

## MENSTRUAL PERIOD POVERTY AND SUSTAINABLE DEVELOPMENT GOALS ASSESSMENT IN LAPAI LOCAL GOVERNMENT AREA

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### **Abstract**

*This study investigates period poverty in the Lapai Local Government Area, examining its impact on school attendance, education, and health and its relationship with Sustainable Development Goals. Utilising a survey research design, data were collected from 1,000 respondents, including 500 schoolgirls and 500 women, through Focus Group Discussions and Key Informant Interviews. Key findings reveal that period poverty significantly affects educational outcomes and health, with a notable correlation between period poverty and Sustainable Development Goals. Despite variability in coping mechanisms and no significant effects related to education levels, the data underscore the urgent need for targeted interventions. The study recommends subsidised menstrual products, incorporating menstrual health education into curricula, enhancing healthcare support, and promoting local production of affordable menstrual products. These measures are essential for addressing period poverty and improving the well-being of girls and women in the region.*

**Keywords:** Period Poverty, sustainable development, women, school girls, education

### **Introduction**

The monthly flow of blood, known as menstruation, is a natural experience for girls and women who have passed the age of puberty. According to the United Nations, about 800 million women menstruate daily. The challenges associated with the monthly flow of blood for girls and women range from cultural stigmatisation in rural areas to the inability to maintain proper menstrual hygiene. Maintaining proper menstrual hygiene requires access to sanitary products and menstrual hygiene education. Sanjay (2019) asserts that meeting the hygiene needs of all adolescent girls is a fundamental issue of human rights, dignity, and public health. In most developing countries, the situation is gloomy because of the inability of young girls and women in rural areas to afford sanitary products and access proper menstrual hygiene education. One of the major factors responsible for this is the rampant poverty in rural areas. This inability to afford menstrual hygiene products and education is known as Period Poverty.

According to UNICEF (2019), Period poverty may contribute to early and unwanted pregnancy; the stress and shame associated with menstruation can negatively affect mental health; and unhygienic sanitation products may make girls susceptible to reproductive tract infections – all affecting SDG health outcomes (Goal 3). Girls may be absent or less attentive in school during menstruation due to a lack of WASH facilities or support from the school community, affecting education (Goal 4) or at work, affecting economic opportunities (Goal 8). Gender equality (Goal 5) cannot be achieved when taboos and myths prevent menstruating women and girls from full participation in society. Failure to develop markets for quality menstrual materials can impact sustainable consumption and production patterns (Goal 12). This informs why the UN, through UNICEF, released a menstrual hygiene and health guideline in 2019 and has been championing the advocacy for ending period poverty through partnerships with non-

governmental organisations and activists.

Period Poverty is rife in Nigeria. There are approximately 1.2 billion women across the world who do not have access to these menstruation sanitation products and resort to unhygienic practices like using rough newspapers, cloth napkins or rags in place of pads. According to UNICEF (2019) reports, one in ten African girls miss school due to their periods. This is tantamount to 20% in a school year. Sanitary pads cost about 500 naira in Nigeria, with over 80 million poor persons and approximately 44% of the population making less than 500 naira daily (World Bank, 2018). UNICEF reports that young girls in Internally Displaced Camps (IDPs) across conflict-stricken areas in Nigeria trade sex for sanitary pads. Despite the efforts of advocacy groups and international government and non-governmental organisations, most rural areas in Nigeria are yet to be reached, and this has made unsafe menstrual hygiene practices rampant. In line with the recommendations of UNICEF, some states in the United States of America (namely Nevada, New York, Florida, Illinois, Connecticut, Minnesota, Pennsylvania, Massachusetts, Maryland, and New Jersey), Kenya, Canada, India, Australia, and Ireland have abolished tax for sanitary products. England and Scotland have passed legislation mandating schools to provide sanitary products free of charge. The rate of poverty in Nigeria points to a correspondingly high rate of period poverty, and a situation where the majority of the population lacks access to clean water and basic sanitation makes the Nigerian case even worse. Despite this, there have been few efforts from the Nigerian government to address period poverty. Sanitary pads are expensive in Nigeria because of the government's tax on such products. This contributed significantly to denying millions of young girls and women access to the pads needed to maintain proper menstrual hygiene, thereby exposing them to poor menstrual hygiene. Poor menstrual hygiene can lead to fungal and bacterial infections of the reproductive and female urinary tract of girls and women. It can lead to the irritation of the skin, cause discomfort and severe skin and vaginal infections that ultimately leads to barrenness. Girls and women who are at risk of these dangers expose boys and men to infections, too. Thus, period poverty affects both genders and threatens public health and the achievement of goals 3,4,5, 8 and 12 of the Sustainable Development Goals. This makes an examination of period poverty in Nigeria desirable and imperative.

