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**Topic: Experiences and Challenges of menstruation among rural schoolgirls in Ghana: A case of Nadowli-Kaleo District in the Upper West Region of Ghana.**

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## **Abstract**

Menstruation is a critical topic. However normal menstruation is, it has become a determinant in the education of young women today. The research focuses on Breaking the silence and accessing menstrual hygiene management's challenges and experiences among rural schoolgirls in Ghana.

The study's goal was to examine the menstrual hygiene practices of female students. Participants described their menstrual hygiene practices, their problems, and how they coped with their menstrual symptoms. The research used a qualitative technique through group interviews, personal interviews, and open-ended questionnaires since it is easier to understand a phenomenon from the subject's viewpoint. Sen's capacities approach and Feminist Political Ecology (FPE) were used to analyze the data.

Menstruation was known to girls even before their menarche. A mother or grandmother, friends, and teachers were the primary sources of menstrual knowledge. The study also found that most girls use sanitary products made of fabrics, pads, and cotton during menstruation. Among the difficulties the girls faced, the study found were emotional upset, physical discomfort (cramps in the stomach, fatigue), embarrassment, and inadequate sanitation hygiene facilities. The girls wore many garments to avoid leaks; checked their skirts continuously, went to the bathroom with their friends to act as spics while they changed; sat differently on the chairs, and took medicine to reduce period discomfort. Introduction of a health care teacher who supplies sanitary products and medications to girls during school time. Euphemisms as a form of communication amongst girls were all coping mechanisms girls and the school developed. Another finding was that some girls continued to go to school even while having their periods, while others did not.

Discomfort and menstruation cramps hampered class participation. In addition, the study revealed insufficient sanitation and hygiene for females to change sanitary products in private and manage menstrual hygiene comfortably.

**Key words:** MHM (menstrual hygiene management); Rural area; Sanitation; Menstruation; Water; schoolgirl

Wordcount: **16,334**

## List of abbreviations

BLG	Better Life for Girls
FGD	Focus Group Discussion
FPE	Feminist Political Ecology
FAWEU	Forum of African Women Educationalists in Uganda.
GNP	Gross National Product
GOG	Government of Ghana
JHS	Junior High School
KOICA	Korea International Cooperation Agency
MHM	Menstrual Hygiene Management
RTI	Reproductive Tract Infection
WASH	Water, Sanitation and Hygiene
NGO	Non-Governmental Organization
UNICEF	United Nations International Children's Emergency Fund
SDG	Sustainable Development Goals
SSA	Sub Saharan African
STIs	Sexual Transmitted Diseases
WHO	World Health Organization

## **Dedication**

To Patrick Ayamdoo Mbi & Esmond Mbi

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## Chapter One

*"Flowing from inside the body to out, menstrual blood is experienced in public and private realms"*  
(Bobel, 2020, p.15).

### 1.0 Introduction

Menstruation is usually considered more with what it does to a woman's body. At 13, estrogen and other hormones are produced for blood flow once the reproductive system is active. Menarche, or the first menstruation, is biologically the beginning of menstrual life (Voda, 1999). Between the ages of menarche and menopause, a woman's menstrual cycle is shaped by several psychological, societal, and cultural elements (Mansfield and Stubbs, 2004). Menstruation affects almost all women and girls and some Trans persons every month during their fertile age.

A key challenge to women during menstruation, which varies widely worldwide, is their ability to practice excellent personal hygiene. Given the perceived nature of this process, it has been linked to a wide range of abuses of rights across the globe, including gender inequality, period poverty, and bad cultural practices (UNESCO, 2014). Practising excellent personal hygiene is essential for women and girls' overall well-being, productivity, and self-respect. Unfortunately, many teenagers struggle to openly discuss their menstrual issues because of the worldwide hush around menstruation.

Blood, bleeding, and menstrual hygiene are considered taboos in Sub-Saharan Africa, both culturally and religiously (Ten, 2007). During menstruation, the movement and behaviour of many women and girls are limited due to religious and cultural taboos, as well as societal norms. The topic of sexual health and menstruation for most parents and guardians remains an issue of (silence) and taboo in many developing countries. Menstrual hygiene in the underdeveloped world is in the worst shape (George, 2012). Because of the widespread shame, taboo, and stigma surrounding menstruation, 73% of girls and women indicated to researchers of the best MHM laboratory in India that they do not know what to anticipate during their first menarche (George, 2012). More than half of girls and women in low- and middle-income countries lack adequate MHM education due to uncontrollable factors, such as cultural norms, lack of information regarding their periods, sanitary products, and facilities (Hennegan and Montgomery, 2016). For

example, in Kenya, seven per cent of the women and girls surveyed by UNICEF were using old fabrics, parts of blankets, chicken feathers, and dirt papers as their primary pad source (Oppenheim, 2018). These taboos and socio-cultural practices impede women's mobility, such as forbidding them from staying with their own families, going to the bathroom, or preparing food and eating a particular food (House et al., 2012). Many of these behaviours can cause significant health consequences and educational effects on girls. As things are now, gender disparities and exclusion are made worse for women and girls because of cultural customs and taboos related to menstruation (*Ibid*).

Silence perpetuates the shame associated with menstruation. Without knowledge and information, we are unable to create change. Women and girls always suppress their experiences and challenges. Menstruation is seen as a humiliating act that should be hidden from the public eye and never spoken of publicly in conversations. According to (Kissling, 1996), discussion of periods are discouraged in all places (except with female friends, family, during a science class, or when visiting the hospital). Menstruation has been forbidden in public discourse for centuries. This has given rise to the wide use of slang terms or euphemisms for menstruation (Johnston-Robledo and Chrisler, 2013). Akan is one of the major languages spoken in Ghanaian culture. The Akan euphemisms have some ties to societal taboos (Abanyie et al., 2016); a woman would use a euphemism to express her period experiences and challenges or avoid engaging in some housework, or sex with her partner, cooking, and praying. Expressions such as) *wɔabu ne nsa* (*she has broken her hand*) *wɔate kokoniwa* (*she has hurt her toe*), and *wɔayɛ bafan* (*she has been crippled*) are examples of euphemisms used in Ghana.

The government of Ghana, Unicef, and Korea International Cooperation Agency's (KOICA) “Better Life for Girls” (BLG) initiative, which seeks to empower teenage girls in Ghana with information and resources to encourage informed choices, is one of the strategies the government has used to close the gap of lack of period poverty. Interestingly, MHM over the years has not garnered more attention from governments and decision-makers in Ghana, even though it has a strong connection to the achievement of the SDG 4 (Ensure inclusive and equitable quality education and inclusive and equitable quality education for all), SDG 5 (Achieve gender equality and empowerment for every woman/girl), and SDG 6 (providing water/sanitation for all) which are all directly linked to improving MHM (UNICEF and Unicef, 2016). Managing menstruation

in a healthy and safe environment is a basic human right (George, 2012). Menstruation is essential to achieving human rights for women (Bobel et al., 2020). Protecting women's rights at every stage of their lives is necessary to achieve gender equality.

## **1.1 Research problem**

Menstruation is a normal bodily process that affects all women at some point in their lives; no matter where they live, how old they are, or what class they belong to, they have similar experiences throughout their lifestyles. Unfortunately, rural schoolgirls' perceptions of menstruation, their menstrual morbidities, and their treatment-seeking behaviour have been overlooked over the years, which has affected them.

Menstruating girls in low-income nations have difficulties maintaining their periods in not-girl-friendly schools. This problem has gained the growing attention of development agencies and academia (Jasper et al., 2012, Sumpter and Torondel, 2013). (Sommer, 2010a), found that the lack of basic understanding of puberty, the best MHM practices, clean sanitation facilities, and lack of teachers' help in schools contribute to the high rate of absences from school, which goes a long way to affect girls' education.

According to (Tull, 2019), about 11.5 million Ghanaian women do not have access to facilities for separating human waste (faeces and urine) from individual health and hygiene. Many disturbing figures are presented in the MHM literature in Africa to emphasize the lack of menstruation awareness and practice among Ghanaian women and girls over the years. Women and girls menstruating in the Northern Region of Ghana lack sanitary products and therefore resort to using cloth, straw, or forest residues to soak up their blood cycle. The community considers the menstrual period as 'ugly,' reinforcing a tradition of stigma and misunderstanding (Mohammed et al., 2020). However, efforts to enhance menstruation hygiene in Ghana have been implemented by the government and NGOs over the years, but yet the concept has still not been given the utmost importance it deserves. MHM has been a great concern for these menstruating girls and women.

Menstrual hygiene habits are also hindered by the high cost of sanitary goods in developing countries, making women and girls unable to afford decent hygienic products. Accessibility to

proper period supplies should be considered a basic human right. However, it seems more like a commodity due to the lack of resources available to care for a fundamental biological activity.

It is interesting to note an import tax of 20% and a Value Added Tax of 12% on all sanitary products in Ghana. According to (Mohammed et al., 2020), the choice of a girls' menstrual care product is affected by their family's financial level and how much information their families have concerning hygiene practices. (Hennegan et al., 2017) recently conducted a review of qualitative research. The study reveals a widespread silence and bad cultural norms regarding menstruation and that period poverty did not include the discomfort and the influence of cultural limitations.

Thus, this thesis will aim to close the existing gap in knowledge to provide some background data on the district. Furthermore, this study seeks to link women's and girls' wellness, development, and personal struggles during their period. Finally, this research sets out to learn more about the remote teenage girl's experiences and challenges of Menstrual hygiene practices and propose some recommendations to alleviate the misconception surrounding menstruation and improve more information on MHM.

## **1. 2 Significance of the study**

Menstruation moves a girl to womanhood. Women bleed most of their lives, but research shows that many teen girls lack menstrual knowledge on the best hygiene practices, while others lack proper hygienic products and sanitation facilities (Hennegan et al., 2018). Unless there is a change and practical solutions for all the issues mentioned above, achieving the Sustainable Development Goals (SDGs) is impossible.

## **1. 3 Aim of the study**

This research would like to explore the experiences and challenges of menstruating girls in the district. Girls menstruate most of their lives, yet many do not have access to basic sanitary goods and sanitation services. Understanding how girls manage menstruation and overcome it in school can help improve sanitation, education, and health initiatives.

The study will look at the issues or experiences of menarche and menstrual hygiene management practices (MHM), facilities available to the school girls, source of information, and the coping

mechanism of the rural school girls in the Nadowli-Kaleo District. The research would adopt the Feminist Political Ecology and Capability Approach. Girls' access to resources will be examined using both theories. This research aims to fill in any gaps in knowledge in this field, thus adding to the body of knowledge. The findings of this study could lead to more research.

#### **1. 4 Research questions**

1. What are girls' experiences with menstrual hygiene management in the district?
2. How accessible are WASH facilities to schoolgirls in the district schools?
3. What are the coping strategies employed during menstruation in school?
4. What are the sources of information about menstrual hygiene management?

#### **1. 5 Definition of terms**

##### **1. 5. 1 Menarche**

"Menarche, the onset of menstruation and part of a girl's transition from childhood to adolescence, is an important but under-recognized public health issue" (Sommer et al., 2015). It occurs during the transitional period between adolescence and adulthood for females (House et al., 2012). The geographical area, the quality of their diet, and exercise habits are all variables that impact a girl's age of menarche.

##### **1. 5. 2 Menstruation**

A woman's menstrual cycle, or "period," is often referred to as menstruation. "Menstruation is a natural part of the reproductive cycle, in which blood is lost through the vagina" (House et al., 2012). Menstruation is the flow of blood and tissue lining from the uterus through the vagina (UNFPA, 2021). It is a symbol of good health and wealth and signals that women's bodies are experiencing a major change. However, as (Koff and Rierdan, 1995) point out, menstruation is an event that no girl can adequately prepare for, the stress it causes, and the confusing feelings that emerge when it begins.

