

Menstruation in Rural Igbo Women of South East Nigeria: Attitudes, Beliefs and Practices

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ABSTRACT

Many cultures hold on to different beliefs and retain community-defined restrictions for menstruating women. The Igbo society of southeast Nigeria is rich in culture, myths and superstitions but, surprisingly no documentation exists on menstrual beliefs and practices among the population.

This questionnaire-based cross sectional study supplemented with in-depth interviews evaluated the beliefs, myths and traditional practices associated with menstruation within rural Igbo communities. It revealed that the menstrual egress is of great significance in Igbo culture and must be disposed of carefully to avoid exposure to witchcraft and rituals. Some respondents observed self-imposed restrictions on exercises, food items, visits and sex in order to maintain physical and spiritual cleanliness, lessen discomfort and avoid embarrassment.

Gynaecologists working in this region should utilize the opportunities of clinical consultations to discuss menstrual health issues with their female patients and educate them on the physiology and significance of menstruation. (*Afr Reprod Health* 2008; 12[1]:109-115).

RÉSUMÉ

La menstruation chez les femmes rurales igbo du sud-est du Nigéria : attitudes, croyances et pratiques

Beaucoup de cultures ont des croyances différentes et se rattachent à des contraintes définies par la communauté par rapport à la menstruation chez la femme. Certes, la société igbo du sud-est du Nigéria est riche en culture, en mythes et en superstitions, mais il est étonnant de constater qu'aucun document n'existe sur les croyances et les pratiques de la menstruation chez la population. Cette étude sectionnelle, qui est basée sur les questionnaires et complétée par des interviews en profondeur, a évalué les croyances, les mythes et les pratiques traditionnelles liés à la menstruation au sein des communautés rurales igbo. L'étude a montré que la sortie menstruelle a une grande signification dans la culture igbo et doit s'être débarrassée pour que cela ne soit pas exposée à la sorcellerie et aux gestes rituels. Certaines femmes interrogées se sont imposées des restrictions sur les l'exercices, les aliments, les visites et le rapport sexuel pour s'assurer de la propreté physique et spirituelle, pour séduire la gêne et éviter l'embarras. Il faut que les gynécologues qui travaillent dans cette région profitent des consultations cliniques pour discuter les questions de la santé menstruelle avec leurs patientes et pour leurs renseigner sur la physiologie et la signification de la menstruation. (*Rev Afr Santé Reprod* 2008; 12[1]:109-155).

KEY WORDS: *Culture, menstruation, Igbo, myth, hygiene.*

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Introduction

The cyclical occurrence of menstruation has generated different myths and superstitions in various cultures over the ages¹. A woman's culture, reference group, educational status and religious inclination largely influence her perception of menstruation. While some women take the monthly menstruation for granted, finding in it a reassurance of womanhood, fertility and freedom from pregnancy, for others, it represent an unhygienic ennuï and connotes moral and spiritual uncleanness², a sign of disease or a curse for evil³. A woman's positive disposition to menstruation often derives from pre-menarcheal preparation, education and positive early menstrual experiences (Mcperson 2004).

The significance and appreciation of menstruation differs within communities of various societies. Some cultures and traditions impose observance and taboos during menses (Garg 2001) with restrictions of clothing, bathing, food, social interaction and sexual relationship (George 1994). The traditional igbo society of south east Nigeria is rich in mythology and superstitions relating to different aspects of life, health and disease including menstruation. Documentation on this aspect of menstruation in igbo women is scanty. Adequate understanding and management of menstrual complaints in a population may be influenced by the prevailing myths, beliefs and traditions surrounding menstruation in that population. This study assesses the perception of menstruation among the rural igbo women of Ebonyi state and evaluates the practices and cultural/religious restrictions imposed on the women during the menstrual event.

Materials and Methods

Study Background

The igbos of south east Nigeria constitute one of the major ethnic blocs of the country, the others being the Yorubas of the south west and

the Hausa-Fulanis of the north. Political and administrative exigencies over the years resulted in the balkanization of the igbo region into five states namely, Abia, Anambra, Ebonyi, Enugu and Imo states by the end of 1996. Ebonyi State was carved out in 1996 from the rural areas of Enugu and Abia states, which presently form its western and southern boundaries respectively. It also shares borders with Cross-River state in the east and benue state in the north. It occupies a landmass of 5932km² and has an estimated population of 2.1 million. All but two of its 13 local government areas (LGAs) are rural. Most of the rural inhabitants are engaged in farming, fishing and trading and are mainly Christians, traditional worshippers and animalists. Poverty, illiteracy, myths and superstitions are rife.

