak Up Africa study**

Graph 42: Social and religious restrictions



Graph 43: Dietary restrictions

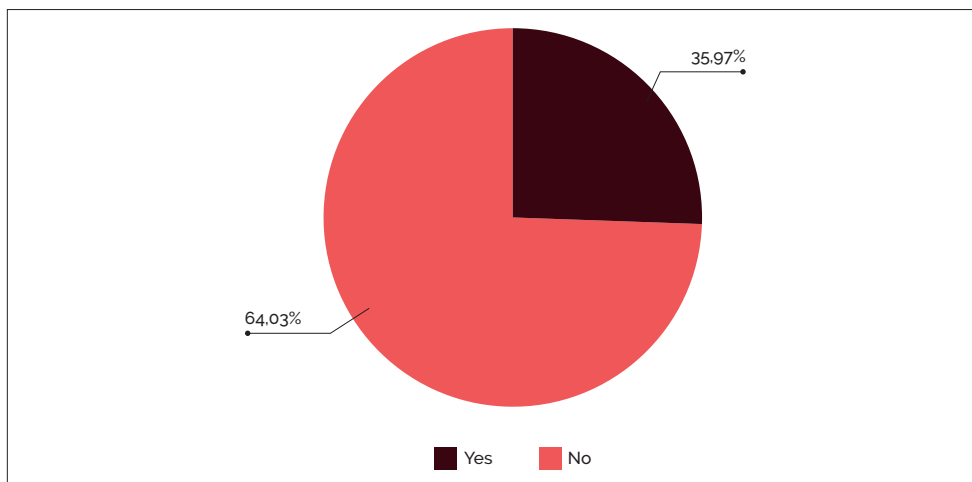


Table 12: Social, religious, dietary and physical restrictions during menstruation

Types of restrictions	Risks incurred
Religious restrictions	
Do not pray	Sin and divine punishment
Ne pas jeuner	Pécher et sanctions divines
No sexual intercourse	Sin and divine punishment
Do not touch the Koran or the Bible	Sin and divine punishment
Do not enter holy places	Sin and divine punishment
Do not recite the Koran	Sin and divine punishment
Do not touch prayer mats or prayer rugs	Sin and divine punishment
Do not touch or read khassaides ²¹	Sin and divine punishment
Social restrictions	
Do not go near boys or men	Risk of pregnancy
Do not go to public places	Increased blood flow
Dietary restrictions	
Avoid drinking lemonade or bissap	Increases pain
Do not eat bread	Prevents flow
Avoid cold water and ice	Coagulates menstrual blood
Avoid coffee and tea	Increases pain
Forbidden activities	
Do not practice sports	Increases blood flow and pain
Do not dye cloth	Poor quality dyeing
Do not swim, take physical education or jump	Increases pain
Do not braid hair	Hair will fall out
Do not travel	Increases blood flow
Do not do housework	Causes conflicts



Lesson learned:

Beliefs and taboos surrounding menstruation have harmful consequences for the girls and women surveyed in their daily lives, and are often an obstacle to their fulfilment. From the time of menarche, girls and women are exposed to social, religious and dietary restrictions.

21• Religious poems written by the founder of the Mouride brotherhood

2. Management of menstruation within the couple.

Women's lives are punctuated by numerous social and religious prohibitions pertaining to menstruation. Menstruation means women cannot cook, do laundry, pray or have sexual intercourse. All of these prohibitions practiced across different communities in Senegal pertain to activities that are decisive in the consolidation of the marriage relationship, which is why the subject of menstruation spurs recurring arguments within the couple, at least during the first half of the relationship. Discussing menstruation remains difficult for couples, especially when one of the members of the couple has little or very poor information about women's periods. It should be recalled that, out of the sample of male respondents, nearly 90% had no information about the biological causes of menstruation. If men were well informed, they could play a decisive role at the sides of their wives during their menstrual periods.

2.1. Means of informing the husband of the start of a period within the couple.

The answers to the question "When your period starts, do you tell you husband?" revealed that women took the initiative of informing their husbands about the start of their periods, whatever the husband's level of knowledge. 96.73% of the female respondents reported that they told their husbands as soon as their periods started. Husbands were informed verbally or not²², and the majority of the wives opted for non-verbal information (see Table 13). As for the method of non-verbal information, husbands were generally informed at bedtime or just before. It should be noted that this way of informing them could cause arguments according to 67.57% of the male respondents, especially when the husband had no idea of how his wife's menstrual cycle worked. Indeed, a man named M.D., with whom we met in Thiaroye-sur-mer, explained:



"My wife waits until we are getting ready to go to bed, and puts a multi-coloured sheet on the bed, when she could have told me she was having her period hours before bedtime".



The great majority of the wives surveyed (62.81%) stated that their husbands were interested in their menstrual cycle, however, most husbands had no idea how their wives' menstrual cycle worked according to 64.42% of the married female respondents. A similar trend was

²² Verbal information was used when women openly told their husbands they were having their period, as opposed to the non-verbal approach where the women provided the information through a gesture, a deed or other hints without actually saying they had their period.

seen the male sample, where husbands stated that they were interested in their wives' menstrual cycles, but added that they had no idea how they worked.

2.2. Restrictions within the couple during menstruation.

Sociocultural prohibitions and taboos surrounding menstruation have a negative impact on husbands and wives' behaviour during menstruation. In addition to the biological manifestations of menstruation, married women silently deal with the other problems linked to the social, cultural and religious restrictions that affect the couple to the point where husbands do not see the point of having a wife when she is menstruating. During the wife's period, a number of restrictions can be observed within the couple: 12.17% of the wives surveyed did not share a bedroom with their husband and 13.44% reported that they did not share the marital bed. And even when the spouses did share the marital bed, other restrictions were mentioned, namely: no physical contact, no sexual relations, no conversation, delineation of a boundary on the bed. These restrictions seemed normal to 81.72% of the husbands surveyed, who thought that women were unclean during menstruation and that any physical contact with their wives would make them unclean as well. Some polygamous husbands did not hesitate to abandon their wives during their menstrual period and spend their time with those who did not have their period, as confirmed by a lady named A.M. whom we met in Dalifort:



“ My husband has three wives, he never spends the day with a wife who is having her period, for example, in my case, when I have my period I tell him by telephone and I don't see him again until my period is over. In the beginning of our marriage, he didn't share the marital bed, he told me a woman having her menstrual period was unclean.”



2.3. Arguments and clashes between husbands and wives during their period.

Restrictions within the couple can cause conflicts or arguments. Husbands (14.01% of those surveyed) and wives (11.06% of those surveyed) reported that they had fights at times during their periods. Like the husbands surveyed, 27.72% of the wives surveyed reported that such fights endangered their marriage. The wives reported in focus groups and interviews that often men were unable to accept spending five days without having sexual intercourse, and some husbands believed that it was a deliberate choice on the part of their wives. It was not unusual for couples not to communicate at all at night throughout the woman's period, said a woman we met with in Yeumbeul sud, S.N



“When I am having my period, I don’t often cook, the cleaning woman prepares lunch and dinner. I inform my husband just before bedtime by placing a white sheet and red pillows on the bed. I inform my husband just before bedtime because he often contacts his mistress during the early days of my period. I have noticed that during my period he comes home late and is distant with me at night: he’d say, no sexual intercourse, no communication!”



Some doubted the word of their wives, even going so far as to ask for proof when their wives said that their period wasn’t over yet. This situation could be difficult to handle for the wives, who tried to reason with their husbands, often unsuccessfully.

2.4. Support provided by husbands for their wives during their periods.

Overall, 53.70% of female respondents reported that they received support from their husbands, which was mainly financial, moral and emotional:

- > Financial support: 48.64% of wives and 52.84% of husbands reported that support took the form of financial aid so their wives could purchase sanitary pads and painkillers and, where applicable, medical consultation fees and medications in case of infection or other complications of menstruation.
- > Moral support: according to 32.66% of wives and 24.11% of husbands, they respectively received or provided moral support.
- > Emotional support: feelings of affection expressed by husbands were sometimes noted during their wives’ periods: these were reported by 13.97% of wives and 14.54% of husbands.