### 1. 5. 3 Menstrual Hygiene Management MHM

Menstrual hygiene management is defined as: "women and adolescent girls using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required and having access to facilities to dispose of used menstrual management materials" (Supply and Programme, 2014). However, menstrual hygiene is more than just managing to bleed. It is also about tackling social prejudices and stigma in society which is not mentioned in the definition.

### 1. 5. 4 Period Poverty

'Period poverty' (or menstrual hygiene management, MHM) refers to having a lack of access to sanitary products due to financial constraints (Tull, 2019). In addition, women and girls are at greater risk due to the lack of proper WASH facilities (Aïdara, 2016). "Period poverty" affects 1,3 billion females throughout the world. A person experiences period poverty when they cannot afford menstrual hygiene products because of their socioeconomic status (UNFPA, 2021).

### 1. 5. 5 Hygiene practice

Menstrual hygiene practices are all the various sanitary activities used by women to promote their menstrual health (Simavi, 2018, pp.48-50). Replacing clean and hygienic period materials regularly, bathing frequently, washing the vaginal and using the right product to wipe, and washing hands, among others, are considered good menstrual practices (*Ibid*).

## **1. 6 Structure of the work**

This research project has a total of six (6) chapters. Chapter 1 is the introduction, which establishes a broad context for the investigation. The chapter discusses further the research questions, research objectives, and problem statement. Chapter 2 is the literature review of the many studies on period poverty's meaning, causes, and effects on women and girls. Chapter 3 is the study's theoretical framework, which guides the results analysis framework. A rationale for using specific methodologies and ethical considerations is given in Chapter 4, which also deals with the study's

limitations. The presentation of the findings and the discussions are shown in Chapter 5. The results will be based on the theoretical framework presented in chapter 3. Finally, conclusions and recommendations for policy and project development in menstrual hygiene management in Ghana will be presented in Chapter 6.

## **Chapter Two**

### **2. 0 Literature Review**

Several studies have shown links between MHM and WASH, Health, education, and other aspects of human development. For example, concerns arise due to insufficient sanitary materials, proper sanitary amenities, and safe water for washing in schools with dignity in Sub-Saharan Africa (Montgomery *et al.*, 2012).

### **2. 1 Menstruation Hygiene Management (MHM) and Water Sanitation Health (WASH)**

The United Nations General Assembly passed two laws affirming in 2010 and 2015 how the lack of access to safe, clean water and sanitation (WASH) was a necessity. However, this remains a problem (Tull, 2019). (Unicef, 2019) estimates that over 335 million girls do not even have access to safe water and soap in their schools, suggesting how the provision of WASH facilities is critical to ensuring good MHM. Inadequate WASH amenities in the homes and schools could negatively influence general well-being and affect class participation (Bodat et al., 2013, Mathew et al., 2009).

According to the Ghana Education Service (GES), Ghana has acknowledged the need to improve water, sanitation, and hygiene, as well as the health of adolescent girls in educational institutions. Unfortunately, most schools in Ghana still lack access to WASH facilities. An investigation of 100 rural schools in Ghana's western region showed that 67% had no basic sanitary facilities, with 61% of the toilets being gender-unfriendly and 74% lacking a waste collecting system (Eshun et al., 2014). MHM is hampered, and schoolgirls' physical and mental health is jeopardized with no restrooms or water sources. WASH facilities in schools are critical to school-aged females' health and educational success. Many schools do not have proper menstrual hygiene facilities for female students and female instructors (Gupta, 2012). This poor sanitation may lead to anxiety and shame because of the worry of soiled garments. In 2012, surveys found that 40% of public schools lacked working toilets, and another 40% lacked a specific gendered toilet hence, not encouraging females to change their pads while in school (Thakre et al., 2011). Girls need privacy in their everyday life, especially during their periods. Poor sanitation, unclean water, and a lack of personal hygiene in schools put girls and women at risk of many illnesses (House et al., 2012).



Several studies reveal that access to amenities such as (covered toilets, lockable doors, clean absorbents, water, soap, and dustbins) are lacking in most schools. (Hennegan and Montgomery, 2016)'s study reveals that most schools with latrines do not have doors and locks. There may be no toilets or just a few, with damaged doors and locks in school discouraging girls from practising MHM.

One in ten African school-age girls miss school during menstruation or quit school due to a lack of safe and private sanitary facilities (Unicef, 2017). According to a poll performed by FAWE in Uganda, 94% of girls experienced problems during menstruation, and 61% had to skip school because of their periods (World Bank, 2005). (Kirk and Sommer, 2006), explain that disrupted school attendance, inadequate learning, and poor performance drop over time because of a lack of facilities in the school. Girls' attendance and performance are encouraged when they have access to well-designed sanitary facilities. When it comes to menstruation, hygiene, sanitary facilities, clean water for washing hands, and used clothes all play a role (House et al., 2012).

Another difficulty that most females have is disposing of their menstrual discharge appropriately. Uncovered or covered pads may be buried and burnt or discarded in the fields or flushed down the toilet. According to (Chinyama et al., 2019), who conducted research in Zambia, most female participants disposed of their spent absorbent products in toilets, fields, burying, and indiscriminate throwing away, indicating that they were not following proper disposal procedures. The above disposal methods are the preferable technique for disposing of used pads, which may be due to the lack of trash containers in schools' washrooms.

In summary, schools must offer WASH facilities so that students and staff can take care of their menstrual hygiene needs. The girl should have access to clean restrooms, privacy, safety, and water to encourage her to practice good menstrual hygiene management. When a girl has access to facilities, it does not affect her education leading to empowerment and health. She can break all silence on menstruation with her information because she will make well-informed decisions. However, knowledge and awareness alone will not lead to best practices unless a good infrastructure provides water and sanitation facilities access. The toilets in the school must be in good condition, be sized appropriately for the number of students, have a steady water supply, and be easy and ready to use during menstruation. Clean water and an environmentally friendly

atmosphere can only be achieved if sanitation and hygiene standards are improved at home, community, and in schools.

## **2. 2 Menstrual Hygiene Management (MHM) and attendance, absenteeism, and performance**

Menstruation can influence a girl's ability to attend school, which can harm the overall quality of her education. For example, when girls have their period in Ghana, 95% of them sometimes stay home from school (House et al., 2012), causing girls to be absent from school for three to four days a month (Sommer, 2010a). Occasionally, they are sent home if they feel it was needed because they had no access to sanitary products like pads or towels and other hygienic facilities in the school. In addition to the lack of facilities, most schools did not provide them with adequate facilities and coping mechanism services (Unicef, 2017). Only WASH studies had demonstrated a link between toilet improvement and absenteeism and better enrollment of teenage females when girls-only toilets were installed by the Government of India. (Bility and Onya, 2000), in a survey, reported girls in rural South Africa were less likely to attend school because of a lack of toilets, sexual harassment, and violence in the facilities.

McMahon *et al.* (2011) reported that most girls are constantly ridiculed when they return to school after a brief stay at home because they were menstruating or have started menstruating. In one school, girls reported that male teachers began looking at them differently when they started menstruating (Ibid). Most schools do not have enough female teachers to provide girls with support like education and counselling. In addition, male teachers could not aid menstruating girls, even though they may know many girls drop out of school because of menstruation (McMahon et al., 2011). Therefore, male teachers may not be in the proper position to render support to girls in school.

Qualitative research points to a connection between WASH and school attendance dropout rates, even though there has not been sufficient quantitative evidence to substantiate the concept (Biran et al., 2012). In some cases, girls dropped out or did not attend school because of a lack of sanitary products. For example, (Hennegan and Montgomery, 2016) and (Mwenemeru, 2013), found a link between a lack of access to hygienic products among many young girls and the absence from school, particularly among girls living in poor communities. When sanitary products were made available to girls the rate of absenteeism reduced. In Ghana, Dolan and colleagues discovered that

providing disposable sanitary products enhanced school attendance by 9% after five months. Also, when hygienic products were made available in Ghanaian schools studied by (Scott et al., 2009), school enrolment increased by 9-14%. Qualitative research found that girls who did not use sanitary napkins were more likely to drop out of school due to being teased and embarrassed by their peers while wearing blood-stained garments (Tegegne and Sisay, 2014). Respect for girls is essential in boys' lives at school and should be taught about girls' experiences during menstruation.

Research indicates a link between school attendance and performance. According to research conducted by (Tegegne and Sisay, 2014), Fifty-eight per cent of females said their scholastic performance dropped following menarche. Establishing a link between school attendance and MHM is challenging owing to assessing absence and its causes (Bobel et al., 2019). (Lawlor and Choi, 1998) link school absences, distraction, and disengagement to poor MHM in qualitative and quantitative studies. A study by (Mason et al., 2013) shows that when females are worried about menstrual flow and odour in the classroom, their academic performance drops. It is challenging to measure school attendance and its causes, especially when linked to menstruation. There are differing opinions on how a lack of menstrual hygiene management affects school attendance. (UNESCO, 2014) admits the struggles in obtaining an impact on school attendance and MHM (Bobel et al., 2019). There is also a lack of information, access to treatment, pain management alternatives, and open usage of pain medication for period cramps in most schools making the coping mechanism difficult for most girls.

### **2. 3 The effects of menstrual hygiene management (MHM) and the health of girls**

Any provision that falls beneath the standards in the definition of MHM can be detrimental to health. Several different kinds of research have looked at the relationship between menstrual hygiene and health consequences. However, there is not much quantitative research looking at the link between MHM and various health, education, and mental health outcomes (Hennegan and Montgomery, 2016). Infections may occur when women and girls do not dry their absorbent materials correctly (Aid et al., 2012). According to (Biran et al., 2012), a deviation from several reasonable MHM procedures has health repercussions.

Women and men have varied hygiene demands. Lack of affordable healthcare, infrequent periods, dysmenorrhea, and infections are linked to MHM and health consequences (Sood et al., 2020).

Some research suggests a strong connection between menstrual discomfort and receiving MHM services such as disposable absorbents and pain relievers (Sumpter and Torondel, 2013, Shingade et al., 2017). Homes without lavatories have compelled some women to abstain from freeing themselves until it is dark. It has been shown to raise the risk of urinary tract infections, recurrent bowel problems, and rape (Fisher, 2006). Many diseases are caused by poor and unhygienic management of sanitary products and facilities.

MHM has been associated with menstrual discomfort in their research (Bulut et al., 1997, Bhatia and Cleland, 1995). However, none of the studies performed a thorough analysis, and these empirical results are of limited significance since they were not adjusted for influencing variables (Biran et al., 2012). Researchers looked at the link between blood, Lochia, and secondary infertility in one study. However, the report indicated that the use of unhygienic products for blood collection was not linked to fertility issues; dirty materials for the supply of Lochia were linked to infertility (Ali et al., 2007). Unsanitary products used to collect menstrual blood were not shown to relate to a higher risk of STIs. None of the studies that looked at urinary tract infections and anaemia found that they were linked (*Ibid*). Though it was found that people who had bad MHM were more likely to have anaemia than those with good MHM. Both research findings that looked at dysmenorrhea observed that MHM was linked to them.

To sum it up, the evidence pointing to the dangers of poor MHM is weak. In addition, additional studies have shown a high association between poor MHM practices and the occurrence of STIs in the reproductive tract (RTI). No evidence indicates that promoting good hygiene may benefit health since no intervention program has documented health outcomes. It is expected that improved MHM will positively impact health due to a realistic infection pathway and high prevalence.

