

Journée mondiale de l'hygiène menstruelle

28 Mai 2017

Le thème retenu cette année pour la Journée mondiale de l'hygiène menstruelle est « **L'éducation sur la menstruation change tout** ». Les trois sous thèmes suivants sont retenus pour cette journée : « Chaque jour peut être un bon jour si toutes les filles pouvaient aller à l'école pendant leurs menstruations » ; « Chaque jour peut être un bon jour si je peux trouver un endroit où me changer en toute intimité » ; « Chaque jour peut être un bon jour quand ma sœur ne se sent pas honteuse d'avoir ses règles ».

L'instauration de la Journée mondiale de l'hygiène menstruelle depuis 2014 vise à rompre le silence et à diffuser l'information pour permettre à la communauté en générale et à la communauté scolaire en particulier de communiquer et d'échanger sur l'amélioration de la gestion de l'hygiène menstruelle.

Cette journée a aussi pour but d'interpeller les décideurs afin d'améliorer les infrastructures hydro-sanitaires en milieu scolaire en vue d'augmenter la fréquentation scolaire des filles, de leur participation et de leur maintien à l'école, même pendant leurs règles.

Le choix du jour 28 représente le nombre de jours moyen d'un cycle menstruel. Le mois de mai est le 5ème de l'année, comme le nombre de jours moyen de la durée des règles. Celles-ci peuvent durer de 2 à 7 jours.

Le Fonds des Nations Unies pour l'Enfance (UNICEF) estime qu'en Afrique 66% des filles ne disposent pas d'une bonne information sur la menstruation avant d'être confrontées à leurs premières règles, ce qui rend l'expérience négative, et parfois traumatisante. La même source indique que sur le continent, une fille en âge de scolarisation sur dix s'absente régulièrement de l'école pendant ses règles.

Dans le cadre de la célébration de cette Journée, le Centre pour le Développement des Bonnes Pratiques en Santé, met à votre disposition des données probantes, ainsi que la situation sur l'hygiène menstruelle au Cameroun telle que rapportée par l'organisation non gouvernementale **Community Development Network**.

Menstrual hygiene' day

May 28th 2017

1. Community Development Network, Cameroon

The taboo of *menstruation* helps to inflict indignity upon millions of women and girls, but it also does worse: The grave lack of facilities and appropriate sanitary *products* can push menstruating girls out of school, temporarily and sometimes permanently (see also water sanitation and gender).

Stigma around *menstruation* and menstrual hygiene is a violation of several human rights, most importantly of the right to human dignity, but also the right to non-discrimination, equality, bodily *integrity, health*, privacy and the right to freedom from inhumane and degrading treatment from abuse and violence (WSSCC 2013).

Actually, there is a relation between menstrual hygiene and school drop-out of girls from the higher forms (grade four and five) of primary and secondary education (see also water sanitation and gender). Research confirms that the onset of puberty *leads* to significant changes in school *participation* among girls. In spite of the fact that Millennium Development Goal (MDG) 2 (achieve universal primary education) has been accomplished in the lower forms of primary education in many developing countries, the *participation* of girls, in particular in *Africa* and *Asia*, lags far behind the *participation* of boys in the higher forms of primary and secondary education. Besides the fact that girls are married off at an early age in some cultures, many girls are kept at home when they start menstruating, either permanently (drop-out) or temporarily during the days they menstruate. When girls get left behind this can eventually also *lead* to school drop-out (TEN 2007).

The monthly *menstruation* period also creates obstacles for female teachers. They either report themselves sick or go home after lessons as fast as possible and do not have enough time to give extra attention to children *who* need it. The gender-unfriendly school culture and infrastructure and the lack of adequate menstrual protection alternatives and/or clean, safe and private *sanitation* facilities for female teachers and girls undermine the right of privacy, resulting in a fundamental infringement of the human rights of female teachers and girls. Consequently, girls and women get left behind and there is no equal opportunity. Due to this obstacle, MDG 3 (promote gender equality and empower women) cannot be achieved either (TEN 2007).

<http://www.codevnet.org/>
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2. Sharing simple facts. Useful Information about Menstrual Health and Hygiene

This is a self reference guidance booklet for adolescent girls and young women. It provides simple factual information about the process of menstruation, its management in a safe and hygienic manner and the myths and taboos associated with it.

<http://www.sswm.info/library/7820>

3. Health Risks of Poor Menstrual Hygiene Management

There are also *health* issues to consider apart from the above-mentioned social issues. Poor protection and inadequate washing facilities may increase susceptibility to infection, with the odour of menstrual blood putting girls at risk of being stigmatised (see also water sanitation and health. In communities where female genital cutting is practiced, multiple *health* risks exist. Where the vaginal aperture is inadequate for menstrual flow, a blockage and build-up of blood clots is created behind the infibulated area. This can be a cause for protracted and painful period, increased odour, discomfort and the potential for additional infections (KIRK & SOMMER 2006).

