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Faith-based approach to improve menstrual hygiene management (MHM): challenges and successes

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This paper examines faith-based organisations' (FBOs) essential and effective approach to breaking the myths and silence surrounding menstruation, the provision of comprehensive menstrual information, menstrual hygiene management (MHM) and the assessment of an initiative integrating FBOs into the structure for shattering taboos around menstruation. Whereas substantial progress has been made to evolve more decent and socially acceptable approaches to MHM in recent times, the active role of FBOs in accelerating and enhancing better MHM has not been properly appraised or harnessed in Nigeria. As an integral part of the nascent collaboration between Daniel Iroegbu Global Health Foundation and Second Chance Initiative this synergic thrust is reaching FBOs to discuss this gap in MHM programming and seek newer realities in MHM. Addressing taboos and silence around menstruation requires a multi-sect oral collaboration and response similar to the approach currently in use for HIV/AIDS and Malaria morbidity response and control in Nigeria.

Introduction

Menstrual hygiene challenges deeply rooted in gender inequality

Taboos and silence around menstruation is a global trend despite international interest in women's and girls human rights. Conventions and strategic plans on female sexual and reproductive health are without definite declaration on menstruation despite the sensitive nature of the matter (SNV, 2014). The growing menstrual related restrictions and taboos impair girl's healthy development, active participation in the society and undermine their privacy, respect and dignity (SNV, 2014). "Stigma around menstruation 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 and from abuse and violence" (Loughnan, 2016) intestinal parasitic infections alongside diarrhoea, and these infections also have synergistic effects with malnutrition). These accelerate poor emotional, physical and social support for their economic empowerment and decision making regarding their sexual and reproductive health and rights. The stigmatization undermines breaking the silence on menstruation, discourages girls to openly discuss this physiological occurrence both in formal and informal settings and also to manage menstruation in a safe manner. Puberty has diverse meanings to boys and girls; to boys it is increased social freedom and to girls, it can mean increased social restriction and severe drop in self-confidence (Save the Children, 2018). Women and girls are prone to gender-based violence during menstruation due to their increased need for water and sanitation facilities and the need to keep menstruation secret (PATH, 2016). The international players working in the area of women's human right have not given the necessary attention in integrating FBOs in addressing the cultural and religious restriction and taboos around menstruation. This neglect is symptomatic of the silence and poor MHM paradigm justifying taboos and restrictions that are deeply rooted in gender inequality.

Traditions, culture, religion and menstrual hygiene management

Culture, tradition, family income and parental education significantly impact silence around menstruation, safe menstrual hygiene practices and girls' school enrolment and performance. (SNV, 2014, HAFAI, 2016 and Iroegbu, 2017). A baseline report of girls in control, a compilation of finding from studies on MHM of schools in Ethiopia, South Sudan, Tanzania, Uganda and Zimbabwe indicates that general silence still persists around puberty and menstruation due to cultural and religious beliefs.

The role of faith-based organizations in breaking the silence on menstruation and improving menstrual hygiene

A multi-faceted approach should be employed in addressing taboos and silence around menstruation and improving menstrual hygiene management. This approach will foster accurate information and promote the soft and hard ware components needed for safe menstrual hygiene management. Religious beliefs play a significant role in fashioning individual life philosophy, as majority depend on their religious practices for direction in life experience, to obtain comfort, hope and social support (Pargament, 1997). Pargament (1997) further expressed that religious beliefs and practices greatly impact on individuals and influence cognitive and behavioral response, understanding, interpretation and dealing with certain life events. Ibaishwa and Achakpa, (2016) and Ten, (2017) further expressed that religious belief and practices through social, interpersonal, cognitive, spiritual and behavioural viewpoint can influence and contribute to shattering taboos and improve MHM.