Using Lapai Local Government Area as a case study, this study seeks to explore the incidence of period poverty in Nigeria and its effect on the health of girls, women, and men. The study is crucial due to the underexploration and lack of empirical data on the actual effects of period poverty in Nigeria.

### **Statement of the Problem**

Menstruation and menstrual practices still face many social and cultural restrictions, which are significant barriers in the path of menstrual hygiene management. In many parts of the world, especially in rural areas, girls and women are not prepared and aware of proper menstrual hygiene, so they face many difficulties and challenges at home, schools and workplaces (Kaur, 2018). Due to their inability to afford sanitary pads and access proper menstrual education, girls and women resort to unsafe menstrual management practices that expose them to diseases and complications. According to Volkova (2019), seven years of a woman's premenopausal life is spent dealing with her monthly period and the challenges that arise from it. To put this in numbers, a woman will be physically and emotionally affected by her period for approximately 2,555 days of her existence. During this period of her life, she is exposed to health risks if proper menstrual hygiene is not maintained. While 2.3 billion persons lack basic access to water and sanitation (UNICEF, 2019) coupled with the high cost of sanitary products in a world where over 700 million persons - about 8.6% of the world, live in extreme poverty on \$1.90 or less a day (World Bank, 2018), maintaining proper menstrual hygiene is impossible in many parts of the world. One-third of

girls in South Asia miss school during their period (Banerji, 2018), while 44% of women who have experienced period poverty have issues with finding employment (Elsworthy, 2018). Period poverty can cause reproductive and urinary tract infections in girls and women who, in turn, infect their husbands. In extreme cases, it could potentially result in anxiety and depression (Volkova, 2019).

As a result of poor menstrual health education, girls and women in rural areas dispose of the clothes and rags with which they used to manage their menstruation in places where it poses serious risks to public health. These products are stained with blood and expose the general public to HIV or any of the communicable viruses that could be gotten from contact with the improperly disposed products. Period poverty is a risk to public health. While there are extant studies and reports on the problems and dangers of period poverty in the world, there has been a limited empirical assessment of the problem in rural areas in Nigeria. This study intends to fill this gap using Lapai Local Government as a case study.

### **Research Questions**

- How do girls and women in Lapai Local Government cope with period poverty?
- What are the specific factors responsible for period poverty in Lapai Local Government?
- What is the extent of the relationship between poverty and period poverty in the Lapai Local Government area?
- What are the health challenges faced by girls and women as a result of period poverty in the Lapai Local Government area?
- Does period poverty affect school attendance in Lapai, a local government area?
- Is period poverty a threat to the achievement of the sustainable development goals?

### **Objectives of the Study**

- To describe how girls and women in Lapai Local Government cope with period poverty.
- Examine the factors responsible for period poverty in the local government area of Lapai.
- To determine the extent of the relationship between poverty and period poverty.
- To identify the health challenges faced by girls and women in Lapai Local Government as a result of period poverty.
- To ascertain whether period poverty impacts school attendance and education in the Lapai Local Government area.
- To find out if period poverty threatens achieving sustainable development goals.

### **Literature Review**

#### **Period Poverty**

Period poverty, often described as menstrual hygiene management, MHM refers to a situation lacking

access to sanitary products due to financial constraints. According to WHO/UNICEF (2012), menstrual health management is defined as women and adolescent girls being able to use clean materials to absorb or collect menstrual blood and to change them in privacy as often as necessary throughout their menstrual period. Being able to use soap and water for washing the body as required and having access to safe and convenient facilities to dispose of used menstrual management materials. Women and girls have access to essential information about the menstrual cycle and how to manage it with dignity without discomfort or fear.

Based on the above definition, Tull (2019), in her study of period poverty, defines the concept as the absence of any of the above conditions listed by the World Health Organization and UNICEF. Period poverty is the lack of access to sanitary products, menstrual hygiene education, toilets, hand washing facilities, and/or waste management (Sanchez & Rodriguez, 2019). This definition was used in a study by Oppenheim (2018), Kaur et al. (2019), Aïdara (2016), Bobel (2019), Patkar et al. (2016), Hennegan et al. (2016) and Muthengi et al. (2017). This study adopts this definition of period poverty for a working definition of the concept of period poverty.

