

The Role of Menstruation

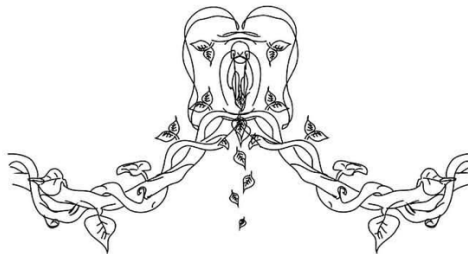
– a Case Study amongst Women from Nakwa Village in Tanzania

apparently it is ungraceful of me
to mention my period in public
cause the actual biology
of my body is too real

it is okay to sell what's
between a woman's legs
more than it is okay to
mention its inner workings

the recreational use of
this body is seen as
beautiful while
its nature is
seen as ugly

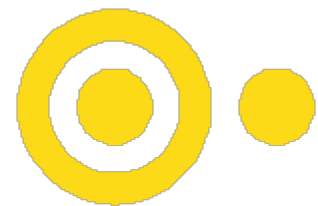
- rupi kaur



By: Anna Danielsson

Supervisor: Vesa-Matti Loiske

Södertörn University | School of Natural Sciences, Technology and
Environmental Studies | Bachelor Thesis 15 ECTS | Development
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Abstract

This study investigates what role menstruation have for women in the village of Nakwa, Tanzania; how inadequate MHM affects the perception of women; and how menstruation is affecting the gender equality within a marriage in Nakwa. Most women in Nakwa village struggle to maintain high standards of cleanliness regarding their own Menstrual Hygiene Management (MHM). This is due to many contributing factors relating to ingrained cultural beliefs that menstruation is something shameful and dirty. Most males within the household manage the finances, and menstrual hygiene products are not considered a priority, which further detaches the women from the possession of power over their own MHM. The theoretical framework used in this study is built upon two pillars, the woman as the inferior sex, and menstruation as something dirty and polluting, contributing to menstrual shame. These pillars are constructed upon two academic works; *The Second Sex* (1953) by Simone De Beauvoir, and *Purity and Danger* (1984) by Mary Douglas. Substantive previous research is accounted for to support the two pillars. Two weeks of field studies in Nakwa village during February and March 2017 included 23 individual semi-structured interviews and one group interview, with regularly menstruating married women. The results show a linkage between inadequate MHM, devaluation and inferiority of women and gender inequality.

Keywords: Menstrual Hygiene Management, gender equality, menstrual shame, menarche, the Other sex, Matter out of place, contamination

Acknowledgements

Stockholm, May 18th, 2017

I feel both happy and honoured to have completed this thesis. Not only because of the achievement to write an entire thesis by myself, but mostly because it is addressing such an important subject affecting women's everyday life. The problematics, limitations and cultural beliefs surrounding menstruation are not properly addressed in practically all societies. Many dismiss, or do not pay attention to, menstruation as a problematic area, as menstruation is such an integral and natural part of a woman's life, and hence she has found her own methods to best deal with it. Although I have had a personal determination and interest in completing this thesis, it would not have been easy to succeed without the support I have received along the way.

First and foremost, I want to direct my deepest gratitude to the women of Nakwa participating in this study, who granted me with their openness, perspectives and honesty. Without your courage to participate in a research with such a sensitive and personal topic, this study would not have been possible. I want to give my appreciation to the three field assistants who's help were invaluable during the research in Nakwa. A special thanks to Pendo who was the main field assistant during the research in Nakwa. You showed great respect, humbleness and intuition during the entire research, and with your personal interest, remarks and thoughts regarding menstruation and gender equality, you challenged my analytical abilities and subsequently guided me in the right direction.

I want to thank Hanna Illman whom I conducted all interviews with in Nakwa. I believe we had a great and enjoyable teamwork together during our time in Tanzania. My deepest love and gratitude to my fellow students Evelina, Märta, Sonia, Jenny and Hanna who brightened every day in Tanzania with laughter, love and support.

Finally, I would like to thank my older sister, who is not only my guardian in life, but also my academic caretaker, spending so much time reading through and giving me notes on whatever I send her. Your supervision, guidance, commitment and love is invaluable to me.

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1. Background

1.1 Introduction

My growing attention for menstruation and how it affects women differently started a few years ago when I bought my first menstrual cup. When I started using it, my monthly experience of menstruation was altered. From then on, I have tried to introduce and proclaim the benefits of it whenever I have had the opportunity. I have considered the potential for dramatic change to menstrual wellbeing if every woman could benefit from a menstrual cup, as I do. I believe menstruation is often perceived to be something of a non-issue because it is a most basic natural part of a woman's life, which she is forced to manage with whatever education or resources she has. Despite the practicalities, women are fully aware of the social difficulties faced with menstruation, which is not adequately addressed in society. Even in the 21st century in the Western world, where menstruation can be managed in a variety of ways, menstruation remains a subject surrounded by taboos and stigma. Considering this, I am intrigued how the menstrual hygiene management in developing countries, like Tanzania, affects women's everyday life.

1.2 Research Site

The village of Nakwa is located within Babati City Council, in the Manyara Region in northern Tanzania. The number of people living in Nakwa is estimated, according to the village executive officer, to be at 7000. The majority of Nakwa population are considered to be of the ethnical group Iraqw, but other ethnical groups are present in the village. The religion of the people in Nakwa is Christianity and Islam, both equally praised. The centre of Nakwa contains of a few shops and restaurants and a small market. The scenery of Nakwa covers farmlands with attached houses on the widespread area of hills, all the way down to Lake Babati. Mudbrick houses are the most common way of housing, buildings of concrete are rather common in the centre of the village but rarely in the outskirts, where mud and wooden poles construct most houses. Farming is the main source for both income and livelihood for the residents of Nakwa.

1.3 Problem Formulation

Menstrual Hygiene Management (MHM) has received growing attention as a public health and development issue with an increasing attention to how MHM can serve as a barrier to gender equality (Hennegan, et al., 2016). MHM is an important subject affecting adolescent girls and pre-

menopausal adult women every month. Women around the world have developed different personal strategies to manage their menstruation. The different strategies vary for every country and is dependent on economic status, an individual's own preference, educational status and knowledge, cultural beliefs and local traditions. (Das, et al., 2015) In low-resourced contexts, it is recognized that adult women often experience inadequate, unsafe and unhygienic conditions in which they must manage their monthly bleeding (Sommer, et al., 2015).

