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**ENSURING AVAILABILITY AND SUSTAINABLE MANAGEMENT  
OF WATER AND SANITATION FOR ALL**

**Menstrual health management in some  
selected basic schools in Ghana**

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*This study explored the issue of menstrual health management by the girl-child in a first-cycle institution in North-East Ghana, and how this impacted on her school attendance and performance. It also discussed the common obstacles she encountered as she attended school during monthly menstrual cycle, and how she coped. The discussion is centred on the following main themes of the role of parents, teachers and peers; the financial burden; the adequacy of school facilities; and the impact on school attendance and performance. The study recommends that the school atmosphere must be made conducive for the girl-child to be able to achieve her full potential, so that she can safely and hygienically perform a natural function in the process of her growth.*

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**Introduction**

In this paper, the authors sought to find how the girl-child, from the onset of menstruation, manages herself during her monthly flow of blood, especially during school-going periods and how this impacts on her school attendance and performance. A lot of studies have shown the linkage between girls' menstrual health management and school attendance. There are also possible linkages between poor school sanitation and girls' low attendance rates (Jewitt and Tyley, 2014). Indeed the everyday 'lived experiences' of schoolgirls with poor sanitation access are poorly understood (Sommer, 2010).

Many school-going girls in public schools lack the knowledge, support and resources to manage menstruation in school. Few studies have focused on educational impacts, such as concentration, class participation, missed classes and absenteeism (Haver *et al.*, 2013)

Menstruation is a normal biological process and a key sign of reproductive health in girls and women, yet in many cultures it is treated as something negative, not for open discussions, shameful or dirty. For many years, menstrual hygiene has been a neglected subject for discussion among education and development workers in many parts of the developing world. In several countries, there are (cultural and religious) taboos concerning blood, menstruating girls and women and menstrual hygiene (Ten, 2007). Many girls of school-going age are married off early, or in some cultures, when the girl-child starts menstruating, she is kept at home, either permanently or temporarily (UNICEF, 2005). Many women and girls have restricted control over their mobility and behaviour during menstruation. In many developing countries, menstrual health and sex education by parents is considered a no-go area.

Managing menstruation hygienically and with dignity requires that women and the girl-child have access to good water and sanitation facilities, a private and secure place to change their sanitary clothes and a place for the safe disposal of used sanitary materials or a clean place for drying reusable materials. There is also a need for both men and women to have a greater awareness of good menstrual hygiene practices (WSSCC, 2012).

In Ghanaian cultures, discussions on menstrual hygiene and puberty at home as well as in school are woefully inadequate especially in the rural areas due to certain misconceptions and superstitions. This problem is observed particularly in more traditionally oriented and sometimes poorly educated settings mainly due to some cultural restrictions preventing the flow of requisite information to youngsters on the

subject matter. This has prevented the flow of accurate and sufficient information about keeping good hygiene during menstruation to adolescent girls. According to Rose (2012), sanitation across the developing world is in dire straits but menstrual hygiene is worst. Due to the pervasive shame and taboo and stigma, 73% of girls and women in six Indian states who attended a state-of-the-art Menstrual Health Management Laboratory in India, told researchers they had had no idea what to expect when they started bleeding (Rose, 2012).

## Materials and methods

### Study area

Field research took place in Navrongo, located in Northeast Ghana, with a population of 29,693 (GSS, 2010). A primary qualitative approach was undertaken, as the researchers sought to elicit the feelings and opinions of schoolgirls (between the ages of 12 and 18), and encouraged them to share their lived experiences, fears, and challenges. 187 schoolgirls in eleven basic schools were interviewed, alongside 11 others, which comprised of school female teachers and male students. A basic school is where a child completes his/her first 9 nine years of education (this excludes pre-school).

### Data collection

#### *Sample size determination*

The mathematical method used to determine the sample size is as follows;

Formula:  $n \geq N / (1 + NE^2)$ , Where N= total population of girls (2168), E= tolerance level or Marginal error (0.07) and n= sample size

By substituting 2168 and 0.07 into the equation, we have;  $n \geq 2168 / 1 + 2168(0.07)^2$

$n \geq 186.5235$ . Therefore the sample size of the survey was one hundred and eighty seven (187).

N= total population of girls enrolled in 2012/2013 academic year. The sample size of 187, was used as a statistical representative of the total number of 2,168 school girls enrolled in basic schools within the Navrongo municipal area.

## Results, discussions and the way forward

The study focused on the following: the impact of menstruation on girls in schools, the role of the schools in menstrual management, the role of parents of the menstruating girls, and the challenges faced by these girls. The study also looked at the cost implication during menstrual health management and how this cost is borne.

### Age distribution of respondents

Coalition of responses to one hundred and eighty questionnaires revealed that, 18.7% of the girls are aged between 12 and 14 years, 59.4% of the girls are aged between 15 and 17 and 21.9% of them are aged between 18 and 20. In total a 100% representation was made. It is interesting to note that girls aged between 18 and 20 were still in basic school.