The focus groups indicated that the majority of wives received moral, emotional and financial support from their husbands, as attested by N.P.S. during a focus group in Yeumbeul sud



“My husband supports me wholeheartedly during my period: when he receives his salary, he purchases a stock of good-quality sanitary pads for all of the girls and women in the house. He reminds me that he cares for me and provides psychological and moral assistance by telling me stories or happy memories... Just telling me what I want to hear. He truly is a man in every way, a real man...”



Wives who received no support from their husbands during their menstrual period represented 46.3% of the sample of married female respondents. Because the majority of the female respondents were not employed, women struggled to purchase sanitary protection.

Table 13: How the wives surveyed informed their husbands about the start of their periods

Verbal information (23.73% of wives)	Non-verbal information (76.27% of wives)
<p>"I tell him over the telephone"</p> <p>"I've started my period"</p> <p>"I send him a text message with sweet nothings"</p> <p>"I tell him i have my period"</p> <p>"I tell him in the morning to let him know"</p> <p>"I've started my period"</p> <p>"He knows my cycle, but sometimes i tell him"</p> <p>"He goes back and forth, so when he comes he calls me to ask about my cycle"</p>	<p>"I wear trousers when i have my period"</p> <p>"At night, i put a dark sheet on the bed and he understands very quickly"</p> <p>"By wearing long dresses"</p> <p>"I ask him to buy pads"</p> <p>"He asks me when he doesn't see me praying"</p> <p>"I tell him i'm in casamance"</p> <p>"Doodemme ngaye" = you won't go to ngaye</p> <p>"I wear tight clothing"</p> <p>"I tell him i have guests"</p> <p>"I tell him my mother has come to visit me"</p> <p>"I wear stockings"</p> <p>"I am unclean"</p> <p>"I wear dark clothing and he understands"</p> <p>"I call him by his first name"</p> <p>"I put hot pepper in his meal"</p> <p>"I wear black"</p> <p>"Baby, today there won't be a battle at night"</p> <p>"I wear red nail polish"</p> <p>"I put underwear on at night before i go to bed"</p> <p>"I don't wear a sheer dress"</p> <p>"I put a black or red sheet on the bed"</p> <p>"I wear red"</p> <p>"My husband is stubborn. When i start my period i make him curdled milk so he goes to sleep very early"</p> <p>"I made him curdled milk so that he would get sleepy a lot earlier"</p>



Picture 4 : Water shortage during the hottest months in Yeumbeul sud / Pikine



Lesson learned:

The sociocultural prohibitions and taboos surrounding menstruation have a negative impact on husbands and wives' behaviour during menstruation. In addition to the biological manifestations, married women silently deal with other problems linked to the social, cultural and religious restrictions that affect the couple to the point where husbands do not see the point of having a wife when she is menstruating.

CHAPTER 7

**Menstrual hygiene management in
public places**



In the home, in school, in marketplaces, healthcare centers, bus stations, and public and private offices, girls and women face a certain number of problems and difficulties in finding suitable facilities²³ for MHM. In the framework of this study, observation checklists were developed to conduct onsite inventories of WASH facilities in the places referred to above. A number of indicators of interest were noted to check sanitary facility availability, access and privacy in the different public places.

1. Evaluation of access to WASH infrastructure in schools.

Observations in schools focused on visits to 9 educational institutions: 7 in the department of Pikine and 2 in the department of Guédiawaye. All of the schools we visited had toilets at the time of our visit, pupils' toilets were separate from teachers' toilets with the exception of one private school located in Yeumbeul sud, where, teachers and pupils of both genders shared the same toilets. The table below provides information about the availability and accessibility of sanitary facilities in the educational institutions we visited.

23• Accessible sanitary facilities that provide privacy, access to water, hygiene products, space to change in, clean or dispose of sanitary protection and wash, are essential points for taking account of MHM in public places

Table 14: Indicators of availability and accessibility of WASH infrastructure in educational institutions

Indicators	Observations
Toilets were present	<ul style="list-style-type: none"> > All of the schools had toilets
Type of toilet	<ul style="list-style-type: none"> > All of the toilets were built in cement and were tiled on the inside
Location of toilets	<ul style="list-style-type: none"> > 66.66% of the toilets visited were separate from the school and administrative buildings
Presence of ramps	<ul style="list-style-type: none"> > Only 22.22% of the toilets visited had a ramp for pupils with disabilities.
Existence of separate toilets for girls/boys, pupils/teachers & administrative staff	<ul style="list-style-type: none"> > Pupils' toilets were separate from teachers' toilets in 8 of the 9 schools visited > The girls' toilet block was separated from the boys', however, the blocks were built in the same area without any formal separation in all schools except one visited in Guinaw rail sud (CEM APIX). > In one private institution visited in Yeumbeul sud, pupils, teachers and administrative staff of both genders shared the same block of toilets.
Access to WASH facilities	<ul style="list-style-type: none"> > 77.78% of toilets in the schools visited were not accessible to female pupils with disabilities.
Condition of the toilets	<ul style="list-style-type: none"> > At the time of the visits, 77.77% of the toilets were dirty and poorly maintained
Availability of water	<ul style="list-style-type: none"> > At the time of our visit, there were water facilities in all of the schools, but water was only available in 44.44% of the schools visited
Existence and types of menstrual hygiene products	<ul style="list-style-type: none"> > No hygiene products were observed during our visits to schools > The schools visited did not have painkillers or sanitary pads in their medical supplies
Handwashing facilities	<ul style="list-style-type: none"> > Observed in 22.22% of the schools visited
Existence of trash cans	<ul style="list-style-type: none"> > Trash cans were observed in all of the schools visited, however, they were far from the toilets; at least 10 metres away or thereabouts in all of the schools visited

Indicateurs	Observations
Methods of disposal of menstrual waste	<ul style="list-style-type: none"> ➤ At the time of the visits to the schools, none had a formal system for disposing of menstrual waste. The trash bins in the schoolyards were supposed to be used for menstrual waste. It should be recalled that the majority of the pupils did not change at school
Extent to which the toilets were used by girls	<ul style="list-style-type: none"> ➤ In our focus groups, schoolgirls reported that they did not use school toilets to change during their periods. The lack of water, sanitary pads or a system for the collection of menstrual waste were the reasons school-girls cited for not using school toilets.



Picture 5 : Separate boys' and girls' toilets with a ramp at CEM APIX/Guinaw rail sud

Picture 6 : Cups left in the toilet in Lycée Seydina Limamoulaye/Guédiawaye



1.1. Bus station and markets.

> Bus station

Only one bus station was visited in Pikine, the Baux Maraichers bus station, which is the only bus station in the department of Pikine. At the time of our visit, the bus station had relatively clean toilets with two separate blocks (for men and women) and an access ramp for passengers with disabilities. Water was available and trash cans were observed in the vicinity of the toilets. The manager of the toilets reported that women used the toilets, but that the facilities did not have any infrastructure enabling MHM.

> Markets

In all, 8 markets were visited: 5 in Pikine and 3 in Guédiawaye. Two of the markets visited in the department of Pikine did not have toilets at the time of our visits, namely the "Aafia" market in Yeumbeul Sud and the "Nietti Mbaar" market at Djeddah Thiaroye Kao. The representative²⁴ from the "Nietti Mbaar" market confirmed this in the following testimonial

²⁴• General secretary of the body in charge of the running of the market.



“We haven't had sanitary facilities for over ten (10) years; three years ago, I submitted a bid for 1,225,674 CFA francs to the local authorities to build toilets in the market but, so far, the Mayor has not responded to my request”.