Most studies concerning MHM in low and middle income countries are focused on schoolgirls; their experiences of menstrual-related shame and taboo; and inadequate access to water and sanitation facilities. (Sommer, et al., 2015) There is an insufficient amount of literature concerning how MHM impacts adult women (Hennegan & Montgomery, 2016), however, it has been recognized that poor MHM often serve as a barrier to occupational engagement and attendance and has negative psychosocial consequences (Yeager & BSR, 2011; BSR, 2012; Hennegan & Montgomery, 2016).

1.4 Objective of Study

Little research has been done about how menstruation effects adult women's everyday life and the effects on gender equality. The literature found reveals negligible parts in the context of menstruation. The objective of this study is to examine how inadequate menstrual hygiene management affects the perception of women, how poor MHM contributes to the devaluation and inferiority of women, and how that, in turn affects gender inequality. The following research questions have therefore been constructed to widen the understanding of how menstruation is affecting women.

1.5 Research Questions

- What role does menstruation have for women in Nakwa?
- How does inadequate Menstrual Hygiene Management (MHM) affect the perception of women in Nakwa?
- How is menstruation affecting gender equality in a marriage in Nakwa?

1.6 Menstruation

Menstruation is a monthly bleeding experienced by most women. When a woman menstruates, it means her body sheds the lining of the uterus (womb). The menstrual blood then flows from the uterus through the opening in the cervix and comes out of the body through the vagina. A woman menstruates in general three to five days during her period. The general age for menarche, the onset of first menstruation, is between the ages of 8 to 15 years. (Office on Women's Health, 2017)

1.6.1 Menstrual Hygiene Management

A working, unified, definition of MHM was developed in 2012 by the Joint Monitoring Program of UNICEF and WHO. The definition of MHM reads: ‘Women and adolescent girls using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials’. (Hennegan, et al., 2016:2)

The age of menarche varies from woman to woman, but is “normally” occurring in low and middle income countries (LMICs) between the ages of 8 and 16, the mean age estimated at 13 years. The mean age of menopause in LMICs is estimated at 50 years. By using the variables menarche and menopause, it can be calculated that a woman in a LMIC will menstruate for approximately 1400 days during her lifetime. (Sumpter & Torondel, 2013)

Estimations of the prevalence of MHM differs greatly between contexts, however, studies report use of unsanitary reusable absorbents for managing menstruation, along with inadequate washing and drying methods, as highly common in LMICs. This is particularly evident amongst girls and women in lower socio-economic groups in rural areas. The usage of sanitary pads is low in Sub-Saharan Africa (SSA). (Sumpter & Torondel, 2013) Amongst Tanzanian women, the most common MHM is the use of cloths for menstrual protection, in addition toilet paper or cotton wool haven been reported being used (Baisley, et al., 2009).

One of the most common vaginal infections worldwide is Bacterial Vaginosis (BV). In SSA the prevalence of BV is high, ranging from 30-50% in community based studies. (Baisley, et al., 2009) In the study of Baisley et al. (2009), conducted in Tanzania, the result showed that BV was high amongst women using cloths or cotton wool for menstrual hygiene. This could be evidence supporting the premise that BV may be more frequent in women with unhygienic MHM practices (Das, et al., 2015), and that the most common MHM in Tanzania is not a healthy option for women (Baisley, et al., 2009).

Although a woman's menstruation remains as a socially stigmatized condition in many contexts, a woman's menstruating status can be hidden, especially in high-resources settings. However, in LMICs, the availability and cost of sanitary products, and underwear to use them with, is a central barrier to MHM. (Sommer, et al., 2015) Inadequate Water, Sanitation and Hygiene (WASH) represents another barrier to MHM, especially the ability to clean the absorbents and the body (Hennegan & Montgomery, 2016). Additionally, MHM is likely to be affected by contextual factors, for instance, women's access to places where they can manage their menstruation-related washing in comfort and privacy. These factors are affected by having access to water, sanitation and hygiene facilities in both public places and at the household. (Das, et al., 2015) The opportunities of location to change sanitary protection in public places are often limited to open pit toilets and toilets with no disposal facilities. Blood and used sanitary products would therefore reveal a woman menstruating, contributing to more embarrassment and stigma which could deter her from attending work or social activities. Therefore, improved WASH access might enable women to clean their reusable absorbents and genital area hygienically and might reduce perceived embarrassment, stigma and discomfort. Hence, improved WASH can lead to improved MHM which could increase women's occupational engagement and attendance and participation in social activities. (Hennegan & Montgomery, 2016)

2. Theoretical Framework

2.1 Previous Research

While anthropological studies have documented societies around the world that traditionally celebrate the menarche as a significant rite of passage for a woman, menstrual blood and its management is most commonly perceived as something contaminating and surrounded by rigorous taboo. Secrecy flourishes in both low and highly resourced settings, with girls indirectly or directly taught to adhere to a “menstrual etiquette” after menarche. The etiquette encourages management of blood and menstrual discomfort to be discreet, and communicates to girls the importance of hiding their experiences of menstruation, and their status as a menstruating girl, from boys and men. In most societies, girls and women will follow this etiquette throughout their reproductive years. (Sommer, et al., 2015)

Men have an important role concerning women’s MHM through various contexts. Firstly, menstruation concerns both women and men as it is one key determinant of human reproduction and parenthood. (Sumpter & Torondel, 2013) Secondly, as men often are the head of the household and control the finances, they affect the female family member’s opportunities to afford appropriate sanitary menstrual protection. Thirdly, as most societies are patriarchal, men have a greater opportunity to challenge social norms, stigma and taboos, and influence other’s attitudes. Fourthly, men as teachers or employers can ensure that schools and work environments are suitable for girls and women to safely and comfortable manage their menstruation. (House, et al., 2012)

Social factors, such as the degree women are excluded from participating in social and public life, affect a woman’s knowledge of health problems and how to treat and prevent them. Women being subordinate to men is a common phenomenon found in most societies, which results in a distinction between men and women and their separate assignments in domestic and public spheres. The degree of subordination of women varies by societies and geographical or cultural patterns, however, in LMICs, it is most pronounced. (Vlassoff, 2007) Menstruation and its management is an integral part of women’s life and the female identity. Thus, menstruation is devalued and concealed by a double silence. Menstruation is not compatible with the socially constructed female attributes as it is perceived to be natural, smelly and bloody. At a broad level, the taboo surrounding menstruation is a signifier of the devaluation of women as subordinate. (Winkler & Roaf, 2014)