Study Design

This study, a questionnaire-based cross sectional survey was conducted over three-month period March to May 2005. data was collected as a part of larger study investigating sexual and menstrual health of rural igbo women. Seventy-five medical student of Ebonyi state University on community Medicine posting were recruited by the principal investigator and formally trained for the survey. Each of the 32 open ended questions of the survey tool was analyzed and discussed to ensure clarity. The community health projector director, who was blinded to the study, choose the twelve rural communities that were studied. Women encountered by chance and who consented to participate in the study were interviewed. Literate women filled their questionnaires while the research assistants conversant with the local dialects assisted the illiterate ones in completing theirs. Pre-menarcheal females were excluded from the study. Information was gathered on the socio biological variables of the women and included their socio economic standing, perceptions and attitudes to menstruation as well as any peculiar practices and observances during the menstrual periods. The study was supplemented with in-

depth interviews by the principal investigator and involved twelve women aged 50 years and above randomly recruited from the studied communities. They were interviewed using a topic guide. Information was obtained about their cultural beliefs about menstruation, menstrual practices and prevailing menstrual restrictions.

Statistical Analysis

The questionnaires were sorted and inconsistent ones were discarded. The qualitative data which were recorded in a pro forma, were fed into a computer and analyzed using the epi info statistical software package version.

Results

One thousand, six hundred and ninety-two questionnaires were analyzed. The age of the respondents ranged from 17 years to 56 years, with a mean age of 32.2 years (Table 1). Teenagers comprised 204 (12.1%) of the respondents and those aged 20 to 29 years were in the majority, accounting for 689 (40.7%). There were 108 women aged 50 years and above. More than 76% of the women studied had no formal education or only some form of primary education. The women belonged mainly to the lower echelons of the social strata (classes IV and V). Majority of the respondents (64.5%) had pre-menarcheal education, mainly from their mothers (40.6%) and mates (27.5%) as shown in table 2. Table 3 revealed that while the social classes used sanitary pads to contain the menstrual egress, women in the lower classes use clothes. Six of the respondents observed during the in-depth interviews that the use of cloths was long established through several generations of women, while the sanitary pads were a modern invention which could impair the detoxification process of menstruation.

“Our mothers, grandmothers and even those before them use cloths during their periods and they never had any problems. These (sanitary) pads that ‘oyibo’ has brought is the cause of many

problems women have today as they do not allow (menstrual) blood to come out freely and bring out all the disease”. The nature of cloths used range from old cloths, towels, rags and occasionally new ones. In most instances, they were washed after use and dried in hidden corners of the compound and reused. The sanitary materials were discarded when they got so old or were irretrievably torn and could no longer be used. More than 67% of the women in social classes I, II and III also use toilet tissue for the same purpose (Table 3). Tampons were rarely used and then only by those in the higher social groups. The qualitative interviews indicated that the sanitary materials were usually disposed of in refuse dumps and pit latrines or were buried in pits around the houses. “you have to really bury the cloths for menses because many witches go around for human blood and they can destroy you if they use your blood for witchcraft. In fact, infertility results from this. Again some evil ones also use these materials for rituals and they can affect you”.

Furthermore,

“If you do not really ‘hide’ the cloths for menses, the smell may attract rodents or even snakes”.

The sanitary materials were also not to be burnt.

“No, you do not burn the cloths used for menses for that means you will be burning human blood. This causes itching all over your body and your body will change colour. At times, this will also generate internal heat in the woman’s body”

Additionally, there may be grievous consequences.

“Burning the cloths or pads causes cancer and infertility because you are burning something from womb and you are destroying it”.