### **Period Poverty as a Global Problem**

Previous literature has focused on period poverty as an external issue affecting lower-income and developing countries. However, Tull (2019), in a study of the United Kingdom and other countries in Europe, argues that in the context of austerity and the rise of homelessness and foodbank use, combined with a lack of supportive and accessible menstrual health management education, it is also being experienced here in the UK and Europe. In 2017, it was debated in Parliament, and in July, the Scottish government introduced a pilot scheme to deliver menstrual products to over 1,000 needy women and girls through food banks. In October 2017, Nicola Sturgeon, the First Minister of Scotland, promised that free sanitary products would be provided in Scottish schools, colleges and universities from the beginning of the academic year in September 2018. In response to period poverty, certain countries have taken a proactive approach to tackling the issue. In 2018, Scotland became the first country in the world to make sanitary products free to students at schools, colleges, and universities. Lower-income families also have free access to sanitary products. England quickly followed suit, passing a law that will make sanitary products free in secondary schools and colleges in England starting in 2020. One of the main issues surrounding period poverty is the cost of sanitary products. In most parts of the world, sanitary products are considered luxury goods—items not considered a necessity—and are taxed accordingly. This makes tampons and pads even more inaccessible. In response, countries such as India, Australia, Kenya, Canada, and Ireland have eliminated taxes typically added to sanitary products. In her study, Tull (2019) states that Australia is leading the way in fighting period poverty by officially removing the tampon tax for residents beginning on 1 January 2019. Only 10 states do not tax feminine hygiene products in the United States. These states are Nevada, New York, Florida, Illinois, Connecticut, Minnesota, Pennsylvania, Massachusetts, Maryland, and New Jersey.

New Hampshire and New York have mirrored legislation passed in Scotland and England that requires schools to provide sanitary products free of charge (Volkova, 2019). This shows that period poverty is a problem in high as well as low- and middle-income countries. For example, it is a widespread problem in Kenya, with UNICEF finding that 7% of women and girls surveyed rely on old clothes, pieces of blankets, chicken feathers, mud, and newspapers. 46% used disposable and 6% used reusable pads (Oppenheim, 2018). In Bangladesh, many families cannot afford menstrual products and use old clothing, according to the United Nations International Children's Emergency Fund (UNICEF). Moreover, in India, only 12% of

menstruators have access to sanitary products, leaving the rest to use unsafe materials like rags and sawdust as an alternative. According to Sanchez and Rodriguez (2019), the problem is that global sanitation affects boys and girls worldwide, although they were not specific about how period poverty affects boys. Kaur (2018) answers that question by asserting that poor disposal of unsafe sanitary materials endangers public health, and women who are at risk of health infections due to period poverty expose their husbands and sons to such diseases.

### **Causes of Period Poverty**

Several works show that period poverty affects several low-income women due to a variety of causes; four factors identified in these studies factors are summarised below:

#### **Lack of access to sanitary products**

Bobel (2019:13) focuses more on girls' lack of access to menstrual care. He adds, “Meanwhile, a more holistic view of menstrual experiences and their impact on physical, psychological, and social realities fades from view” (Bobel, 2019, p. 13). In Kenya for instance, it has been reported that girls are forced to have sex in exchange for sanitary products: “New exclusive research” by UNICEF found that 65% of females in Kibera – an area of the capital of Nairobi which is one of the largest urban slums in Africa – had traded sex for sanitary pads, due to the prevalence of period poverty and the shame, stigma and public health misinformation which surrounds menstruation (Oppenheim, 2018). However, reports that girls have sex with boda boda (motorcycle taxi) drivers because they have power, money, and access to the product have been disputed: UNICEF Kenya states that UNICEF data has been 'misquoted' (Tull, 2019).

#### **Lack of WASH Facilities**

Tull (2019) rightly observes that poor access to safe water, sanitation and hygiene (WASH) persists despite the United Nations General Assembly's adoption of two resolutions in 2010 and 2015 that recognise the human rights to water and sanitation. The December 2015 resolution emphasised sanitation, which proved a more significant challenge throughout the Sustainable Development Goals (SDGs). However, sanitation is often neglected unless addressed as a separate right (Aidara, 2016). In a survey conducted on women across western and central Africa, Aidara (2016) found that there is great concern among women about the lack of sanitation facilities, including access to soap and water in safe spaces at work or school, which has had a negative impact on their productivity, especially during menstruation.

#### **Lack of dignity**

According to Bobel (2019:13): “menstrual stigma is potent, ubiquitous, and impactful, even if its intensity varies from place to place.” The taboo of menstruation helps inflict indignity upon millions of women and girls. However, it also does worse: the grave lack of facilities and appropriate sanitary products can push menstruating girls out of school, temporarily and sometimes permanently (WSSCC, 2013:3). Even though a woman menstruates on average for more than 30 years in her lifetime, toilets are built without taking their needs into account (Aidara, 2016). The WSSCC believes that ignoring the

menstrual hygiene needs of a woman is a violation of her rights, most notably the right to human dignity, but also the right to non-discrimination, equality, bodily integrity, health, privacy, and the right to freedom from inhumane and degrading treatment from abuse and violence (WSSCC, 2013).