The silence and taboo surrounding menstruation allows menstruation to be a non-issue. The lack of attention and low priority of MHM at all levels, from international policy-making to the private sphere, is deeply affecting the lives of women globally. It is preventing women to reach their full potential and achieving gender equality. (Winkler & Roaf, 2014) The study of Ichino & Moretti (2009), suggest that gender differences in absenteeism could be ascribed to the biological difference of menstruation between males and females, which has significances for women's careers and earnings. The results of their study, also documented by Herrmann & Rockoff (2014), showed a correlation between the menstrual cycle and an increase in women's work absenteeism (Ichino & Moretti, 2009) which could generate gender gaps in earnings (Herrmann & Rockoff, 2013). Women losing days of work are easily subjected to far-reaching consequences for their well-being and livelihoods (Winkler & Roaf, 2014; Yeager & BSR, 2011).

Recognition of biological differences, especially in the context of menstrual hygiene, between males and females and their different needs is central to achieve substantive equality. However, to achieve substantive equality, actions must go further than addressing different biological needs. Substantive equality rests upon the transformation of institutional and societal structures (Winkler & Roaf, 2014). Such transformation must entail elimination of underlying stereotypes and stigma, and must support and strengthen women's voices and participation (Winkler & Roaf, 2014:16).

Menstruation and the societal perception of it are connected to gender stereotypes and stigma surrounding the subject. Women experience stigmatization both through others and by internalizing stigma of menstruation. Menstruation is frequently met with shame and embarrassment, due to its perception by society, working as a signifier of women's position as *the Other* and subordinate of men. To achieve substantive equality, such devaluation must be advocated against. (Winkler & Roaf, 2014)

2.2 Gender

As earlier mentioned previously, there is lack of research concerning MHM methods and how different methods have consequences in education, health, psychosocial and socioeconomic matters for adult women. (Hennegan & Montgomery, 2016) The literature concerning menstruation and adult women is incomplete, specifically how women's menstruation is affecting gender equality. The theoretical framework will therefore be constructed on two elementary theories in

gender analysis; Simone De Beauvoir's *The Other Sex* (1953), and Mary Douglas' *Purity and danger* (1984).

The definition of gender from WHO, reads: "Socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women". A person's experience of gender and gender relations can change dependent on context and situation. In contrast, the term "sex" refers to the biological characteristics and differences which defines human beings as male or female. (Hawkes & Buse, 2013)

Gender analysis in health contexts has mainly been undertaken by social scientists who have observed that biological differences cannot adequately alone explain health behaviour. Health outcomes are also dependent on social and economic factors which, in turn, are influenced by political and cultural conditions in a society. To comprehend health and illness, sex and gender must be considered. (Vlassoff, 2007)

Menstruation, the approximately once-a-month happening for most women of reproductive age, is a biological event as well as it is a cultural and social one. The biology cannot be parted from the culture, and perceptions about menstruation will always be ideological. Menstruation and the associated management and procedures are important symbols of femaleness. How a society deals with and regard menstruation often reveal a great deal about how that society views women. (Grosz, 1994; Kissling, 2002)

2.3 The Other Sex and Her Menarche

Feminist theorists through time have argued that women are subjected to paradoxical stereotypes, containing both negative and positive judgements. Women are simultaneously perceived as less competent and inherently less valuable than men, but also idealized and glorified as wives and mothers. (Dunnavant & Roberts, 2013; Winkler & Roaf, 2014) These two tendencies, in which women are perceived, are linked to a most basic female characteristic - their role in reproduction. Due to menstruation, pregnancies, and lactation, women are viewed as more closely linked to nature, and this perception is often used to distinguish women from men, ultimately devaluing women. (Roberts, et al., 2002)

Theorists have claimed that in patriarchal cultures, the inferiority of women is defined by what separates and makes women different from men. Similar to having an ethnocentric perspective

when looking at culture differences, a patriarchal perspective on gender differences claims that as men possess the power to label, they state their behaviour and body as the “normal” and “good”. (De Beauvoir, 1953) Features differentiating women from men are regarded as inferior, such as women’s reproductive system which is different from men’s (Roberts, et al., 2002). Thus, the women’s reproductive system’s bodily functions, such as menstruation, becomes an insignia for women’s inferiority and the subject of deviation (Roberts, et al., 2002; Kissling, 2002).

Grosz (1994) and Lee (1994) state that the body is the story of a culture; it is a symbolic form which is inscribed with the norms and practices of a society. Menstruation is a biological occurrence with many cultural implications, contributing to the production of the body and the woman as a cultural entity (Lee, 1994; Newton, 2012). Girls who have not yet reached puberty are under no taboo and have no sacred character or norms. However, on the day girls can reproduce, the day of menarche, they become impure, and taboos surrounding menstruating women are projected upon them. (De Beauvoir, 1953) After girls reach menarche, they are treated differently than before, by both parents and others. Girls are often cautioned about sexual encounters, told that they now are “a grown woman” and should act thereafter (Johnston-Robledo & Chrisler, 2013). In patriarchal and heterosexist societies, the menarche signifies both the emerging sexual availability of the girl and her reproductive potential. Sexualisation entails heterosexualisation, which means that women are taught to discipline their bodies and live in accordance with the system of heterosexuality, perceiving themselves as sexual objects for the heterosexual men’s viewing and pleasure, along with being a mother for their children. Menarche symbolizes the process of where sexualisation and reproduction becomes inevitably conflated. (Lee, 1994; Grosz, 1994) Menarche signifies the embodiment of femininity, and the entrance to womanhood in a society where women are devaluated through cultural conceptions related to her body. At menarche, girls start seeing themselves as women, in compliance with the society’s sexualisation and implications of reproduction. (Lee, 2009) Feminist researchers have started to consider that the sexualisation of women has an internal impact on their own attitude toward menstruation as the bleeding is not compatible with the external view of the female body as a sexual object or as sexually available for (Johnston-Robledo & Chrisler, 2013).