It is assumed that the risk of infection (including sexually transmitted infection) is higher than normal during *menstruation* because the blood coming out of the body creates a pathway for *bacteria* to travel back into the uterus. Certain practices are more likely to increase the risk of infection (see figure below). Using unclean rags for example, especially if they are inserted into the vagina, can introduce or support the growth of unwanted *bacteria* that could *lead* to infection.

As an example, findings from Bangladesh, where 80% of factory workers are women, show that 60% of them were using rags from the factory floor for menstrual cloths. These are highly chemically charged and often freshly dyed. Infections are common, leading to 73% of women missing work for on average six days a month. Women had no safe place either to purchase cloth or pads or to change/dispose of them. When women are paid by piece, those six days away present a huge economic damage to them but also to the business supply chain (WSSCC 2013).

4. Attitudes Towards, and Acceptability of, Menstrual Cups as a Method for Managing Menstruation: Experiences of Women and Schoolgirls in Nairobi

The issue 21 of the APCHR policy brief highlights key findings from a feasibility study on the menstrual cup as a method for managing menstrual flow among adolescent girls and women in Nairobi, Kenya. The findings provide insights into their attitudes towards the menstrual cup prior to use, their acceptability, and experiences of using the menstrual cup. It aims at providing evidence for better understanding of the menstrual cup as a method for managing menstrual flow, and whether it is an appropriate and acceptable method among adolescent girls and women in Kenya.

<http://www.sswm.info/library/7828>

5. Use of menstrual cup by adolescent girls and women: Potential benefits and key challenges

This policy brief is based on the field research and feasibility study. It shows that there are tremendous benefits which will ultimately contribute to the promotion of the reproductive health and education rights of adolescent girls and women.

Managing menstruation requires the use of disposable sanitary towels. Disposable sanitary towels are the most frequently used methods to manage menstruation. In resource-poor settings, they are often too expensive and unaffordable to most adolescent girls and women who need them. Consequently these women and adolescent girls resort to unhygienic methods. Lack of access to sanitary products confines some women and adolescent girls at home during their periods, restricting their mobility and undermining their participation in education, economic and social activities. The project entitled 'Research and Feasibility Study to Explore Menstrual Practices and Investigate the Suitability of Menstrual Cups for Adolescent Girls and Women in Kenya' was designed to explore the potential benefits that can accrue from providing adolescent girls and women with safe, affordable, and convenient materials (such as the menstrual cup) for menstrual management.

<http://www.susana.org/en/resources/library/details/985>

6. Menstrual Hygiene Management

This policy brief summarises previous research on menstrual hygiene management (MHM) and highlights the Sanitation and Hygiene Applied Research for Equity (SHARE) Consortium's contribution to this important topic. It then defines knowledge gaps which still exist and sets out clear recommendations for improving policy and programmes globally. The paper advocates for further research on the topic and highlights the importance of integrating MHM in sanitation programming and the need to provide access to absorbent sanitary materials for women and girls in low and middle income countries (LMIC).

<http://www.communityledtotalsanitation.org/resource/share-policy-brief-menstrual-hygiene-management>

7. Menstrual Hygiene Practices, WASH Access and the Risk of Urogenital Infection in Women from Odisha, India

Menstrual hygiene management (MHM) practices vary worldwide and depend on the individual's socioeconomic status, personal preferences, local traditions and beliefs, and access to water and sanitation resources. MHM practices can be particularly unhygienic and inconvenient for girls and women in poorer settings. Little is known about whether unhygienic MHM practices increase a woman's exposure to urogenital infections, such as bacterial vaginosis (BV) and urinary tract infection (UTI). This study aimed to determine the association of MHM practices with urogenital infections, controlling for environmental drivers. A hospital-based case-control study was conducted on 486 women at Odisha, India. Cases and controls were recruited using a syndromic approach. Vaginal swabs were collected from all the participants and tested for BV status using Amsel's criteria. Urine samples were cultured to assess UTI status. Socioeconomic status, clinical symptoms and reproductive history, and MHM and water and sanitation practices were obtained by standardised questionnaire. A total of 486 women were recruited to the study, 228 symptomatic cases and 258 asymptomatic controls. Women who used reusable absorbent pads were more likely to have symptoms of urogenital infection (AdjOR=2.3, 95%CI1.5-3.4) or to be diagnosed with at least one urogenital infection (BV or UTI) (AdjOR=2.8, 95%CI1.7-4.5), than women using disposable pads. Increased wealth and space for personal hygiene in the household were protective for BV (AdjOR=0.5, 95%CI0.3-0.9 and AdjOR=0.6, 95%CI0.3-0.9 respectively). Lower education of the participants was the only factor associated with UTI after adjusting for all the confounders (AdjOR=3.1, 95%CI1.2-7.9). Interventions that ensure women have access to private facilities with water for MHM and that educate women about safer, low-cost MHM materials could reduce urogenital disease among women. Further studies of the effects of specific practices for managing hygienically reusable pads and studies to explore other pathogenic reproductive tract infections are needed.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4488331/pdf/pone.0130777.pdf>



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28 May
**MENSTRUAL
HYGIENE DAY**