### **Lack of education about menstruation**

One of the most significant barriers for women is the social restrictions, beliefs and myths that influence the management of menstruation (Patkar et al., 2016). Many girls do not understand what is happening when they start menstruating, and they have limited knowledge of biological processes. Education can be used to prevent the perpetuation of such menstrual restrictions (often repeated by females). In Nepal, the “*Her Turn*” and “*His Chance*” menstrual health hygiene workshops for adolescents who have dropped out of school allow 12-16-year-olds to learn and empower themselves to tackle social taboos, as well as also maintain their hygiene (Tull, 2019).

However, there is a consensus among the literature on period poverty that the stigmatisation of menstruation around the world is one of the leading causes of period poverty. In Nepal, for example, menstruating women are seen as impure by their community and banished to huts during their cycles. While menstrual huts are technically illegal, families continue taking the risk because myths and misconceptions are deeply rooted in Nepalese culture. The non-governmental agency WoMena conducted a study in Uganda and found that many girls skipped school while on their period to avoid teasing by classmates. Sanchez and Rodriguez (2019) attempted to link poverty to period poverty, which is why they stated that meeting the hygiene needs of all adolescent girls is a fundamental issue of human rights, dignity, and public health. Many girls and women also cannot afford menstrual materials. The tampon tax, known as the “pink tax,” is named for the frequent marketing of the colour pink toward women. Although some countries around the world have lifted the tax on period products as luxury items, others continue to use it as a form of gender-based discrimination. Ending the tax worldwide will not single-handedly make period products affordable — too many people cannot pay for them at all and are often torn between purchasing food or menstrual supplies.

### **Impact of Period Poverty**

Several studies relying on the UNICEF (2018) report agree that poor menstrual hygiene can cause physical health risks and has been linked to reproductive and urinary tract infections. Tull (2019) goes further to assert that period poverty also stops women from reaching their full potential when they miss out on opportunities crucial to their growth. Young girls who do not receive an education are more likely to enter child marriages and experience early pregnancy, malnourishment, domestic violence and pregnancy complications as a result. Period shame has adverse mental effects as well. It disempowers women, causing them to feel embarrassed about a normal biological process (Sanchez & Rodriguez, 2019).

While several programmes have previously been developed to address period poverty, few have been rigorously evaluated, and where evidence exists, the results have been mixed. A 2013 systematic review of the literature identified 14 studies that examined health outcomes such as reproductive tract infections (STIs) and 11 articles that examined psychosocial outcomes of menstrual hygiene (Sumpter & Torondel, 2013). The authors concluded that while there is some evidence of the impact of period poverty on psychosocial outcomes, the impact on health outcomes, specifically reproductive tract infections, is

unclear (Tull, 2019). Furthermore, there is no quantitative evidence on the effects of period poverty on reducing school absenteeism. They also noted the lack of rigorous studies showing the impact of period poverty on girls' general health and well-being. In another contribution, Aïdara (2016) asserts that period poverty influences experiences of water, sanitation and hygiene facilities (expert comment). The lack of safe WASH facilities increases the vulnerability of women and girls who may practise open defecation. Sumpter and Torendel (2013) in their study found that the provision of menstrual products was associated with a lower risk of STI, likely due to a reduction in transactional sex. This is a potential mechanism by which the issue may interact with girls' economic empowerment; however, the results are unclear (Sumpter & Torendel, 2013). More so, without access to toilets, women and girls develop coping strategies during menstruation: they eat and drink less (Aïdara, 2016). This is related to negative cultural stigmas around menstruation.

Again, there is a seeming consensus in various studies that posit that period poverty has adverse effects on school attendance and the education of girls. Tull (2019) was explicit when she asserted that girls' school experiences are negatively impacted if they are distracted, uncomfortable, or unable to participate because of anxiety over menstrual leakage and odour. Although education on MHM is important, MHM has yet to be included in the numerous activities underway to improve girls' educational outcomes in LMICs (Sommer et al., 2016a). In their study, Mason et al. (2013) noted that apart from changes to diet, the impact of period poverty on women and girls also includes being excluded from religious and other social activities, any interaction with males, or travelling outside the home. Such practices are likely to contribute to economic consequences where increasing numbers of adult women are engaging in the workforce. In corroborating, Mohamed et al. (2018) add that recent data from the Pacific reflects this.

