MENSTRUAL HEALTH AND HYGIENE SITUATION AMONG SCHOOLGIRLS IN TANZANIA

Brief report on myths, beliefs and social cultural norms impacting MHH in Tanzania
Executive summary

Introduction
Menstruation is an integral part of a woman’s reproductive life, occurring naturally in pubescent girls and women. Menstrual health and hygiene (MHH) is vital to the empowerment and well-being of girls and women and constitutes a basic requirement for personal hygiene, reproductive health, dignity, and prosperity of girls and women. MHH is associated with multiple challenges. Anecdotal information indicates that these challenges often range from inadequate preparation and lack of materials and basic knowledge on MHH before the onset of menstruation to inadequate water, sanitation and hygiene (WASH) to prevailing sociocultural myths, norms and religious beliefs that impose restrictions on girls during menstruation. This brief highlights some challenges related to religious and sociocultural myths, beliefs and norms impacting MHH among schoolgirls in Tanzania.

Key findings

Religion-based myths, beliefs and norms
The findings of this study indicated a difference in how the two major religions – Islam and Christianity – perceive and treat a menstruating girl or woman. Islam is somewhat stricter with menstruation than Christianity, with many prohibitions for girls or women during their monthly periods, such as restricted entry to a mosque for prayers, avoidance of reading holy books and baring fasting. This is because menstrual discharges such as blood are regarded as ‘dirty’ and najisi or haram. Christians are considered to be lenient towards menstruation, imposing no restrictions on religious practices. We acknowledge that religion is complex and multifaceted, and there are variations in how they tackle issues within the communities depending on doctrinal values and teachings.

Sociocultural myths, beliefs and norms
The findings indicated that menstruation is socially constructed as a dirty and shameful event that must be kept secret and only discussed at the family level without making it public. Menstruation brought in a range of prohibitions related to social engagement, exercise, and touching or what we refer to as ‘SET’ taboos. Social engagement taboos include prohibitions of girls from participating in social gatherings, visiting friends and family members during menstruation. Social prohibitions extended to preventing girls from sitting near or even talking about menstruation with their father. Exercise taboos are related to the prohibition of girls from undertaking strenuous exercise or heavy duties during menstruation due to fear of excessive bleeding, aggravating abdominal pain, uncertainties about the durability of the materials girls use during menstruation and fear of shame when people see stains
of menstrual blood. Touching taboos were largely constructed around myths and beliefs depicting menstruation as a ‘curse’ associated with negative consequences or demise of things menstruating girls touch. There are socially constructed beliefs that during menstruation, touching vegetables or crops could lead to their rotting or dryness; touching eggs would rot them; touching neonates could bring them skin rashes; and picking and eating a fruit from a tree could cause severe abdominal pain. As menstruation is perceived as a curse, some community members resort to placing hedgehog spines or snail shells at the corners of the farm for protection against its effect on crops and vegetables. Menstruating girls are also prohibited from cooking and eating sugary foods, too much pepper, peas and tomatoes due to fear of increased or prolonged menstrual flow. Girls are also prohibited from shaving pubic hair and use of modern sanitary pads, which is incorrectly thought to infuse infertility. Other socially constructed beliefs were: (1) fears that infertility due to ‘witches’ touching or getting hold of blood-stained pads, which means MHH materials have to be safely disposed of and (2) the beliefs that initiation rituals should accompany menarche.

as people who are socioculturally charged with educating and supporting girls during menstruation. The male gender – boys, fathers and male teachers – on the other hand was found to be as largely unsupportive and often held perceptions of social stigma about menstruation. Culture and traditions were cited frequently as a justification for these menstrual-related gender roles. Although men were considered to own the family resources essential for MHH materials (e.g. money for sanitary pads), they were neither dependable nor responsible for MHH issues at the family level. It is believed that fathers are not obliged to talk about menstruation with their daughters. On the other hand, irresponsible involvement of males is thought to bring more harm by allowing older men to take advantage of the needy younger girls, leading to early pregnancies, stigma, and psychological disorders.

Schools, communities and policymakers should make sure that knowledge on MHH management is disseminated to the communities involving male gender as well to prevent the impact of social-cultural norms and religious values into MHH.

**Gender roles in menstruation**

The findings indicate that menstruation is ‘a woman thing’; therefore, it should only be handled by women and not men. Because of this belief, the female gender – female friends, mothers, grandmothers, sisters, matrons and female teachers – strongly emerged
**Recommendations**

- **Increasing sensitization and normalization of menstruation.** Continued community education for girls and women and sensitization of boys and men are needed to increase their knowledge and attitude towards MHH. These measures would lead to positive menstruation practices. Education also needs to address the social engagement, exercise and touch (SET) taboos and normalize menstruation for both genders.

- **Strategic engagement with community’s key influencers.** Religious and local leaders, who have extensive influence in the community, need to be enlisted for their support to promote safe menstrual health and hygiene for girls.

- **Co-developing educational and advocacy interventions.** Religious leaders have to be included in educational efforts that build on pre-existing doctrinal values to promote safe menstruation practices among girls and women.

- **Inclusion of boys and men in menstruation education.** Communities, policymakers, and stakeholders involved in imparting knowledge on MHH need to target and involve boys and men to improve holistic social support to dispel myths inherent in sociocultural norms regarding MHH.

- **Policy support to increase access to MHH materials.** The Tanzanian government needs to strengthen policies that promote easy and equitable accessibility of safe MHH materials among girls regardless of their economic background.