

# Menstrual Hygiene Management: Women Resilience to Fight Against Cultural Beliefs and Stereotypes On Menstruation, Nigeria

**AUTHOR(S):**

OLUSEGUN, Grace Funmilayo (Ph.D.)

## Abstract

Menstrual hygiene management (MHM) is a critical yet often overlooked aspect of women's health, particularly in regions where cultural beliefs and stereotypes significantly impact practices and perceptions of menstruation. This study, conducted by Olusegun Grace Funmilayo, explores the resilience of women in Nigeria as they navigate and challenge deeply entrenched cultural beliefs and stereotypes surrounding menstruation. Despite menstruation being a natural biological process, it is often shrouded in myths and taboos that contribute to stigma and inadequate menstrual hygiene practices. The research highlights the adverse effects these cultural norms have on women's physical, emotional, and social well-being, including the perpetuation of period poverty and its implications for women's education and economic opportunities. Furthermore, the study underscores the necessity of providing adequate WASH (Water, Sanitation, and Hygiene) facilities in public and private spaces to enable women to manage their menstrual hygiene safely and with dignity. By promoting awareness, education, and open dialogue about menstruation, this study advocates for a shift towards more supportive and informed attitudes, ultimately fostering resilience among women to overcome the challenges posed by cultural beliefs and stereotypes. Through this lens, the research calls for continuous efforts in challenging stereotypes, improving access to menstrual products, and integrating comprehensive menstrual education to enhance the overall health and dignity of women in Nigeria.

**Keywords:** Menstrual Hygiene, Management, Women Resilience, Cultural Beliefs,

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About Author

Author(s):

**OLUSEGUN, Grace Funmilayo (Ph.D.)**

Department of Guidance and Counselling  
Faculty of Education,  
Ekiti State University, Ado – Ekiti, Nigeria.  
[grace.olusegun@eksu.ed.ng](mailto:grace.olusegun@eksu.ed.ng)



## INTRODUCTION

Menstruation could be regarded as a period or a natural process that occurs in the reproductive system of females as a sign that a woman 'body has reached puberty and that the body is capable of pregnancy. Menstruation appears to be a woman's monthly bleeding flowing from the uterus through the small opening of the cervix and passing out of the body through vaginal. This bleeding seemed to occur roughly once a month typically lasting for three to seven days (National Institute of Child Health and Human Development, (2022). Although the duration may vary from woman to woman, which could still be regarded as a normal part of the reproductive cycle. Menstruation is regulated by hormonal changes, primarily oestrogen and progesterone, which are controlled by the hypothalamus and pituitary gland in the brain, and the ovaries (National Institute of Child Health and Human Development, 2022. although the duration may vary from woman to woman, which is a normal part of the reproductive cycle. Despite the fact that menstruation is a woman's normal biological process, it can be associated with a variety of physical and emotional symptoms, like cramping, bloating, mood swings, and fatigue as opined by. In addition, menstruation can also be impacted by a variety of factors, including stress, diet, exercise, and medical conditions such as polycystic ovary syndrome and endometriosis (White Lizanda, (2013).

Office of Women's Health (2021) defines menstruation as a woman's monthly bleeding, often called period. It was further stressed that, when a woman menstruates, the body discards the monthly build-up of the lining of the uterus (womb). Tshomo, et al (2021), defines menstrual hygiene management (MHM) as the specific hygiene and health requirements for women during menstruation, hygiene management could include; knowledge, information, materials, and facilities needed to manage menstruation effectively and privately. Tshomo, et al (2021), defines menstrual hygiene management (MHM) as the specific hygiene and health requirements for women during menstruation, hygiene management could include; knowledge, information, materials, and facilities needed to manage menstruation effectively and privately.

In the past, getting to menarche was a joyous occasion in all cultures, but the condition seems to have changed from what it used to be. It is now becoming more widely acknowledged in the domains of development and academia relating to social and cultural beliefs, stereotypes and myths. It is socially believed that menstruation is a rite passage and a sign of maturity for women, and thereby is viewed as unclean and shameful act. Culturally, Mensuration is believed not to be part of our culture to engage in sexual activity during the period of menstruation. Spiritually, menstruating period is viewed as a powerful and sacred time when women menstruating should not engage in special spiritual activity.