### Onset of menstruation

One hundred and twenty-five girls out of the total response representing 66.8% started menstruating between the ages of twelve and fifteen, 27.8% started menstruating between ages fifteen and eighteen and 5.3% started menstruating between age nine and twelve. Ages 12 to 15 recorded the highest number in this regard, and this is a fair representation of girls' menstrual life since menstruation is believed to start for most girls between age 12 and 15.

### Duration of menstrual flow

Generally, 82.9% of the girls in the study area reported menstrual flow duration of 3 to 5 days, 15% reported menstrual flow of 5 to 7 days and the remaining girls in the study had a flow of more than 7 days. These observations were noted because the challenges faced by the girl students may not be the same throughout.

The duration of a girl's flow and the magnitude of the flow have a bearing on the amount of money a girl spent on sanitary materials. For instance if a girl had heavy flow and it lasted for between five to seven days the girl may have used at least two packets of sanitary pad because she needed to change within short

intervals in a day to avoid staining her clothes and avoid public ridicule. Heavy flows coupled with pain made most girls feel very uncomfortable going out of their homes.

**Impacts of menstruation on girls in schools**

***Painful menses***

Thirty-nine girls out of one hundred and eighty- seven girls did not have menstrual pains while one hundred and forty-eight respondents experienced menstrual pains (Table 1). The girls, who experienced painful menses, also reported that they could not concentrate during school days. As a result, such girls managed the pain with medication in order to stay in school.

<b>Table 1. Experience of menstrual pains</b>		
<b>Do you have menstrual pains during your menses?</b>	<b>Number of girls who responded to this question.</b>	<b>Percent (%) of Response</b>
Number of girls who do not have menstrual pains	39	20.9
Number of girls who have menstrual pains	148	79.1
Total number of response	187	100

Out of the 148 girls who experienced painful menses, only 39 used drugs to manage the pain. The other girls managed to go through the cycle without any pain-relieving drugs. This may be due to lack of financial capacity to buy drugs for the period, or ignorance about the existence of such medication, or the lack of interest in dealing with the pain in their bodies, believing that the pain may go away with time.

***Financial implications for menstruating girls***

During menstruation, girls and women have to clean themselves or buy drugs to manage pains during this time of the month. This comes with extra financial burden. 59.9% of the respondents spent between one to three cedis on hygiene management while 32.6% spent between three to five cedis and 7.5% spent between five to ten cedis. The difference in the spending amounts was attributed to the duration of menstrual flow and the type of sanitary materials used by the girls.

***Absenteeism from school***

78.1% of the girls did not absent themselves from school during their menstruation (in spite of the pain they experienced), while forty-one of them representing 21.9% absented themselves. The girls who did not miss school were unable to participate freely in the schools’ activities out of fear of staining themselves and a feeling of shame. These girls also revealed that they did not have to change themselves during their time spent in school because their menstrual flow was not usually heavy and therefore one pack of sanitary pad could take them through their time in school. However, in the event of staining, such girls had to leave school to the house to change and wash their clothes. 56.7% had never stained their clothes in school before while 43.3% had stained their clothes in school. Those who had ever stained said they felt embarrassed, ashamed and intimidated. Christy, a seventeen years old school girl said she felt shy, afraid of being ridiculed by her male class mates. She went further to add that these same male class mates had claimed that she got stained due to an abortion she had committed. However, her female class mates were more sympathetic and helped her to clean up herself. That was her first experience.

***Ability to study well***

Only 20.3% were always able to study properly during their menstruation and 12.3% were not able to study well at all, 67.4% sometimes were able to study well and at other times, were not able to study well. The girls also reported that their ability to study well or not went a long way to affect their academic performance, because when they menstruated coupled with severe pain, their ability and desire to study reduced due to the fact that there was total weakness during those times and the edge to study was almost absent for them. In addition, if any girl missed three school days during period every month, it was difficult for her to catch up with her colleagues in class when she returned. In the event of any class test or exams during such absence, she may not perform well overall.

***School sanitation***

All the schools visited lacked adequate sanitation facilities, which is necessary for safe menstrual hygiene management. Girls who absented themselves during their menstruation, preferred to stay at home due to inadequate water and toilet facilities. Generally, all the girls complained of not having a safe place in their schools to wash or change, and safely dispose used sanitary materials. Indeed, one hundred and twenty-six girls said they did not have safe disposal site for used sanitary materials in their schools. These girls preferred to go home and change, translating into missed class time/lessons. Observations of school facilities revealed that there were no bins for disposing sanitary materials in all the schools, hence the girls (who could not go home to change due to distance from home to school or convenience) were compelled to dump such materials in the toilet facilities. The respondents said they needed facilities such as changing rooms within the toilet facilities so that they can be comfortable during menstruation. They went on further to say that they would stay in school (and not be compelled to go home to wash and change) if school sanitation facilities were structured in order to provide girls with comfort and privacy.