## **2. 4 Menstrual Hygiene Management and Source of Information**

The interaction between MHM and the source of information is based on proper reproductive health education and information programs. Many girls are afraid, anxious, and embarrassed when they have their menarche because they do not know what to do (Gupta, 2019). Research has revealed that many educated young ladies misunderstand their period and ovulation (Koff et al., 1990, Beausang and Razor, 2000). There is a misunderstanding resulting from an information gap

amongst most young girls. Due to the lack of education on menstruation and good hygiene practice, many young women suffer from various difficulties with their health. In addition, many people are ignorant of the challenges that menstruating women and girls experience during menstruation across the globe (Gupta, 2019). Before their first period, most girls had no prior knowledge of menstruation (Naeem et al., 2015). The findings from Naeem(2015) confirm a lack of knowledge and information. Among the most sources of information about menstruation for teenagers are their grandmothers, friends, sisters, mothers, and instructors, according to research by (Eswi et al., 2012). When it comes to reproductive processes, many teenage girls have no idea what is going on until they begin menstruating. Lack of Menstrual limitations may be prevented by providing knowledge (Tull, 2019).

Most parents avoid discussing menstrual period issues with their daughters for several reasons. First, according to (House et al., 2012), parents feel ashamed to talk about their menstrual cycles because of taboos around menstruation. For many young women, menstruation remains a mystery to them. However, the physiological causes of menstruation are of great interest to many students, who seek to learn more about reproductive health issues, how to reduce pain, irregularity of periods, and early menarche (Naeem et al., 2015).

According to research conducted by Gupta (2019), girls are given information on menstruation and menstrual hygiene that are primarily cultural related rather than scientifically based (Gupta, 2012). Also, the presence of culture could prevent girls from seeking knowledge about menstruation. For example, according to (Kirk and Sommer, 2006), Girls in Uganda were unable to learn about menstruation because of a “culture of silence,” according to the Forum of African Women Educationalists in Uganda (FAWEU).

Insufficient MHM knowledge and resources negatively impact education and health, affecting girls’ life opportunities (Phillips-Howard et al., 2016). According to (House et al., 2012), men and boys need to have basic knowledge about menstruation and hygienic practices to make a difference in the lives of women and girls. (Mansfield et al., 2003) discovered that partners could be misinformed about menstruation or negative stereotypes. Often men want to help but lack the skills or confidence to do it. Discussing positive health experiences in families may also help individuals improve their views of the information received (Reid, 2004). Because moms and other women

avoid talking about menstruation with their daughters, many young girls have a limited understanding of the process (House, *ibid*). According to (Chin, 2014), instructors may be reluctant to bring up the subject of menstruation in class since they believe it is also the role of parents to do so.

According to research, less understanding of menstruation contributed to poor lifestyle choices among females (Johnson et al., 2016). Reveals a lack of information on menstrual hygiene management in sexual and reproductive health education in our schools and homes. In addition, research indicates that instructors use their power to exert the ability to impose control over their pupils' physical conduct at school to enable teaching in Ghana (Uitto and Estola, 2009).

In summary, research reveals that information about menstruation and reproductive health is essential to everyone, especially young girls. Knowledge about menstruation can help girls understand their bodies and how to manage their hygiene practices to create a healthy experience. Health care providers may play an essential role in assisting girls in managing their menstrual health by sharing knowledge and skills (Simavi, p.11). In addition, education for young teenagers will influence bridging the knowledge gap of the need for proper hygiene.

## **2. 5 Cultural impacts on Menstrual Hygiene Management (MHM) and Experiences**

There are many ways that menstruation affects people's daily lives. People's opinions are shaped by their immediate surroundings (Marván and Molina-Abolnik, 2012). Girls undergo menstruation, but various cultural, religious, and political circumstances influence and interpret their experiences differently. Girls are not aware of what menstruation is and hence negatively react to it. According to (Kirk and Sommer, 2006), In SSA, women's reproductive health and rights are under-recognized compared to menstrual taboos. According to the research (Otieno, 2007, Burrows 1 and Johnson, 2005), women begin menstruating as early as ten years.

Women's groups or mothers rarely discuss menstruation with their daughters since it is taboo (House et al., 2012). Girls' bodies change, and they do not know how to cope, which is a big problem for them to manage. Girls are more prone to suffer panic and anxiety at the sight of blood during menarche if they lack enough knowledge. Menstruation-related bad experiences have been amplified by a lack of understanding of the biological process of menstruation (Bobel et al., 2020).

Due to better nutrition and less physical activity, females in urban regions begin menstruating sooner than in rural areas (Ameade and Grati, 2016a). People in poor communities have theirs at thirteen (13) (Sumpter and Torondel, 2013).

Menstruation management is hampered by societal norms, beliefs, and misconceptions about menstruation (Patkar et al., 2016). How to care for one's body during menstruation is not taught to girls and women in developing countries because of cultural beliefs. Currently, there is no research on how schoolgirls in low-income countries experience socio-cultural challenges at and after their first period. With the start of menstruation, many cultures believe that girls are ready to get married (Sommer, 2010a, McMahon et al., 2011).

Menstruation has been used as an excuse to restrict women's activities, such as their access to water and food, social gatherings, household chores, religious services, and participation in education. (Sommer, 2010a, Pillitteri, 2011). According to Rehman (2011), some Nepalese women may still be compelled to spend their menstrual days in a plain hut or cowshed because of their 'impure condition' despite the Supreme Court's 2005 prohibition.

While there are certain commonalities in cultural customs and religious beliefs, many societal variations must be considered in each circumstance (House et al., 2012). For example, girls in Ghana raised in Muslim households keep away from the daily prayers; likewise, many Christian girls do not have religious barriers. It should be mentioned that certain Christian sects do not allow females in their chapels (UNICEF and Unicef, 2016). (DO YOU MEAN CHRISTIAN GIRLS HAVE RELIGIOUS BARRIERS OR NOT? IF THEY DON'T THEN KINDLY REMOVE THE WORD "Likewise" and replace it with "however")

Even though most communities do not exile women menstruating, many women do not use pain relievers to suppress their periods. The concealment imperative dictates that menstruation management should be kept secretive in most societies (Bobel et al., 2020).

Menstruation has been belittled and forced into stigmas for ages (Caplan, 2004). As a result, many girls avoid participating in lessons because of cultural views that girls should be reserved and silent during menstruation, thus causing girls to be afraid to answer a question while standing or writing

on the chalkboard (Unicef, 2017). This culture of silence leads to girls having awful experiences during their period and affects their performance, leading to girls not being empowered.



## **Chapter Three**

### **3. 0 Theoretical Framework**

I will deploy the feminist political ecology in the analysis of the findings of this research. However, even though the FPE framework will assist in understanding the gender and power relations that exist in community access to resources such as facilities and water, it will not completely explain how their activities influence their life quality and empowerment. Therefore, the capabilities approach advanced by Amartya Sen (2001) will be integrated into the analysis of the outcomes to supplement the FPE framework.

The FPE framework and the capabilities approach may be combined to examine this research comprehensively. Both theories deal with almost the same issues but different viewpoints and perspectives. The FPE theory examines how women gain their freedoms to access resources, while the capability approach examines how this accessibility influences their lives and daily life engagement. The FPE theory examines the power conflicts between men and women in society to get these resources to improve their quality of life. Sen presents the criteria for attaining a good quality of life. FPE offers a useful framework for understanding and contrasting these women's experiences. It proposes a method for extracting theory from real-world experience.

Furthermore, the theories have been shown to fit the philosophical viewpoint of the thesis because they focus on participants' perceptions and flexibility to apply them to unique situations.

### **3. 1 Feminist Political Ecology (FPE) theory**

The FPE framework analyses gender discrepancies in access to social capital resources, such as education, etc. (Rocheleau et al., 2013). Although it looks at the politics of resource access and control and environmental decision-making, it does not simply include gender as a dimension of class, ethnicity, race, and other social elements. Instead, FPE allows scholars to critically examine power relations mediated by resource access, governance, and control at different scales (Watts, 2000).

This study will focus on adolescents' experiences and the challenges they encounter daily during their period inside specific spaces and the gendered relations to how girls and women have access

to water in the district. It will draw on Truelove's FPE investigation into the consequences of inequities in water and sanitation access for regular day-to-day existences in less deprived regions of Nadowli-Kaleo districts (schools in the district) (Truelove, 2011).

Some of the most unfavourable social stereotypes of menarche and menstruation have been brought to light by feminists (Britton, 1996, Gannon, 1998, Kissling, 1996). There are many ways that some people can see menstruation in society. Many think menstruation is taboo worldwide, wrapped in shame, humiliation, and secrecy. According to (Kissling, 1996), menstrual blood is considered filthy and requires cautious control. Menstruation stigma is rooted in societal and cultural beliefs that must be addressed.

Political Ecology studies the intricate relationships between nature and society by examining resource availability and control and their consequences for environmental health and sustainable lives (Watts, 2000).

### 3. 1. 2 Gender and WASH

Several studies (Hovorka, 2006, Truelove, 2011, Bee, 2016) have used FPE to investigate and emphasize water, sanitation, and health connections. The WASH industry's technical approach has long ignored women's and girls' concerns, resulting in systems and solutions that don't address their specific duties or needs (Willetts et al., 2010). However, gender-targeted WASH activities are on the rise. The United Nations General Assembly's 2015 Sustainable Development Goals (SDGs) emphasized the need to link water, sanitation, and hygiene (WASH) with equality (goal 6.1). 'Fair and cheap water for everybody' 6.2 'adequate and equitable sanitation and hygiene for all,' focusing on women, girls, and those in vulnerable circumstances.

Gender and WASH are intertwined because of the traditional duties performed by women and girls in WASH at the home level, such as cooking, cleaning, caring for others, and collecting water (MacArthur et al., 2020) and differences in the demands of women and girls in terms of their periods, cleaning, urination, and excrement (Hulland et al., 2015). For example, collecting water falls disproportionately on women and girls. According to (Graham et al., 2016), Women and girls have a disproportionate share of the obligation for water collection, which affects their time, health, and education in major ways. These links lead to possibilities for improvements in

gender equality via WASH interventions (Sam and Todd, 2020, Leahy et al., 2017), including both operational and strategic modifications to alter gender dynamics for individuals, families, and institutions (Carrard et al., 2013).

FPE was used in rural Bangladesh to examine how gender relations affect water collection, especially in regions hit by groundwater overdose (Sultana, 2009). The researchers found that the relationship between gender and water is complex). (Bisung et al., 2015) found that a lack of access to clean water and proper sanitation negatively influences educational outcomes. Many factors such as gender norms and cultural values affect water collection, dangers, and health consequences for both men and women (Sultana, 2009). According to (Nightingale, 2011), Nepal's daily spatial and physiological behaviours perpetuate gendered space constraints that support existing power relations).

FPE demonstrated how Delhi's water politics and daily realities are intertwined with racial and gendered hierarchies in Delhi, India (Truelove, 2007). They show how FPE may be used to unravel the complexities of gender, societal factors, and water-related health effects. People's mental health is affected by coping and adjusting in the face of water insecurity, which may linger even after water availability improves (Bisung and Elliott, 2018).

With limited access to safe and sanitary toilets and sanitary products in schools in the Nadowli-Kaleo district, FPE will reinforce gendered spatial linkages and access to social capital resources. Girls will have to travel miles to get water and clean themselves. Menstruation hygiene is still hindered by a lack of functional changing rooms and other facilities (Gupta, 2019). Females, according to research, often do not change their pads at school (Thakre et al., 2011). When girls are menstruating, they need water to clean. Sanitation is very vital for women and girls in every society. Sanitation, gender, education, and gendered restrooms all work together to create a system of power dynamics on how menstruation/puberty-related gender disparities are impacted by concepts like "taboo," "pollution," and "dirt," as well as FPE-informed analysis of these issues (Douglas, 1966).

When a girl reaches puberty, her definition of a safe area may change. Girls' contact with male family members may become more limited to decrease the danger of sexual harassment and sexual abuse among post-pubertal females (Mason et al., 2013). Girls are also linked with firmly

embedded social norms that tolerate everyday violence against women and girls as the norm in our society. Cultural stigmas may prevent menstruating women and girls from participating in religious activities or even gaining employment for pay in some contexts (Malusu and Zani, 2014). Cultural stigmas can trigger inequities between the genders by limiting girls' access to education, limiting their ability to make a living, and limiting their prospects (Laws, 1990).