Faith-based organizations refer to religious and or religious-based groups connected with a stable faith community and concerned with human development or societal development (Baiyeri, 2013). African traditional religion (ATR) as custodians of traditional religion in Africa promote ATR, institute places of worship, enforces doctrines and rituals observance (Bayeri, 2013). The Federation of Muslim Women Association of Nigeria (FMWAN) as a FBO promotes education among Muslim women and ensures compliance with the Islamic tenets. They also contribute positively toward national development. The FBOs have a comparative advantage in leading social change on taboos and silence around menstruation due to its root within the communities, infrastructural development and respect and trust by members of the community (Bayeri, 2013 and Woldehanna, et al, 2005). Inter-faith organizations mobilize the Christian and Muslim to fight against HIV/AIDS - (Inter-faith HIV/AIDS Council of Nigeria). The faith-based organization under the aegis of (Nigeria Supreme Council on Islamic Affairs, Jama'tu Nasril Islam and the Christian Association of Nigeria (CAN), Christian Council of Nigeria, Pentecostal Fellowship of Nigeria (PFN) and Nigeria Catholic Bishops) as apex religious bodies work for the common good of their faith and serve as advocate with the government on issues affecting their members (Bayeri, 2013). They are strategically positioned to facilitate action and advocate for girls and women's equitable dignity outcome considering their broad network which gives them access to most disenfranchised and deprived groups which the international organizations and government occasionally are unable to reach effectively (UNICEF, 2015; Baiyeri, 2013). They are more morally and logically grounded with long term framework that characterized their call to humanitarian and community development services to achieve peace, justice and social equity such as against taboos and silence around menstruation (UNICEF, 2012). Religious organizations can facilitate and expand links among local FBOs to lead a particular social change. As effective social change agent, they can inspire action, engage in advocacy, mobilize and influence attitude and behaviours around harmful practices against menstruation (UNICEF, 2012). Various FBOs within the community can network beyond their individual religious traditions to promote advocacy and protect the right to dignity of women through harnessed collective strength. "The first ever workshop on faith and water in Salisbury's Sarum College in 2009 were able to assembled various religious leaders, theologians, educators, environmental/ development specialist, water, sanitation and hygiene experts and innovators to discuss on water, sanitation, children and faith issue" (UNICEF, 2010). Religious beliefs, resources and practices and social networks can greatly impact confidence, provide emotional, physical and spiritual support to girls and women on taboos and restrictions around menstruation. Despite the potential disposition and role of FBOs in mitigating against taboos and silence around menstruation, it is vital to acknowledge the fundamental principles of some key faiths to uphold the dignity and right to well-being of women and girls, yet some beliefs, attitude and practices associated with some FBOs still promote and condone violence and discrimination against women and girls (UNICEF, 2010 and Baiyeri, 2013). Some deeply rooted taboos and restrictions are as well rooted in other social and cultural practices, these harmful practices and attitudes can be contest and redressed by FBOs stakeholders (UNICEF, 2012). Some government officials and civil society actors working with secular institutions often belong to one religious group or the other that play a

vital role in their lives and serve as a link to promote understanding and engagement with the communities (UNICEF, 2012). Women and youth's groups in FBOs organizations can play a vital role in promoting advocacy and accelerate shattering taboos and breaking silence around menstruation (UNICEF, 2012). The process of deliberation, consideration and dialogue in most FBOs provide opportunity to participate in community activities that in turn lead to attitudinal and behavioural change around menstruation. They are strategically positioned to penetrate the family circle to initiate dialogue around menstruation and also serve as a channel to social transformation (UNICEF, 2012). A person's religious belief has a strong correlation with his or her global view and perception in life and FBOs are more likely to have access to more volunteers who form part of the social support network. Fokun, (2013) stated that FBOs have been very instrumental to accelerating care for the needy and marginalized groups globally at the backdrop to preserve human dignity and promotion of well-being. FBOs have collaborated with government, civil societies organizations, communities based organizations in various humanitarian assistance and support services thereby contributing to the promotion of community and individual well-being and provide opportunities for individuals to live a dignify life. Despite their being in the forefront of leading service delivery and social movement in developmental work, they are been disregarded by the implementing partners and donor agencies.