The representative from the “Aafia” market shared the same view and added that vendors and merchants went to nearby homes to satisfy their needs. He confirmed that the situation was more complicated for girls and women selling at the market and women merchants, who had to go home to change during their periods, since the houses around the market would not take them in. However, 75% of the markets visited had toilets managed by men, which were very dirty at the time of our visits; water was available, there were no ramps, the women's blocks were separate from the men's, but the separation wasn't really formal, since men used both blocks. Few women used the toilets. The management of toilets in the markets was a headache according to the market representatives interviewed, who said that the toilet blocks were much too small for the size of the population at the markets. Consequently, the toilets were overused, which created huge maintenance issues (regular cleaning and emptying). On average, overhead was estimated at 50,000 CFA francs per month for emptying, plus wages for two cleaning staff at 100,000 CFA francs per month, with a water bill ranging between 50,000 CFA and 80,000 CFA, and pay for a manager at 50,000 CFA, not to mention procurement of hygiene products and repairs to the toilets. Market toilet managers reported that they received no support from the local authorities and contributions from market vendors and merchants could not cover the costs. To make up the deficit, users paid 25 CFA francs to 200 CFA francs for access to the toilets.

Picture 7 : Due to the lack of toilets in the Aafia market, a child relieves himself in a field near the market/ Yeumbeul sud





Picture 8 : Unsanitary toilets without doors in the Wakhinane Nimzatt market

Picture 9 : Manager of the toilets in the Wakhinane Nimzatt market



1.2. Workplaces (public and private offices).

Sanitary facilities in seven offices were visited; 5 private and 2 public. They all had mixed toilets, and water and a hygiene kit were available at the time of our visit, but none of the facilities offered women the opportunity to change during menstruation. Female respondents said they used their lunch hour to change in a nearby house or go home to change, and then returned to the office, while other employees did not go back to work because

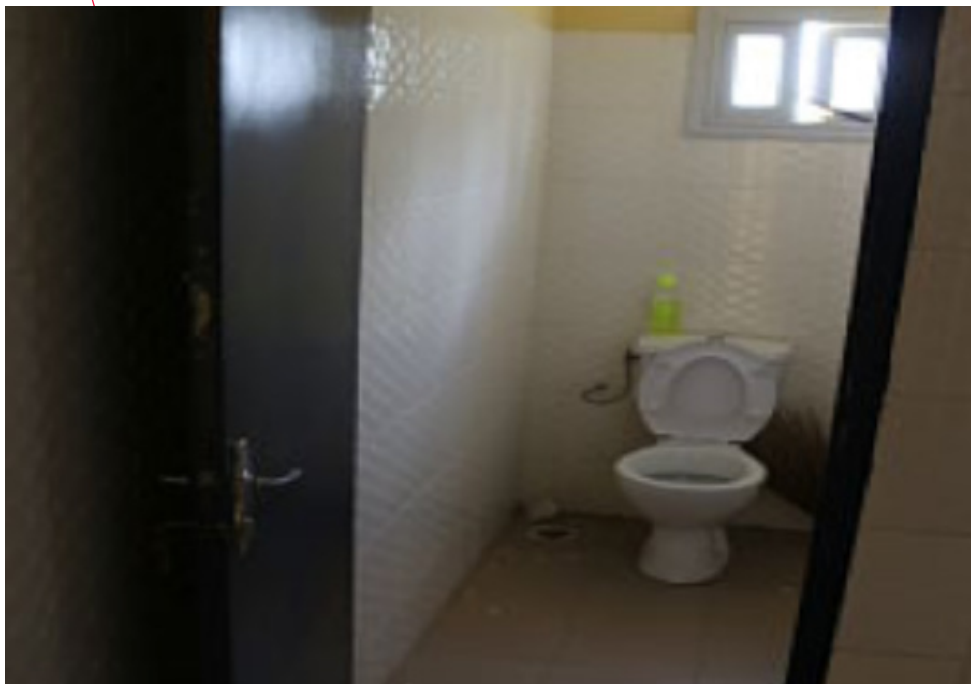
their home was too far away from their workplace. Thus, 64.26% of the female respondents working in public or private offices complained about mixed toilets, the unavailability of water in the afternoon and the fact that the toilets did not facilitate menstrual hygiene management.

1.3. Healthcare posts and centers.

The three healthcare centers we visited had mixed toilets for patients, and a working incinerator was observed in the healthcare center in Guinaw Rail Nord. The toilets were clean and appeared to be well maintained at the time of our visits, but they did not allow women to manage menstrual hygiene. It should be recalled that, outside the family environment, the female respondents did not discuss issues linked to their periods with healthcare personnel for two reasons. Firstly, they were afraid of the lack of professional discretion of certain healthcare workers, who were sometimes also their neighbours. Secondly, other patients in the healthcare centers were often neighbours, and might spread misinformation about their health status if they saw them in a health center.

The majority of the women and girls surveyed (78.95%) did not discuss the topic of MHM with healthcare personnel unless they had major infections, a dysfunctional menstrual cycle or menorrhagia.

Picture 10 : Government administration toilets/ Yeumbeul Nord



1.4. Homes.

In all, 12 homes were visited: 7 in Pikine and 5 in Guédiawaye. During our visits, we observed that 91.66% of homes had toilets; homes without toilets in the municipality of Thiaroye-sur-mer represented 8.34% of the sample visited. The majority of the toilets we visited were clean and well-maintained, representing 59.76% of the visits. Water facilities were present in the homes but water was not available in many of the homes at the time of our visits. All of the toilets we visited in the homes were shared with boys or men. Soap and detergent, or sometimes soap alone, were the main hygiene products found in the toilets we visited. Septic tanks were reported in 41.66% of the homes we visited. Generally speaking, shared toilets in Golf, Keur Massar and Pikine Est were relatively more sanitary, hygienic and modern than those observed in the municipalities of Wakhinane Nimzatt, Médina Gounass, Guinaw rail sud, Guinaw rail nord, Yeumbeul sud and Yeumbeul nord. It is important to note that septic tanks are very popular in these municipalities and the sanitation facilities are locally made. According to an official from the Senegal National Sanitation Office (ONAS), the municipalities were under-equipped with sewers and traditional sanitation facilities could not withstand the frequent flooding that took place in the municipalities.

Table 15: Indicators of availability and accessibility of WASH infrastructure in homes

Indicators	Comments
Toilets were present	> Toilets were available in 91.66% of the homes visited
Type of toilets	> Built with cement and tiled on the inside for 58.33% of the visits
Location of toilets	> Within the perimeter of the house
Presence of ramps	> No ramps observed during the visits
Separate toilets for men and women	> Mixed toilets with no formal separation
Access to WASH facilities	> 8.34% of the homes did not have toilets, and their inhabitants used neighbours' toilets
Condition of the toilets	> 59.67% of the toilets were relatively clean and well-maintained at the time of the visits
Availability of water	> Water supplies were found in the houses, but water was not available in some of the houses at the time of our visits
Existence and types of menstrual hygiene products	> Soap and/or detergents were observed in all of the toilets visited
Handwashing facilities	> Observed in 33.33% of the homes visited

Indicators	Comments
Existence of trash cans	> Trash cans were found inside or outside the perimeter of the homes, in all cases far from toilets
Methods of disposal of menstrual waste	> Household waste was disposed of in trash cans and menstrual waste in toilets or trash cans
Extent to which the toilets were used by girls	> -All of the inhabitants of the home used the toilets



Picture 11 : Dilapidated household toilet observed in Guinaw rail nord

Picture 12 : Clean toilets observed in Golf Sud



Picture 13 : Non-standard trash can used to collect household waste in Djiddah Thiaroye Kao / Pikine



2. Impact on girls' and women's living conditions.

The lack of proper sanitary facilities for MHM had a significant impact on the lives of the female respondents.