In *The Second Sex* (1953), De Beauvoir analyses by what means women’s position as *the Other* and inferior is created and maintained, culturally and historically, through norms, socialization,

institutions and laws. Referring to menstruation as one of the insignias of the difference between men and women, contributing to women as inferior and *the Other sex*, De Beauvoir wrote:

“Certainly there is more here than reaction to blood in general, sacred as it is.
But menstrual blood is peculiar, it represents the essence of femininity.”
(De Beauvoir, 1958:168)

Menarche is the juncture where girls become women, and is the event which symbolically marks the initiation into a community of women (Lee, 1994). The event of menarche is however frequently perceived as a moment of shame, embarrassment, isolation and a reminder of women’s contaminating nature. At menarche, girls are taught the importance of discretion and secrecy of their menstruation, to hide the evidence of their bleeding while focusing attention on their sexualized bodies. (Lee, 1994; Lee, 2002; Kissling, 2002) The taboos surrounding menstruation which enforce secrecy and isolation are both physical, material and linguistic; menstruation shall be concealed physically as well as verbally, and rules of communication and restrictions enforce and define the concealment (Kissling, 2002). Women adopt the stigma surrounding menstruation, describing themselves as unclean, dirty and being ashamed during their bleeding and go to a great deal of effort to conceal their menstruation. Menstruation is somewhat paradoxical, given that menstruation is crucial for reproduction and the glorified motherhood, a most basic integral part of the female identity. At the same time, menstruation is concealed and devalued. Menstruation is perceived as non-feminine as it goes against ‘feminine’ attributes by being smelly, bloody and natural, which does not conform to the sexualized stereotype role and behaviour of women. (Lee, 1994; Winkler & Roaf, 2014)

2.4 Menstrual Shame

In *Purity and Danger* (1984), Douglas attempts to explain the differences between the clean, the sacred and the unclean (also referred to as ‘dirt’ or ‘pollution’) in different societies and times. Something out of context, also called *matter out of place*, such as pollution, is considered dangerous and threatening for others as it can contaminate and harm others. (Douglas, 1984) The development of the disgust and shame of menstrual blood is a consequence of the learning how bodily fluids always need to be controlled, and not to be out of its context (Grosz, 1994). Douglas states that

behaviours and beliefs concerning pollution can be used for the understanding of social systems. (Douglas, 1984)

“It is not difficult to see how pollution beliefs can be used in a dialogue of claims and counter-claims to status. But as we examine pollution beliefs we find that the kind of contacts which are thought dangerous also carry a symbolic load. This is a more interesting level at which pollution ideas relate to social life. I believe that some pollutions are used as analogies for expressing a general view of the social order.” (Douglas, 1984:3)

Situations manifesting reproduction or end of life are perceived as polluting in varying degrees of intensity, measured by the level of the contagious nature of the pollution (Douglas, 1984). Referring to Douglas’ concept of *matter out of place*, menstrual blood has in many societies long been viewed as something unclean, dirty, polluting and contaminating. Consequently, these negative views of reproductive emissions further devalue the status of women in the society. (Ngubane, 1976; Roberts, et al., 2002; Campkin, 2013).

Menstruation, a natural emission signalling a woman’s fertility and health, is surrounded by secrecy, shame, embarrassment, fear, silence, stigma and taboo. The menstrual blood, something polluting and *matter out of place*, is creating taboos connected to many cultural norms. These norms, often grounded in the patriarchy, seek to prevent menstruating women to “contaminate” or transfer their “impurity” upon others. (Winkler & Roaf, 2014) De Beauvoir (1953) argues that the impurity of the menstrual blood is not about the blood itself, rather, the fact the bloody is coming from the genital organs of a woman, creating the impurity.

“The blood, indeed, does not make woman impure; it is rather a sign of her impurity.” (De Beauvoir, 1953:169)

The findings from the social experiment of Roberts et al., (2002) when a woman inadvertently drops a tampon (working as a menstrual reminder) from her handbag in front of another person, suggests that both women and men view menstruation as something unclean and disgusting. The menstrual reminder lead to a reduced perception of the competency of the woman dropping the tampon and that participant physically distanced themselves from her. Menstrual reminders, both

items (such as tampons) or occurrences (such as leakage or staining), are shown to increase the objectification of women as the reminders emphasise one significant difference between men and women. (Roberts, et al., 2002) Additionally, menstrual leakage and staining becomes a visible insignia of women's contamination and shame, as it signifies a cease of the culturally assigned responsibility of all women to conceal menstruation and prevent embarrassment for others (Lee, 1994). The perception of menstruation as dirty, polluting, contaminating and something not conforming to the sexualized role of women, helps to examine and explain what role menstruation have in the devaluation and inferiority of women. (Winkler & Roaf, 2014; Johnston-Robledo & Chrisler, 2013)

3. Method

3.1 Data Collection

The method of this study has been qualitative research. The primary data was collected through semi-structured interviews along with scientific articles and secondary material. Menstruation is a complex subject with a range of different perspectives and considerations, as noted from the previous research abovementioned. Problems concerning menstruation are perceived and affect women differently, therefore, semi-structured interviews were considered the most appropriate approach to this sensitive and personal topic.

The chosen qualitative method contributed to an understanding of how menstruation affects women, and how it is affecting gender equality in Nakwa. In a wider perspective, this research could contribute to an understanding of the importance of adequate MHM, both in regard of gender equality and female empowerment.

The primary data was gathered in Nakwa, located in Babati City Council, Manyara region, Tanzania, during a period of two weeks at the end of February and beginning of March 2017. The primary data consists of 23 individual interviews with women, and one group interview consisting of four women, where all women were menstruating regularly. Two students conducted the interviews together to identify research for two separate studies both concerning menstruation.

The research was confined to Nakwa village in consultation with our first field assistant and the coordinator Elias Iyo, as Nakwa is a rural village close to Babati Town and the Södertörn University's conference center.

3.2 Secondary Material

In the initial phase of the study, previous research, scientific peer-reviewed articles and the wider ‘grey’ literature constructed a thorough basis for the context of menstruation, menstrual hygiene and gender equality. Peer-reviewed articles were searched for and downloaded from the database of Södertörn University, Söder scholar. The keywords used in different combinations were: rural, women, empowerment, Tanzania, economic, gender, health, equality, household, inequality, menstruation, menstrual hygiene management, menstrual. By screening the list of references on several articles, further articles and literature could be retrieved. This approach proved to be the most efficient in finding material. Much of the secondary material is foremost concentrating on female adolescents, however, as this study has shown, the MHM female adolescents use is often transferred into their adult life (Sommer, et al., 2015).