To be healthy and productive, women and girls need to be able to manage their monthly flow. This necessitates clean water for washing and drying used fabrics, private spaces to change clothes or disposable sanitary pads, knowledge of the menstrual cycle, and hygienically managing menstruation (Mahon and Fernandes, 2010).

### 3. 1. 3 Women as Agency of change

According to the work of feminist researchers such as (Rocheleau et al., 2013, Harcourt, 2013), women's agency may play a role in resisting oppressive norms and structures that perpetuate their subordination. (Abel and Frohlich, 2012) and (Kabeer, 2011) define human agency as the active participation of individuals in reacting to needs and resources for their well-being.

When it comes to figuring out how socioeconomic and political systems limit women's freedom and access to resources, the idea of "agency" has proven beneficial. It has also shown that women can compete and change the social hierarchies they live in (Rocheleau et al., 2013). Individual and group decision-making, involvement in WASH programs and other social and institutional settings have all been examples of operationalizing agency (Narayan-Parker, 2005, Bleck and Michelitch, 2018, Nunbogu et al., 2018).

(O'Reilly, 2006) looked at how India's water and sanitation initiatives changed gendered practices. This resulted in numerous gendered perspectives on WASH and gender-based spaces for women and men. He said that WASH experiences are linked to these things. It is gendered and based on social class, caste, and the physical abilities of men and women

## 3. 2 Capability Theory

The emphasis of development is centred on the resources available to individuals to enjoy the life they desire (Sen, 2001). Sen (2001, p.4) explains that assessing satisfaction only based on

monetary wealth does not capture the whole range of human experiences. It ignores the person's subjective perceptions and freedom of choice. It means having the ability and opportunity to do or be anything.

According to Sen (2001, p.3), people's ability to express themselves and access public utilities like water and sanitation are not reflected in a country's Gross National Product. Therefore, this theory attempts to provide a more comprehensive framework for development by emphasizing people. The individual will have a stake in their future, and this tries to empower the individual who is the girl to act as she develops her own life through her actions and choice.

Functionings and capabilities are the two major elements in the capability approach. The term 'functionings' refers to what an individual can do or be (Sen, 2001). For instance, to be in good health, school, etc., are examples.

Increasing people's freedom achieves growth (Sen, 2001, p.5). It comprises both the means and end. Freedom is needed for individuals to change their well-being to keep getting and become better people. Humans amount of space will be used to measure their development. With more independence, people will be able to live more independently (ibid, 53).

Freedoms include human rights, social possibilities including health care, education, public transportation, other public services, economic facilities, transparency guarantees, protective security, and social security (Robeyns, 2005). However, the list of liberties is not confined to what has been said; instead, it is more complicated and vaster (Robeyns, 2005).

(Nussbaum\*, 2004) looks at capabilities from a feminist viewpoint and connects them to rights. She developed a list of fundamental human capabilities, including body health, body integrity, emotions, life, mind, logical reason, affiliation, etc. (Nussbaum\*, 2004). Capabilities such as body health and integrity relate to menstrual hygiene management, making this theory important.

The lack of freedom is seen as evidence of deprivation when considering the difficulties females experience throughout menstruation, such as unavailability to personal hygiene products, humiliation from males, and insufficient sanitary facilities to manage menstruation.

This theory is important to the research because it highlights the expansion of people's abilities and the elimination of constraints restricting their ability to live the life they desire. For example, enhancing access to sanitation for girls and supplying girls with the sanitary products they need to achieve their well-being because it involves the ability to "be healthy." Due to its widespread acceptance, it has become a well-established framework in the study of health, justice, and human development. In addition, the methods used are compatible with the FPE framework. Women and girls' ability to use water and sanitation in the community to practice MHM is closely tied to the resources and skills they are provided with.

Sen talks about five things that should work together for development to happen. In Sen's worldview, political freedom, economic opportunity, social opportunity, transparency, and security are all intertwined (Sen, 2001). Public education, health care, social security, macroeconomic policy, productivity, and environmental protection promote freedom.

Having the ability to carry out one's ambitions is just as important as having the freedom to do so. Freedom must be stressed to achieve development. People must be seen as active players in shaping their futures rather than passive recipients of development strategies. All five instrumental liberties are intertwined. Increasing a person's social prospects, for example, may motivate her to become more active in politics.

In some cases, a person's freedoms may conflict (Sen, 2001). For example, individuals in situations where tradition and culture conflict with economic or societal development must decide how to continue. Because of this, it is critical that people have the option to choose from that will help influence the outcome. In many circumstances, education is essential before individuals make a more informed choice (Sen 2001, p.30). Individual abilities are significantly linked to economic, social, and political conditions. This study will concentrate on social and economic opportunities because they are most related to the outcomes. Various forms of freedom may complement one another.

Social opportunities such as education, health care, land reform, and microcredit are examples of "social opportunities" offered by the state. In Africa, the wealthiest have greater access to health and education services than the poor. However, substantive freedoms may be lost when individuals

are denied access to food, medicine, suitable clothing and shelter, safe water, and sanitation facilities because of poverty (Sen, 2001).

Individuals may successfully build their destinies and assist one another if they have access to sufficient social possibilities.

Economic opportunities include fundamental freedoms, such as the right to trade and commerce, include this freedom. Economic freedom is how humans communicate and collaborate in society. Freedoms such as trade-in ideas, goods, and services must be recognized. Having the ability to join the market may significantly impact growth. Many people suffer from a lack of access to commodity markets. An essential aspect of a healthy social life is engaging in economic transactions freely. Opportunities to engage in commerce and business may assist produce both personal wealth and taxpayer money for social amenities.

Women play a critical role in reducing poverty and bringing about social change. Women's empowerment is hailed as a powerful tool in development. Women are lauded as anti-poverty weapons (Cornwall and Edwards, 2010).

Sen (2001, p.15) explains how many individuals lack access to quality healthcare and sanitation facilities and spend their lives battling avoidable illnesses. Therefore, WASH is linked to the capabilities approach because the signs indicate the direct impact of health on socio-economic development. In addition, recent anti-poverty measures have placed a high value on women's empowerment and gender equality to alleviate poverty in the developing world (Rankin, 2001). Therefore, women's empowerment can be made possible if unfreedoms like the lack of access to adequate sanitary facilities, products, and fundamental human rights are provided.

### **3. 3 Incorporating theories and conclusion**

A person is a member of a social society in which they participate and live. This is considered in the FPE theory. FPE pays close attention to how gender is perceived, disputed, and reinforced within the family and community in connection to micropolitics and gendered dynamics of access and control (Truelove, 2011). The capability theory addresses the deprivation of opportunity, social protection, and capabilities that allow one to live a high-quality life. Therefore, the absence

of hygienic facilities and school supplies may be inferred. The primary concerns noted in previous studies are lack of sanitary goods, understanding of hygiene management, and insufficient sanitation facilities.

Both theories emphasize the individual's (women's) interest and not that of the communities. Some important aspects of Amartya Sen's Capability Approach and the Feminist Political Ecology theory all touch on the absence and the struggle for sanitary facilities in schools, leading to feelings of embarrassment and shame and a lack of capacity to concentrate and engage in class.



## **Chapter Four**

### **4. 0 Methodology**

#### **4. 1 Philosophical view**

This chapter explains the methodology of the study. It describes the conceptual basis and the design of the study. A worldview is a collection of core ideas that influence one's actions, (Guba, 1990). The researcher stayed in the community, conducted focus group discussions and key informant interviews, and analyzed the data. Qualitative research methods aim to examine girls' subjective viewpoints and grasp the situation from their perspective.

To comprehend the universe of human experience, I used interpretive/constructivist techniques. (Mertens, 2007) states that reality is socially formed. The interpretive/constructivist research often draws on participants' viewpoints on the issue under examination (Creswell and Poth, 2017). The study accepts rather than questions participants' ideas (Singh et al., 2019). According to constructivism's ontology, reality is a social creation shaped by the acts of those within it. It is an essential conceptual grounding for this study since the researcher is interested in girls' interpretations of their menstrual management experiences.

#### **4. 2 Research Design**

##### **4. 2. 1 Research Approach**

The research approach that was adopted was an ethnographic case study. The research relied on some aspects of ethnography and cases to answer the research question. It enables the ethnographer to observe how new information and understanding are acquired. Ethnography is a method used in anthropology and sociology to track the evolution of a culture's distinctive ways of speaking, acting, and behaving over time. It is common for researchers to gather their data through interviews and observations (Creswell, 2019). The qualitative approach examines new phenomena and may

result in new hypotheses, theories, and ideas (Fetterman et al., 1998). This method aids in the investigation and comprehension of a social problem.

#### 4. 2. 2 Fieldwork Preparations and Encounters

This research relies on both primary and secondary sources of information. Focus group discussions and key informant interviews (see figure 1) were conducted in the Nadowli-Kaleo District of the Upper West Region for a month of fieldwork, including interviews with teachers, parents, assemblyperson, and the district Sanitation officer. Secondary sources include papers, articles on MHM and the internet, and books for the theoretical foundation. Many of the contents are sourced from well-known WASH and MHM organizations and authors by highlighting prior MHM patterns that may be compared to the core empirical data; the sources assist in constructing accurate data. The research employed the services of a research assistant who doubled as a translator, supervised the interviews, recorded the research interviews, and helped interpret Dagaari to English for the participants. She also ensured that the participant's parents signed the forms.

The study relied on a Gatekeeper to collect and analyze the data. Necessary Aid Alliance acted as the gatekeeper to the district because they have projects in the district and had already developed contacts in that area. All the events were organized with their help, such as means of transport and translators. The data collection was selected within the urban district (Kaleo, Sombo, and Nadowli) and rural provinces (Kpazie, Serekpere, and Goriyiri). The communities were chosen based on their sanitary coverage, cultural variety, proximity to bigger cities, and the district's availability of elementary/ basic and junior high schools.

A day of training for the research assistant was set up in advance to orient her on the purpose and role. I used open-ended, semi-structured questions to elicit qualitative data during focus group interviews with girls aged eleven to fifteen years old.

I had my notepad, pen, laptop, and phone with me when I began the Focus Group Discussion FGD. Ahead of time, I developed a guideline (see annexe) to aid me in preparing for the interviews. The gatekeeper's familiarity with the towns made it an easy choice when it was time for the interviews and focus group discussion. Schoolgirls were divided into two groups for a series of discussions.

Each interview lasted thirty minutes. Each session hosted six girls to enable everyone to say something. Three girls were chosen randomly to have personal interviews to assess differences in the answers. We also conducted individual interviews with the district's key informants, the assemblyman of Sombo, and the District Sanitation Officer to gather more information about the MHM situation. After each day in the field, we transcribed and classified the qualitative data and observation notes. The research selected two girls from each school.

*Table 1: Showing the numbers of participants in key informant*

Description	Number of participants	Location
Parents	3 women each from the following communities	Kpazie, Nadowli Sombo
District Sanitation Officer	1 man	From the district
Assemblyman	1 man	Serekpere
Teachers	1 female	Kpazie
Focus Group discussion	12 girls 2 from each school	Nadowli District Assembly

Source: Fieldwork, 2022.

#### **4. 4 Data collection procedures**

This study employed purposive sampling to conduct focus group discussions and key informant interviews. As a result of some of the demographic characteristics, I used a non-probability strategy.

All the people who took part in the focus group discussion and key informant interviews were residents or workers in the district. However, the district's menstrual female students were the primary focus of the study. The researcher selected three high school girls who had begun menstruation and three elementary/ basic schoolgirls to examine their knowledge and experiences

of the subject matter (BLOOMMAERT and JIE, 2010). The female instructor assisted the researcher in selecting the girls to participate in the study.

