Menstrual Management:
Cameroon and Kenya
Introduction

Two problems facing many women in the developing world are limited or inadequate healthcare and few opportunities for economic development. One aspect of the healthcare problem that, if solved, would aid in women’s development is menstrual management. This research report will first examine the problem of inadequate menstrual management in two African countries, Cameroon and Kenya: what factors contribute to it and what results from it. Second, the report will suggest solutions to the problem, beginning with an evaluation of menstrual cups, the product that could be most beneficial to menstruating women in the developing world, and then turning to various actions that actors at three levels can take.

The challenge of improving menstrual management has recently gained popularity on the world stage, as evidenced by the first-ever world Menstrual Hygiene Day held on May 28, 2014. A number of non-governmental organizations (NGOs) and governments are using soft power initiatives to begin combatting it. Soft power in this context means using moral persuasion to encourage states to support better supplies for women’s menstruation, thereby allowing women to be more productive and free from constraints. While the problem of menstrual management may not be of key focus in the field of international relations, it relates to many important I.R. concepts, including human rights, economic development, NGOs, the three levels of analysis, and the feminist paradigm. As this report will demonstrate, improving menstrual management will strengthen a state.
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Section 1: The Problem

What contributes to, and what results from, the problem of menstrual management in Cameroon and Kenya?

1.1 List of Contributing Factors

Cost

"Western-manufactured menstrual supplies such as pads or tampons are very expensive and are also not renewable/reusable for the most part, which means that it is a continual cost that often cannot be met." --Alice Irene Whittaker-Cumming, Mother Nature Partnership (2014)

People in Cameroon and Kenya often lack the funds to purchase supplies necessary for menstrual management, including products (tampons, pads, etc.), medicine for cramps, and basic sanitation needs, such as soap. In these countries, especially, men commonly control household funds, and choose not to spend money on menstrual management. This fact is especially pronounced in Cameroon, where approximately 40% of girls aged 15-19 are married, divorced, or widowed (McNaughton, 2011). The practice of child brides has denied girls tools of menstrual management, not to mention safety within their households.

"My mom told me she did not have enough money to buy pads, so I had to stay home [instead of attending school] until my period stopped." --Mercy, pupil in Kenya (Huru International, 2012)

Kenya: 1 package (8 pads) costs at least 65KSH (approx. $1 CAD, 90¢ USD, daily wage of unskilled laborer) (Femme International, 2013)

-women use ~2 packages during their period, which means they would need ~130-200KSH of disposable income each month, just for sanitary pads

65% of women/girls in Kenya cannot afford pads. This means that over 850,000 girls will miss 3.5 million days of school every month. (Ministry of Education, Government of Kenya, 2008)

Education

Secondary schools in Cameroon and Kenya do teach units on sexual reproduction, but merely touch on menstruation (Femme International, 2013). Men, boys, and even women and girls, often have little information on menstruation, and do not know how to manage it properly. Furthermore, many girls drop out of school following Class Six in primary school, and are not exposed to the reproduction unit. Many girls learn of menstruation from their mothers and friends, who may have incomplete or incorrect information regarding menstruation and menstrual management.

"Parents outsource ‘the talk’ and other critical health education to schools, and schools assume youth learn what they need to know from home." --ZanaAfrica (2014)

"Before, in the colonial days, we [Cameroonian] had domestic science where girls...were taught what menstruation is and how to go about it. But with the coming of reunification, all those things were scrapped off...illiterate parents...don’t tell them what to do when they are menstruating; some don’t even tell them what menstruation is." --Veronica Kette, African Women Education and Development Partnership Forum (AWEDP-F) (Ambe, 2014)
Sanitation

High menstrual supply costs and lack of information about effective managing have led women in Cameroon and Kenya to substitute for tampons and pads with inadequate alternatives (Whittaker-Cumming, 2014):

*rags stuffed with cotton • fabrics • newspapers • ash • feathers • soil • overused, unsanitary tampons/pads*

These substitutes are unhygienic, causing health problems, and often do not suffice to absorb blood and hide the menses. As a result, girls often choose to stay home, rather than risk using the above methods at school.