The onset of menstruation, also known as menarche, typically occurs between the ages of 9 and 15, with an average age of onset at 12 years old (American College of Obstetricians and Gynaecologists, 2021) while menopause could occur between the ages of 45 and 55, although it can occur earlier or later (White Lizanda, 2013). The management of menstruation has evolved over time, with various methods of menstrual care and hygiene practiced throughout history. Today, menstrual products such as pads, tampons, and menstrual cups are commonly used to manage menstrual bleeding (World Health Organization, 2020). However, access to menstrual products and menstrual education remains a global issue, with many individuals experiencing period poverty and stigma (UNESCO, 2020). In the olden days, Menstruating women dug holes 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 order to let out the menstrual blood directly into the ground, (Keith, 2016).

Studies have shown that about 500 million or more women globally lack access to essential menstrual hygiene management services (MHM), (UNESCO, 2020). Women maintain their menstrual hygiene in a private, safe, and respectable manner since there are no separate bathrooms with doors that can be safely closed, there are no facilities for the disposition of old sanitary pads, and lack of water for hand washing. Hence, Inadequate water, sanitation, and hygiene (WASH) facilities to wash their hands., particularly in public places such as college campuses and hostels, can pose a major challenge to women and girls regarding the safe disposal of the used menstrual materials.

The disposable sanitary pads are constructed of plastic and cellulose which are simple to use as they are not biodegradable, though, and they are pricey. The biodegradable, environmentally friendly sanitary napkins include those made of bamboo fiber,- banana fiber, and water hyacinth. Which are difficult to find. Tampons come in both reusable and no reusable varieties and are also utilized for menstrual cups which must be placed inside the vagina. It is also opined by Kaur, Kaur, and Kaur (2018), that pads that are not reusable must be disposed of in trash cans. Although it could be difficult to get. More so, some tribes choose to bury or burn the pads due to cultural beliefs and a lack of disposal options.

A recent study by the World Bank Group (WBG, 2018) studied the complicated relationship between water and gender demonstrating how ignoring the need for menstrual hygiene helps to maintain the lower status of women. Given the many difficulties that women encounter, it is clear that encouraging menstrual hygiene management (MHM) is more than just a hygiene problem. It is also a crucial step in preserving bodily integrity, possibilities for women and girls, and their fundamental dignity.

The World Bank is advancing the MHM agenda in keeping with its overarching commitment to achieving gender equality. It aspires to better understand and manage MHM concerns through a variety of scientific and analytical activities and, to do so, raise the conversation on the importance of MHM, (The World Bank, 2018). Many women lack sufficient privacy to manage menstrual hygiene. The WASH Poverty Diagnostics' most recent research illuminates MHM problems in many nations and their effects on results for human development. For example, 25% of women in Nigeria lack sufficient privacy to manage their menstrual hygiene. In Bangladesh, just 6% of schools offer instruction on MHM, which leads to a lack of understanding of menstruation. Additionally, more than one-third of females polled in these nations reported that menstrual problem harms their academic performance. Lack of MHM also impacts girls' school attendance in Panama, where sixth-graders are six to ten percentage points more likely than boys or girls in lower grades to have missed school once during the last six months. Projects and programs worldwide are adding to and expanding upon such evidence.

Efforts have been made by government and non-governmental institutions: the World Bank collaborates with groups active in the area as part of its efforts to advance the MHM agenda. For instance, a rural water supply and sanitation project in the Kyrgyz Republic is helping the government expand an MHM program created by UNICEF and Save the Children to 100 more schools. This package comprises practical WASH facility upgrades that fulfil girls' needs for managing their menstrual hygiene privately and practically, as well as advice and training for teachers on MHM education. Additionally, the World Bank is working with WASH United on

Menstrual Hygiene Day to promote social norm transformation and raise awareness of MHM worldwide, (World Bank Document 2022).