#### 4. 4. 1 Focus group discussion and interviews

A semi-structured interview was employed in this research (Blommaert and Jie, 2020) since participants should be open about their feelings and thoughts in a relaxed, informal setting. This will allow me to participate in the research rather than witness it in line with the constructionist research paradigm. (Blommaert and Jie, 2020) explain that this would enable the members to provide a complete account of their experiences.

Because conversations allow for multiple dialogues, interviews are highly regarded as important sources of data (Blommaert and Jie, 2020). Several questions were developed to answer research questions and seek the facts in the studied topics (see annexures). The interviews were digitally recorded to help the researcher listen and relisten to eliminate errors adopted during the transcription and then transcribed for analysis. The researcher and the research assistant did the transcription. The researcher and the assistant discussed the transcribed work to ensure everything was captured. The researcher analyzed with a consultation along the way with the research assistant and the gatekeeper. Menstruation hygiene management was examined via in-depth key informant interviews. Research can be done using everyday conversations (O'reilly, 2012) since the researcher can pay attention, respond and ask questions.

#### **4. 5 Data Validation and Verification**

Several validation strategies were used in the study to help the researcher evaluate the credibility of the results and motivate readers that the data collected were correct.

Using information gathered from various sources, the researcher developed a logical case for the primary themes that emerged from the inquiry using triangulation. It is possible to enhance the study's credibility by drawing on participants' wide range of facts or opinions. Interviews were conducted with selected students whom the researcher had picked to confirm any findings drawn from the focus group discussion.

To ensure the validity of the findings, the researcher returned the final report to the participants and asked them whether they agreed. In addition, the researcher had a follow-up interview with the people who took part in the study and gave them a chance to say what they thought about the results through the gatekeeper. This was to distinguish the researcher's viewpoint on the subject. As a result of the researcher's gender, culture, history, and socio-economic status, the researchers' interpretations of the results are likely to be influenced by these factors necessitating clarity in any biasness.

#### **4. 6 Data analysis**

The first part of analyzing the data was transcribing interviews, inspecting and categorizing material, typing notes from the field, and grouping data into different themes based on the information sources. Next, the researcher re-examines every piece of data. This initial stage allows for a basic overview of the data and reflection on its overall significance. The researcher started putting all the data into codes to create a few themes for a study which are utilized as significant findings in the research and as headers in the results sections.

#### **4. 7 Ethical Considerations**

With such a delicate topic as menstruation, the identity of the participants must be considered. Confidentiality was always maintained throughout the research. There was no mention of names to secure girls' anonymity. In advance of the interviews, the participants were informed of the research's purpose and the outcomes of their participation. Their guardians or parents signed a consent letter. Participants were allowed to halt the interview at any moment, and they expressed their informed permission verbally before the session. Permission from District Education Service was granted. Women were interviewed in their homes, while girls were interviewed in front of the district assembly offices (Scheyvens, 2014). I also try to reflect on my position, social class, ethnicity, sex, and religion.

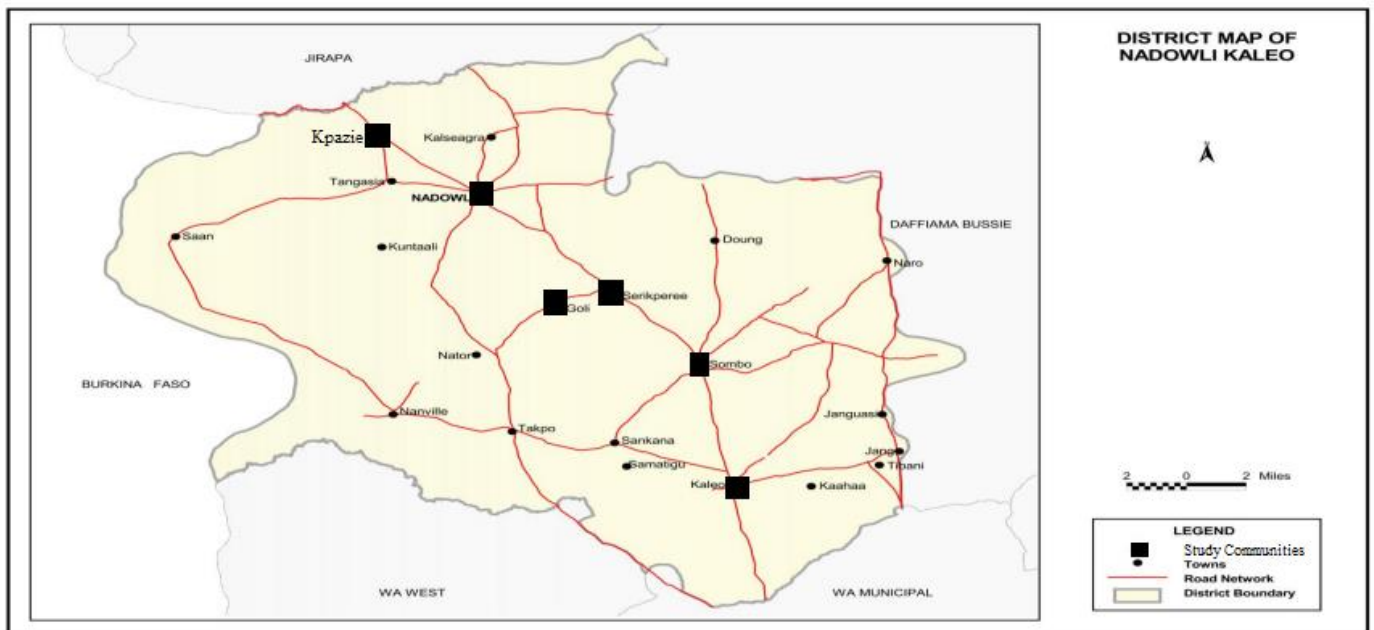
#### **4. 8 Limitations**

The sample size is limited, and it may not accurately depict the menstrual management experiences of girls in the district. Therefore, I propose that a larger-scale investigation be done. To provide a

comprehensive picture of menstrual hygiene practices, the research should involve both male and female participants and educators, and representatives from the departments of gender and education. Menstruation is often seen as a taboo subject, preventing frank discussion. It was hard to convince participants to open up and share their menstrual hygiene management experiences, particularly with girls from basic schools. This thesis will not address the issue of gender concerning the data it analyzes. It is well known that men and women are fundamentally different in their physiological, psychological, social, and cultural demands. Usually, while discussing gender, one refers to the social conceptions of men and women. However, this thesis will take its starting point from biology. This thesis did not consider the power dynamics concerning access to resources at school and If I had to go back. I would analyse the finding with a lens of the power dynamics more critically to confirm the finding, giving different results about the research.

#### **4. 9. Description of the Study Area**

The research was taken in the Nadowli-Kaleo District (NKD) of Ghana's Upper West Region. It is a small district in Ghana's Upper West Region. Nadowli-Kaleo District is one of the Upper West Region's eleven administrative districts. It is located between the latitudes 10° 07'00" and 10° 28'00" north and 20° 49'00" and 20° 34'00" west (See fig 1.). NKD was formed in June 2012 from the former Nadowli District by Legislative Instrument (LI) 2101, with Nadowli as its capital (Service, 2020).



*Figure 6 The map of the district showing the study area.*

The district has four borders, with Jirapa and Lambussie-Karni Districts on its northern border, Wa Municipal and Wa West districts on its south, Burkina Faso on its west, and Daffiama-Bussie-Issa District on its east (Service, 2020). The entire land area of the district is 1,132.02 square kilometres. Approximately 40 kilometres separate the district's and region's capitals. The district is characterized by low household income and poverty, insufficient public facilities, and significant unemployment

#### 4. 9. 1 Education, Sanitation, and Cultural of the Nadowli-Kaleo District

The district's overall population of school-age students from age five (5) to age fourteen (14) is about 8,509 for the elementary schools and 8,592 for the junior high. It has been noticed that almost half (12,604) of the population now attending school is in Primary, with 6,335 being boys and 6,269 being girls, and a total of around 5,084 per cent is in Junior High School (JHS), with 2,538 being males and 2,546 being girls. Most of the communities lack educational facilities. Therefore schoolchildren must go a long distance, mainly on foot, to school.

The district's primary water source is a borehole/pump/tube well, with a tube as the primary source. Most of the schools do not have pipe-borne water following. Most households lack toilet facilities and rely on (bush/field, latrines, public toilets, etc.) as a source of sanitation. The major sources in the district have been the bush and public toilets. Although not all were in a good working state, all the schools had bathroom facilities. In the case of solid waste disposal, garbage is deposited indiscriminately beside public dumps (open spaces).

The structure and organization of households in the Nadowli-Kaleo District remain conventional, with men heading most of these homes. The socio-economic position and gender of the household's head significantly impact the household's complexity and size. Because women in this society are less likely to possess property (or have access to other socio-economic infrastructures), they are less powerful than males (Commission). People in the area are patrilineal, meaning males have greater influence than women.

#### **4. 10 Conclusion**

Research design, sample size, data collecting technique, and data analysis are all described in Chapter 3 of this study. Researchers adopted a qualitative research approach to learning more about women's thoughts and feelings around menstruation.

Twelve girls aged 11-14 in the region were selected because they had begun menstruation. Open-ended questions allowed participants to respond on their terms during individual interviews and focus groups. A tape recorder was used to ensure that no important issues were missed when conducting the interviews. The fieldwork outcomes are presented in this chapter. Unless otherwise noted, all figures and data are from fieldwork.



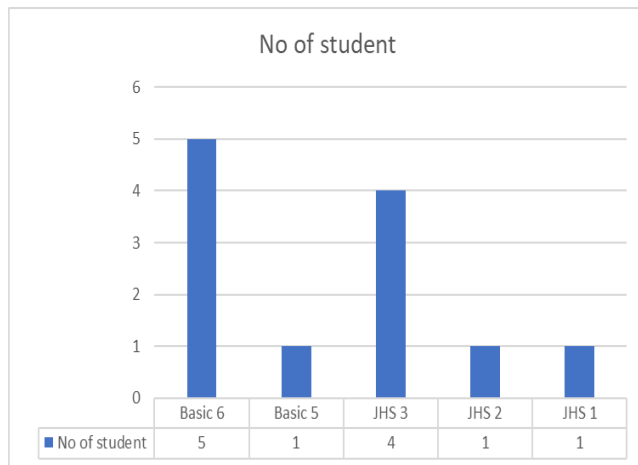
## Chapter Five

### 5. 0 Results Presentation

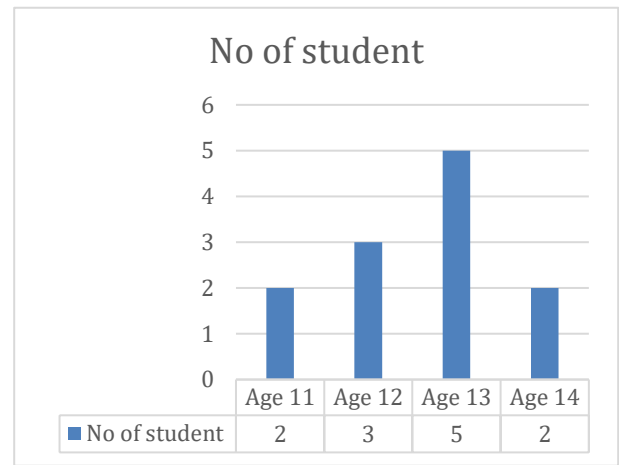
The fieldwork outcomes are presented in this chapter. Unless otherwise noted, all figures and data are from fieldwork. It shows the demographics of the students (girls) who took part in the study.

#### 5. 1. Participant Information

Figure 1 shows the level of schooling of the girls, with the majority in Basic 6 and Junior High School 3. The study included a total of twelve girls. Most girls were thirteen years old (see figure 2). The rural communities are Kpazie, Goriyiri, and Serekpere. Nadowli, Kaleo, and Sombo are the urban towns of the district.