The theoretical framework is built upon two pillars, the woman as the inferior sex, and menstruation as something dirty and polluting, contributing to menstrual shame. These pillars are constructed upon two academic literatures; *The Second Sex* (1953) by Simone De Beauvoir, and *Purity and Danger* (1984) by Mary Douglas. The literature of Simone De Beauvoir serve as the basis for the understanding of women as the inferior sex, referred to as the Other sex. In addition to De Beauvoir’s academic literature, scientific peer-reviewed articles to date have been added to give more weight to the concept of women as inferior. The literature of Mary Douglas function as the basis of the perception of menstruation as something dirty and polluting, which in turn leads to menstrual shame. Furthermore, scientific peer-reviewed articles to date have substantiated Douglas’ academic literature and enabled menstrual shame to become a concept in this thesis. These pillars, along with previous research, will together support the notion that menstruation is a signifier for the devaluation of women which in turn affects gender equality.

3.3 Sampling Method

The primary data of this study is based on the perspectives of women of Nakwa village, Tanzania. Women were targeted respondents as menstruation is an integral part of women’s life, and the perceptions surrounding it, deriving from both men and women, are signifiers of the devaluation of women as subordinate (Winkler & Roaf, 2014).

3.3.1 The Field Assistants

During the first three days of the study, we had help from a field assistant named Romana. She was appointed to us since her work as a nurse was compatible with our field of research. Romana was the initial field assistant with whom we formed the wealth criteria and preformed the pilot interview with. Three days into the study Romana became sick and had to abort the work as our field assistant. On the fourth day of our study, we met with our second field assistant and preformed four interviews. Unfortunately, she was not suitable to be our field assistant as she was not engaged in the subject of menstruation nor experienced in interpretation or interview techniques. Additionally, she was not very familiar with Nakwa which was problematic considering our strict requirements which toughened the findings of appropriate respondents for her. Hence, during our fifth day of our study, we met with our third and main field assistant, Pendo. Pendo is working as a teacher and has long experience of acting as a field assistant and interpreter. She was also familiar with Nakwa which eased the selection of appropriate respondents. Her helped has been highly valued and vital during the time of the study.

All interviews were conducted with the support of the field assistant as an interpreter. The interviews were discussed with the field assistants to avoid misunderstandings of the respondents' answers and meaning. This was done both in the initial phase of the study and in the continuing time, considering interpretation was needed at every interview. Discussing the interviews with the field assistants enable the compilation of the data to be more accurate and contributed to a deeper understanding.

Using interpretation during every interview can lead to misunderstandings as well as information being lost. The issue of how the field assistants interpreted the interview questions is something that must be taken into consideration. Considering there were three different field assistants, there were three different interpretations of the interview questions, which affects the translation of the questions towards the respondents, which in turn affects the answers. However, as the interviews were semi-structured and thorough notes were taken, we could immediately notice by the respondents' answers if the translation was not consistent with the purpose of the questions.

3.3.2 Wealth Ranking

As my co-student's study was dependent on doing a wealth ranking of the respondents' households. Therefore, before our studies could begin, we told our field assistant, Romana, to select two types

of household in Nakwa, one low and one high status. We started with interviewing the low status household about their perception of wealth in Nakwa and what that entailed. We later interviewed the high-status household on the same basis. Based on their perceptions and answers, along with Romana's reasons of selection, local criteria were constructed for wealth ranking. According to these criteria, we created structured questions, which we asked in the beginning of every interview, to establish our respondent's wealth. Our field assistants could later select respondents based on their status, along with the criteria which was verified in the beginning of every interviews with the structured questions. Since the interviews were carried out together with my co-student, the selection of respondents was affected by the criteria of wealth. Wealth ranking has no meaning in the answering of my research questions as my research is based on individuals and their own experiences and perceptions. The affects economic assets have on MHM is an important part of my study, however, women in Nakwa did not have full control over their MHM as the husband was the one with financial power in the household. The husband's perception of menstrual protection established the woman's ability to require it, therefore, a household's wealth is not of importance.

3.3.3 The Interviews

Two students were performing the interviews together as both were conducting studies concerning menstruation and menstrual hygiene. At each interview, one student led the interview whilst the other student was responsible to take thorough notes. Notes were also taken by the student leading the interview. The notes were later, during the same day or the day after, summarized by the student responsible for the notes and controlled by the student leading the interview. The interview questions were constructed by both students, although some of the questions were specially directed towards each students' research topics. (McCracken, et al., 1988) Given that women's menstruation, and thereby the limitations following, are an integral and rather normalized part of women's everyday life, supplementary questions were necessary to provide an understanding of how every woman is affected by her menstruation (ibid).

During a period of two weeks at the end of February and beginning of March 2017, 24 interviews were conducted with 27 women in the village of Nakwa in Babati city council, Tanzania. 23 of the interviews were individual whilst one were a group interview consisting of four women. The

individual interviews were held at the respondents' houses or at the respondent's friend's house and the group interview was held at one of the group member's house.

3.3.4 Female Respondents

One pilot interview was held at the beginning of the study with one woman, this to see if our prepared semi-structured interview questions would capture the information we needed (Gillham, 2008). During the pilot interview, we noticed some of the questions not to be necessary or sufficiently elaborated. Thus, some interview questions were adjusted or removed, with the final draft seen in Appendix 2.

Throughout every interview, follow up questions have been brought up by both students which have contributed to a wider and deeper understanding of the affects menstruation have on the respondent's life. (McCracken, et al., 1988)

The female respondents were selected based on the criteria: menstruating, between the ages of 18-45, married and living in Nakwa. The criteria were based a combination of our different studies' approaches. Being a menstruating woman was the most important criterion for the both of us as we wanted our studies contexts to be focused on how menstruation affect a woman in today's Nakwa. Additionally, an important part of this criterion is that a woman's experiences of menstruation lies closer in time and memory if she is menstruating to this day, and have not reached menopause or stopped menstruating. Menarche occurs before the age of 18 and menopause commences before the age of 50 (Sumpter & Torondel, 2013), therefore we chose the age criterion to be between the ages of 18 and 45.

Since gender equality is a considerably part of the study, the criterion that our respondents were married was central. Furthermore, the criterion of being married was important considering that a household's finances are often controlled by the husband, and thereby affects the woman's economy and ability to purchase menstrual protection.

Considering my co-student's study is focused on how menstruation is psychically limiting women, the criterion that our respondents were living in Nakwa was important for her. For my study, this criterion has contributed to a narrow delimitation in my research's geographical area. This has given more validity to my study as all respondents have had the same geographical position.