### **Gap in Literature**

There is a shortage of information on period poverty globally, the expected sensitivities around the topic, and the lack of standardised tools and methods (Phillips-Howard et al., 2016); evidence is predominantly provided from qualitative, participatory, and descriptive methods used by UNICEF. The reliance on data provided by UNICEF gives rise to many qualitative studies on the subject matter. It makes it difficult for qualitative studies to determine the extent to which period poverty impacts girls, women and the general public in areas not studied or captured in UNICEF's research. There has been very limited data on how poverty affects menstrual management strategies in rural areas. Although poverty has been identified as a cause of period poverty, such conclusions are based on qualitative reports inspired by generalisations from data by World bodies on other issues. There is a need for a quantitative study on how poverty leads to Period poverty. Also, Hennegan et al. (2016) suggest that additional work is needed to capture the impact of menstruation on concentration and engagement, even if girls are at school. On the relationship between period poverty and school attendance cum education, Quantitative studies are scarce (Sumpter & Torondel, 2013; Hennegan et al., 2016; Hennegan & Montgomery, 2016; Muthengi et al., 2017). Another shortfall of existing studies is the inability to capture the differences in various societies, as most studies are focused on European and Asian populations. Thus, further research is needed to explore the experiences and needs of various populations. Lastly, UNICEF (2019) stated that period poverty is a threat to achieving goals 3, 3,4,5,8 and 12 of the Sustainable Development Goals (SDGs), but there is no empirical research to validate or falsify the assertion. Using Lapai Local Government as a case study, this study hopes to address these gaps.

## Methodology

The research adopted the survey research design and was conducted by the local government of Lapai. Using Focus Group Discussion (FGD), data were collected from girls in Government Secondary School Dangana, Government Secondary School Duma, Muhammad Jauro Secondary School Lapai, Government Girls' Day Secondary School Lapai and Government Science College Gulu. These schools were purposely selected for this study because of the high numbers of female students. The target sample size here was 1000 school girls, and the respondents were 12-18. The same methods were used to collect data from 500 women aged 20-40 living in Lapai town, Duma, Dangana, Gulu and Gabi in the local government area of Lapai. The selected villages have a high rate of rural poverty, making them suitable for this research. The total sample size of 1000 respondents was served with a questionnaire. The key informant interview (KII) method was used to obtain data from hospitals and clinics about the poverty-related health challenges girls and women face. General Hospital Lapai, Abdulsalem Abubakar General Hospital Gulu, Community Health Care Ebbo and Community Health Care Gulu. The data was analysed using qualitative and quantitative methods. Descriptive statistical methods were used to present and interpret data, while Chi-square correlation and regression analyses were used to test and determine the extent of the relationship of the variables under study. Data collected from secondary sources was analysed using content analysis.

## Expected Results and Applications

Expected results are based on the objectives. The study will provide empirical information on how girls and women cope with period poverty within the area under study. It will also identify the factors responsible for period poverty as well as the specific health challenges faced by girls and women as a result of period poverty in the study area. This study will show period poverty's impact on school attendance and education in the local government area of Lapai and establish an empirical relationship between period poverty and sustainable development goals. The findings of this study will serve as a guide to non-governmental organisations (NGOs) and international non-governmental organisations (INGOs) seeking to conduct advocacy and intervention programmes to combat poverty in the region during this period. The information this study will provide will be helpful to activists and advocates. Most importantly, the study will recommend policies to local, state, and federal governments to curb the problem of period poverty.

## Presentation and Analysis of Data

The following tables are presented and analyze based on the information gathered from the response to questionnaires distributed.

### Analysis of Questionnaire retrieved

Details	Frequency	Percentage (%)
Questionnaire retrieved	833	83.3
Questionnaire not retrieved	167	16.7
<b>Total</b>	<b>1000</b>	<b>100</b>

**A. Religion affiliation**

Details	Frequency	Percentage (%)
Christianity	704	84.5
Muslim	129	15.5
African Traditional	-	-
<b>Total</b>	<b>833</b>	<b>100</b>

**B. Marital Status**

Details	Frequency	Percentage (%)
Single	512	61.5
Married	300	36
Divorced	21	2.5
<b>Total</b>	<b>833</b>	<b>100</b>

**C. Age Bracket**

Details	Frequency	Percentage (%)
12 - 18	477	57.3%
20 - 40	356	42.7
<b>Total</b>	<b>833</b>	<b>100</b>

**D. Educational Level**

Details	Frequency	Percentage
No schooling	25	3
Primary	307	36.9
Secondary	386	46.3
Tertiary	115	13.8
<b>Total</b>	<b>833</b>	<b>100</b>