Traditionally, menstruating women dug hole at remote (e.g the barn) or hidden corners of the compound and well away from the main house, over which they sat or squatted continuously or intermittently during their menstrual periods in

Table 1. Socio demographic distribution of respondents N=1,692

Characteristics	No	%
Age (years)<19	204	12.1
20-29	689	40.7
30-39	405	23.9
40-49	286	16.9
>50	108	6.4
Educational status		
No formal education	544	32.2
Primary	744	44.0
Secondary	307	18.1
Post secondary	197	5.7
Social class I	82	4.8
II	221	13.1
III	250	14.8
IV	462	27.3
V	677	40.0
Religious belief		
None	33	1.9
Christianity	1069	63.2
African traditional religion	590	34.9

Table 2. Sources of Premenarcheal education N=1092

Source	Percentage (%)
Mother	40.6
Aunt	4.4
Elder Sister	17.7
Colleagues/friends	27.5
Others	9.8

Table 3. Social Class and Sanitary Protection

Social class	Cloth/Towel N(%)	Sanitary Pad N(%)	Toilet tissue N(%)	Tampons N(%)
82 I	7 (8.5)	82 (100.0)	5 (67.1)	5 (6.1)
221 II	18 (8.1)	221 (100.0)	150 (67.9)	2 (0.9)
250 III	107 (9.2)	81 (32.4)	171 (68.4)	-
462 IV	421 (42.8)	37 (8.0)	83 (18.0)	-
677 V	608 (89.8)	43 (6.4)	72 (10.6)	-
Total	1161 (68.6)	464 (27.4)	531 (31.4)	7 (0.4)

order to let out the menstruum directly into the ground. In table 4 no statistically significant differences were demonstrated in the attitude to menstruation between women who had premenarcheal education and those who do not. Five hundred and twenty four (48%) of the women who had such prior education however had a more positive attitude, compared with the 27.8% of those who had no education, finding no problems with menstruation. More of those who were not tutored before their first menstrual flow perceive menses as evil (1.8%) or a medical disorder (14%) when compared with those who were informed – 1.6% and 11.5% respectively.

Seventy three of them (12.2%) considered themselves dirty or were just indifferent to menstruation (56%). Majority of the women studied (85.8%) avoided sex during menstruation, 19.2% avoided particular foods, 13.55 strenuous activities, 10.6% social visits, 5% markets and 4.1% churches. (Table 5). The in-depth interviews revealed that most communities did not prescribe any cultural restrictions on the menstruating women. Most of the restrictions were indeed self-imposed. However, this was not the case in two communities where some traditional norms/codes obtained. In one of the villages, menstruating women were not allowed to visit a particular section of the village stream for fear of contamination of the stream or to attend traditional gatherings especially where village court trials were in session and judgment were pending.

“If women in their menses attend where the ‘Igwe’(traditional ruler) gives judgment on cases, the igwe’s judgment may not be right because evil spirit might be hovering around”

In the second community, menstruating women were barred from sleeping in the same room with their husbands especially in the polygamous setting.

“Menstrual blood is toxic to sperm and this will cause infertility not only to the woman but also to other wives of the man”.

Furthermore, younger females were barred from the traditional ‘moonlight’ merriment with their age mates, and menstruating women were discouraged from carrying female newborn babies as this was believed to attract menorrhagia to the growing girl in later life.

“When you are bleeding and you carry a newborn female, a reaction will take place and that baby will have heavy menstruation when she grows up; it is not good”.

Meanwhile, in another rural setting, it was presumed that fertility would be restored to an infertile woman who bathed in a particular river during her menstrual period.

“The river brings good luck to any woman looking for child, if she bathes there regularly during her menses”.

Discussion

Igbo women rarely discuss menstruation, and would show major displeasure at the introduction

Table 4. Effect of Premenarcheal education on women’s attitude to Menstruation

‘Yes’ to Questions	Had pre-men. Education N=1092 (%)	No pre-men. education n=600(%)	P-value
Do you think menstruation is a disorder	126 (11.5)	84 (4.3)	0.14
Do you think menstruation is a curse	55 (5.0)	26 (4.3)	0.52
Do you think menstruation is evil	17 (1.6)	11 (1.8)	0.67
Do you consider yourself dirty during periods	115 (10.2)	73 (12.2)	0.31
Can you do without menstruation	157 (14.4)	97 (16.2)	0.32
Do you think there is no problem with menstruating	524 (48.0)	167 (27.8)	<0.05
Indifferent	411 (37.6)	336 (56.0)	<0.05