2.1. School: impact on girls' academic performance and presence in school.

The lack of adequate MHM facilities in schools has a significant impact on girls' school attendance and academic performance. It should be noted that girls attending school made up 17.78% of the female sample. Of the schoolgirls surveyed, 45.12% reported that they did not attend school regularly during their periods. 71.87% reported that they were absent less than one day, while 9.37% reported that they stayed home throughout their periods. They cited a variety of reasons to justify their absence: unsanitary toilets, lack of water, mixed toilets, lack of sanitary pads in schools, pain, lack of painkillers. The majority (70.11%) of schoolgirls said that their schools did not have private places to change in.

Furthermore, 82.05% of the schoolgirls surveyed reported that they could not concentrate in class during their periods. Consequently, 54.09% of the schoolgirls surveyed said that the

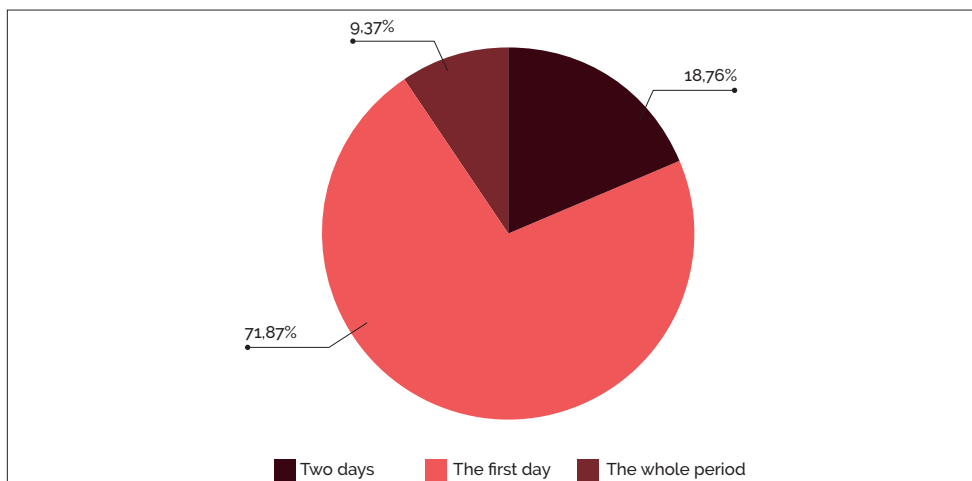
lack of concentration had a negative impact on their academic performance. A schoolgirl named N.F., whom we met in Keur Massar confirmed this:



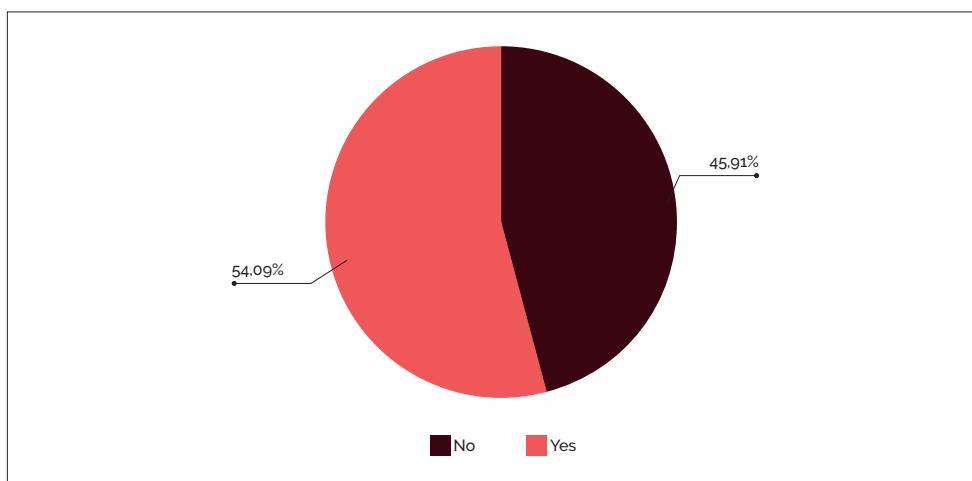
“My school has toilets but I don't change at school because I'm embarrassed to change at school. I change at home before going to school. In school, I have a hard time following the teacher's explanations due to the pain, my shortcomings in mathematics are due to my periods, due to the bad moods I get during my periods, I sometimes hate a subject or a teacher when I'm on my period, which is why I prefer to stay home. We are not taught menstrual hygiene in school, but often in Home Economics and Earth and Life Sciences, the teachers explain the menstrual cycle, ovulation and fertilization (...)”



Graph 44: Girls' school absences during their periods



Graph 45: Schoolgirls who confirmed that menstruation had an impact on their academic performance





Picture 14 : Trash can located more than 10 metres from the toilet at a secondary school in Limamoulaye



Lesson learned:

70.11% of schoolgirls said that their schools did not have private places to change in.

2.2. Bus station and Markets: impact on women's activities.

> Bus station

Passengers and vendors we met with onsite reported that they did not change at the bus station. They had never thought of managing their menstrual hygiene at the bus station, since there were too few toilets in relation to the number of people at the station. Vendors said that they had to go home to change, since there were virtually no houses around Baux maraichers, so that they often stayed home during their menstrual periods.

> Markets

The situation observed in terms of the lack of toilets, or the presence of poorly maintained, unsanitary or inaccessible toilets at the various markets visited had a significant impact on the activities of the girls and women who worked in those markets. The female merchants and vendors we interviewed reported that, during their menstrual periods, they could not change at the market but they also could not go from 6 AM (when they arrived at the market) to 7 PM (when it was time to leave for home) with the same sanitary pad without changing. The majority of the female respondents reported that they stayed home or worked half days during their periods. They estimated lost earnings at one to three days without doing business, corresponding to between 2000 CFA francs and 45,000 CFA francs according to the type of business they did.



"I started working in this market at ten years old. I sell fish. Our market has no toilets, so during my periods I change in nearby houses and often some houses turn us away, so I have to go home to change and don't come back to work that day. Sometimes I stay home for five (05) days and sometimes throughout my whole period. This means a serious loss of income, since I can lose 15,000 CFA francs to 25,000 CFA francs."

A. S, Aafia market, Route de Boune Yeumbeul Sud



Table 16: Income lost by female market merchants and vendors during their periods

Income loss in days	Financial income loss	Frequency
1 day	2000 F to 5 000 F	37,5%
2 days	10 000 F	10%
3 days	45 000 F	12,5%
1 day	15 000	7%
3 days	30 000 F	12,5%
3 days	25 000 F	20,5%

Picture 15 : Lack of a trash collection system in Aafia market: rubbish dumps near markets / Yeumbeul sud





Picture 16 : Ground fish vendor in Aafia market in Yeumbeul nord/Pikine

2.3. Workplaces (public and private offices): impact on women's productivity.

The lack of suitable facilities for MHM has an impact on women's productivity during their menstrual periods. The institution is the biggest loser if it multiplies the number of women employees by the number of hours in the year when they find it hard to be their best selves during their menstrual periods. Women who were paid on a daily basis reported that they lost an average of 2.5 days' pay per month.



"Finally, it can be said that supervisory bodies at the community and central levels (local authorities, associations, NGOs, government) still lack awareness of women's specific needs, and have very little involvement in mainstreaming of those needs. Building decisions (schools, markets, workplaces) do not take account of women's needs regarding this type of infrastructure (schools, micro-enterprises, healthcare centers, etc.)."



CONCLUSION

The study on behaviours, attitudes and practices pertaining to menstrual hygiene management for girls and women living in suburban areas in the Dakar area adopted a holistic approach, including every group of women and men according to their age, occupation, level of education, matrimonial status, religion and ethnicity. The study provided figures on knowledge levels, practices during menstruation, taboos and beliefs, WASH facilities in public places, and the impact of the inadequate existing WASH facilities on girls' and women's living conditions. It included the central authorities, decentralized authorities, technical and financial partners, healthcare centers, schools, markets, bus stations, as well as girls and women with disabilities, who expressed their difficulties.