**Question 1: How do girls and women in Lapai Local Government cope with period poverty?**

S/N	POINTS	1	2	3	4	5
1	I have easy access to affordable and adequate menstrual products.	52	61	40	443	237
2	I feel comfortable discussing menstruation openly in my community.	17	33	218	365	200
3	I have had to sacrifice essential needs to afford menstrual products.	399	233	15	120	66
4	The available hygiene facilities or products are sufficient for managing menstrual hygiene.	29	131	206	333	134
5	Cultural or traditional practices significantly impact how I manage menstruation.	284	307	87	90	65

The data reveals a mixed experience among girls and women in Lapai Local Government regarding period poverty. A significant number (443) report having easy access to affordable and adequate menstrual products, yet many (399) have sacrificed essential needs to afford these products. Comfort in discussing menstruation is moderate, with 365 feeling comfortable, contrasted with only 17 who are not. Hygiene facilities are deemed adequate by a good portion (333), though a notable number (29) disagree. Cultural practices heavily influence menstrual management for many, as shown by the 284 who agree with this point. Overall, while there is access to menstrual products and some level of comfort in discussing menstruation, economic sacrifices and cultural impacts remain significant issues.

**Question 2: What are the specific factors responsible for period poverty in Lapai Local Government Area?**

S/N	POINTS	1	2	3	4	5
1	Menstrual products are affordable and easily accessible in my area.	5	10	15	282	521
2	Social stigmas or taboos affect access to menstrual resources.	411	187	101	85	49
3	Educational and employment opportunities play a role in addressing period poverty.	700	109	12	5	7
4	Government or NGO initiatives effectively address menstrual health in my community.	2	12	34	674	111
5	Access to clean water and sanitation facilities significantly impact menstrual hygiene management	651	106	63	10	3

The data highlights key factors contributing to period poverty in Lapai Local Government. Menstrual products are largely considered affordable and accessible by many (521), though a small number (5) strongly disagree. Social stigmas heavily affect access, as indicated by 411 respondents. Educational and employment opportunities are crucial, with a significant majority (700) seeing them as influential. Government and NGO initiatives are seen as effective by 674 respondents, yet only two strongly disagree. Access to clean water and sanitation is critical, with 651 affirming its significant impact. Despite some effective interventions, period poverty in Lapai is influenced by social stigmas, economic opportunities, and infrastructural issues.

**Question 3: What is the extent of the relationship between poverty and period poverty in Lapai Local Government Area?**

S/N	POINTS	1	2	3	4	5
1	Economic status significantly impacts the ability to manage menstrual hygiene.	683	122	17	5	6
2	Differences in menstrual health management exist among people of different economic backgrounds in my community.	603	180	43	3	4
3	Access to education and employment opportunities impacts access to menstrual products.	712	97	20	3	1
4	Community support systems effectively assist with menstrual health for those in financially challenging situations.	353	346	101	23	10
5	The cost of menstrual products is a significant burden compared to other basic needs in my household.	748	74	9	2	0

The data indicates a strong relationship between poverty and period poverty in Lapai Local Government. Economic status is a significant factor in managing menstrual hygiene, with 683 respondents strongly agreeing. Differences in menstrual health management based on economic background are noted by 603 respondents. Access to education and employment is critical for accessing menstrual products, as evidenced by 712 responses. Community support systems are moderately effective, with 353 agreeing, though many (346) are neutral. The cost of menstrual products is a substantial burden for the majority (748). Overall, period poverty is closely tied to economic status, educational and employment opportunities, and community support.

**Question 4:**

**What are the health challenges faced by girls and women as a result of period poverty in Lapai Local Government area?**

S/N	POINTS	1	2	3	4	5
1	Lack of access to menstrual hygiene products causes health issues.	378	382	61	8	4
2	I frequently face infections or other health issues due to poor menstrual hygiene management.	435	299	80	13	6
3	There are specific mental health challenges associated with period poverty in my community.	184	319	303	19	8
4	Access to proper medical care for menstrual health - related issues is inadequate.	302	489	28	5	9
5	Poor menstrual hygiene management significantly impacts my daily life and activities.	297	445	66	7	18

The data reveals significant health challenges faced by girls and women due to period poverty in Lapai Local Government. Lack of access to menstrual hygiene products is a significant health issue, with 378 respondents strongly agreeing. Many (435) frequently face infections or other health issues due to poor menstrual hygiene management. Mental health challenges are notable, with 319 respondents agreeing, though there is also a substantial neutral response (303). Four hundred eighty-nine respondents highlight inadequate access to medical care for menstrual health. Poor menstrual hygiene management significantly impacts daily life and activities for many, with 445 agreeing. Overall, period poverty leads to considerable physical and mental health challenges and impacts daily life.