Case study: Diocesan Development Services (DDS), Idah Kogi State: Diocesan Development Services work to assist the indigenous people of Igaland to liberate themselves from obstacles and barriers preventing them from harnessing and manifesting their full potential (Bayeri, 2013). Taboos, silence and harmful practices around menstruation has the capacity to undermine women and girls from harnessing and manifesting their full potentials. FBOs integration will support both cultural and religious dialogue to liberate women menstrual barriers. Secondly, they assist human development, alleviate poverty, ignorance and improve lifestyle of the people (Bayeri, 2013). "Lack of accurate information on menstruation is a contributory factor increasing taboos and restrictions around menstruation" (Bayeri, 2013 and FBOs inclusion will enhance knowledge around menstruation" improve safe MHM and well-being. These FBOs implement these programs through dialogue and participatory approach which can be replicated to shatter taboos, breaking the silence around and improve MHM.

Case study: "In Oduba, Aguamede -Eha-Amufu, Enugu State, South East Nigeria a rural farm settlement has only the presence of religious organization without any secular government presence" (Iroegbu, 2017). This religious body close association with the community can serve as an ideal opportunity to promote social and behavioural change (SBC), advocate against cultural and traditional taboos, restriction and harmful practices and other factors undermining women and girls social well-being and development. (Iroegbu, 2017)

Practical approach to faith-based organization mobilization and integration on MHM: experience of some NGOs in Nigeria

Adequate awareness creation and inclusion of various actors and stakeholders both within and outside WASH sector is very crucial in shattering taboos, breaking the silence and improving MHM.

Advocacy and sensitisation: The religious leaders in South-East and South-South Nigeria have being sensitized since 2015 on the widespread cultural, traditional and religious harmful practices, taboos and restriction around menstruation and its negative impact. How it conflicts and violates human right to dignity, non-discrimination, bodily integrity, privacy, freedom from inhuman and degrading treatment and from abuse and violence. Capacity is built on the social-economic impact of this restriction and harmful practice on adolescent girls and women development. Discussions were raised on various sensitive cultural, traditional and religious norms, perceptions and attitude around menstruation. The dialogue generated an honest feedback to actively support girls and women to manage their menstruation in safety, privacy and with respect and dignity.

Focus group discussion/ Capacity building Trainings: The shattering taboos on menstruation initiative mobilized FBOs to accelerate dissemination of accurate information about menstruation and sexual reproductive health and puberty. To provide support for adolescent girls and young women to grow in the context that menstruation is a healthy and normal biological process and not a taboo or harmful. Issues

pertain to age of menarche, biology of menstruation, disposal of used absorbent and other menstrual related crossing issues were honestly addressed.

Youth conference and meetings: Awareness and menstrual health education and sexual reproductive health trainings were integrated into FBOs youth meetings and conference in South-East and South-South Nigeria since 2015. The approach leads to increase knowledge and understanding about the physiological cycle of menstruation and puberty. The initiative educated on sexual and reproductive health and right. The education supported girl's active participation and self expression of their psycho-social and emotional challenges during menstruation. The older adolescent set the role model of breaking their silence especially experience at menarche and methods of menstrual hygiene management.

Older women meetings: Through the FBOs women meetings, awareness were expanded to increase support by families and community pre and post menarche. The older women mobilized their girls and share their experience at menarche and the restrictions they faced as teenage girls. The meetings improved knowledge and generated support for increased focus group discussion on menstruation matters.

Children Evangelism Ministry Camp meetings: Menstruation matters were integrated into the Children Evangelism Ministry holiday camp meetings to prepare the pre-puberty girls toward transition to puberty. It was an inclusive approach, were the boys are integrated in the learning to reduce the degree of embarrassment, harassment, discrimination and stigmatization from the male classmates. The children teachers were educated on menstruation matters and safe menstrual hygiene even in emergency setting. Their knowledge was improved in other to provide accurate information to their class children and girls.