Despite all efforts made by government and non- governmental institutions, the cultural beliefs, stereotypes, and myths associated with menstruation contribute to the general culture of silence surrounding the subject, leaving little knowledge of menstruation and menstrual hygiene which has an impact on women's health and dignity unpopular. There is need to instigate into the of the factors, such as the social factors militating against its effective practice.

### **The Stereotypes and Cultural Belief Theory**

The stereotype theory suggests that menstruation is often associated with negative stereotypes and stigmas, such as the notion that menstruating individuals are moody, irrational, and unclean (Chrisler & Caplan, 2002). These stereotypes can have a detrimental impact on how menstruation is viewed and experienced, contributing to shame, secrecy, and a lack of openness about menstrual health (Gordon et al., 2014). The cultural belief theory proposes that the way menstruation is perceived and managed is shaped by cultural beliefs and practices. For instance, some cultures view menstruation as a sacred and powerful process, while others view it as a source of pollution and impurity (UNESCO, 2020). These cultural beliefs can influence how menstrual bleeding is managed as well as the social and ritual practices that surround menstruation (Chandra-Mouli et al., 2015).

Research has also highlighted the impact of cultural beliefs and practices on menstrual health education and management. For example, some cultures may have limited knowledge and access to menstrual products and healthcare services, which can lead to negative health outcomes (Chandra-Mouli et al., 2015). Additionally, cultural beliefs may influence menstrual hygiene practices, such as the use of traditional cloths or herbs, which can have potential health risks (Dasgupta et al., 2015). Stereotypes and myths such as; Menstrual pain during period. Menstruation is normal and she just has to get used to it. Sex during menstruation will infect or kill a partner. No more menstrual pain after sexual intercourse and menstrual pain will reduce after child birth. Exercise during menstruation will damage the womb. Menstruation blood is dirty blood. Women were not allowed to eat on the same plate with others while menstruating, women should be in isolation while menstruating because they believe menstrual blood pollutes the home.

Overall, the stereotype theory and cultural belief theory highlight the important role that social and cultural factors play in shaping menstrual experiences and management. Understanding these theories can help promote awareness and education about menstrual health, and support efforts to reduce menstrual stigma and promote menstrual equity globally.

### **Cultural Belief on Menstruation**

Cultural beliefs about menstruation vary greatly across different societies in terms of time and periods. 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). In some cultures, menstruation is believed as a rite of passage and a sign of maturity for women while in other cultures, menstruation is viewed as unclean and shameful. Women may be excluded from certain social or religious activities while menstruating. Even in some indigenous cultures, menstruation is seen as a powerful and sacred time when women should be allowed to engage in special spiritual activities. In some

other cultures, there are traditional practices and taboos related to menstruation, such as restrictions on diet, sexual activity, and hygiene. Different cultures view menstruation in different ways. The basis of many conduct norms and communication about menstruation in western industrial societies is the belief that menstruation should remain hidden. By contrast, in some hunter-gatherer societies, menstrual observances are viewed in a positive light, without any connotation of uncleanness.

In Nigeria, there are several cultural beliefs surrounding menstruation and this varies from one ethnic group to another. The three major ethnic groups in Nigeria; Igbo, Hausa, and Yoruba, hold on to different beliefs and retain community defined restrictions for menstruating women. In the Igbo culture of southeast Nigeria, it is believed; menstruating women should not be permitted 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 judgments were pending. Menstrual blood is toxic to sperm and this will cause infertility not only to the woman but also to other wives of the man. Menstruating women were barred from sleeping in the same room with their husbands especially in the polygamous setting. 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.

In Yoruba culture of Southwest Nigeria, menstruating women are not supported to cook certain food such as moi-moi, it is believed that the moi-moi won't be fully cooked. Menstruating women are not allowed to handle some traditional medicines, it is believed the traditional medicine won't be effective. Menstruating women are considered unclean and are often excluded from participating in certain activities or entering certain places, such as some religious center. Menstruating women should not have sexual intercourse, as it is believed that it will cause harm to the man. In Hausa-Fulani of northern Nigeria, Menstruating women dug a hole in 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 menstrual periods in order to let out the menstrual blood directly into the ground.