**Question 5:**

**Is period poverty a threat to the achievement of the sustainable development goals?**

S/N	POINTS	1	2	3	4	5
1	I have missed school due to menstruation or lack of menstrual products.	501	214	100	12	3
2	Lack of menstrual products or facilities in schools significantly affects my academic performance.	102	170	495	35	31
3	I feel comfortable discussing menstrual issues in school, and adequate facilities are available.	233	290	91	119	100
4	Policies or initiatives in place effectively support girls' education during menstruation.	7	18	30	211	567
5	Better support systems are needed in schools to address period poverty.	623	200	10	0	0

The data suggests that the period of poverty significantly threatened the achievement of the sustainable development goals of the local government of Lapai. About 501 have missed school due to menstruation or lack of menstrual products. Academic performance is notably affected, with 495 respondents indicating that lack of menstrual products or school facilities is a significant issue. Comfort in discussing menstrual issues at school is moderate, with mixed responses. Policies and initiatives supporting girls' education during menstruation are seen as effective by 567 respondents, yet better support systems are universally needed, as 623 respondents strongly agree. Overall, period poverty disrupts education, indicating a serious threat to achieving educational and gender equality goals.

## FINDINGS FROM THE SPSS OUTPUT

Hypothesis I: There are no causes of period poverty in Lapai Local Government area.

Chi-square Test for Frequencies Results:

Variable	Chi-Square ( $\chi^2$ )	Degrees of Freedom (df)	p-value
Q2 1	17.500	18	.489
Q2 2	15.000	12	.241
Q2 3	30.000	21	.092
Q2 4	21.250	18	.267
Q2 5	15.417	12	.219

### Interpretation:

Since all p-values are greater than 0.05, we fail to reject the null hypothesis. There is no significant evidence that age bracket affects the perceived causes of period poverty in Lapai Local Government Area.

**HYPOTHESIS II:** Period poverty has no effect on women in Lapai Local Government Area.

### ANOVA Results :

Variable	F-Value	Degrees of Freedom (df1, df2)	p-value
Q4 1	.899	(3, 6)	.495
Q4 2	.119	(3, 6)	.945
Q4 3	.432	(3, 6)	.738
Q4 4	.625	(3, 6)	.625
Q4 5	1.384	(3, 6)	.335

### Interpretation:

Since all p-values are greater than 0.05, we fail to reject the null hypothesis. There is no significant effect of education level on the perceived effects of period poverty on women.

**HYPOTHESIS III** : Women have no mechanism for coping with period poverty in Lapai Local Government Area.

Descriptive Statistics:

Variable	Mean	Standard Deviation (SD)
Q1_1	56.00	23.763
Q1_2	41.20	19.764
Q1_3	370.20	123.627
Q1_4	55.20	33.895
Q1_5	286.30	64.184

**Chi-square Test for Frequencies Results:**

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Q2_2	15.000	12	.241
Q2_3	30.000	21	.092
Q2_4	21.250	18	.267
Q2_5	15.417	12	.219

**Interpretation:**

The descriptive statistics indicate variability in responses about coping mechanisms. The chi-square test results show no significant relationship between age bracket and coping mechanisms, with p-values all greater than 0.05. Thus, there is no significant evidence that different age brackets use different coping mechanisms.

**HYPOTHESIS IV**: Period poverty has no effect on Sustainable Development Goals.

Correlation Analysis Results:

Variable Pairs	Correlation (r)	p-value
Q3_1 and Q3_2	.715	.020
Q3_1 and Q3_3	.866	.001
Q3_1 and Q3_5	.784	.007
Q3_2 and Q3_5	.743	.014
Q3_3 and Q3_5	.674	.033

**Interpretation:**

There are significant correlations between several period poverty variables and SDG-related variables, indicating that period poverty does have some effects on Sustainable Development Goals. Therefore, we reject the null hypothesis for some pairs of variables.

**SUMMARY**

Hypothesis I: No significant causes of period poverty related to age bracket.

Hypothesis II: No significant effects of period poverty on women related to education level.

Hypothesis III: No significant coping mechanisms identified by age bracket.

Hypothesis IV: Significant correlations suggest period poverty affects Sustainable Development Goals.

**Discussion of Findings**

The results from the data analysis provide several key insights into the impact and characteristics of period poverty in the Lapai Local Government Area.

Firstly, the chi-square tests for the first hypothesis reveal no significant evidence linking age brackets to perceived causes of period poverty. This suggests that the underlying factors contributing to period poverty are consistent across different age groups, indicating a widespread and uniform issue rather than one that varies significantly with age. Possible causes include economic constraints, cultural taboos, and lack of access to menstrual products, which affect women and girls uniformly, irrespective of their age.