*Figure 1 Demographics of the number of students representing the classes (Fieldwork, 2022).*



*Figure 2 Demographics of the various ages of girls*

#### 5. 2 Availability/ Accessibility (Water, Health, and Sanitation WASH)

The main objective was to explore how students in the district accessed water during school time. The availability and accessibility of water facilities were found missing in all schools. Most schools in the district get their water from nearby community boreholes, rainwater harvesting, and

tube wells. During the dry season in Ghana, many water sources get dried, leading to water shortages from November to March (see table 2). Girls' response to water accessibility was that they did not have clean water in their various schools and no pipes to provide clean water. Instead, they accessed water from the nearby borehole. A teacher from the rural school responded that, in most cases, girls would give excuses for not feeling well and wanting to go home to prevent them from staining themselves because the essential facilities to help the girl clean themselves up was not accessible. The school lacked tissues and handwashing soaps in the restrooms they had present. Most schools lacked modemed toilet facilities, and most of the schools that had some form of restrooms mainly were not in a good state for use (see Figures 4 and 5).

Out of the sampled six schools, only one school had a toilet facility in the urban area (see figure 6), even though it was not in a very conducive state (see figure 3). One school had its toilet facilities under construction and not yet ready for use. Schools did not have working flush toilets or washbasins for washing hands, and they mostly had squat holes/latrines toilets, while others used the community's latrine. Separate restrooms for males and females were only found in one school in the urban area, which was not yet in use because construction had just finished (see figure 6).

Few schools in the rural setting had two blocks (see figure 5), serving as a washroom for boys and girls alongside teachers. From the (FGD), some schools did not have any wash facility except a urinal (see figure 6). The girls said they avoided using their school's washrooms for various reasons, including a lack of flushing water, an unpleasant odour, a lack of privacy, and the danger of falling through the squat holes.

The absence of the WASH facilities in most schools does not encourage schoolgirls to come to school during their period because they will be found wanting when it comes to how they will manage their period without proper and clean restrooms to protect them and give them the dignity they need while in school. Girls at puberty need privacy and space to manage themselves every day. The lack of changing rooms with doors and locks has a negative impact on the girl's dignity when in school, making her feel unsafe and comfortable. It implies affecting her school performance because most girls would stay home instead of coming to school. The lack of doors and locks encouraged girls to go with their fellow friends to serve as gatekeepers while they changed or used the restroom because they did not want anyone to see them changing or naked.

The restrooms were not gendered to encourage girls' safety, meaning anyone could use any restroom available, which can cause a situation where a boy bumps into her while she is in there. This explains why the girls go to the restroom with their friends to keep watch. Absence from school during menstruation affects school performance.

So, it can be inferred that although menstruation occurs as a normal process, it has a detrimental effect on girls' education. Having an impact on the achievement of Sustainable Development Goal 4 (education) and her empowerment.

#### 5. 2. 1 Product accessibility

The research seeks to reveal how schoolgirls got their sanitary products. From the (FGD), five of the girls said they used cloths/rags because their families could not afford sanitary pads; Seven girls of the participants used pads, tiny pieces of fabric, toilet paper, and cotton (see table 2) because their families could afford one form of the sanitary product. Because their families did not have the financial resources to purchase it. Other girls reported that they use pieces of fabrics and keep them very clean for the next use because of financial difficulties and parents not supporting them in acquiring sanitary pads.

The type of sanitary products available to girls depended on their family's financial position. Parents in the rural areas did not give their daughters money to buy sanitary products. According to the study, because parents were farmers and their income level was insufficient to afford sanitary pads for girls, girls in urban schools were more likely to use them. Girls are more prone to participate in poor menstrual hygiene management if they do not access the proper sanitary products. One of the biggest obstacles to effective menstrual hygiene is the high expense of hygienic goods. Based on the results, girls' menstrual care product choices are influenced by their family's economic status, which explains why the girls used fabrics and tissue paper to collect their blood. The use of filthy or inferior menstrual absorbents may lead to infections and other problems linked with poor menstruation practice in girls from low-income homes

## 5. 2. 2 Menstrual Waste Disposal strategy

The object here was to identify the disposal strategies available in most schools. Ten schools lacked a waste disposal system like dustbins, and two urban schools had dustbins. All schools throw waste in the washroom / squat holes (Figure 4). All forms of garbage were lying around the hole in the toilets (see figure 4). Girls devised various techniques to dispose of their menstrual waste at school and home. Form the (FGD) girls reported throwing their used sanitary products in the squat hole, wrapped with a tissue before disposal to prevent another person from seeing them or burning them. Girls devised several ways due to the information they received from their parents, such as used products/ pads should be buried because of the fear of animals (dogs and pigs) having access to them for evil purposes. Girls also revealed how they had to keep the used products until they got home to dispose of them because of the lack of disposal strategy.

Sustainability might be harmed if menstrual hygiene programs for schools fail to include a proper disposal method. A lack of disposal facilities for used sanitary pads or cloths may lead to a significant solid waste problem, with latrines plugging and pits filling up rapidly.



*Figure 3 A toilet facility in a school. Source: (Fieldwork, 2022).*



*Figure 4 A washroom without a disposable bin. Source: (Fieldwork, 2022).*



*Figure 5 Newly constructed facility for both girls and boys, with functional doors.*



*Figure 6 A urinal pit*

Table 2: Summary of Results

<b>themes</b>	<b>indicators</b>	<b>findings (Facilities present)</b>
access to facilities	Clean Running Water	Boreholes, tube well
	Toilet	Squat hole, pit latrine
	Wash Basins	Not available in all schools
	Wash Soap	Not available in all schools
	Changing Room	Not available in all schools
	Locks and Dagraree Doors	Not available in 10 schools except 2 schools' toilets under construction had locks in them.
	Dustbin	2 Urban schools had dustbins and none in the rural schools.
disposal strategy	Drop-in pit hole	All schools practised a drop in hole
	Field	3 students confirmed throwing waste in the field, and
	Burn / Burry	3 confirmed burning or burying their waste.
access to sanitary products (Sanitary products used by girls)	Pads, tissue papers, pieces of cloth	6 girls from the urban schools and 1 from the rural school used pads, cotton, tiny pieces of cloth, and tissue paper, and the remaining 5 girls used tiny pieces of fabric/rages.
	cost of sanitary product	10 girls reported being able to afford a pad, and the 2 could not

experiences of menstruating girls	Ages of girl's menarche	5 girls started bleeding at (12 years), 3 girls began (13 years) and (11 years), and 1 girl (14 years).
	First experiences of girls	Girls were Worried, anxious, ashamed, confused, embarrassed, shy, and afraid.
	Class distraction	All 12 girls answered yes
	Effects on daily activities	All 12 girls answered yes
source of information	Source of Information about menstruation before menarche	9 girls out of 12 had information from Siblings, friends, teachers, and mothers, and whiles 3 had not heard of it before.
coping strategies	Girls understanding of MHM	All the 12 girls answered that it was just bathing and cleaning.
	strategies employed by schools	All the 12 schools had introduced a health care unit, with a teacher and prefect in charge of healthcare. Girls also introduced euphemisms for communicating menstrual issues. Girls when to the washing with girls to act as spics for them where there were no doors, sitting mechanisms, checking their skirts always to be sure there were no stains, and wearing multiple fabrics to prevent leakages.

menstruation and its effects on education	Medication as a strategy	First aid, pain killers, and sanitary pads are all schools' coping strategies.
	Effect on Education	8 out of 12 girls reported not going to school during menstruation, and while 4 girls answered they would go to school.
	Effects of menstruation on class participation	All the girls reported having difficulty concentrating in class during their period.
	Embarrassing and Shameful Effects	Absenteeism, lateness, poor performance.

Source: Fieldwork, 2022.



Table 2 depicts the results from the fieldwork in a summarised form. The table depicted the responses of girls from the FGD. Schools lacked appropriate WASH facilities, especially in the rural schools. Girls used other strategies such as replacing tissues, papers, and fabrics to collect blood, which had a connection with the financial standing of their families. Most schools lacked a disposal strategy, and girls had to devise ways to dispose of their waste. Girls had period cramps, pains, and discomfort when in their period, which affected their engagement in the class. During their period, the distractions in class, which usually lasted a couple of days, translated into their performance. School made provisions for students' health welfare, especially for girls, where they provided them with emergency pads and painkillers to help reside their pains as a coping strategy.

### **5. 3 Experiences of menstruating girls in schools**

The study sought to find out the experiences of girls during their period. Most girls started menstruating at a young age, between eleven and fourteen years (see table 2). During their first period, the girls gave different answers about their feelings. All the girls said they felt worried, anxious, and ashamed. They were confused when their periods started because they were not prepared for their menarche and had little knowledge about it, even though 9 out of 12 had heard about menstruation from their siblings, friends, teachers, mothers and female relatives. When they saw the blood for the first time, the girls said they had questions and were frightened as their first encounter with menarche. Some felt they had done something wrong or that they were ill. Girls' experiences affect their daily activities both at home and school. All the girls answered that menstruation affected them. Girls were mainly lazy, sleepy, and dull in their daily activities. Girls reported not being able to partake in sports or any other rigorous activities during menstruation. Experiences such as discomfort, difficulty sitting, and fatigue were reported.

Girls are unaware of their bodies' changes and how to manage them. Because mothers, sisters, and other female family members all provided information on menstruation that indicated the importance of mothers in passing their experiences on to their daughters at the time of menarche and because elder female relatives are deemed knowledgeable about menstruation-related matters. Girls did not discuss their first menstrual experience with their fathers or male relatives, even though they may become aware of it in the future. This suggests that most communities encouraged women to confide in their moms on various topics relating to women. Boys are more

likely to confide in their dads than their mothers. Traditionally, girls who have reached puberty have questions about it and other sexual reproduction issues and mostly get guidance from their mothers or other elder female relatives. There are a lot of cultural ideas about menstruation that are passed down from mothers and grandmothers to their daughters. This has an impact on how girls see menstruation. Because every girl has a different experience from the onset of menarche, parents passing cultural information on menstruation to their daughter, especially on taboos, might not be considered helpful because it gives the girl a different view of menstruation, either as “Dirty” or a “bad thing to happen to her”. Girls' views and experiences about menstruation may have affected the diverse responses (FGD).

Menstruation causes various bodily changes in girls, including period discomfort and cramps. Girls' social connections, class involvement, and overall school performance are affected by these changes. Menstrual discomfort has been a typical complaint among female students, but the school has discovered a solution by providing pain medicine to pupils. Many girls skip or leave early from school because they are too lazy to participate in any extracurricular activities.

#### **5. 4 Knowledge of Menstruation**

The study sought to understand how girls first heard about menstruation. Most girls were aware of menstruation before it began (see table 2). The information was mainly from their mothers, teachers, classmates, and siblings who had started menstruating. Girls assumed they knew about menstruation hygiene management because of the information they received from their peers, female siblings, and schoolteachers. The girls had at least one female sibling or friend who began menstruation before them. They learned about menstruation from these individuals, while some girls had never heard of menstruation before their menarche. Mothers are usually embarrassed/shy to give information about menstruation or any discussion concerning reproduction health before their daughters reach the age of menarche. Hence the level to which participants knew about it was an issue of concern. Because the knowledge received could be misleading if the source of information received was not learnt the right way information from friends or sisters is not always reliable. Even though the girls had prior information about menstruation, they had not been taught much information on the healthy practices to employ every day. As a result, they lack menstrual hygiene management knowledge.

## **5. 5 Menstruation effects on Education**

This research objective was to determine if girls skipped school due to their periods (see table 2). Girls rarely skip school due to menstruation. Only a few girls missed school owing to menstrual pain. Girls reported never missing school because of menstruation; they usually feel sick during their period at school, refuse to go back home but lie on the table, and cannot focus on the lesson are some of these girls' experiences.