These beliefs and practices are not supported by scientific evidence and can have negative impacts on the physical, emotional, and social well-being of women and girls in Nigeria. Like other taboo subjects, talking about one's period is restricted by culture. A taboo prevents discussing menstruation in social situations, so women are encouraged to be silent about it (Lee & Sasser-Coen, 1996); when women breach the silent taboo, the conversation is often unpleasant. Cultural norms on menstruation often prevent women from thorough soap washing of clothes used for menstruation before the clothing is dried from the sun and away from other family members. Vaginitis, pelvic infections, and urinary tract infections are all caused by these unhygienic habits (Torondel et.al, 2018; Kim et.al, 2019). The difficulty in menstruation that girls and women encounter frequently is more deeply ingrained in social conventions and attitudes than it is in the availability of infrastructure.

### **Stereotypes on Menstruation**

Through negative messaging about women's cycles and unfavourable reactions to any mention of menses, menstruation is socially constructed as negative by society. Women may be in a position where they feel negative emotions like shame about their reproductive bodily processes and decreased self-esteem due to ignorance of the body and the menstrual cycle (White, 2013). From time immemorial, menstruation has been a source of social stigma for women, as shown by Johnston-Robledo and Chrisler (2015). They also identified other instances where menstruation is seen adversely in our society. According to Roberts and

fellow researchers' empirical research, menstrual blood may be seen as a stain on women's character (Roberts et al., 2002).

According to Fahs (2016), research showed that even reminders of menstrual blood, such as seeing a wrapped, unused tampon, might cause avoidance and social distance. When menstruation is discussed negatively, women are subjected to mockery, contempt, and trivialization. Menstruating women, particularly premenstrual women, are stereotyped as angry, irrational, emotionally unstable, out-of-control, and physically or psychologically ill due to the majority of media messaging portraying menstruation as unpleasant (Chrisler & Gorman, 2015). According to McKeever (1984), media, pop culture, and educational institutions have all contributed to women's negative attitudes concerning menstruation by the time they reach puberty. (Chrisler & Gorman, 2015). According to McKeever (1984), media, pop culture, and educational institutions have all contributed to women's negative attitudes concerning menstruation by the time they reach puberty.

Lese (2016) explored how menstruation is constructed (negatively) through public media discourse, which reinforced norms of menstruation stigma. The researcher did this using critical discourse analysis. Menstrual blood was separated as being outside the norm using terms like "leaks," which underlined that menstruation should not be visible. Women feel embarrassed due to the stigma associated with keeping their period a secret from others (Cafolla, 2015; Driscoll, 2015; Sanchez, 2015). Women learn via stigmatized language that getting their period in public is one of the most shameful things that can happen to them (Sanchez, 2015). In 2015, Rupi Kaur shared a photo of herself lying in bed with her back to the camera and a menstrual stain or leak visible on her leggings and the bed sheet on social media. Due to claimed violations of the social networking app's policies, the image was twice taken down from the platform (Kaur, 2015).

In a study conducted by Siebert (2018) 42% of women said they had encountered period shaming in a recent nationwide survey of 1500 women performed by the period underwear manufacturer Thinx. Referrals to the vagina reportedly make women uncomfortable, and 62% of them find the term irritating. The poll results support the argument by Fahs (2016), who links physical levels of body shame and self-surveillance exhibited considerably more shameful views concerning reproductive functions. It was concluded that it might inhibit women's sexual agency and capacity to acknowledge and support pleasure. They also discovered a link between menstrual shame, increased sexual risk-taking, and less sexual experience. Women felt disgusted and humiliated related to the messiness of their periods, and qualitative investigations of women's attitudes toward menstruation sex revealed widespread negative opinions (Fahs, 2011). Chrisler and Johnston-Robledo (2018) conclude that menstruation negatively affects sexual subjectivity even when women are not menstruated. They propose that reducing menstrual shame may positively impact women's sexual mechanisms.