of the subject. Issues relating to the female genital and reproductive organs are very personal and are not discussed in the open. This reluctance also prevailed in the family where mothers hardly commented upon such issues or prepared their daughter for the menarche and subsequent menstruation. In this study, only 26.2% of the respondents had any form of pre-menarcheal education from their mothers. Such mothers believe that deliberating upon such issues will attract further embarrassing questions about sex and reproductions from their daughters (Garg 2001), and assumed that their daughters would inevitably learn and cope with menstrual phenomenon. Previous studies have, however revealed the positive influence of pre-menarcheal education of young females on their subsequent positive adaptation to menstruation [Rembeck 2004, McPherson 2004, George 1994]. Elaborates initiation rites for pubertal females into womanhood which are observed in some cultures underscore the importance of pre-menarcheal enculturation, as such females adapt more positively to menstrual life (Dharmalingam 1994, Garg 2001). Such rites were not practiced among our study population. In over a quarter of our respondents who had pre-menarcheal education, colleagues and friends largely filled the information gaps on menstruations left by mothers. The content and accuracy of such information determined largely by peer experiences and perception may be deficient and may further include peer-defined discussions on sexuality and reproduction. This study, in consonance with previous works [Rembeck 2004, McPherson 2004, George 1994], revealed that women without pre-menarcheal information had a more negative attitude to menstrual life and poorer self image and esteem than their better informed counterparts. The differences were however not statistically significant.

Economic differences between the respondents were evident in the form of sanitary protection employed. Social classification in this

study was based on the woman's level of education and her spouse's income – a method devised by Olusanya and co-workers in 1985 and found adoptable to the African situation. Whereas women in the upper societal strata (classes I & II) used sanitary pads or tampons, these were unavailable and/or unaffordable to women in the lower echelons. The latter rather used pieces of clothing that in most cases were reuseable. The use of cloths occasionally transcended social placements as a percentage of women in classes I and II also employed such. This derived from practices handed down by generations of mothers in some families and traditions. Irrespective of the mode of sanitary protection, superstition trailed the menstrual egress in some igbo cultures. The egress is considered an integral part of the female and must be properly disposed of, to avoid exposure to witchcraft and ritualists as that may result in deleterious effect like infertility and 'sickness'. It must also not be subjected to heat in order to avoid ill health such as 'internal heat' and generalized itching in the woman. These belief runs deep especially among 'Izzi' clan of rural Ebonyi State and has survived several generations. In some of the women studied, menstruation evoked uncleanliness, and menstruating women were restricted from certain activities and places, including cooking, sex and social and other visits (George 1994). Such women segregated to avoid contamination of other persons, places or food (Garg 2001). Some religions also barred menstruating women from visiting 'holy' places or touching religious texts and instruments (Garg 2001). Within the traditional Igbo society, menstruation previously conjured both positive and negative details. Infertile women would eventually conceive should they have regular baths at a particular river while menstruating. Menstruation constituted a cleansing and purification exercise and signified peace with the 'gods'. Currently this belief is no more rife in the communities. Contrarily, the presence of a

menstruating female may hinder equitable dispensation of justice, and such a woman was consequently barred from the village traditional courts. Currently no such restrictions exist. Unlike in some Indian communities where society imposes restrictions on women during their menstrual periods for their 'impure' state (George 1994), the restrictions among our study population were mainly self-imposed and intended to keep clean, lessen discomfort and avoid embarrassment. Many of our respondents avoided sweetened foods, which were understood to increase both menstrual cramps and the menstrual flow. Many menstruating women also bathed more times than usual to keep clean. However, the greatest self-restriction was the avoidance of sexual intercourse during the menstrual periods. In another study, about 70% of women in Chile avoided sex during menstrual periods (Barnhart 1995). In the Indian study, menstruating women were considered impure and sex was avoided during the period as this may cause 'weakness' of the male organ, vaginal discharge and urinary tract infection (Kanani 1994). In our study, many women avoided sex which they considered unhygienic. In one of the communities studied, the menstuum was deemed toxic to spermatozoa and would ultimately cause infertility in the women especially in a polygamous setting. Traditional restrictions during menstruation impact negatively on womanhood by effectively assaulting the women psychologically, debasing their self-image and self-esteem, precipitating a feeling of shame and undermining the physiological significance of the phenomenon. (Kanani 1994, McPherson 1994, Garg 2001).

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