All interviews have been conducted with only women present, except at the group interview. If our respondents' husbands were close by at the beginning of the interview, or during, we asked them for privacy which was always respected. This to establish a comfortable and safe atmosphere during the interviews as the context of menstruation can be both sensitive and perceived as something shameful. It was essential that we as interviewers also are women experiencing menstruation and the possible difficulties that comes along with it, to establish an environment of acknowledgement and recognition. Additionally, since some interview questions were concerning the respondents' husbands, it would not have been appropriate if they were present or close by.

3.4 Compilation of Collected Data

The idea is to use the interviews, along with the theoretical framework and previous research, to understand the role gender inequality have on women's menstruation in Tanzania. The data collected from Nakwa will however not enable general conclusions to be drawn about Tanzanian women, their menstruation or gender inequality (Bryman, 2008).

The two different types of menstrual protection have diverse impacts on women's everyday life during her menstruation, both psychological and socially. The theoretical framework for this study is looking at how the menstrual protection cloth is limiting women and contributing to gender inequality in Nakwa.

The data received from all respondents have been concluded into one narrative in the section Result. The compiled data has been summarized into one narrative, describing a fictional female character called *her*, connected to the research questions. The narrative of *her*, is constructed from 27 interviews with menstruating, married women. The choice of constructing a narrative is linked to the decision of conducting semi-structured interviews which gave a depth and a vivid perspective to every woman's experiences. The interviewed women all had similar experiences in the context of problematics concerning leakage, shame and inequality. Although every interviewed woman had individual experiences, the data presented a somewhat homogenous group, which supported the narrative to be an abstract of all menstruating women in Nakwa. Constructing a narrative, generalizing a woman in Nakwa village, is a way of presenting the conclusion of the collected data in a vivid and descriptive manner, thus giving the respondents life. The narrative of *her* will consistently represent the results, making *her* into a concept in the thesis, and will be used throughout the analysis along with the theoretical framework.

4. Results

The findings from Nakwa will be presented through a narrative, which is an abstract built upon the individual experiences of menstruation of 27 interviewed women. The narrative will be presented through a woman referred to as her, and will follow one event of her life - her menarche - and thereafter her life as a married, menstruating woman.

4.1 Her Menarche

She got her first period at the age of 14 years when she was at school. She got scared and choked although she had little information about what was happening to her body. She went to a teacher and told what happened and was sent home to her mother. Her mother then told her about menstruation and how it is a normal thing that every woman has. Her mother showed her how to handle her bleeding with a piece of the fabric kitenge, folding it into a cloth, which is the most common menstrual protection used in Nakwa. Her mother was also taught to use a cloth at her menarche and have throughout her life continue using it. Sanitary pads are not commonly used in Nakwa since it is both costly and relatively inaccessible, and her mother nor herself use it as protection. Her mother then states her that her bleeding is a sign of her now becoming “a grown woman” and that she from now on should be careful and stay away from interacting with boys to protect herself from pregnancy. The secrecy of menstruation is an important integral part of her mother’s instructions at her menarche. Her bleeding should at all times be concealed and hidden, and not talked about with anyone, especially not with men. She is told that she must ensure that menstrual reminders, such as bloody cloths or menstrual stains on her clothes, are never seen by others. She is taught that menstrual reminders are signs of shame since menstruation is a feminine, dirty and shameful thing.

4.2 Her Household

In the household, there are eight people, including her and her husband. She and her husband have four children together and they also support and house two in-laws. They do not have electricity in their house, nor do they have private transportation, so when they do travel, they use public transportation. The sanitary situation is limited to a pit latrine, and water is fetched from a pump a couple of kilometres away.

Her children are in school, except for the youngest one who stays at home with her. Her and her husband both stopped their education at standard seven which is common in many African countries because after standard seven education is no longer free.

They live in a small mudbrick house on a little plot of land where they do subsistence farming and any available daily labours to feed and support the family. She sells the excess food they grow at the market whilst also managing the household. Due to the nature of the work they do, different times of year enabled them to secure a food stock and bring more money into the family, however, the husband is still the one making all the financial decisions.

4.3 Her Menstruation

Like she was taught at her menarche, she is using cloth as menstrual protection. She does not feel comfortable using it because it itches and give her rashes, and is time consuming. Every time she changes her cloth she needs to wash herself, and if there is time and water, she washes her whole body, otherwise, just her genitals. The dread of not being able to keep her menstruation as secret, which is the most important mission during her bleeding, is impeding and limiting her in her everyday life. The fear of leakage in public makes her want to stay close to home during the days of menstruation, because when using cloth, she is often experiencing leakage and staining on her clothes which is an embarrassment for her. The cloth makes her feel shameful and limited because with it, she cannot keep menstruation a secret, as a woman should, showing others how dirty she is.

Although she has not personally been subjected to traditional restrictions concerning menstruation, many of her friends and family adhere to traditional views, for example; not picking vegetables from the garden during menstruation because it would contaminate them, not pray to God as the prayers would not be heard.

The feeling of shame and embarrassment comes from her belief that menstruation is something dirty, as it is a feminine issue, seemingly disgusting men. Like she was taught at menarche, men, and therefore her husband, are not supposed to be involved or know about her bleeding. This puts her in a contradictive position as her husband is the one deciding what their money is spent upon, and whilst she is not supposed to involve him in her menstruation, he is the one she must demand money from if she wants to spend money on menstrual protection. She does not want to ask him

for money to buy pads, but when she has, which has not happened very often, his retort has been why would they spend money on them when she can just use cloths. Only once does he buy her pads which is after delivery when the after bleeding is heavy, otherwise, he does not care because it is not of importance. Although she considers herself as the one deciding over her own menstrual hygiene management (MHM), her husband is still the one with the financial power, affecting her ability to buy the menstrual protection she would be most comfortable with, pads.

When she is menstruating, he does not want to be close to her or even share the bed with her because her “dirtiness” could taint him. She does not want to talk to her husband about menstruation but is obliged to inform him about it because they cannot have sex during her bleeding. Again, herself and her menstruation is dirty and therefore sex is not considered appropriate or allowed. Still, the decision of sex is not hers to power over, since her husband is deciding about their sexual life. She could say no to him, even fight with him about it, but in the end, she must accommodate sex if he wants to, if not by force, then by her sacrificing herself to him.