Facilities

On top of girls’/women’s difficulties procuring safe, healthy menstrual products, they often lack clean facilities in which to insert them.

“Poor quality toilets, lack of access to water and poor facilities for disposing menstrual waste at the workplace result in many women missing work during menstruation.” --Menstrual Hygiene Matters (House et al., 2012)

“Finding clean water is a major issue in Mathare [Kenya].” --Femme International (2013)

80 girls (ages 15-25) at Government High School (GHS) Banteng in the Bamboutos Highlands, Cameroon, name lack of facilities as one of their greatest struggles during “their time” (menstrual period). The school has a single outhouse for all students, and the boys “mess it up” in unsanitary ways, so the girls do not use it. The girls fear going to the bathroom in the weeds, however, because there can be snakes in the grass. They double up on pads or cloths and hope that they last them through the day during their periods. They generally miss 1-3 days of school during each period (Silverman, 2014).

Taboos and Culture

“Menstruation is universally stigmatized.” --Alice Irene Whittaker-Cumming, Mother Nature Partnership (2014)

<table>
<thead>
<tr>
<th>Country</th>
<th>Stigma/Taboo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>-girls are ashamed to buy menstrual products</td>
</tr>
<tr>
<td>Kenya</td>
<td>-girls are embarrassed to speak of their periods or bodies</td>
</tr>
<tr>
<td>Kenya, in some communities</td>
<td>-girls are not allowed to live at home during menses (stay with their grandmothers instead)</td>
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<tr>
<td>Kenya</td>
<td>-fathers are not allowed to see their daughter’s blood (JaniPad)</td>
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<tr>
<td>Kenya</td>
<td>-girls cannot prepare meals for their fathers while menstruating (Awuor, 2009)</td>
</tr>
<tr>
<td>Cameroon</td>
<td>-girls are ashamed to buy menstrual products</td>
</tr>
<tr>
<td>Cameroon</td>
<td>-girls are not allowed to participate in community activities during menses</td>
</tr>
<tr>
<td>Cameroon, in some communities</td>
<td>-menstruating girls/women are not to come close to places where pots are made (to avoid the pots breaking) (Gausset, 2002, p. 629)</td>
</tr>
</tbody>
</table>
1.2 Results of Poor Menstrual Management

Disease
Poor menstrual management leads to a higher risk of infection during menstruation. Alternative products, such as rags, soil, or newspaper, can contain harmful bacteria causing illness. These alternatives also raise the pH of the vagina, making yeast infections more likely. Toxic Shock Syndrome can occur if women leave tampons in for too long. Additionally, women with little education about menstrual sanitation may unknowingly wipe anal bacteria into their vaginas, risking an E-coli infection.

<table>
<thead>
<tr>
<th>Practice</th>
<th>Health Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unclean sanitary pads/materials</td>
<td>Bacteria may cause local infections or travel up the vagina and enter the uterine cavity</td>
</tr>
<tr>
<td>Changing pads infrequently</td>
<td>Wet pads can cause skin irritation which can then become infected if the skin becomes broken</td>
</tr>
<tr>
<td>Insertion of unclean materials into vagina</td>
<td>Bacteria potentially have easier access to the cervix and the uterine cavity</td>
</tr>
<tr>
<td>Using highly absorbent tampons during a time of light blood loss</td>
<td>Toxic Shock Syndrome (potential)</td>
</tr>
<tr>
<td>Use of tampons when not menstruating (e.g. to absorb vaginal secretions)</td>
<td>Can lead to vaginal irritation and delay the seeking of medical advice for the cause of unusual vaginal discharge</td>
</tr>
<tr>
<td>Wiping from back to front following urination or defecation</td>
<td>Makes the introduction of bacteria from the bowel into the vagina (or urethra) more likely</td>
</tr>
<tr>
<td>Unprotected sex</td>
<td>Possible increased risk of sexually transmitted infections or the transmission of HIV or Hepatitis B during menstruation</td>
</tr>
<tr>
<td>Unsafe disposal of used sanitary materials or blood</td>
<td>Risk of infecting others, especially with Hepatitis B (HIV and other Hepatitis viruses do not survive for long outside the body and pose a minimal risk except where there is direct contact with blood just leaving the body</td>
</tr>
<tr>
<td>Frequent douching (forcing liquid into the vagina)</td>
<td>Can facilitate the introduction of bacteria into the uterine cavity</td>
</tr>
<tr>
<td>Lack of hand-washing after changing a sanitary towel</td>
<td>Can facilitate the spread of infections such as Hepatitis B or Thrush</td>
</tr>
</tbody>
</table>