The results of the study confirmed the findings of other studies conducted on MHM in West and Central Africa, namely that there was a lack of knowledge and information on MHM, and that taboos and sociocultural beliefs surrounding menstruation remained influential.

Furthermore, the study contributed to the body of literature on MHM by quantifying the economic and financial losses linked to the inactivity of girls and women working in markets, bus stations and public and private offices due to the lack of MHM-sensitive sanitary facilities. Absences and poor academic performances of schoolgirls during their menstrual periods were also measured. The study brings to light new information on management of irregular cycles, use of ICTs to promote MHM and how sociocultural prohibitions during menstruation can cause conflicts or arguments between spouses.

Girls and women with disabilities represented a small percentage of the overall sample, making it impossible to obtain overall data on the difficulties they faced during menstruation. In order to effectively reflect the needs of girls and women with disabilities, more data should be gathered in the framework of research specifically targeting disabled girls and women in order to better document their unique needs during their menstrual periods.

RECOMMENDATIONS

Based on reports from the various stakeholders we met in the field, the following recommendations can be made:

- 1. Sanitary facilities: the study showed a lack of sanitary facilities in public places and, where they did exist, they did not take account of MHM:**
 - Advocate for the construction of public and private sanitary facilities taking account of the specific needs of menstruating women;
 - Increase the capacity of sanitary facilities in markets, bus stations and schools;
 - Equip school nurses' offices with sanitary pads, painkillers and other hygiene products so that schoolgirls do not have to go home every time they start their period in school.
- 2. Mainstreaming of MHM in public policies: analyses of public policy papers in sectors concerned by MHM do not explicitly mention the specific needs of menstruating girls and women:**
 - Increase the number of advocacy tools and actions to effectively mainstream MHM in public policies.
- 3. Lack of information about menstruation: the study findings revealed a lack of reliable information about menstruation and menstrual hygiene, leading to the spread of myths and beliefs about the subject:**
 - Ramp up awareness and training activities on MHM through communities and women's advancement organizations;
 - Provide awareness and training for local authorities, associations, literacy trainers and community relays on MHM;
 - Deconstruct myths and beliefs associated with menstruation through skits and videos on good and poor MHM practices;
 - To promote MHM in schools: train pupils (boys and girls) on menstruation and menstrual hygiene and create MHM clubs, organize MHM quiz games and award prizes to top female pupils;
 - Train teachers on MHM;
 - Train toilet managers in public places (markets, bus stations, etc.) on the specific needs of women during menstruation;
 - Train workers at the public hygiene department on MHM so that they include MHM in their IEC activities;
 - Include a chapter on MHM in the couple in training modules;
 - Include a chapter on management of irregular cycles in training modules;
 - Include a chapter on the role of boys and men in MHM in training modules.

- 4. Promotion of MHM: ICTs can be tools to promote good menstrual hygiene practices and a better understanding of menstruation:**
 - Develop an application on the menstrual cycle that includes the subject of menstrual hygiene management;
 - Develop platforms on the Internet and social media networks (Facebook, WhatsApp, YouTube) to reach girls and women with a certain level of education;
 - Promote audiovisual programs on MHM themes.
- 5. Involve boys and men: male involvement will help make boys and men more sensitive to the specific needs of girls and women during their periods:**
 - Raise awareness in boys and men and train them to understand the specific needs of girls and women during menstruation;
 - Involve boys and men in MHM interventions.
- 6. MHM and disabilities:**
 - Include the need to assist girls and women with disabilities in awareness and training activities;
 - Include a chapter on MHM and disabilities in training programs and modules;
 - Train girls and women with disabilities on how to better manage their periods;
 - To better identify the needs of persons with disabilities, conduct a targeted study with a relevant sample.

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Appendices

Appendix 1 : Girls' and women's questionnaire

Girls' and women's questionnaire

Questionnaire No:

Administrator ID:

I. Questionnaire data

- a. Department |__|__| (Pikine = 1, Guédiawaye= 2)
- b. Municipality |__|__| (insert number corresponding to municipality from 01 to 21)

II. Socio-economic data on the respondent

- a. Age of respondent? |__|__| yrs old
- b. Marital status of respondent.....|__|
(Married = 1, Single = 2, Widowed = 3, Divorced = 4)
- c. Number of children |__|__|
- d. Level of education |__|
(None = 0, primary = 1, middle school = 2, secondary = 3, higher = 4, Arabic or Koran = 5, literacy = 6, other = 7)
- e. Profession or gainful occupation |__|
(housekeeper = 1, public office employee = 2, private office employee = 3, trade = 4, GIE or GPF = 5, informal activity = 6, NGO = 6, pupil = 7, student = 8, other..... = 9)
- f. Religion |__|
(Muslim = 1, Christian = 2, Animist = 3, other = 4)
- g. Ethnic group|__|__|
(Fulani = 1, Serer = 2, Wolof = 3, Soninke = 4, Mandingo = 5, Jola = 6, Manjak = 7, other..... = 8)
- h. Municipality of residence of the respondent.....|__| (municipality from 01 to 22)

III. Level of knowledge, sources and methods of transmission of information on menstruation

- a. At what age do girls have their first period?|__|
(At birth = 1 / two-five years = 2 / six-nine years = 3 / eleven-fourteen years = 4 / fifteen-eighteen years = 5 / twenty-five years = 6 / don't know = 7 / other = 8)
- b. In your opinion, what is menstruation?.....
- c. Where does menstrual blood come from?.....
- d. Can you be pregnant and continue to have your period?|__|
(yes = 1 / no = 2)
- e. Had you ever heard of menstruation before your first period?|__|
(yes =1, no =2) if not, go to question h.

- l.** Do you look for information on the quality, contents and origin of the sanitary protection you use?.....|_| (yes =1, no =2) if not, go to question n.
- m.** If so, you consult|_|
(the Internet =1, girlfriend =2, my mother =3, the vendors =4, others: =5)
- n.** If not, why not?
- o.** Have you ever been to a healthcare center to get information about your period?|_| (yes =1, no =2) if not, go to question q
- p.** If so, the information you seek very often focuses on|_|
(pregnancy =1; an infection = 2; irregular periods = 3; other:.....=4)
- q.** If not, why not?.....
- r.** Have you ever used ICTs to find information about menstruation?...|_| (yes =1, no =2) if not, go to question t
- s.** If so, what media did you use?

Internet search engines	_ (yes =1, no =2)
Whatsapp	_ (yes =1, no =2)
Facebook page	_ (yes =1, no =2)
Twitter	_ (yes =1, no =2)
Youtube	_ (yes =1, no =2)
Blogger	_ (yes =1, no =2)
Snapchat	_ (yes =1, no =2)
Radio or television show	_ (yes =1, no =2)
Other.....	

- t.** Have you ever taken the initiative of sharing information about menstruation?|_| (yes =1, no =2) if not, go to question v.
- u.** If so, with whom?

My mother	My father	My grand-mother	A girl-friend	My daughter	My boyfriend	My younger sister	Other :
_	_	_	_	_	_	_
Yes=1, no =2)	(yes =1, no =2)	(yes =1, no =2)	(yes =1, no =2)	(yes =1, no =2)	(yes =1, no =2)	(yes =1, no =2)

- v.** Have you ever taken the initiative of sharing information about menstruation via ICTs?.....|_| (yes =1, no =2) if not, go to question X.
- w.** If so, what media did you use?