She does not consider herself to be equal with her husband due to him having all the financial power and the final saying in everything whilst she is seemingly responsible for the household. According to her, women are always treated differently than men, because men and women have different roles and women have, in every aspect, lower status than men. She reasons menstruation is contributing to inequality because bleeding is shameful, and evokes child birth, thus, proving her role in the household.

5. Analysis

Across different cultures and traditions, women have throughout the history been paradoxically both praised and demonized for the reproductive processes of their bodies. The epitome of “mother” is unquestionably revered in societies around the world. However, the notion of the reproductive emission, menstrual blood, as something dirty, polluting and contaminating, devalue the status of women in the society. (Ngubane, 1976; Roberts, et al., 2002; Campkin, 2013; Dunnavant & Roberts, 2013; Winkler & Roaf, 2014) The perception of menstruation as dirty, polluting, contaminating and something not conforming to the sexualized role of women, helps to examine and explain what role menstruation have in the devaluation and inferiority of women. (Winkler & Roaf, 2014; Johnston-Robledo & Chrisler, 2013)

Menarche signifies the embodiment of femininity, the entrance to womanhood and the beginning of girls starting to produce themselves as women in compliance with the society’s sexualisation of the female body (Lee, 2009; Johnston-Robledo & Chrisler, 2013). Menarche symbolizes the process of where sexualisation and reproduction becomes conflated and inevitably (Lee, 1994; Grosz, 1994), and by consider menstruation as an insignia of the difference between men and women, menarche therefore both starts and contributes to viewing women as inferior and *the Other sex*. (De Beauvoir, 1953) Adding to that, the perception of menstruation as something dirty and contaminating, allows menstruating women to undergo a twofold depreciation.

In patriarchal and heterosexist societies, a girl’s menarche signifies both the emerging sexual availability of her and her reproductive potential (Lee, 2009). This follows *her* story of her menarche in Nakwa, being told at menarche that she now is “a grown woman”, cautioned about sexual activity and pregnancy. While a woman’s reproductive functions are insignias of her inferiority, her body is also sexualized and object of desire (Lee, 1994), which is projected upon her by the society. The sexualisation of *her* body, which she herself has internalized, started in compliance with her menarche and has continued throughout her life. Feminist researchers consider that the sexualisation of women is affecting the attitude towards menstruation as menstrual blood is not compatible with the notion of the female body as a sexual object and sexual available for others (Johnston-Robledo & Chrisler, 2013). According to *her* assertion, her husband is the one deciding over their sexual life, supporting the role of her as a sexual object and receiver for his

sexual requests. However, *her* menstruation makes her dirty and therefore not appropriate for sexual pleasure, restraining him from having sexual activity with her which is in line with the study of Johnston-Robledo & Chrisler (2013).

The paradox of menstruation, crucial for reproduction and the glorified motherhood, and at the same time belittled as dirty and contaminating, both contributes and establish *her* inferiority, because the power of reproduction (sexual activity) is not held by her, and her opportunity to adequate MHM is dependent on her husband. *Her* inferiority, position as *the Other sex*, and the gender inequality in her marriage is established by; the sexual power lays with her husband, either by force or her sacrifice; she has no power in decision making; she has no personal finances; her husband is in power over the household's finances and do not support her with adequate MHM; her husband finds her dirty and contaminated during her menstruation; and she does not assess her and her husband to be equal. Gender inequality in *her* household in Nakwa is evident as her husband always have more power than her, in every aspect. Seeing menstruation as a stringent feminine feature, only affecting women, is contributing and increasing the notion of her as *the Other sex* as her husband is not menstruating (Winkler & Roaf, 2014).

In the first years of a child's life, the learning and demand of the clean and proper body is woven into the childhood. Within this cultural context, it is not then surprising that a woman's menstrual flow is regarded not only with embarrassment and shame, but with disgust and the notion of contamination. (Grosz, 1994) The most common used menstrual protection in Nakwa, cloth, often leads to leakage. Leakage and staining is perceived by both *herself* and others in Nakwa as dirty and shameful, adding up to the notion of menstruation as polluting and contaminating as the blood is exposed, and therefore *matter out of place* (Douglas, 1984). The leakage and staining are as well working as menstrual reminders, which are shown to increase the objectification of women as the reminders accentuate a significant difference between men and women (Roberts, et al., 2002). Menstrual reminders act to devalue women and enforce *her* inferiority in the society of Nakwa.

Menstruation, perceived as something dirty and unclean, makes *her* feel ashamed and limits her in her social life. *She* prefers to use pads but as her husband have the financial power in the household, he is directly controlling and affecting her Menstrual Hygiene Management (MHM) to only include cloth. As the menstrual blood cannot be managed effectively with the cloth, it is a great source of shame for *her*. Due to the menstrual shame, *she* isolates herself and stays within the safety of her

home, since menstruation is something that every woman should keep a secret and never expose to others. Menstruation, a feature differentiating women from men, is an insignia for women's inferiority and the subject of deviation (Roberts, et al., 2002; Kissling, 2002). Thus, if the concealment and secrecy cannot be met by *her* menstrual protection, the insignia of women's contamination and shame become visible (Lee, 1994), enforcing her inferiority in her marriage and in the society. Consequently, when *she* cannot possess the power over her own MHM, her menstruation increases the devaluation of her as a woman, contributing to gender inequality in her marriage. Gender inequality is in turn affecting how she can afford or demand financial support from her husband to buy adequate menstrual protection, continuing the circle.

6. Discussion

The findings from Nakwa village in Tanzania demonstrate that inadequate MHM enhances the notion of women as inferior and *the Other sex*, subsequently contributing to gender inequality, which, in turn, affects MHM. A legitimate further discussion would then imply, if adequate MHM was obtainable for women in Nakwa, would menstruation still be a contributing factor to gender inequality?

Inadequate MHM is a great source of shame for the women in Nakwa as their menstruation cannot be concealed with their current menstrual protection, cloth. One could then argue that adequate MHM for women would facilitate a better sense of security for not exposing the menstrual blood, thus decreasing the menstrual shame. In Western society, where all sorts of means exist for menstrual concealment and most women can acquire adequate MHM, menstrual shame is still abundantly present in every part of the society (Roberts, et al., 2002; Kissling, 2002; Winkler & Roaf, 2014). Much of the menstrual shame lies within the demonstration of the blood, however, there is more to it than the reaction to the blood itself. This study has summarized a variety of existing theoretical data concerning menstruation, concluding that the menstrual blood represents the essence of femininity and is the sign of women's impurity (De Beauvoir, 1953), a notion deeply entrenched in most societies (Winkler & Roaf, 2014). Through careful analysis, the findings conclude that the cultural beliefs surrounding menstruation; being dirty; a source of shame; proving women's contaminating nature and women's inferiority, are also deep-rooted in a society like Nakwa.