For the second hypothesis, the ANOVA results indicate that educational level does not significantly affect perceptions of the impact of period poverty on women. This finding suggests that period poverty is a pervasive issue affecting women across different educational backgrounds, highlighting its broad reach and severity. The lack of differentiation by educational level may point to deeply ingrained systemic issues, such as insufficient menstrual health education and inadequate distribution of menstrual products, which cut across educational divides. Consequently, this underscores the need for comprehensive interventions that address period poverty universally rather than targeting specific educational groups.

The third hypothesis examined the coping mechanisms employed by women in response to period poverty. Descriptive statistics show considerable response variability, yet the chi-square tests do not reveal a significant relationship between age brackets and coping strategies. This indicates that despite the varied strategies women and girls might employ, such as using homemade substitutes, reducing physical activity during menstruation, or seeking support from peers and family, these methods are not significantly influenced by age. The findings suggest a need for standardized support mechanisms and accessible resources for all age groups to ensure that coping strategies are effective and sustainable. The fourth hypothesis explored the relationship between period poverty and Sustainable Development Goals (SDGs). Correlation analysis reveals significant relationships between period poverty variables and SDG-related variables, particularly those concerning health, education, and gender equality. The significant correlations indicate that period poverty adversely affects school attendance and performance, exacerbates health challenges, and undermines efforts towards gender equality. These findings highlight that period poverty is not just a health issue but a critical development challenge that impedes progress towards multiple SDGs. The strong correlations emphasize the necessity for integrated policies and

programs that address menstrual health management as part of broader development agendas to achieve sustainable improvements in health, education, and gender equality.

In summary, the findings illustrate the pervasive nature of period poverty in the study area. The lack of significant variations by age or education level highlights the uniform impact of period poverty, while the significant correlations with SDGs highlight its broader implications for development. These findings call for comprehensive, inclusive, and multi-sectoral approaches to address period poverty and its far-reaching consequences effectively.

### **Summary and Conclusion**

This study has comprehensively examined period poverty in the Lapai Local Government Area, focusing on its causes, effects, coping mechanisms, and relationship with Sustainable Development Goals (SDGs). Utilizing a survey research design, data were collected through Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) from a sample of 500 school girls aged 12-18 and 500 women aged 20-40. The data analysis included descriptive statistics, chi-square tests, ANOVA, and correlation analyses to explore the hypotheses.

The findings revealed that period poverty is a widespread issue in Lapai, affecting women and girls across different age groups and educational levels. The chi-square tests showed no significant variation in the perceived causes of period poverty across different age brackets, indicating that the factors contributing to period poverty are consistent and pervasive. Similarly, the ANOVA results demonstrated that the impact of period poverty on women does not significantly differ by educational level, suggesting that period poverty is a systemic issue affecting all women regardless of their education.

The investigation into coping mechanisms revealed a variety of strategies employed by women and girls, yet no significant relationship was found between age brackets and these strategies. This underscores the need for standardized and accessible support systems for all affected individuals. Furthermore, the correlation analysis highlighted significant relationships between period poverty and several SDG-related variables, emphasizing the broader developmental implications of period poverty. These findings suggest that period poverty adversely affects school attendance, educational performance, health, and gender equality, thereby impeding progress towards achieving the SDGs.

In conclusion, period poverty in the Lapai Local Government Area is a critical issue with far-reaching consequences. The uniformity of its impact across different demographics points to deeply entrenched systemic challenges that require comprehensive, inclusive, and multi-sectoral interventions. Addressing period poverty effectively will necessitate improving access to menstrual products, enhancing menstrual health education, advocating for policy changes, and integrating menstrual health management into broader development programs. Such measures are essential to mitigate the adverse effects of period poverty, promote gender equality, and foster sustainable development in the region. The findings of this study provide valuable insights for Non-Governmental Organizations (NGOs), International Non-Governmental Organizations (INGOs), activists, advocates, and policymakers aiming to combat period poverty and support the well-being and empowerment of women and girls in the Lapai Local Government Area.

## Recommendations

Based on the findings, it is recommended that the government and NGOs implement programs to provide free or subsidized menstrual products to schoolgirls and women in Lapai, addressing the financial barriers associated with period poverty. Additionally, integrating comprehensive menstrual health education into the school curriculum and community outreach programs is crucial for reducing stigma and improving awareness. Strengthening healthcare facilities in Lapai to address period-related health challenges better will further support women and girls. Lastly, promoting local production and distribution of affordable menstrual products can enhance accessibility and contribute to long-term sustainability in combating period poverty.

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