Published a document on the Internet	_ _ (yes =1, no =2)
Whatsapp	_ _ (yes =1, no =2)
Facebook page	_ _ (yes =1, no =2)
Twitter	_ _ (yes =1, no =2)
Youtube	_ _ (yes =1, no =2)
Blog	_ _ (yes =1, no =2)
Snapchat	_ _ (yes =1, no =2)
Radio or television show	_ _ (yes =1, no =2)
Other.....	

x. Would you like to have more information about menstruation?.....|_ _| (yes =1, no =2)

Published a document on the Internet	_ _ (yes =1, no =2)
Whatsapp	_ _ (yes =1, no =2)
Facebook page	_ _ (yes =1, no =2)
Twitter	_ _ (yes =1, no =2)
Youtube	_ _ (yes =1, no =2)
Blog	_ _ (yes =1, no =2)
Radio or television show	_ _ (yes =1, no =2)
Other.....	

y. Would you like to have more information about menstruation through ICTs?.....|_ _|
(yes =1, no =2)

z. If so, what media do you prefer?

IV. Menstrual hygiene management: behaviours and practices

a. When you started your first period, what did you do?

Questioned a family member	_ _ (yes =1, no =2)
Questioned a girlfriend	_ _ (yes =1, no =2)
Questioned a male friend or your boyfriend	_ _ (yes =1, no =2)
Went to a healthcare center	_ _ (yes =1, no =2)
Thought it was a genital injury	_ _ (yes =1, no =2)
Thought it was the start of a pregnancy	_ _ (yes =1, no =2)
I was afraid	_ _ (yes =1, no =2)
I didn't do anything (taboo subject)	_ _ (yes =1, no =2)
Other.....	

b. When you have your period, how do you feel?

Happy	Unhappy	Embar- rassed	Indifferent	Worried	Other :
_ _	_ _	_ _	_ _	_ _
yes=1, no =2)	yes=1, no =2)	yes=1, no =2)	yes=1, no =2)	yes=1, no =2)
				
				

c. Are your periods painful?....|_ _| (yes =1, no =2) if not, go to question e.

d. If so, what do you do to calm the pain?|_ _|
(medication =1, potion =2, talisman =3, I don't do anything, it goes away =4,
other.....=5)

e. What types of feminine protection do you currently use?|_ _|
(Sanitary pads =1, cloth =2, cotton =3, underwear =4, other=4)

f. If you use sanitary pads, how many pads do you use per day?.....|_ _|

g. Who provides you with sanitary protection?|_ _|
(Father=1, husband=2, mother=3, myself=4, aunt=5, friend=6, sister=7, others=.....=8)

h. How much do you pay for a package of sanitary pads?|_ _||_ _||_ _|

i. What is the average length of your period (in days)?|_ _||_ _|

j. Have you used the same type of protection since the beginning of your first period?
...|_ _|

(yes =1, no =2)

k. Why?

l. Do you wash your sanitary pads before throwing them away?... |_ _| (yes =1, no =2)

m. If you do not use sanitary pads, why not?.....|_ _|
(Not familiar with them =1, too expensive =2, can't find them in my area =3, they're
Western =4, other.....=5)

n. How many times do you change your sanitary protection daily (number)?|_ _|
Do you wash your hands with soap before using protection?.....|_ _| (yes =1, no =2)

o. Do you wash your hands with soap after changing your protection?.....|_ _|
(yes =1, no =2)
(yes =1, no =2) if so, go to question q.

p. If not, why not?

q. Do you wash your sanitary pads before throwing them away?|_ _| (yes =1, no =2)

r. Do you know the health risks women can face during their menstrual periods?
.....|_ _| (yes =1, no =2) if not, go to question t.

s. If so, what are they?|_ _|
(Irritations =1, infections =2, bacterial growth =3, absorption of vaginal flora = 4;
other..... =5)

- t.** Do you have issues with your sanitary protection?|_|
(yes =1, no =2) if not, go to question v.
- u.** If so, what are they?
- v.** Do you use reusable sanitary protection?|_|
(yes =1, no =2) if not, go to question aa.
- w.** If so, where do you wash your reusable sanitary protection?
- x.** Where do you dry your reusable sanitary protection?
- y.** Do you wash and dry your protection at your school or workplace? ...|_|
(yes =1, no =2) if so, go to question aa.
- z.** If not, why not?
- aa.** After you are finished using it, what do you do with your sanitary protection?
.....|_|
(throw it in the street =1, bury it =2, trash can =3, throw it in the toilet=4, other.....
=5)
- bb.** How do you get rid of your sanitary protection at your school or workplace?|_|
(I throw it discreetly in the street =1, in the toilet =2, I prefer to take it home with me =3,
I don't change at school/work =4, other=5)
- cc.** Do you know the public health hazards linked to waste disposal? |_|_
(yes =1, no =2)
- dd.** During your period, how many times a day do you bathe?|_|
- ee.** Do you have a source of clean drinking water in your home?|_|
(yes =1, no =2)
- ff.** Do you wash your private parts regularly during your period?|_|(yes =1, no =2)
- gg.** What do you do if you bleed heavily during your period?|_|
(healthcare center =1, potion =2, talisman =3, never bleed =4, other=4)
- hh.** Have you ever had infections during your period?|_|
(yes =1, no =2). If not, go to question V.
- ii.** If so, how did you handle them?|_|
(healthcare center =1, potion =2, talisman =3, other=4)

V. Stress management relating to irregular cycles

- a.** Have you ever experienced an irregular cycle? ...|_| (yes =1, no =2) if not, go to VI.
- b.** If you have, how do you handle the stress?.....
- c.** Have you ever informed or involved anyone in stress management?|_|
(yes =1, no =2)
- d.** If so, who?
(My mother =1, my boyfriend =2, a girlfriend =3, my father =4, other:..... =5)
- e.** How did that person help you?
(moral support =1, financial aid =2, information =3, other:..... =4)

f. If not, why did you prefer to handle your stress alone?.....

VI. VI. Management of menstruation within the couple

- a. When you start your period, do you inform your husband?|_| (yes =1, no =2)
- b. If so, how?
- c. If not, why not?.....
- d. Does your husband take an interest in your menstrual cycle?.....|_| (yes =1, no =2) if not, go to question g.
- e. If so, how is his knowledge about your menstrual cycle?|_| (limited =1, average =2, high =3)
- f. If so, what types of support does he provide?|_| (financial =1, moral =2, emotional =3, other..... =4)
- g. During your period, do you share a bedroom with your husband?|_| (yes =1, no =2)
- h. During your period, do you share the marital bed with your husband?|_| (yes =1, no =2)
- i. During your period, does your husband observe certain restrictions in relation to you? |_| (yes =1, no =2) if not, go to question k.
- j. If so, what are they?
- k. During your period, do you observe certain restrictions in relation to your husband? |_| (yes =1, no =2) if not, go to question m.
- l. If so, what are they?
- m. During your period, do you often have fights/conflicts/tension with your husband?|_| (yes =1, no =2) if not, go to question o.
- n. If so, how do you handle them?
- o. Do these fights threaten your relationship?|_| (yes =1, no =2)

VII- WASH infrastructure and the impact of menstruation on girls' and women's living conditions

- a. Does your occupation (as a professional, pupil, housekeeper or other activities) change during your period?|_|(yes =1, no =2) If not, go to question VIII.
- b. If so, as a pupil, do you attend school regularly during your period?|_| (yes =1, no =2) if so, go to question g.
- c. If not, why not?|_|

No painkillers	No sanitary pads	No toilet	No water	Mixed toilets	No private place to change in	Unsanitary toilets	Other :
_ _	_ _	_ _	_ _	_ _	_ _	_ _
yes=1, no =2)	yes=1, no =2)	yes=1, no =2)	yes=1, no =2)	yes=1, no =2)	yes=1, no =2)	yes=1, no =2)