As of today, most women in Nakwa do not possess the power over their own MHM due to their husband's sole responsibility for the finances in the household. If women would find their own financial resources, or if the responsibility of the finances would also include women, to acquire adequate menstrual protection, they would then possess the power over their own MHM. Adequate MHM would then most likely improve the everyday life of women in Nakwa, due to the limitations, such as isolation, women experience with their current, inadequate menstrual protection. If limitations associated with lacking MHM would decrease, or cease, in Nakwa, then that could evoke a positive turn of events. Adequate MHM could support women to feel more liberated during their menstrual period. This could in turn enable them to acquire more financial resources as their menstrual protection would not to the same extent as with inadequate MHM, physically or socially constrain or isolate them. Thus, empowering them and result in a positive change within gender equality.

One could argue that cultural beliefs surrounding menstruation would still be present in Nakwa although women would acquire adequate MHM, as the stigma surrounding menstruation is deeply entrenched in the society. However, if the possession of power over menstrual protection is held by the women themselves, one could argue that menstruation would then probably not be equally present in the devaluation and inferiority of women in Nakwa.

7. Conclusion

Menstruation and the societal perception of it are connected to gender stereotypes, the sexualisation of the female body and the stigma surrounding the issue. Stigmatization of menstruation is both experienced and internalized by women and is met with shame and embarrassment in Nakwa. Inadequate MHM, such as using a cloth as menstrual protection, most often leads to leakage and staining which serve as menstrual reminders. Menstrual reminders are the visible insignia of women's perceived "dirtiness" and contaminating nature and are a great source of shame for women in Nakwa. The menstrual shame is negatively affecting the view on women in Nakwa and enhances their inferiority and their position as *the Other sex*. The concealment and secrecy of menstruation is of great importance, and as the menstrual blood cannot be managed effectively with the cloth, to avoid embarrassment for oneself and others, most women in Nakwa isolate themselves and stay within the safety of their homes during their menstrual period. In Nakwa, the husband often has sole responsibility for managing the finances within the household, therefore, the woman is unable to demand financial support for adequate menstrual protection. Consequently, when the women of Nakwa do not possess the power over their own MHM, their menstruation increases their devaluation and inferiority and gender inequality.

Stigma and cultural beliefs surrounding menstruation is not an isolated issue only found in the society of Nakwa, it is highly present in many societies worldwide. The availability of adequate MHM not only affects health but also gender equality within a marriage. Thus, adequate MHM can affect the gender equality for women in Nakwa and in their marriages.

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Appendix

1. List of Respondents

Respondents only using cloth as menstrual protection

- Rose, 34 years
- Rispa, 23 years
- Paulina, 24 years
- Hadidja, 40 years
- Hadidja, 37 years
- Angelina, 40 years
- Cathrine, 25 years
- Lea, 40 years
- Elisabeth, 50 years

Respondents mainly using cloth as menstrual protection, rarely pads

- Aziza, 38 years
- Asha, 38 years
- Asha, 36 years
- Mwachiti, 28 years
- Mary, 35 years
- Juliana, 30 years
- Jamila, 29 years

Respondents mainly using pads as menstrual protection

- Asea, 40 years
- Paulina, 38 years
- Rehema, 26 years

- Pita, 23 years
- Sara, 28 years
- Diabora, 37 years
- Christina, 38 years
- Lisa, 22 years
- Sara, 45 years
- Christina, 54 years

Not using cloth or pads as menstrual protection

- Hawa, 39 years, uses three layers of underpants, (01.03)

2. Interview Questions

Name:

Age:

Number of persons in the household:

Children:

Type of house:

What do you work with?

Do you do any daily labour?

What does your husband work with?

What kind of recourses do you have in this household? (Water and walking distance, sanitation, electricity, transportation)

What education level, both yours and your children?

How many meals per day do you eat and what kind of food stock do you have?

1. Before you got your first period, what did you know about menstruation and who informed you and what was the information you got?
 2. When did you get your first period and what were your thoughts?
 3. How often do you have your period?
 4. What kind of menstrual protection do you use and why and where do you get it from?
 5. Why do you use as menstrual protection? Are you comfortable with it?
 6. How often do you change menstrual protection during one day and how is the procedure? And which body parts do you wash?
 7. How long time does it take to change?
 8. Do you perceive your menstrual protection to be safe for you?
 9. Do you experience any pain during menstruation?
 10. (How much money does your menstrual protection cost every month?)
 11. (Who pay for your menstrual protection?)
 12. Who is deciding/affecting what menstrual protection you use?
 13. Is there any traditional way of manage menstruation?
-

Questions directed towards co student's study

14. Have you ever experienced your menstrual protection to cause you problem? (Such as: infections, leakage etc.)
 15. Is there something you don't do during your period, cooking etc.?
 16. Can you move freely where ever you want during your period? Why, why not?
 17. In what way are you limited by your menstruation in your everyday life and why?
-

Questions directed towards both studies

18. Is there any traditional attitudes/taboo about menstruation that you know of?
 19. Is a menstruating woman treated differently?
 20. How do you feel during your period? (Do you feel ashamed during your period?)
 21. Do you perceive that menstruation is met with shame? In what way do you notice that?
 22. Are females being treated differently from men? How?
-

Questions directed towards this study

23. Is there something you cannot do during your period due to others attitudes about menstruation?
24. Does your menstruation affect your work in any way and what consequences does that have?
25. Who is controlling the finances in your household?
26. (Would it be possible for you to demand money to buy good menstrual protection from your husband?)
27. Does your husband treat you differently during your period?
28. Can you have sexual activity with your husband during your menstruation? (Why not?)
29. Is it possible for you to talk to your husband about your menstruation and the problems surrounding it?
30. What are your husband's thoughts about menstruation?
31. Do you feel equal to your husband? Why/Why not?
32. How does your menstruation affect your possibility to equality with your husband?
33. Who is the one deciding when you and your husband can have sexual activity?