Religious night outreach programmes: Religious organizations organize community outreach and crusade programmes at night. We integrated menstrual health education (MHE), sexual and reproductive health and WASH education into the outreach program. The community members are educated on the biology of menstruation, reproductive health and safe methods for menstrual hygiene management. With over 90% of the rural community women and girls using pieces of cloths, tissue paper, cutting from mattresses and shoulder pads to manage their menstrual flow (Iroegbu, 2018). Capacity was built on effectively use of reusable sanitary materials and drying under the sunlight.

Successes of faith-based organization approach to improve MHM

The organizations work on delivering MHM education and trainings, focus group discussions (FGDs), awareness, symposium, sensitization in communities, schools and faith-based organizations. With over 100 faith-based organizations reached, the initiative has recorded some evidence of improve knowledge on menstruation and safe use of reusable napkins and cloths for menstrual hygiene management. The work is on-going across geographical zones in Nigeria to further consolidate the findings. The initiative has further provided ample opportunity for participants to initiate dialogue on sensitive religious and cultural issues and perception around menstruation and menstrual hygiene and generated honest feedback. With increasing faith-based participation fear, taboos and misconception associated to menstruation has gradually been shattered which in turn increasing integration of menstruation matters and MHM activities into faith-based programs. The initiative provided the opportunity to share menstruation and menstrual hygiene related stories in difference religious and community context which in turn accelerate feeling at ease discussing and breaking the silence and further identifying cultural and religious myths around menstruation. The open discussion with the religious leaders who are the custodian of their faith further invigorate discussion on adolescent sexual and reproductive health, puberty and WASH and menstruation feelings and effects of poor MHM among girls and women.

Challenges of faith-based approach to improve MHM

Given the wide spread cultural and religious misconceptions, taboos and harmful practices around menstruation, open discussion of menstruation matters in faith-based organizations is still regarded as a disgusting issue. Additionally, breaking the silence and initiating dialogue around menstruation is challenging given the sensitive nature of the topic. The long standing patriarchal and matriarchal perception on menstruation, menstrual hygiene and disposal of soiled absorbent materials is a challenge toward convincing some faith-based leaders. The impression that menstruation and menstrual hygiene management is a gender issue and a misfit for male gender to openly discuss and lead intervention activity is a challenge

that required evidence based conviction and approach. Women and girls especially reproductive age women often feel embarrassed and ashamed to be found discussing menstruation. Great tension still exists based on shared value of FBOs and communities perpetuating this negative attitude and harmful practices around menstruation. Strict belief of some religious organization poses a serious challenge to approach menstruation harmful practices affecting women and girls.

Lesson learned

FBOs can work to develop a sustainable and scalable solution to improve menstrual hygiene management through setting up local social enterprises producing reusable sanitary pad and delivery menstrual health education in turn empowering girls and women. Initiate intervention programs focused on adolescent boys and girls in low resource settings prior to experimentation of risky behaviour and practices are highly effective at influencing negative behaviour and attitude. This approach will support healthy outcomes toward transition to adulthood. FBOs are strategically positioned to significantly connect, collaborate and accelerate actions shattering taboos and breaking the silence and improving menstrual hygiene management. They are significant drivers toward expanding social change initiative in all human societies promoting wellbeing of women. Addressing taboos and silence around menstruation required multi-sectoral collaboration similar to the approach used for HIV/AIDS and malaria response.

Conclusion

As custodian of spiritual and social norms, religious leaders' inclusion on menstruation matters will expand education, focus group discussions on religious and cultural sensitive issues around menstruation and influence social change. FBOs can be very effective at harnessing social resources to achieve a change using their regular meetings, services, fellowship, youth, women and men groups, schools and training canterers'.

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