Girls reported that they were calm and less active in class. According to the findings, menstruation may affect girls' educational attainment. This has a lot to do with emotion, exhaustion, cramps in the abdomen, and dizziness they face each month during their period. As a result of these bodily changes, girls find it challenging to focus and engage in class.

Performance is affected because they usually are not active, attentive, listening or even contributing. They also find it difficult to answer questions, especially if they have to stand because they fear they can disgrace themselves through the stain on their clothes.

Missing school causes an impact on her academic performance, and she may consider dropping out because she no longer has an interest in learning. SDG 4, the objective of universal primary and secondary education, and SDG 5, the empowerment of females, are all impacted by this.

## **5. 6 Support systems and Coping mechanisms adopted by girls and the school**

The objective is to reveal the coping mechanism adopted by girls and the support systems girls receive from school during their period (Table 2). For example, when asked what strategies are employed in schools during menstruation, girls shared how they used euphemisms to communicate issues about menstruation while in school and the introduction of a health prefect responsible for menstrual care and other health-related problems is the coping strategy adopted by the school. Many girls resort to using painkillers to relieve pain throughout their menstrual cycles, which they receive through the health prefect and teacher in charge of health. In addition, most schools had First aid that always provided the girls with emergency pad medication.

In addition, girls are more self-conscious and continually check their skirts for leaks while in class. The introduction of an emergency pad as a coping strategy also helps girls stay in school during

their periods. Instead of going home to change or wear their sanitary products, they would use one from the school and remain in class. Girls found communication methods to express themselves during those times. Euphemism aims to prevent the boys from knowing or even understanding what they are talking about and to conceal any shame or embarrassment caused when stained. Girls generally used anything “RED” to signify the blood or they were bleeding during that time. School officials strive to promote student health and wellness at school by implementing some of these strategies in the school.

## **Chapter Six**

### **6. 0 Discussion and Conclusion**

The study's results are discussed in this chapter. First, the analysis is done through FPE theory and the Capability Approach by Amartya Sen. This is then followed by a conclusion and recommendation.

#### **6. 1 Access to WASH Facilities in schools**

All the schools in the district visited lacked basic sanitation facilities. The source of potable water was from boreholes either in the school or near communities and tube wells. This suggests that all the schools lacked clean running water to enable girls to practice hygienic MHM in school during their period. Having access to clean water and sanitation is essential for women and girls to manage their menstrual period safely and wash their hands and used clothes. This finding confirms the results of (Unicef, 2019) that an estimated 335 million girls do not have access to clean water and soap in their schools. Schoolgirls all feel unsafe in their schools since there is no designated area to wash or change. The sanitation facilities were not found in a clean and usable state, lacking lock systems in place. Many girls opted to go home, use the toilet, and change for fear of leaving blood in the school facilities and contracting infections due to the washroom's dirty state, which resulted in a loss of time during the lesson. All-female students find it challenging to use school facilities during their menstrual cycle. The anxiety of stains may create tension and shame among girls.

The lack (OF WHAT?) depicts freedom to access public service as human rights, social possibilities including health care, education, public washrooms, and other public services such as clean running water on the school premises confirming (Robeyns, 2005) analysis. Intersectionality of gender with culture and location all have a role in influencing student experiences in the school. This is more evident in the daily negotiation of resources based on gender and access in the school. For example, girls at schools struggle to use toilets because they lack doors and locks and for these groups of students, a lack of decent restroom facilities is a sign of their struggle to access available and proper restrooms in the school.

Based on the existence of WASH facilities in the district, the distribution of WASH facilities (sanitary supplies, disposal methods, etc.) among schools and students (male and female) is

unequal, revealing a lack of social opportunities for girls to access. Many amenities are available in bigger cities, but a few facilities are present in rural areas: the restroom. The absence of private bathrooms and other amenities to help girls manage their menstruation in a dignified location is a significant issue for maintaining good personal hygiene, particularly during menstruation.

#### 6. 1. 2 Girls access to sanitary products

In terms of sanitary supplies, participants' answers show that they used fabrics instead of pads but that adequate clean supplies for teenage girls are readily available for sale in the area. Ten girls reported not being able to acquire a hygienic-sanitary product. While the two said using fabric/tissue paper because of affordability. The price of acquiring a sanitary supply is one of the most significant obstacles to maintaining adequate hygiene during menstruation. Indian research found that girls from poor socio-economic households utilize unclean or cheap menstrual products. The findings of this research confirm the research findings from India.

#### 6. 1. 3 Girls have access to Appropriate Disposal methods in the school

All the girls said that their schools lacked a disposal bin or location where they could safely dispose of their sanitary products after using them. Used pads are disposed of in the bush or field, and by burying or burning them because of fear that pigs and dogs would pick them up or wicked individuals would use them for evil purposes (see table 1). The lack of containers to dispose of used sanitary products in all schools forced girls to discard these items in the toilets. Facilities for safely disposing of expended materials or drying them if reusable are essential for their privacy and hygiene in schools. The finding confirmed the research conducted in Zambia, which found that most females disposed of used pads in toilets, indicating improper disposal habits (Chinyama et al., 2019). Incorrect disposal caused infertility in Ghana and Tanzania, mainly if an animal ate the dirty sanitary pad (Sommer et al., 2015), confirming the fear of pigs and dogs picking them up when proper disposal is not done appropriately. In connection to micropolitics and gendered dynamics of access and control (Truelove, 2011). The research findings are seen as a deprivation of an opportunity to have disposal bins in school, thereby making the schoolgirls have a low quality of life.

## **6. 2 Experiences of girls during menstruation**

Most of the girls had their menarche when they were twelve years while others had theirs at age thirteen and 14 (see Table 1). All the girls responded that during their experience, they were worried, anxious, afraid, confused, and embarrassed. In addition, all the girls responded to being distracted and not active in class. The finding shows that their daily activities were hampered due to their period.

Girls begin menstruation at various ages. This data aligns with Otieno's (2007) observation that females begin menstruation at varying ages, with the first experience occurring as early as age ten. Our lives often shape our thoughts, experiences, and daily individuals we relate to. This confirms the findings of (La Marca-Ghaemmaghami and Ehlert, 2015) that girls' perceptions about menstruation might influence how they react to their first menstruation. According to (Hennegan and Montgomery, 2016), some teens avoid getting up in class to answer questions because they are afraid of leaking or smelling and feel uncomfortable, confirming that girls have been distracted in class and not been active in class daily activities.

## **6. 3 Girls' source of information on Menstrual Hygiene Management**

Before their menarche, all the girls said that they had no knowledge of what menstruation was but stated they learned about menstruation from other women in the household, such as older sister's mothers, teachers, and friends who had already started menstruation were the primary source of information of menstruation for all the girls. Knowledge about menstrual hygiene management for the girls was about just bathing and keeping clean and nothing else.

As a source of information, mothers seemed to have minimal impact. Until they have started menstruating, girls would report to their moms. Until then, nothing is spoken to them about the subject, creating a knowledge gap. Among the most sources of information about menstruation for teenagers are their grandmothers, friends, sisters, mothers, and instructors, according to research by (Eswi et al., 2012) is a confirmation to the finding of this research. Cultural silence also makes it difficult for them to access MHM information and learn the proper practices to adopt during their periods. This caused misperceptions and fears about menstruation among these girls. The

lack of adopting healthy practices confirms the research (Johnson et al., 2016) that shows how it affects their choices.

#### **6. 4 The effects of menstruation on the girl's Education**

According to the study's results, eight girls would skip during their period, while four girls would not skip school throughout their menstrual cycle. Girls are having difficulty concentrating in class which adversely affects their performance.

Scot *et al.* (2009) and Sommer (2009) did not come to the same conclusion as this research shows that many girls miss 2-3 days in school, but it agreed that girls occasionally leave early due to their menstrual pains. Even though at least girls would miss school because of menstruation, it was not as frequent as the observation made by (Scott et al., 2009, Sommer, 2010b). The different contexts and backgrounds might explain these results.

Menstruation appears to affect girls' schooling. According to (Sommer, 2010b), most females skip school during menstruation due to fatigue, mood changes, and their grades suffer. The findings of Sommer confirm that menstruation causes bodily changes and girls experience mood changes, which makes it harder for girls to focus and engage in class.

As (Mason et al., 2013) point out, girls' performance in school suffers when they are disturbed, uneasy, or cannot engage due to concern over menstruation leakage and odour. This study confirms this research as girls are not actively participating because of bad experiences like pain, cramps, mood changes, and being afraid of stains on the uniform.

#### **6. 5 Coping strategies employed by girls in school**

Girls in all the schools adopted their strategies using euphemisms and signs in communications about issues of their period—medication such as pain killers and sanitary pads. Schools also created a health care unit with a teacher and prefect in charge.

Keeping menstruation private at school was a crucial problem for many girls. However, the investigation revealed silences or a lack of positive discourse around menstruation. One component of this was how girls used signs and euphemisms to communicate with their friends



during school sessions. According to Crawford and Unger (2000), language sends the notion that men and women are distinct from establishing the social inferiority of girls and women.

## **6. 6 Conclusion**

A sign of period poverty is unavailability of quality and appropriate sanitary hygiene facilities. The absence of proper sanitation facilities and clean running water shows that hygienic facilities do not fulfil the needs of girls. The lack of disposable facilities makes girls dispose of their used pads, affecting the environment and the community's health. Because they cannot wholly exercise their right to privacy, girls are deprived of their full potential. Menarche is a painful time for many young women due to a lack of knowledge about the process. Women in rural areas are generally reluctant to discuss MHM concerns openly with teenagers and unmarried females because of the stigma attached to discussing such topics. Girls undergo menstruation, but various cultural, religious, and political circumstances influence and interpret their experiences differently.

Fatigue, abdominal pains, and dizziness are some of their experiences during their period leading to the girls not being active in class and affecting their performance. The effects on girls put them at a disadvantage compared to their male counterparts. As a result, girls cannot participate in quality education, which may impact their empowerment and help eradicate poverty. In addition, the research indicated a lack of access to WASH, posing a risk and impact for girls in the Nadowli-Kaleo area.

Girls' well-being is directly linked to their capacity to "be healthy". Therefore, improving access to sanitation and providing girls with sanitary products is essential. For girls to be economically empowered, they must be able to attend school and perform well; therefore, keeping healthy is critical. When girls are denied access to sanitary products, amenities, and medication in school facilities, they lose substantial freedoms. To achieve their full potential, girls must have access to a wide range of social opportunities.

Data-driven inductive reasoning suggests that the absence of WASH facilities in the Nadowli district may also be attributed to the theory of how a lack of access to water and sanitation affects the daily lives of those who are living in more privileged areas (such as those attending the district's schools) (Truelove, 2011). The findings demonstrate the theory's foundations (Douglas, 1966). This

reveals the connection between sanitation, gender, education, and gendered toilets. The influence of power dynamics on gender differences in menstrual cycles is seen when guys abuse their dominance over girls to make them feel less than human by calling them names that signifies menstruation is dirty and a bad thing for a girl to go through. These terms reflect the power dynamics in school at play. From the Feminist point of view, Socio-historical practices and societal values have contributed to the negative connotations associated with menarche and menstruation. In our conversations, the girls raised the problem of menstrual concealment as a topic of concern. Boys at school teasing girls make them feel uncomfortable. Many girls are reluctant to discuss their menstrual cycle with their family, friends, or teachers because of fear. Society has a negative view of menstruation, based on misconceptions such as being “filthy” or “forbidden.” Anxiety and shyness made it difficult for female students to bring up the topic of their periods with their teachers or even mention it at all.