***Water facilities in the schools***

Seven out of the eighteen schools visited did not have any water supply source at all. Seven other schools had boreholes while four had standpipes. The water source in six of the schools was not connected to the sanitary facility. In these situations, the schoolgirls had to go and fetch water to wash and/or change when it became necessary to do so. Unfortunately, the girls did this chore with an audience watching them. This activity also raised the suspicion of the other students especially the school mates who were boys. This proved distracting for the girl-child and could have impacted on her performance, even though this was not investigated further.

***School support system***

The role of a teacher in the life of an adolescent girl is very vital, because the girl-child spends half of her day in school. The study showed that one hundred and thirty-five girls received some form of counseling support from their teachers during their menstruation period. Other forms of support given the girls include financial support from their teachers. About 27% of the girls do not receive any form of support.

***The role of parents***

Parents are responsible for the upkeep, health and safety of their children therefore when their girl-child has need of anything she reports to her parents who find one way or another to provide for her as far as possible. One such need may be support from her parents during her menstruation. Thirty-five girls said they received both advisory and financial support from their parents, seventy-seven received advisory support only and seventy-three received financial support only. Indeed, over 42% of the girls did not receive any financial support at all, and had to cater for themselves by doing menial jobs on market days and festive occasions or even travel to southern Ghana to work during long vacations to make some money for their upkeep anytime school re-opened.

***Main findings***

The study showed that more than 87% of the girls were affected by menstruation while in school, and complained of not having a safe place in their schools to wash their stained clothes. A little more than 67% of the girls reported of not having a safe place to dispose of their used sanitary materials and 78% are not comfortable using school facilities during their menstruation. This showed that the schools did not have properly secured and girl-user friendly facilities. In order to make schools supportive of the education of the girl-child and for her to have equal access, WaterAid Ghana had started constructing public school sanitation facilities that have a changing room for girls. This will ensure that girls do not miss any school day during her menstrual cycle, or even drop out of school permanently. One study conducted in rural Kenya showed that girls expressed fear, shame, distraction, and confusion, besides physical discomfort, as feelings associated with menstruation, (McMahon et al, 2011). About 21% of the girls absent themselves completely from school during that time of the month, 19% do so for less than 3 days while 2% of them do so for between 3 to 5 days. A much higher percentage of girls have been reported elsewhere. In Uganda, in a survey involving six districts (IRC, 2014), about half of the girls in that study, reported missing 1-3 days of primary school per month. In South Africa, one study showed that a striking 30% of girls do not attend school during menstruation, (WRC, 2011).

A little over 67% of those interviewed are not able to study properly, more than 12% are not able to study at all during menses which in effect affects them in the event of an examination or class test. Studies by UNICEF (2010) and Water Aid (2009) show a relationship between poor performance in schools and girls' menstruation period. Almost all (98%) the girls receive some form of support from parents. About 41% received support in the form of guidance and counselling, 39% of the girls received some financial support, a little over 18% of them receive both financial and advisory support. Only 1.1% of the girls did not receive any form of support at all from their parents. No girl student reported of receiving any form of help or support from their teachers or friends in schools. This reveals that the school system has no special role in providing support for the menstruating girl student, thereby enhancing the increase in absenteeism during these times.

On the financial implications, more than 59% of the girls spent between 27 to 80 cents, while about 7.0% of the girls spent between 1.5US\$ to 2.7US\$ on personal hygiene during menstruation. The difference in the spending amounts was attributed to the duration of menstrual flow and the type of sanitary materials used by the girls. About 71% of girl pupils in the study reported that they had knowledge on menstruation before the onset of their first menstruation.

According to UNICEF (2005) 1 in 10 school-age African girls 'do not attend school during menstruation, or drop out at puberty because of the lack of clean and private sanitation facilities in schools'. In another survey conducted by FAWE in Uganda, 94% of girls reported issues during menstruation and 61% indicated missing school during menstruation (World Bank, 2005). According to Water Aid, "95% of girls in Ghana sometimes miss school due to menses and 86% and 53% of girls in Garissa and Nairobi (respectively) in Kenya miss a day or more of school every two months. In Ethiopia 51% of girls miss between one and four days of school per month because of menses and 39% reported reduced performance" (House et.al, 2012). In another comparative study by the authors within the same period of this study, some male students within the Navrongo Campus of the University for Development Studies, located in the study area, were of the opinion that menstruation was entirely a woman's business and the topic was a no-go area for them.

### **The way forward**

A lot of studies have shown the importance of providing well-designated sanitation facilities for the girl child to improve to school attendance and performance. Therefore, it is imperative for sanitary facilities for schools to be built in a way that it is user friendly for the girl-child to use during her menstrual period. A WEDC (2012) study revealed that improving facilities in schools do not require large increases in investments costs.

It is also necessary that menstrual health management programs be extended to the rural communities to give the correct information about this subject to parents who happen to be the key informants to the girl-child on this issue. Girls should be given first aid when they are in pain in school and this first aid box must be kept by a female teacher for easy access so as to encourage them to keep coming to school.

Girls must be encouraged to make the most use of the available resources (funds) and sanitary facilities in managing their menstrual life properly.

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