### **Myths of Menstruation**

There are many myths and misconceptions surrounding menstruation. Some common ones include the belief that menstruation is dirty or shameful, that women should not participate in certain activities during their period, and that all women experience menstruation in the same way. Women cannot accept it. enter a kitchen or cook food for anyone else. Women can't enter a place of worship. Dough won't rise and moi\_moi won't cook. Women must rest and avoid exercise while on their period. Men must not touch women if not she will get pregnant. Menstrual pain during this period. Menstruation is normal and she just has to get

used to it. Sex during menstruation will infect or kill a partner. No more menstrual pain after sexual intercourse and menstrual pain will reduce after child birth. Exercise during menstruation will damage the womb. Menstruation blood is dirty blood. Menstruation is a personal issue. Menstruation is shameful. Women should not swim while menstruating. These myths are not supported by scientific evidence and can lead to negative attitudes and discrimination towards women. It's important to educate ourselves and others about the facts of menstruation in order to dispel these myths and promote understanding and Examples include.

### **Effects of Menstruation on Women**

Menstruation can have a variety of physical and emotional effects on women. Some common physical effects include cramping, bloating, breast tenderness, fatigue, and headaches. Emotionally, some women may experience mood swings, irritability, or depression. These symptoms can vary in intensity and duration for each individual woman and can be influenced by factors such as diet, exercise, and stress levels. Additionally, certain conditions such as endometriosis and polycystic ovary syndrome (PCOS) can cause more severe or persistent symptoms. Some women may experience premenstrual syndrome (PMS) which can cause additional symptoms such as acne, breast tenderness, and food cravings (American College of Obstetricians and Gynaecologists, 2021).

The stress of maintaining menstrual hygiene management is linked to the physiological and psychological changes that the woman experiences. Some women were silenced about menstruation challenges for fear of stereotypes and shaming thereby going through menstruation pain unassisted.

An increasing amount of research revealed that women's incapacity to manage their menstrual hygiene in schools causes absenteeism, which could result to serious financial repercussions for their lives and the nation at large. According to the WHO (World Health Organization, (2018) and UNICEF (United Nations International Children's Emergency Fund) schools should have WASH facilities and MHM (menstrual hygiene management) inclusion in the classroom is also crucial (Poirier, 2019). A recent study by the World Bank Group (WBG, 2018) studied the complicated relationship between water and gender demonstrating how ignoring the need for menstrual hygiene helps to maintain the lower status of women. Given the many difficulties that women encounter, it is clear that encouraging menstrual hygiene management (MHM) is more than just a hygiene problem. It is also a crucial step in preserving bodily integrity, possibilities for women and girls, and their fundamental dignity. Overall, the effects of menstruation can vary greatly from woman to woman, and some may experience more severe symptoms than others.

Angelica Lindén Hirschberg (2022), opined that women with regular and normal periods are affected in their physical performance ability during the menstrual cycle. Women have slightly improved coordination just before ovulation. There is stronger support for a deterioration in balance just before menstruation, a result that is perhaps confirmed by other studies which show that the risk of injury associated with sports is possibly higher at this stage of the cycle.

Due to the taboo and myth linked with menstruation, many young women do not discuss their periods regularly or openly, distinguishing menstrual moaning from the fat talk. However, when they do, the conversation is invariably depressing, much like a fat discussion. Women communicate a shared experience when they moan or complain about their periods. More specifically, they convey cultural opinions on the negative aspects of menstruation,



bleeding, premenstrual feelings, and the female body. The schools' inadequate facilities could contribute to student absenteeism and poor academic performance.

### **Women Resilience to Fight Cultural Beliefs and Stereotypes**

According to Brown's theory of shame resilience, women need to talk to other women about their experiences, including their pain (Brown, 2006). Women's relationships can help women overcome shame. However, the key to women's resilience to shame is the confidence to talk about experiences and expect and receive an emphatic response (Brown, 2006). Examining shame and events that make people feel ashamed in a social setting is the first step feminist activists recommend women take to combat the expectation of silence. By acknowledging shared experiences with shame, girls/women may become more aware of their vulnerability as a group and help women realize they are not alone.