Table sourced from WaterAid pdf (House et al., 2012).

Transactional Sex
“I dropped out of school from Class Six. Education was not good because boys laughed at me when I spoiled my skirt with blood... I ask boys to give me money to buy cotton... Bad luck, you have to pay them with sex.” -- Adhaimbo, former pupil in Kenya (Huru International, 2012)

Girls in Cameroon and Kenya engage in transactional sex to procure sanitary pads and medicine from the males, who have monetary access or decision-making authority for where a household’s money goes. In slums in Kenya, girls aged 10-19 have reported having sex with older men to pay for sanitary pads (Craig, 2012).
**Barrier to Girls’ Education**

Poor menstrual management leads to girls’ absenteeism and dropping out of school in Cameroon and Kenya. According to Femme International (2013), menstruation is, in the developing world, the number one reason why girls miss school, with the average number of days missed at 2-4 each month. The United Nations Children’s Fund estimates that 1 in 10 African girls either miss school, or drop out of school, during menses (McNaughton, 2011). Lack of money, knowledge, facilities, and sanitary practices mean improper menstrual management is a key barrier to primary and secondary education for girls, and a key problem to combat to improve the girls’ lives.

**Women’s Place in Society**

School absenteeism and dropouts, in turn, hold women back in African society and institutions. If menstrual management is improved and more women continue their schooling, they can eventually be in government positions to help more young girls manage their periods -- a positive feedback cycle.

Even if the girls don’t end up in policy or high-status positions, it is still in Cameroon’s and Kenya’s interests to help women with menstrual management: “Families may suffer from increased poverty as women are unable to work during their menstruation.” (Action for South Africa, 2009). It would be economically helpful, locally and federally, for women to manage their menses safely enough to continue working through them.

Inadequate menstrual management leading to girls dropping out of school and lower status for women in society, is a vicious cycle. Poor menstrual management prevents girls from getting educated, resulting in women’s lowered status in society. This, in turn, means that women’s needs are not heard, and the cycle continues.

**Environmental Degradation**

Cameroon and Kenya do not have designated disposal systems for feminine waste.

“Without a proper waste management system...the disposal of sanitary protection can become an increasing environmental issue. In Kenya, menstrual protection is mostly disposed of in pit latrines.” --JaniPad

“Incorrect disposal of used sanitary products can result in clogged toilets and breakdowns in sanitation systems. This increases the operation and maintenance costs and can also lead to public health problems.” --UNICEF (Roma et al., 2013)
Section 2: Solutions

What would an effective solution to the menstrual management problem in Cameroon and Kenya look like? It would deal with access, knowledge, and taboos, while remaining economically and environmentally friendly.

2.1 Menstrual Cups

This subsection evaluates the benefits and detractions of menstrual cups and their potential effectiveness as menstrual management products for girls and women in Cameroon and Kenya.