- d.** If you are often absent from school during your period, is it:
(the first day =1, two days =2, throughout the period =3, other=4)
- e.** Is there a private place in your school where you can change? |_|_| (yes =1, no =2)
- f.** In class, can you concentrate on the lesson during your period?
.....|_|_| (yes =1, no =2)
- g.** Do you think your periods have a negative impact on your academic performance?
|_|_| (yes =1, no =2)
- h.** If so, explain how your periods influence your academic performance:
- i.** When you miss classes because of your periods, do you tell your parents? |_|_|
(yes =1, no =2)
- j.** If you work, do you carry on normally during your periods? ..|_|_|
(yes =1, no =2) if so, go to Chapter VIII.
- k.** If not, why not?
- l.** Can you estimate the opportunity cost?|_|_| (yes =1, no =2)
- m.** If so, estimate the opportunity cost in terms of days of absence..... ..|_|_|_|_|
- n.** If so, estimate the opportunity cost in terms of money|_|_|_|_|_|_|_|_|_|_|_|

VIII- Girls' and women's expectations for better menstrual hygiene

- a.** Is there accessible WASH infrastructure in public places (markets, bus station, hospitals, schools, offices, etc.)? |_|_| (yes =1, no =2)
- b.** If not, explain why it is not accessible during your menstrual period

Mixed (shared with men)	_ _ (yes =1, no =2)
Water availability is irregular	_ _ (yes =1, no =2)
No trash can	_ _ (yes =1, no =2)
Not well maintained	_ _ (yes =1, no =2)
Unsanitary	_ _ (yes =1, no =2)
Facility design not suited to MHM	_ _ (yes =1, no =2)
Other.....	

c. What would you need during your period to feel better at home?

Water	Soap	Sanitary pads	Painkillers	Toilets	Trash cans
_ _	_ _	_ _	_ _	_ _	_ _
yes=1, no =2)	yes=1, no =2)	yes=1, no =2)	yes=1, no =2)	yes=1, no =2)	yes=1, no =2)

d. What is currently missing in your home during your period?

Water	Soap	Sanitary pads	Painkillers	Toilets	Trash cans
_ _	_ _	_ _	_ _	_ _	_ _
yes=1, no =2)	yes=1, no =2)	yes=1, no =2)	yes=1, no =2)	yes=1, no =2)	yes=1, no =2)

e. What would you need to feel better at school during your period?

Water	Soap	Sanitary pads	Painkillers	Toilets	Trash cans
_ _	_ _	_ _	_ _	_ _	_ _
yes=1, no =2)	yes=1, no =2)	yes=1, no =2)	yes=1, no =2)	yes=1, no =2)	yes=1, no =2)

f. What is currently missing at your school during your period?

Water	Soap	Sanitary pads	Painkillers	Toilets	Trash cans
_ _	_ _	_ _	_ _	_ _	_ _
yes=1, no =2)	yes=1, no =2)	yes=1, no =2)	yes=1, no =2)	yes=1, no =2)	yes=1, no =2)

g. What would you need to feel better in your workplace or place of business during your period?

Water	Soap	Sanitary pads	Painkillers	Toilets	Trash cans
_ _	_ _	_ _	_ _	_ _	_ _
yes=1, no =2)	yes=1, no =2)	yes=1, no =2)	yes=1, no =2)	yes=1, no =2)	yes=1, no =2)

h. What is currently missing at your workplace during your period?

Water	Soap	Sanitary pads	Painkillers	Toilets	Trash cans
_ _	_ _	_ _	_ _	_ _	_ _
yes=1, no =2)	yes=1, no =2)	yes=1, no =2)	yes=1, no =2)	yes=1, no =2)	yes=1, no =2)

i. What are your recommendations for better menstrual hygiene management in public places (schools, markets and other workplaces)?

IX- Social and religious considerations for girls and women during menstruation

- a. What names do you use to refer to menstruation?.....
- b. What nicknames do you use to refer to a woman who is on her period?
- c. Does your religion or your forbid you to eat certain foods during your period?|_| (yes =1, no =2)
- d. If so, what foods and why?
- e. Do you feel like you have less attention from the people around you during your period?|_| (yes =1, no =2)
- f. Are you subjected to social or religious restrictions during your period?.....|_| (yes =1, no =2) If not, go to question j.
- g. If so, what kinds of restrictions and why? (social/religious).....
- h. Can you get around these social and religious restrictions?|_| (yes =1, no =2)
- i. If not, what are the risks? (social/religious)
- j. Are there activities you cannot do or are not allowed to do during your period?|_| (yes =1, no =2)
- k. If so, what are they and why?
- l. Menstruation is dirty|_| (yes =1, no =2)
- m. If so, why?
- n. Is there anything else you would like to share with us regarding your community's socio-cultural and religious beliefs during women's periods?

X- In case of a woman with disabilities

- a. Do you have a disability? (if not, end of the questionnaire).....|_| (yes =1, no =2)
- b. Can you describe your type of disability?
- c. Do you have difficulties during your period?|_|(yes =1, no =2)
If so, what are they?
- d. Are you assisted by someone at school, at home, at work during your periods?|_| (yes =1, no =2)
- e. How do you manage your period?
- f. What do you need to live better during your menstrual periods?

Appendix 2 : Boys' and men's questionnaire

Boys' and men's questionnaires

Questionnaire No:

Administrator ID:

I. Questionnaire data

c Department|_| (Pikine = 1, Guédiawaye = 2)

d. Municipality |_|_| (number corresponding to each municipality from 01 to 21)

II. Socio-economic data on the respondent

i. Age of respondent? |_|_| yrs old

j. Marital status of respondent.....|_|
(Married = 1, Single = 2, Widowed = 3, Divorced = 4)

k. Level of education|_|
(None = 0, primary = 1, middle school = 2, secondary = 3, higher = 4, Arabic or Koran = 5, literacy = 6, other = 7)

l. Profession or gainful occupation|_|
(unemployed = 1, public office employee = 2, private office employee = 3, trade = 4, informal activity = 5, NGO = 6, pupil = 7, student = 8, other..... = 9)

m. Religion|_|
(Muslim = 1, Christian = 2, Animist = 3)

n. Ethnic group|_|_|
(Fulani = 1, Serer = 2, Wolof = 3, Soninke = 4, Mandingo = 5, Jola = 6, Manjak = 7, other..... = 8)

o. Municipality of residence of the respondent|_| (municipality from 01 to 22)

III. Level of knowledge, sources and methods of transmission of information on menstruation

bb. At what age do girls have their first period?|_|
(At birth = 1 / two-five years = 2 / six-nine years = 3 / eleven-fourteen years = 4 / fifteen-eighteen years = 5 / twenty-five years = 6 / don't know = 7 / other = 8)

cc. In your opinion, what is menstruation?.....
.....

dd. Where does menstrual blood come from?.....
.....

ee. Have you ever asked anyone about menstruation?|_|
(yes =1 / no =2) if not, go to question f.

ff. If so, who did you ask?|_|
(my mother=1 / my father=2 / my wife=3 / my sister=4 / my friend=5 / other.....=6)

gg. Have you ever taken the initiative of sharing information about menstruation?.....|_|

(yes =1, no =2) if not, go to question h.

hh. If so, with whom?|_|

(my mother=1 / my father=2 / my wife=3 / my sister=4 / my friend=5 / other.....=6)

ii. Would you like to have more information about menstruation?.....|_|(yes =1, no =2)

jj. Why?

kk. Can a pregnant woman continue to have her period?|_|

(yes = 1 / no = 2)

IV. Menstrual hygiene management: behaviours and roles of boys and men

jj. Do you often make fun of a girl or woman who is on her period at home, at school

or elsewhere?|_| (yes = 1 / no = 2)

kk. If so, why?

ll. Do you think girls who have not had their period yet should be told about menstruation?

.....|_| (yes = 1 / no = 2)

mm. Why?

nn. In your opinion, what do menstruating girls or women need?

oo. With whom do you discuss menstruation at home?|_|

(my wife=1, my mother=2, my sister=3, my female cousin=4, others.....=5)

pp. Under what circumstances do you discuss menstruation at home?