Feminist advocates exhort women to end the taboo against discussing menstruation once the shame is shown as a sexist societal construct. Menstruation shame and stereotypes may be lessened by telling menstrual stories to sympathetic listeners. This viewpoint was also put up by Schooler (2001), who discovered that women's groups could help girls feel less ashamed by talking to one another openly about their periods (Schooler 2001). In actuality, menstrual activism stresses the importance of discussing periods openly (Fahs, 2016). Women's opposition to the demands for secrecy, taboos, and concealment may be seen in menstrual groaning. In this way, talking about one's menstruation experiences might be an act of activism, a way to break the taboo around it, or challenge the patriarchal norm.

The shame and stereotype framework claims that when the conversations about menstruation are positive or at least balanced, sharing one's menstrual relationships can help women overcome shame. However, the key to women's resilience to shame is the confidence to talk about experiences and expect and receive an emphatic response (Brown, 2006). Examining shame and events that make people feel ashamed in a social setting is the first step feminist activists recommend women take to combat the expectation of silence. By acknowledging shared experiences with shame, girls/women may become more aware of their vulnerability as a group and help women realize they are not alone. The shame and stereotype framework claims that when the conversations about menstruation have positive or at least balanced, sharing one's menstrual.

### **Conclusion**

To effectively evaluate women's menstrual health and well-being, a deeper understanding of sociocultural norms, beliefs, and practices around menarche and menstruation is required. There is a need for a profound evaluation of the regional effects of sociocultural ideas, norms, and practices on MHH. Therefore, to develop resilience, women must learn to be confident about themselves sharing their menstrual experiences openly and among people of like mind to help them overcome the cultural beliefs, stereotypes, and shame attached to menstruation. Bearing these in mind, it will help them develop a good sense of menstrual health hygiene when they become adaptable to taking good measures during menstruation and maintaining a good and healthy period.

There is a need for public and private places to have WASH facilities, including soap and water for sanitation, a private area for changing, and a place women dispose of menstruation absorbents. washing stations, in schools, communities, and public places. This is crucial in ensuring that women can manage their menstruation safely and with dignity.

**Challenging Stereotypes and Cultural Beliefs:** Efforts should be made to challenge stereotypes and cultural beliefs surrounding menstruation. This can be done through media

campaigns, public events, and social media. It is important to promote a positive and open attitude towards menstruation and to debunk myths and misconceptions surrounding it.

**Research and innovation:** Continued research and innovation are crucial to addressing the issue of menstrual hygiene management, stereotypes, and cultural beliefs surrounding menstruation. This could include developing new and affordable menstrual products, as well as identifying and addressing emerging issues related to menstruation and menstrual health.

### Recommendations

To effectively manage menstruation and fight the stereotypes, and cultural beliefs surrounding menstruation, the following recommendations are suggested:

**Education and Awareness:** Governments, organizations, and individuals should work towards creating educational and awareness programs on menstruation hygiene management. These programs should focus on breaking down the cultural and societal barriers surrounding menstruation and promoting proper menstrual hygiene practices. Such programs should be made available to women, girls, and men in schools, communities, and workplaces.

**Access to Menstrual Products:** Governments and organizations should work towards providing access to affordable menstrual products, such as sanitary pads, tampons, menstrual cups, and reusable cloth pads. This can be done through subsidies or free distribution programs. It is also important to ensure that these products are environmentally friendly and sustainable.

**Water and Sanitation Facilities:** Governments and organizations should work towards providing clean water and sanitation facilities, including toilets and hand-washing stations, in schools, communities, and public places. This is crucial in ensuring that women can manage their menstruation safely and with dignity.

**Challenging Stereotypes and Cultural Beliefs:** Efforts should be made to challenge stereotypes and cultural beliefs surrounding menstruation. This can be done through media campaigns, public events, and social media. It is important to promote a positive and open attitude towards menstruation and to debunk myths and misconceptions surrounding it.

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