Problems with Sanitary Pads
(besides cost)
- discomfort/embarrassment:
  - bulk & bulges
  - leakage
  - disposal
- urine/feces contamination
- chafing (contact dermatitis)
- rare Urticaria risk
(Peña, 1962)

Problems with Tampons
(besides cost)
- leakage
- disposal difficulties
- bladder pressure
- irritation from the cotton
- Toxic Shock Syndrome risk
- Trichomonal Vaginalis risk
(Peña, 1962)

Menstrual Cups Have...
“...proved to be safe, sanitary, and comfortable and permit women to continue their customary physical activities during their periods.”
(Peña, 1962, p. 684)

Diagram of menstrual cup use (Lunette)
Introduction to Menstrual Cups: Femmecup

Femmecup menstrual cups are made of FDA-approved, medical grade, hypoallergenic silicone. Menstrual cups are inserted into the vagina to catch the blood, and can be left in for up to 12 hours at a time (Femmecup). To insert the menstrual cup, a woman must fold the cup lengthwise and place it into the vagina, where it springs open and catches the menstrual blood without leaking, if properly inserted.

Overview of Pros/Cons

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>- reusable for 10 years (economical and environmentally friendly)</td>
<td>- initial capital outlay to purchase cup (but vastly cheaper than 10 years of pads/tampons)</td>
</tr>
<tr>
<td>- last for 12 hours at a time</td>
<td>- training on proper hygiene and insertion required</td>
</tr>
<tr>
<td>- care only requires emptying, plus washing/drying at cycle end</td>
<td>- soap and water availability required (hand-washing before and after insertion + washing cup at cycle end)</td>
</tr>
<tr>
<td>- no leaking when inserted correctly</td>
<td>- may not be culturally appropriate*</td>
</tr>
<tr>
<td>- non-absorbent (no drying/irritating fibers inside the vagina)</td>
<td></td>
</tr>
<tr>
<td>- no link to Toxic Shock Syndrome, vaginal bacteria growth</td>
<td></td>
</tr>
<tr>
<td>- contain none of toxic chemicals found in tampons/pads</td>
<td></td>
</tr>
</tbody>
</table>

*Some in Cameroon and Kenya may consider menstrual cups to violate the virginity of adolescent girls (Whittaker-Cumming, 2014). Menstrual cup charities often send cups to women and reusable pads to girls. Reusable pads are cost-effective products that create far less environmental damage than disposable pads. As with menstrual cups, reusable pads require cleaning with soap and water. They can, however, be manufactured locally in Cameroon or Kenya. (Note: In western culture, virginity only ends when a female engages in sexual intercourse. Neither insertion of a menstrual cup nor a tampon affects a girl's virginity.)

Menstrual Cups Study

In a 2011 study in Journal of Women's Health, 406 women tried Softcup, an over-the-counter, disposable menstrual cup, with these results:

- 81% of women were able to insert and remove the cup using only written instructions

- after 3 cycles of menstrual cup use, 37% rated the cup as better than other forms of menstrual protection, 29% as worse than, and 34% as equal to pads or tampons

“We found that women preferred a Softcup to their usual method of sanitary protection in comfort, dryness, irritation, odor, length of wear, and interference with various activities.” (North & Oldham, 2011)

Additional Information

To go along with menstrual cups, girls/women in Cameroon and Kenya could also use a bowl in which to wash/boil the cup, soap, a towel, a reusable pad, and a protective container for the cup when it is not in use. Menstrual cup charities send kits containing variations of the listed supplies.

Thus, menstrual cup kits are particularly good at overcoming access and sanitation problems, and when presented with the proper training, improve health knowledge and help overcome taboos. Due to their long lifespan, menstrual cups are highly economic and environmentally friendly.
2.2 Implementation and Suggested Action Items

- Solutions to the problem of inadequate menstrual management require accurate information and training, affordable hygienic materials, adequate water, sanitation, and hygiene, along with safe disposal of used sanitary materials.

- Menstrual cups, when accompanied by training, soap, and clean water access, are economical and environmentally friendly due to their long lifespan and healthy construction (reusable pads as well).