.....

qq. When your wife/girlfriend is on her period, are you informed? ...|_|

(yes =1, no =2)

rr. If so, how?

ss. If not, why not?

Do you take an interest in your wife's/girlfriend's menstrual cycle?.....|_| (yes =1, no =2) if not, go to l.

tt. If so, how is your knowledge about your wife's/partner's/girlfriend's menstrual cycle?|_|

(limited =1, average =2, high =3)

uu. If not, why not?

vv. During her period, what kinds of support do you provide for your wife/girlfriend?.....|_|

ww. (financial =1, moral =2, emotional =3, none = 4, other:..... =5)

xx. During her period, do you share a bedroom with your wife/partner/girlfriend.....|_|

(yes =1, no =2) if so, go to question zz.

- yy.** If not, why not?
- zz.** During her period, do you share a bed with your wife/partner/girlfriend.....|_| (yes =1, no =2) if so, go to question bbb.
- aaa.** If not, why not?
- bbb.** During her period, do you observe certain restrictions in relation to your wife/girlfriend? |_| (yes =1, no =2) if not, go to question eee.
- ccc.** If so, what are they?
- ddd.** Do you think these restrictions are normal?|_| (yes =1, no =2)
- eee.** During her period, does your wife/girlfriend observe certain restrictions in relation to you? |_| (yes =1, no =2) if not, go to question ggg.
- fff.** If so, which ones?
- ggg.** During her period, do you often have fights/conflicts/tension with your wife/girlfriend?|_| (yes =1, no =2) if not, go to question kkk.
- hhh.** If so, what types of fights?
- iii.** How do you handle them?
- jjj.** Are these fights a threat to your relationship?.....|_| (yes =1, no =2)
- kkk.** Do you provide support for your daughter during her period?|_| (yes =1, no =2)
- lll.** If so, how?
- mmm.** Do you provide support for your sister during her period?|_| (yes =1, no =2)
- nnn.** If so, how?
- ooo.** Do you provide support for your friend during her period?|_| (yes =1, no =2)
- ppp.** If so, how?
- qqq.** How can you help your sisters, daughters and friends improve the experience of their periods at home?
.....
- rrr.** How can you help schoolgirls improve the experience of their periods at school?
.....

Appendix 3 : Girls' and Women's Focus Group Guide

Girls' and Women's Focus Group Guide

Number of Participants: 7 (identification see appendix: to be filled in before starting the interview)

Address/place/date :

Introduce the subject and obtain the consent of the participants::

(Begin by saying Hello and introducing the facilitators: Names and professions.)

The objective of this commissioned study is to examine WASH issues (water, sanitation and hygiene) in compounds, schools and workplaces (markets, etc.) to better understand the current needs and situation of girls and women. The study specifically focuses on Menstrual Hygiene Management (i.e. how girls and women handle their periods). It is an issue of great significance for girls' and women's health, and it can also have an impact on their education and the improvement of their general living conditions.

Various studies have shown that menstruation remains a taboo subject in many countries and communities around the world and more particularly in Africa, so that best practices and behaviours in terms of menstrual hygiene management are not shared. Consequently, this study aims to understand the real needs and difficulties experienced by girls and women with regard to menstrual hygiene management, to identify recommendations and best practices in terms of menstrual hygiene for the benefit of girls and women. During the interview, we will address the following subjects: menstruation, beliefs and taboos surrounding menstruation, and menstrual hygiene management, as well as their impact on girls' and women's living conditions, and we will end with your recommendations for better menstrual hygiene. I confirm that this study respects and guarantees the confidentiality and anonymity of all of its participants.

1. Knowledge and Information about menstruation

- At what age does a girl have her first period?
- In your opinion, what is menstruation?
- Where does menstrual blood come from?
- What does it mean to have your first period?
- Had you ever heard of menstruation before you had your first period? (and through what channels)
- Do girls and women often go to healthcare centers to seek information about menstruation?
- Do you share information or knowledge about menstruation (through what channels: through whom, with whom, ICTs, where, when and why)?
- Why do girls and women have periods?
- Can you be pregnant and continue to have your period (why)?

- Would you like to have (more) information about menstruation (specify the types of information and the communication media you prefer)

2. Cultural and religious beliefs about menstruation

- What names do you use to refer to menstruation?
- What nicknames do you use to refer to a woman who is on her period?
- Does your religion or community forbid you to eat certain foods during your period? (If so, what foods and why?)
- Do you feel like you have less attention from the people around you during your period? (Why?)
- Are you subjected to social or religious restrictions during your period? (If so, what are they and why?)
- Can you get around these social and religious restrictions? (If not, what are the risks?)
- Are there activities you cannot do or are not allowed to do during your period? (If so, what are they and why?)
- Menstruation is dirty: what do you think of that statement

3. Menstruation management

- When you started your first period, what did you do?
- What types of feminine protection do girls and women generally use?
- Why don't girls and women use sanitary pads?
- How many times do you change your sanitary protection daily?
- Do you wash your hands with soap after changing your protection?
- Where do you dry your sanitary protection?
- Where do you wash your sanitary protection?
- Do you wash and dry your protection at your school or workplace? (If not, why not?)
- After you are finished using it, what do you do with your sanitary protection?
- How do you get rid of your sanitary protection at your school or workplace?
- During your period, how many baths do you take per day?
 - a. How do girls and women handle menstrual pain?
 - b. What do you do if you bleed heavily during your period?
 - c. How do girls and women deal with infections during their periods?
 - d. Are soap and water available on a regular basis at home, at school and in the workplace?
 - e. Are there separate latrines for men and women in compounds, schools and workplaces?

f. At home, at school and in the workplace, is there a place where women can clean and change themselves with dignity?

g. Where do girls and women prefer to change their protection?

4. Impact of menstruation on girls' and women's standard of living

- Does your occupation (as a professional, a pupil or any other activity) change during your period?
- Does your period keep you from working?
- Does your period keep you from doing housework?
- Does your period keep you from going to school?

5. Girls' and women's expectations for better menstrual hygiene

- What do you need to feel better during your periods?
- At home – at school – at work – at markets – in other places...

Appendix 4 : Observation of WASH infrastructure

Observation of WASH infrastructure in homes, markets, bus stations, workplaces, etc.:

Homes:

Workplaces:

Markets:

Other public places (Specify):

1. Does the place have toilets?

If so, describe the toilets:

- What are the walls or enclosure made of?
- Is water available in the toilets?
- Is soap available in the toilets?
- Do girls and women have access to the toilets?
- Are there separate latrines for men and women?
- Are the toilet(s) and shower(s) separate?
- Is there a sink in the toilet?
- Where are the toilets in relation to the living area? (observation in a house)

2. Is there an appropriate place in the house to dry pads? (clothesline)

3. Is there an appropriate place for women to clean up and change with dignity?

4. Do women throw their protection away at their workplace? Identify and describe the place.

NB : Complete the observations by taking pictures

Appendix 5 : Interview guide for women working in the informal sector

Interview guide for women working in the informal sector in markets, bus stations, or other public places:

Markets:

Bus station:

Other public places:

1. Does your workplace have latrines?

- Do girls and women have access to the latrines?
- Is there a right of access to the latrines?
- Are there separate latrines for men and women?
- Is water available in the latrines on a regular basis?
- Is soap available in the latrines?
- Who manages the cleanliness of the latrines?
- How do you handle your activities during your menstrual period?
- Do you handle your menstrual hygiene in that place? Why?
- Do you ever stop or slow down your activities because you are menstruating?
- Can you estimate the opportunity cost?
- In your opinion, why don't women visit the toilets during their periods?

2. Is there an appropriate place for women to clean up and change with dignity during their periods?

3. Do women throw their sanitary protection in the toilet?

4. In your opinion, what needs to be done so that girls and women can use toilets and take care of their needs during their menstrual period?