As a result of societal taboos and norms about menstruation, families do not assist these girls in having access to sanitary products. Fear makes the girls feel shy or unable to ask for assistance relating to menstruation, and they prefer to handle all the pains they experience during their period. When girls reported not feeling well and wanting to go home, the instructor understood most of the time. The social norms and attitudes that led to inequalities between girls and boys in the school were because of fear of being teased; they preferred to go home to avoid embarrassment. This has a direct bearing on the empowerment of girls. Individuals can not improve their lives unless they have the freedom to do so. Human rights and social possibilities like health care, education, and social protection, not being teased, and feeling safe and comfortable at school are examples of freedoms. The safety of teenage girls limits their independence, movement, and access to opportunities. Societal taboos and norms have a significant impact on girls' lives. The Capability approach, in which Nussbaum looks at MHM from the FPE point of view, the body health, body integrity, and emotions are all relevant to the healthy empowerment of the girl.

The impact on their quality of life varies from person to person. Those who have access to pads have a choice to make. It is hard to know whether to use a pad is a well-informed decision to make or not. While not all women see their present circumstances as bad, most girls do not have the opportunity or option to practice appropriate MHM. There is a link between social and economic capabilities so that restrictions on the participants' social possibilities influence their financial

resources and vice versa. The financial state of girls' families reveals the type of sanitary product available to the girls for use. Using pads or any other absorbent to collect the flow always describes the family's financial standings and, in some cases, the girls themselves.

The ability to exercise other capabilities, such as one's freedom, is dependent on the availability of social possibilities. MHM has a detrimental impact on girls' options to improve their quality of life. According to research (Sen, 2000), aspects such as access to public services and pads, distinct cultural ideas, and knowledge have all been highly significant when characterizing the situation in a specific neighbourhood. The lack of sanitary facilities and school supplies does not allow girls to live a human life. In the Nadowli District Assembly, resource competitiveness may be seen in separate restrooms for males and girls in the schools. (Nightingale, 2011) shows how everyday bodily and spatial habits reinforce a lack of respect in gendered spaces.

The research findings reveal the struggle for basic sanitary facilities on the school premises. This connects to both theories, which show how the absence of basic hygienic facilities causes girls to feel embarrassment and shame, leading to girls dropping from school and affecting their active performance in class. Girls in schools need decent restrooms to wash and clean themselves every day compared to what a boy will do in school. Instead, the girls' lack of flowing water is more disturbing than their fellow counterparts.

In solving the research issue, the FPE and capabilities approaches were combined. According to a study, schoolgirls are frightened and anxious at the beginning of menstruation due to the lack of knowledge about menstruation before menarche. Furthermore, during menstruation, most girls cannot participate in class due to the discomfort of menstruation. They are also bothered by the worry of leakage. In addition, they cannot practice MHM due to a lack of working toilets, water, and comfortable pads. Both theories have worked well together and helped us learn more about the girl's MHM behaviour and how it affects schoolgirls' daily lives.

MHM encompasses a wide range of development initiatives, including health, education, social assistance, neighbourhood improvement, and other connected areas of the economy. However, the development target may be hindered due to poor menstrual hygiene management. In addition, the inadequate WASH facilities in schools may negatively influence students' academic performance and attendance, leading to more school dropouts and a failure in the empowerment of girls.

Insufficient educational opportunities for girls may have a negative impact on the economy of a country. According to World Bank estimates, an increase in a country's yearly per capita income of 0.3% may be attributed to every 1 per cent rise in the percentage of girls with secondary education.

The research adds to the theoretical knowledge of how a lack of access to water and sanitation effects leads girls to drop out of school because of the insufficient facilities at school to support them manage menstruation safely.

## **6. 7 Recommendation**

MHM strives to be relevant to development with its wide range of applications. Much attention has been paid to school absence because it is easy to quantify. Still, more research needs to focus on the effects of menstruation pain and engagement on girls' academic performance and mental health experience. Using the same sanitary products for an extended period makes girls uncomfortable. Girls' dignity and right to privacy are compromised since they can't change pads when they need to.

Community-based interventions, such as community-based (schools) advocacy for boys and male teachers, should be encouraged to help effectively eliminate stigmas in schools amongst boys. In addition, religious, community, and other leaders must be made aware of the need to support women and girls' involvement in choices that affect their lives and collaborate with both women and men and boys and girls. For women and girls to attain their full potential, the silence regarding menstruation must be broken.

Governments must help adolescent girls manage their periods by providing enough infrastructure and accessible sanitary products in most schools in Ghana. Infrastructural facilities are necessary for girls, especially in private, cleaned, and furnished areas where they will securely and discreetly change, clean, and discard sanitary items. In addition, the government should liaise with NGOs to supply schoolgirls with free sanitary pads in all schools, especially in less deprived schools.

Establishing menstrual hygiene management groups in schools should be encouraged.

Sensitization of both male teachers and boys should be encouraged.

Provision of information for girls before menarche to prepare them before their first period.

To break the silence on this topic, making menstruation hygiene part of the WASH sector means increasing understanding, educating people about menstrual hygiene, providing inexpensive and accessible products and facilities, and incorporating these techniques into the mainstream policies and programs.

WASH services are critical for women's and girls' clean menstrual management, but the government and the WASH sector in development in Ghana have mainly ignored this need. Women and girls in the Nadowli-Kaleo area bear the brunt of this neglect since they are denied their basic rights to gender equality, access to water and sanitation, education, health, and dignified existence. In many aspects, the inclusion of and investment in WASH facilities for the protection and safety of women and girls is fully warranted,

SDGs and many organizations have included 'investment in girls' and the pursuit of women's empowerment and gender equality. One sure way is the provision of WASH facilities available and accessible to both girls and women.

When girls are educated, communities, nations, and the globe benefit; when a girl is educated, she is less likely to be married early and more likely to lead a healthy and productive life. They earn more money, are more involved in the decisions that affect them, and have better futures for themselves and their families. Inequality is reduced, and economies are strengthened when girls are educated. A more stable and robust society is a result of girls' empowerment.

## **6. 8 Further Research**

For a clearer knowledge, it is necessary to do a more qualitative study with a broader group of rural teenage girls to help give a better understanding of the various views on menstruation hygiene management and Menarche in the district.

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## Appendix



FACULTY  
OF SOCIAL  
SCIENCES

### Consent form

Graduate school

Faculty of social sciences

Name of student: Rosemond Abugpobila Mbi

This research is part of the qualification for a master's thesis in the graduate school at Lund's University.

**Topic: Experiences and Challenges of menstruation among rural schoolgirls in Ghana: A case of Nadowli-Kaleo District in the Upper West Region of Ghana.**

This study is qualitative research used to explore the experience and challenges of menstruating schoolgirls.

**Objective of the research**

The research would like to explore the experiences and challenges of menstruating girls in the district. The lack of knowledge on the consequences of MHM on women's and girls' daily lives and the effect of the practice they observe during their period cycle.

The study will look at the issues or experiences of menarche and menstrual hygiene management practices (MHM) that rural schoolgirls in the Nadowli-Kaleo District face. What strategies do schoolgirls employ to deal with the MHM challenges they face?

I am aware that my participation in this focus group will help shed light on what the experiences and challenges for girls during menstruation. Teachers and students may expect private discussions and interviews to take place on school grounds at a time that is convenient for everyone involved. Participation in the conversation is entirely optional, and the information gleaned from it will be retained only for academic research.

While this study has no identified risk, whenever a student experiences emotional trauma, they will be sent to the school for appropriate support.

I know I will not be compensated for my participation. To the benefit of schools in the Nadowli-Kaleo District, the knowledge acquired via my involvement will be useful.

It is clear to me that I have the option of withdrawing from this research at any moment, and that there will be no repercussions if I do not participate.

Confidentiality will be maintained during the interview process. The finished report will contain excerpts from the interviews, but no one will be able to connect my remarks to me personally. An external examiner will review the final report and the results will be made accessible to participating agencies, but my identity/name will not be mentioned in the report, or any other publications connected to this study.

I confirm that I have read this consent form, or the researcher had read it to me and that the study has been explained to me and I understand it. I voluntarily participate in the research.

Signature of Parent / Teacher .....

Signature of the researcher .....



## **Interview guide**

Faculty of Social Sciences

Department of Human Geography

This study is part of the fulfilment of a Master's degree thesis at Lund University.

Title of the study: Experiences and Challenges of menstruation among rural schoolgirls in Ghana:  
A case of Nadowli-Kaleo District in the Upper West Region of Ghana.

### **Focus Group Discussion interview a guide for schoolgirls.**

The study's aims and goals

We want to thank you for accepting to be part of this research. It is a pleasure to meet you. I am a student at Lund University in Sweden. I am working with the Necessary Aid Alliance on this study. FDG is employed as part of this research to understand your menstruation experiences and challenges and how you care for yourself during your period.

Participating in this research will go a long way to help us complete this work. My Master's thesis will include all of your replies. There will be no leaks of information. The confidentiality of your data provided will be protected. Please feel free to let us know if you do not feel comfortable taking part in the FGD. Since we want your honest view about your MHM knowledge, there is no correct

answer. Be yourself, feel free, and do not be reluctant to share your understanding and knowledge in this discussion.

### **Basic information**

#### **Responses to be provided by schoolgirls**

	Girl code
	Age
	Community name
	School
Q1	<b>Access to Wash facilities on the school premises</b>
Q2	Do you have access to clean running water in School during menstruation?
Q3	Do you have access to clean WaSH facilities in your School?
Q4	Do you have access to privacy to change or clean yourself in your School?
Q5	Do you have access to soap for washing your hands during your period in School?
Q6	Do you have access to menstrual hygiene products/sanitary pads at school?
Q7	Is there a pad changing room in your school for managing the menstrual period during school time?
Q8	[If yes above] Have you ever used a pad changing room in your school?

	<b>Access to sanitary products</b>
Q9	Can you afford a sanitary pad?
Q10	Do you know what to do when you have your period in school?
Q11	What sanitary products are available in your community?
Q12	What do you use to collect your period safely and dignifiedly?
<b>Access to Disposal of menstrual waste</b>	
Q13	How do you dispose of your menstrual waste while in School or at home?
Q14	Is there an incinerator in your school for disposing of sanitary pads?
<b>Girls Experiences</b>	
Q15	How old were you when you started menstruating?
Q16	What was your first experience?
Q17	Do you go about your daily routine as usual while you are menstruating?

Q18	During menstruation, are you distracted from school and class discussions?
Q19	Do you miss School due to a menstrual cramp when on your period?
Q20	Are you able to concentrate at School during your period?
<b>Support systems and Coping mechanisms adopted by girls?</b>	
Q21	What medications are available for coping in the school?
Q22	What strategies are employed in School during menstruation
<b>Menstruation's effect on the girl's Education</b>	
Q23	Are you able to concentrate at School during your period?
Q24	Do you miss School due to a menstrual cramp when on your period?  Have you ever skipped school because of inadequate facilities to manage your menstrual period?
<b>Source of information about menstruation</b>	
Q25	Are you taught about menstrual hygiene or puberty in school?
Q26	How did you know about menstruation?

Q27	How did you know about menstruation?
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**Assemblyman**

Introduction of the research	
Explanation of the purpose of the interview and obtaining informed consent	
Questions	Probes
What are the WASH challenges facing the community?	How is the community addressing them?
Are there other communities with similar challenges?	If yes, how different are those communities working to solve them
What is the nature of the water situation in schools in the district?	Have there been any changes since you started working here?
What are the barriers to ensuring good hygiene practices in schools in the district?	
Do you receive any kind of support from NGOs or other private organisations?	If yes, what kind of support do you receive?
Thank you very much for your time and responses. Is there any other thing you may want to share with me regarding water and sanitation in this community?	

**Key Informant Interview with the District Sanitation Officer**

1. Is there any potential funding mechanism (opportunities) with your department to support WASH activities?
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1. Do you know any Strategies for effective collaboration and partnership with NGOs to advance WASH?
2. Do you think there are available opportunities for development organizations to partner with the government to provide WASH facilities for schools?
Thank you for the information. Do you have any other information to include?