- In addition to menstrual cups and training/information for girls and women, boys and men must also be educated about the difficulties females face in menstrual management in Cameroon and Kenya.

- Governments must be made aware, not only of the issue itself, but also of what their countries stand to gain (economically and socially) if it is effectively resolved. For instance, if the 1.6 million high school dropouts in Kenya finish their education, they would stand to add 30% more income each year (Nike Foundation, 2011).

The following table outlines various action items that different individuals and institutions can take to improve menstrual management in Cameroon and Kenya. In international relations, there is a concept called “levels of analysis” -- three levels to help understand complex I.R. problems: individual, state, and systemic. This table uses the idea of “levels of analysis” to group suggested actions by which levels of actors would perform them...

- **Level 1: individuals**
- **Level 2: states/governments, NGOs, domestic institutions**
- **Level 3: international system, transnational organizations of states**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Suggested Action</th>
<th>Actor</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education, taboos</td>
<td>Telling their children (female and male) about menstruation, sanitary menstrual management, and pregnancy</td>
<td>Parents</td>
<td>Level 1</td>
</tr>
<tr>
<td>Taboos, women’s place in society</td>
<td>Standing up for women’s rights during menstruation, and not being afraid to talk publicly and casually about menses</td>
<td>Everyday people</td>
<td></td>
</tr>
<tr>
<td>Lack of published information about ethnographic/cultural barriers to successful menstrual management</td>
<td>Mother Nature Partnership still seeks information on cultural factors to be considered when trying to improve menstruation management in Cameroon (Whittaker-Cumming, 2014). What cultural issues need to be addressed, and what cultural norms could cause tension as NGOs try to improve menstrual management? In researching this project, there seemed to be a lack of ethnographic information concerning perceptions of menstruation in Cameroon, Kenya, and much of Africa.</td>
<td>Researchers</td>
<td></td>
</tr>
<tr>
<td>Education, sanitation, taboos</td>
<td>Meeting with girls to educate them about hygienic practices to manage menstruation, and to TALK, out loud, about this stigmatized topic*</td>
<td>NGOs, nurses, teachers, media</td>
<td>Levels 1 &amp; 2</td>
</tr>
<tr>
<td>Problem</td>
<td>Suggested Action</td>
<td>Actor</td>
<td>Level</td>
</tr>
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<td>---------------------------------</td>
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<td>----------------------------</td>
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</tr>
<tr>
<td>Cost, access</td>
<td>Manufacturing reusable pads or other products locally</td>
<td>NGOs, local businesses</td>
<td>Levels 1 &amp; 2</td>
</tr>
<tr>
<td>Access</td>
<td>Partnering with NGOs to help transport menstrual supplies to remote areas*2 (including aspirin, TYLENOL, Advil for cramps)</td>
<td>NGOs, businesses, government</td>
<td>Level 2</td>
</tr>
<tr>
<td>Cost, education, sanitation</td>
<td>Distributing menstrual supply kits and giving training to girls and women*3</td>
<td>NGOs</td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>Legally lowering the prices of, or taxes on, pads/tampons/menstrual cups*4</td>
<td>Government</td>
<td></td>
</tr>
<tr>
<td>Education, taboos</td>
<td>Building menstruation units into the curriculum, as early as Class 5 or 6 in primary school (for students who do not continue on to secondary/high school)</td>
<td>Government (Department of Education)</td>
<td></td>
</tr>
<tr>
<td>Women’s place in society</td>
<td>Implementing policies to address women’s needs during their menses (e.g. additional breaks)</td>
<td>Government, employers</td>
<td></td>
</tr>
<tr>
<td>Facilities, sanitation</td>
<td>Providing single-sex bathrooms in the workplace/schools with water, soap, and disposal containers</td>
<td>Employers, schools</td>
<td></td>
</tr>
<tr>
<td>Sanitation</td>
<td>Having supplies of sanitary pads available</td>
<td>Employers, schools</td>
<td></td>
</tr>
<tr>
<td>Reliability of Level 2 actors to perform the suggested actions</td>
<td>Rewarding states and NGOs for working to improve menstrual management (i.e. using positive coercion or soft power)</td>
<td>U.N., other large transnational organizations</td>
<td>Level 3</td>
</tr>
</tbody>
</table>

*1 “Opinions and taboos vary from rural to urban, and among other groups, but overall it persists and menstruation is associated with uncleanliness and shame. The best way, we have found, to deconstruct this stigma is to talk. Whether it’s in Cameroon or in Canada, putting this topic at the fore means that the stigmas are demystified and it becomes acceptable for people to discuss this (and half of all people experience menstruation directly!).” --Alice Irene Whittaker-Cumming, Mother Nature Partnership

*2 ColaLife began as an online movement in 2008 (and gained NGO status in 2011). The group partnered with Coca Cola to send medical supplies to isolated areas. The founder, Simon Berry, realized that Coke was being distributed worldwide, even reaching remote rural areas. He created a packet of medicines (such as oral rehydration salts and zinc tablets) that fit in between the bottles in Coke crates, thereby getting them to previously hard-to-access rural areas (ColaLife website). This is the sort of innovative, collaborative concept that could overcome access and transportation issues to truly aid the menstrual management battle.

*3 NGOs or groups currently distributing menstrual cup kits, pads, and/or training in Cameroon: Mother Nature Partnership with African Women Education and Development Partnership Forum (AWEDP-F), Kmerpad FAM; in Kenya: Femme International, ZanaAfrica, Huru International.¹

*4 Kenya eliminated the sales tax on menstrual products in 2011 to reduce costs by 18% (Marohasy, 2013). That year, the Finance Minister also allocated almost $4m (USD) of the national budget to fund free pads for schoolgirls (Gathigah, 2011).

¹ See appendix for links
The Dream

The dream would be for females and males in Cameroon and Kenya to have an accurate understanding of menstruation, and to have the information, supplies, facilities, and tolerance to manage menses properly.

On the supplies front, the dream would be for menstrual products, such as reusable pads and menstrual cups, to be manufactured locally in these countries. A group of three women in Cameroon, calling themselves Kmerpad FAM, have begun sewing reusable pads for women and girls, and packing them in kits for distribution. Mr. Muruganantham in India, nicknamed “Menstrual Man,” has created a machine that women use to locally manufacture disposable pads, and this model has worked all across India. Locally made menstrual products not only ease transportation costs, but also bring in money to the local economy. This practice can open up women to proper menstrual management, fight taboos, and encourage menstrual education.

The time is now to fight for proper menstrual management. The time is now for individual, NGO, state, and international actors to come together and create this positive change for women and their countries, countries such as Cameroon and Kenya.
References


Arkady Silverman


Appendix

Menstrual Management Resources

**Cameroon:**

Mother Nature Partnership, [www.mothernaturepartnership.org](http://www.mothernaturepartnership.org) (menstrual cup/reusable pad workshops)

African Women Education and Development Partnership Forum (AWEDP-F), [www.awedp-forum.org](http://www.awedp-forum.org) (menstrual cup/reusable pad workshops)

Kmerpad/FAM (Serviettes hygiéniques lavables made in Cameroun), [www.kmerpad.blogspot.com](http://www.kmerpad.blogspot.com) (reusable pads)

**Kenya:**

Femme International, [www.femmeinternational.org](http://www.femmeinternational.org) (menstrual cup kits and workshops)

Huru International, [www.huruinternational.org](http://www.huruinternational.org) (reusable pad kits)

ZanaAfrica, [www.zanaafrica.org](http://www.zanaafrica.org) (disposable pads)

**Menstrual Cup Manufacturers:**

Femmecup, [www.femmecup.com](http://www.femmecup.com)

Ruby Cup, [www.ruby-cup.com](http://www.ruby-cup.com)

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